



**I, Steven May, Tumu Whakarae Chief Executive Officer, hereby give notice that
an Extraordinary Meeting of Council will be held on:**

Date: Tuesday, 22 September 2020
Time: 10.00am
**Location: Council Chamber, Wairoa District Council,
Coronation Square, Wairoa**

AGENDA

Extraordinary Council Meeting

22 September 2020

The agenda and associated papers are also available on our website: www.wairoadc.govt.nz

For further information please contact us 06 838 7309 or by email info@wairoadc.govt.nz

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- 1 KARAKIA**
- 2 APOLOGIES FOR ABSENCE**
- 3 DECLARATIONS OF CONFLICT OF INTEREST**
- 4 PUBLIC PARTICIPATION**

A maximum of 30 minutes has been set aside for members of the public to speak on any item on the agenda. Up to 5 minutes per person is allowed. As per Standing Order 14.14 requests to speak must be made to the meeting secretary at least one clear day before the meeting; however this requirement may be waived by the Chairperson.

5 GENERAL ITEMS

5.1 LOCAL ALCOHOL POLICY - HEARING AND DELIBERATIONS

Author: Courtney Hayward, Kaiurungi Matua Kapupapa Here me te Mana Arahi
Senior Policy & Governance Advisor

Authoriser: Kimberley Tuapawa, Pouwhakarae – Pārongo / Wheako Kiritaki Group
Manager Information and Customer Experience

Appendices:

1. Draft Local Alcohol Policy [↓](#)
2. Non-speaking Submissions [↓](#)
3. Speaking Submissions [↓](#)

1. PURPOSE

- 1.1 For Council to review the submissions and consider adoption of a provisional Local Alcohol Policy

RECOMMENDATION

The Kaiurungi Matua Kapupapa Here me te Mana Arahi Senior Policy & Governance Advisor RECOMMENDS that Council

- a) Receive the attached submissions and thank all submitters for taking the time to make a submission on the proposed adoption of a provisional Local Alcohol Policy
- b) Advise a preferred option as outlined in Section 5 of this report

2. BACKGROUND

- 2.1 The Sale and Supply of Alcohol Act 2012 (SSAA) gives local authorities the power to develop Local Alcohol Policies (LAPs). In 2013, Council resolved to develop a LAP.
- 2.2 The purpose of a LAP is to give communities greater control over the location and licensing conditions of liquor outlets. Its development is about setting licensing standards that are relevant to the needs of the community. It also provides the District Licensing Committee with guidance that helps ensure licensing decisions balance economic and social outcomes. If Council did not create a LAP, the default provisions in the Act would apply.
- 2.3 Public consultation was from 1 August 2020 – 31 August 2020. Council received 6 submissions. 3 submitters wish to speak to their submission at the hearing.

3. LAP DEVELOPMENT PROCESS

- 3.1 The LAP's development follows a six-stage process

1	Develop a background paper to provide context to local issues
2	Develop draft LAP in consultation with Police, Licensing Inspectors and Medical Officers of Health, and then formally consult with community.
3	Prepare a provisional LAP based on community feedback

4	Give public notice of provisional LAP, and receive any appeals
5	Adopt provisional LAP, which becomes final after 30 days after public notification, or after appeals are resolved
6	Give public notice of LAP's adoption, and date it will come into effect as determined by Council.

3.2 The table below provides a recommended timeline for this process

Task	Time	Legislative basis
Council resolution to adopt draft for consultation	28 July, 2020	Section 79 (SSAA).
Public notice	30 July, 2020	Section 79 (SSAA).
Consultation period	1 August, 2020 – 31 August, 2020	Section 83 (LGA).
Hearings and deliberations	22 September, 2020	Section 83 (LGA).
Council resolution to adopt provisional LAP	20 October, 2020	Section 79 (SSAA).
Public notice	22 October, 2020	Section 80 (SSAA).
Appeals period	23 October, 2020 – 23 November, 2020	Section 81-86 (SSAA).
Final LAP adoption if no appeals	24 November, 2020	Section 87 (SSAA).
Public notice	25 November, 2020	Section 90 (SSAA).

4. IMPLEMENTATION CONSIDERATIONS

- 4.1 A delayed effective date would be appropriate to ensure changes to the website, and forms are made in time for the effective date of the adopted policy. Recommended that this is 22 October 2020.
- 4.2 It would be appropriate to communicate the changes with relevant stakeholders to ensure the provisions in the policy are followed.

5. OPTIONS

- 5.1 The options identified are:
- Status quo – do not adopt a Local Alcohol Policy
 - Adopt the proposed Local Alcohol Policy
 - Adopt the proposed Local Alcohol Policy, with amendments
 - Adopt an alternative Local Alcohol Policy
- 5.2 Option A: Council is not required to adopt a Local Alcohol Policy. The Sale and Supply of Alcohol Act 2012 gives territorial authorities the power to develop Local Alcohol Policies.

If Council did not create a Local Alcohol Policy, the default provisions in the Act would apply.

- 5.3 Option B: The proposed Local Alcohol Policy reflects feedback received from key stakeholders including medical officers of health, licencing officers and police. This document does not take into account any of the views expressed by submitters as it is the document that Council took out for consultation.
- 5.4 Option C: If the amendments to the Local Alcohol Policy, based on the views expressed by submitters, do not significantly alter the material of the policy, these can be adopted without further consultation.
- 5.5 Option D: If Council wishes to introduce further changes to the content of the policy, based on the views expressed by submitters, then further public consultation may be required depending on the significance and extent of the changes. Advice can be given during deliberations if any potential changes would require additional consultation.

6. CORPORATE CONSIDERATIONS

What is the change?

- 6.1 A provisional Wairoa District Council Local Alcohol Policy

Compliance with legislation and Council Policy

- 6.2 Local Government Act 2002
- 6.3 Sale and Supply of Alcohol Act 2012

What are the key benefits?

- 6.4 Adoption of a Local Alcohol Policy gives communities greater control over the licencing of liquor outlets and sets standards relevant to the needs of our community.

What is the cost?

- 6.5 Costs met from existing budgets.

What is the saving?

- 6.6 Not applicable.

Service delivery review

- 6.7 Not applicable.

Maori Standing Committee

- 6.8 This matter has not been referred to the committee.

7. SIGNIFICANCE

- 7.1 This subject has a history of public interest

8. RISK MANAGEMENT

8.1 In accordance with the Council's Risk Management Policy the inherent risks associated with this matter are:

Human	Financial	Regulatory
Low	Low	Low
Operations	Employees	Image & Reputation
Low	Low	Considerable

Who has been consulted?

Council has consulted the public using the Special Consultative Procedure, under the Local Government Act 2002.

References (to or from other Committees)

Council 28 November 2013 Local Alcohol and Local Approved Products Policies.



Council 28 July 2020 Local Alcohol Policy Consultation

Confirmation of statutory compliance

In accordance with section 76 of the Local Government Act 2002, this report is approved as:

- a. containing sufficient information about the options and their benefits and costs, bearing in mind the significance of the decisions; and,
- b. is based on adequate knowledge about, and adequate consideration of, the views and preferences of affected and interested parties bearing in mind the significance of the decision.

Signatories

	
Author Courtney Hayward	Approved by Kimberley Tuapawa

LOCAL ALCOHOL POLICY

CATEGORY:	Office of the Chief Executive	STATUS:	Draft
DATE POLICY ADOPTED:	[Insert meeting date]	APPROVAL BY:	Council
REVIEW PERIOD:	6 years	NEXT REVIEW DUE BY:	2026
DATE PREVIOUSLY ADOPTED:	N/A	REVISION NUMBER:	0

1 PURPOSE

- 1.1 The Local Alcohol Policy (LAP) provides guidance on the promotion of safe and responsible sale, supply and consumption of alcohol, encourages licensed premises to foster positive, responsible drinking behaviour and minimise alcohol-related harm; and reflects the views of the Wairoa community as to the appropriate location, number, hours and conditions that should apply to licensed premises within the district.

2 POLICY PROVISIONS

- 2.0.1 Under the Sale and Supply of Alcohol Act 2012 Council has developed a LAP, this must be read in conjunction with the Act and relevant regulations.
- 2.0.2 The Wairoa District Licensing Committee (DLC) and the Alcohol Regulatory Licensing Authority (ARLA) must have regard to the LAP when making decisions on licence applications in the district.
- 2.0.3 The LAP will apply to all premises on which alcohol is sold or supplied, all applications for new licences and licence renewals after the date the LAP comes into force.

2.1 LOCATION AND DENSITY OF LICENSED PREMISES

- 2.1.1 No new licence of any type will be granted in locations that are within 50 metres of a sensitive site. This provision excludes restaurants and cafes. An applicant for a new on licence is exempt from this clause where they can demonstrate that the hours, alcohol-related signage, and/or operation of the premises will have no significant impact on the sensitive site/s and or persons using the sensitive site/s.

- 2.1.2 No new off-licenses will be granted for new businesses within the Town Centre Zone in the Wairoa Township, with the exception of supermarkets.
- 2.1.3 There are no restrictions on the number of on-licences or club licences in the district. However, any application must conform to the District Plan and cannot be inconsistent with other Council policies or bylaws.

2.2 MAXIMUM LICENSED OPERATING HOURS

ON LICENCE		
Maximum operating hours	Trading days	Location
9am – 1am	Monday - Sunday	District-wide

OFF LICENCE		
Maximum operating hours	Trading days	Location
9am – 9pm	Monday - Sunday	District-wide

CLUB LICENCE		
Maximum operating hours	Trading days	Location
Sunday-Thursday 10am - 11pm Friday-Saturday 10am – 12am (midnight)	Monday - Sunday	District-wide

2.3 SPECIAL LICENCES

- 2.3.1 The hours approved for a special licence will depend on the location, type of premise, activity and participants of the event. Special licences will not extend past 1am.
- 2.3.2 No premises shall be permitted to have more than six events under a special licence in any 12-month period.
- 2.3.3 All Class 1 special licences have to be exercised by a person holding a Manager's Certificate.

2.4 CONDITIONS ON ANY LICENCE

2.4.1 The District Licencing Committee may issue any type of licence subject to **discretionary** conditions, appropriate to the circumstances of that licence, including but limited to:

- a) The people to whom alcohol may be sold;
- b) The sale of alcohol to prohibited persons;
- c) Management of the premises;
- d) One-way door restrictions earlier than the maximum time of 1am;
- e) Requirement for a person/s holding a Manager's Certificate to be on duty;
- f) The kind of alcohol that may be sold;
- g) Display of safe and responsible drinking messages/material;
- h) Display of external promotion and advertising – including % of store front covered, type of material used;
- i) Effective interior and exterior lighting;
- j) CCTV in suitable locations for monitoring purposes;
- k) Provision of additional qualified security staff at specified time/s;
- l) Limit on the type and/or size of drinks and the number of drinks per customer after a specified time;
- m) Limit the use of glass drinking receptacles at specified times;
- n) Provide transport for patrons, or information about transport options;
- o) Provide food, non-alcohol and low-alcohol drinks;
- p) Adopt noise control management plans;
- q) Adopt risk management plans;
- r) Adopt a host responsibility policy.

APPENDIX 1 – ADDITIONAL INFORMATION

1 DEVELOPMENT & REVIEW OF THE LAP

- 1.1 A LAP must be developed in consultation with Medical Officers of Health, inspectors (as defined under the Sale and Supply of Alcohol Act 2012), Police and the community. It must be reasonable and consistent with the objectives of the Act.
- 1.2 In preparing a LAP, WDC must have regard to the following:
- a) The objectives and policies in the District Plan.
 - b) The number of licences of each kind in the district, and location and opening hours of each licensed premise.
 - c) Liquor bans.
 - d) The demographic profile of the district's residents and tourists.
 - e) The health indicators of the district's residents.
 - f) The nature and severity of alcohol-related problems in the district.
- 1.5 WDC can revoke its LAP and adopt another in its place. The LAP can be reviewed before the review timeframe of six years.

2 DISTRICT LICENSING COMMITTEE

- 2.1 Decisions on applications for licences are made by the DLC, which is made up of three people, two from the wider community and one elected Councillor.
- 2.2 The DLC must consider each application in accordance with:
- a) The LAP.
 - b) The objectives of the Act.
 - c) Suitability of the applicant.
 - d) Design and layout of the premises.
 - e) The types of goods or services provided by the applicant.
 - f) Whether the good order of the locality of the premises may be reduced by the issue of a licence.
 - g) Whether the applicant has the systems, staff and training to comply with the law.

APPENDIX 2 – DEFINITIONS

When interpreting the LAP, the definitions below should be used.

The Act	Sale and Supply of Alcohol Act 2012
Alcohol	A substance that contains fermented, distilled, or spirituous liquor, which is found to contain 1.15% or more ethanol by weight, in a form that can be consumed by people.
Alcohol-related harm	The harm caused by the excessive or inappropriate consumption of alcohol. It includes any crime, damage, death, disorderly behaviour, illness, or injury, caused or contributed to by excessive or inappropriate consumption of alcohol.
Good order of the locality	The degree to which the locality of a premises is pleasant.
Bar	A part of a hotel or tavern used mainly for the sale or consumption of alcohol.
Bottle store	Retail premises where at least 85% of the annual revenue is earned from the sale of alcohol for consumption elsewhere.
Club	A corporate body that has as its object participation or promotion of a sport or recreational activity, other than for gain; or a body that holds permanent club charter.
Club licence	A licence for the sale of alcohol for consumption at the club premises and only to members, affiliates and guests of the club.
Hotel	Business premises used mainly for providing lodging, alcohol, meals, and refreshments for consumption onsite.
Licence	A current licence issued under the Act.
Off-licence	A licence for premises where the licensee sells alcohol for consumption elsewhere.
On-licence	A licence for premises where the licensee sells alcohol for consumption onsite.
One-way door restriction	A requirement that, during the hours stated in the restriction no person is to be admitted (or re-admitted) into the premises and supplied with alcohol, unless he or she is an exempt person.
Prohibited person	A person to whom alcohol cannot be sold. This includes persons under 18 years of age, an intoxicated person and in the case of a club, a person who is not authorised to enter the premises.
Regulations	Regulations made under the Act.
Sensitive site	Areas or facilities that are considered more sensitive to alcohol-related harm. These sites include childcare facilities, educational facilities, medical centres, places of worship, and marae.

	<p>Childcare facilities: Includes any crèche, day or after-school care centre, pre-school, kindergarten, kohanga reo or play centre.</p> <p>Educational facilities: Any educational premises, including primary, secondary, tertiary, vocational education institutes, and private tertiary establishments.</p> <p>Medical centres: Premises used to provide essential medical, physical and mental health services, as well as any addiction treatment facilities. This includes any pharmacy, dental surgery, or health clinic.</p> <p>Places of worship: Buildings and land used mainly for worship or religious purposes.</p>
Special licence	<p>A licence that allows the licensee to sell alcohol to people attending an event. This licence may be:</p> <ul style="list-style-type: none"> • An on-site or an off-site licence • For a single event or a series of events • To permit the sale of alcohol at an on-licence or a club licence, outside the conditions of the usual licence
Supermarket	<p>Under section 32 (1) (e) of the Act - premises that (in the opinion of the licensing authority or licensing committee concerned) are a supermarket with a floor area of at least 1000m² (including any separate departments set aside for such foodstuffs as fresh meat, fresh fruit and vegetables, and delicatessen items)</p>
Tavern	<p>Premises used mainly for providing alcohol and other refreshments to the public.</p>

Non Speaking Submissions

Name	Organisation
Damien Naidoo	N/a
Libby Young	N/a
Sara Rangi	N/a

Name * Damien Naidoo

Phone 02102573058

Number *

Address * 

162 Marine Parade

Wairoa, Hawkes Bay 4108

New Zealand

Do you wish No

to speak to

your

submission?

*

Should No

Council

adopt this

new policy?

*

Do you No

support

that no

alcohol

licences

should be

granted for

child-

focused

events? *

Comments

The default provisions within the Sale and Supply of Alcohol Act 2012 are fit for purpose, so, why burden the council with additional work?

If a LAP is to be adopted, and it is the communities preference that section 2.3 be ammended to

block the availability of alcohol at events oriented towards children, why not take a milder approach? Block the sale of spirits and pre-mixes (eg: vodka cruisers, rum & coke cans) while allowing the sale of beer and wine. Or require the purchase of a drink to be tied to the sale of a meal: no food, no drink; no eating, no drinking. I like this last idea as it uses the LAP to steer drinking culture in a particular direction as opposed to outright prohibition, but think it would be difficult to police and inconvenient for vendors operating at the events where the clause would apply.

Name * Libby Young

Phone 0279615315

Number *

Email libby.young@hotmail.co.nz

Address * 

60 Kopu Road

Wairoa 4108

New Zealand

Do you wish No

to speak to

your

submission?

*

Should No

Council

adopt this

new policy?

*

Do you No

support

that no

alcohol

licences

should be

granted for

child-

focused

events? *

Comments

2.1.1 exempts new site for New World Supermarket as it will be an Off-Site License location within 50m of sensitive sites.


2.1.2 severely restricts locations for Off-License service, including existing locations that will be displaced when they come to renew their license. I do not agree with this clause.

2.2 New hours noted – neutral to new closing hours of off-licenses.

2.3.2 restricts future opportunity for local halls and centers. If year on year locations host multiple events requiring license this rule should apply but not specifically for one calendar year. This will discourage events applying for a license so it is not "recorded". I believe this could potentially have a negative impact on compliance.

2.3.3 strongly agree with this

2.4.1 a number of clauses is already applicable through the existing act so no need to include in a LAP unless there is an intent to further restrict beyond the existing legislation. What is the intent of this list? Any well managed premises should have the appropriately scaled risk management plan in place i.e. security, policies on who is served etc. and if the plans are not sufficient to the risk posed it can be declined by the Police or Licensing Committee anyway. This rule appears to be a catch net that could be open to be applied inappropriately or negatively for example 2.4.1 (a) The people to whom alcohol may be sold; how exactly would this be applied; what exactly does this mean and/or intent. Persons who should not be served are covered under existing rules.

Name *	Sara Rangi
Organisation	Wairoa Community Centre
Phone Number *	0273575989
Address *	 33 Marine Parade Wairoa, Hawkes Bay 4108 New Zealand
Do you wish to speak to your submission? *	No
Should Council adopt this new policy? *	Yes
Do you support that no alcohol licences should be granted for child-focused events? *	Yes
What kinds of events that children are in attendance would you support being alcohol-free? *	Any event focused on children under 18 years of age held anywhere
Comments	Only comment I have is could you limit the variety of alcohol sold at outlets/stores etc so our youth don't have the options of the RTD's. Just be able to drink beer if they need to be drinking. Just my thoughts.

Speaking Submissions

Name	Organisation	Time
Nathan Cowie	Alcohol Healthwatch	10.15am
Cath Edmonson	Health Promotion Agency	10.25am
Rowan Manhire-Heath/Patrick Le Gyt	Hawkes Bay District Health Board	10.35am



Submission on the Wairoa District Council Draft Local Alcohol Policy

August 31, 2020

Alcohol Healthwatch is an independent charitable trust working to reduce alcohol-related harm. We are contracted by the Ministry of Health to provide a range of regional and national health promotion services. These include: providing evidence-based information and advice on policy and planning matters; coordinating networks and projects to address alcohol-related harms, such as alcohol-related injury and fetal alcohol spectrum disorder; and coordinating or otherwise supporting community action projects.

Thank you for the opportunity to provide feedback on the Wairoa District Council Draft Local Alcohol Policy.

We would appreciate being contacted about the possibility of providing an oral submission in person or by teleconference.

If you have any questions on the comments we have included in our submission, please contact:

Nathan Cowie
Health Promotion Advisor
Alcohol Healthwatch
P.O. Box 99407, Newmarket, Auckland 1149
P: (09) 520 7039
E: nathan@ahw.org.nz

Introduction

1. In 2012, Parliament opted to devolve evidence-based measures to control local alcohol availability, minimise alcohol-related harm and “improve community input into local alcohol licensing decisions”¹ to local government. The relevant provisions (i.e. local alcohol policies) in the Sale and Supply of Alcohol Act 2012 enable Territorial Authorities to make a real and long-term difference to the lives of their residents and create supportive and safe environments for future generations, where lower levels of alcohol use and harm become the norm.
2. We would therefore like to commend the Wairoa District Council for taking on this important opportunity and committing to developing a Draft Local Alcohol Policy (LAP) some years after the Council resolved to develop a Draft LAP in July 2013. We commend the Council and stakeholders for producing the comprehensive June 2018 LAP Background Paper² and persisting with the development of a LAP despite the setbacks and difficulties other territorial authorities have had in the intervening years.
3. We strongly believe that a LAP is a package of measures which, when used comprehensively, can significantly minimise high rates of hazardous drinking and subsequent alcohol-related harm in urban and rural areas. For this reason, we recommend that the LAP is considered not just as a collection of isolated elements but as a cohesive package to reduce alcohol-related harm, insofar as can be achieved with measures relating to licensing.
4. A LAP which has the effect of reducing the overall availability of alcohol has significant potential to further minimise alcohol-related harm and improve community well-being. Measures that reduce accessibility and availability of alcohol have particular benefits for those who experience significant inequities in harm (i.e. Māori and those socio-economically disadvantaged). By incorporating evidence-based measures to address the physical and temporal availability of alcohol, a LAP can support other harm reduction interventions in the local area and assist in sending a strong signal to communities regarding the harms associated with alcohol consumption.
5. The content of a LAP **can only** be determined on its ability to contribute to achieving the object of the Sale and Supply of Alcohol Act 2012, as outlined in section 4 of the Act:
 - (1) *The object of this Act is that—*
 - (a) *The sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and*
 - (b) *The harm caused by the excessive or inappropriate consumption of alcohol should be minimised.*
 - (2) *For the purposes of subsection (1), the harm caused by the excessive or inappropriate consumption of alcohol includes—*
 - (a) *any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by the excessive or inappropriate consumption of alcohol; and*
 - (b) *any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury of a kind described in paragraph (a).*

6. Therefore, a LAP must seek to do two things: Firstly, it needs to **minimise** the levels of alcohol-related harm that already exists across the region and secondly; it needs to **prevent** further alcohol-related harm from happening (where able). Benefits to the local economy from alcohol use cannot be considered in LAP decision-making processes.

Wairoa Draft Local Alcohol Policy

7. Alcohol harm in New Zealand is a serious public health and social concern. Given this, we commend the Council for making data available (through the LAP Background Paper)² to submitters to enable them to make informed submissions that reflect the extent of alcohol-related harm in the district.
8. In 2017, alcohol use was the major cause of cause of death and disability in New Zealanders aged 15-49 years.³ Hazardous drinking prevalence among middle-aged and older adults in New Zealand has significantly increased in the last decade, while it has reduced among adolescents and remained high among young adults (following a decline in 2011/12).^{4,5} Therefore, local alcohol policies are of paramount importance to protecting and enhancing the well-being of the local community.
9. Key indicators and local reporting allow a picture to be constructed of alcohol-related harm in the Wairoa District.
10. In 2016/17, the age-standardised rate of hazardous drinking in Hawkes Bay District Health Board area among persons aged 15+ was 29.1% (95% Confidence Interval 24.3%-34.3%).⁶ This compares with a New Zealand wide rate of 19.5% in that same 2016-2017 survey.
11. Data for hazardous drinking in Wairoa district specifically are not readily available from the New Zealand Health Survey. However, it may be useful to consider broad demographic patterns in Hawkes Bay and in New Zealand.
12. Across New Zealand in 2018/19, men (27.5%) are 2.11 times more likely to be hazardous drinkers than women (12.8%), and Māori (33.2%) are 1.65 times more likely to be hazardous drinkers than non-Māori. Māori men have higher rates of hazardous drinking (40.0%) than European/Other men (29.8%), whose rates of hazardous are comparable with Māori women (27.1%), which in turn are significantly higher than European/Other women (13.5%).⁷
13. Across every age group, men are significantly more likely to be hazardous drinkers than women. Hazardous drinking is highest in the 18-24 years' age group at 35.4% (men 45.1%, women 25.5%), and declines in older age groups. Of concern is 20.2% of men aged 65-74 remain hazardous drinkers compared to just 3.6% of women in the same age group.⁷
14. Socioeconomic deprivation also plays a role, though less pronounced than age or ethnicity. New Zealanders living in the most deprived quintile were 1.21 times more likely to be hazardous drinkers than New Zealanders living in the least deprived quintile.⁷
15. There are limitations in translating these results from the larger catchments of the Hawkes Bay District Health Board area and New Zealand as a whole and applying them to the towns and communities that make up Wairoa District.
16. Approximately two thirds of Wairoa residents identified as Māori in the 2018 census, and the median age of Māori (29.4) is 9.2 years younger than the median age of the whole district (38.6).⁸

17. Socioeconomic deprivation at the statistical area 2 level is very high in the Wairoa District, ranging from 8 in Frasertown-Ruakituri, 9 in Whakaki, to 10 in Maungataniwha-Raupunga, Wairoa, and Mahia.⁹
18. Despite the lack of localised data, given the broad demographics of Wairoa District, it is likely that rates of hazardous drinking are high when compared to New Zealand as a whole, and when compared to the Hawkes Bay District Health Board area as a whole. Local observation, knowledge and the background paper² prepared for this LAP will provide further insight into drinking patterns in Wairoa District.
19. In particular, we want to highlight figure 9 in the background paper, wholly alcohol attributable hospitalisations by New Zealand Deprivation (2013) that 63% of hospitalisations were from highly deprived areas scoring 8, 9, and 10 on NZdep2013.² Though the data is not specific to Wairoa District it points to socioeconomic deprivation being a key driver of inequity in alcohol-related harm.
20. Also raised in the background paper are reports of alcohol-harm from Wairoa Police, who have raised concerns about alcohol consumed at home and at 'shed parties'. Police reported harm from family violence, assaults, drink-driving, absenteeism, and loss of income.² It appears from the report that alcohol is a common factor in family harm cases which agencies and local representatives discuss, and that preventing alcohol harm would be a complementary component of any strategy to reduce family harm.
21. The rate of reported motor vehicle crashes associated with driver or other road user alcohol reported in Wairoa district from 2009-2014 is very concerning (figure 12).² That the rates per 10,000 people has tracked so much higher than that for New Zealand, and other territorial authorities in the Hawkes Bay region, indicates further intervention is required. We concur with local police who report drink driving as a serious issue in Wairoa District.
22. Each element of a LAP must be viewed as part of a comprehensive package to minimise harm. In essence, the effect of a comprehensive, evidence-based LAP can be greater than the sum of its parts.

Location and Density of Licensed Premises

Sensitive sites

23. Alcohol Healthwatch **supports** the intent of the provision that no new licences (of any type) are granted within 50 metres of a sensitive site. We have worked with communities throughout New Zealand to support them in their licensing objections, with our experience showing us that 50 metres is simply too restrictive. This approach usually means that the provision is only applied to sensitive sites that are directly next door or directly across the road. Sensitive sites that are slightly further away are neglected from this protection. For this reason, we **recommend** that the 50 metre restriction is increased to at least 100 or 150 metres.

Off-licences

24. Alcohol Healthwatch **strongly supports** the provision that no new off-licences (excluding supermarkets) be granted within the Town Centre Zone in Wairoa Township. However, we **recommend** the Council consider whether this provision should be extended to cover the whole of Wairoa Township, if the District Plan does not already prevent new off-licences in Wairoa Township, outside of the Town Centre Zone.

25. When off-licences cluster together, competition can lead to lower prices and longer trading hours.¹⁰ Both of these factors increase the likelihood of alcohol-related harm.
26. Alcohol Healthwatch **recommends** that across the entire Wairoa region consideration is given to requiring no new off-licences be issued within close proximity of an existing off-licence premises. Examples of restricting off-licences by proximity can be found in the Canadian cities of Calgary (restricting new outlets within 300 metres of existing outlets), and Edmonton (bylaw stipulating a minimum distance of 500 metres between alcohol outlets).^{11,12} We are cognisant of the small sizes of the Wairoa township and other townships in the region to be able to effectively prescribe distance limits between outlets, but believe that distance thresholds provide an important mechanism to control density and subsequent price competition between outlets.
27. Alcohol Healthwatch notes that the LAP Background Paper² indicates there are 10 off-licensed premises in Wairoa District. Beyond the draft policy to restrict the number of off-licences in the Wairoa township, Council could also consider a region-wide cap on the number of off-licences, as other councils around the country require in their Local Alcohol Policies.
28. We recommend council consider what an appropriate upper limit for off-licences would be over the next six years until the policy is reviewed. Such a cap could distinguish between bottle stores and supermarkets, allowing for the provision of an additional supermarket. However, we highlight that the research shows that both licensed supermarket and other off-licence (e.g. bottle stores) density is associated with a range of alcohol-related harms.¹³ As such, in terms of minimising alcohol-related harm in the region, any restrictions to off-licences should apply equally to bottle stores, grocery stores and supermarkets.
29. Internationally, there is an accumulating body of evidence showing that off-licences are associated with greater levels of harm in deprived areas compared to least deprived areas.^{14–18} However, two New Zealand studies do not find this relationship.^{13,19}
30. One study has found that Māori and Pacific young males (15-24 years) are more negatively impacted by living close to alcohol outlets (via higher levels of hazardous drinking).²⁰ However, as the study combined all types of alcohol outlets it is impossible to determine the impact of specific types of licences.
31. It is however clear that deprived communities experience more harm per litre of alcohol consumed, when compared to advantaged communities with the same level of drinking.²¹

On-licences

32. Alcohol Healthwatch recommends Council consider the merits of introducing a cap on on-licences to provide an upper limit on numbers over the next six years.
33. Alternatively, Alcohol Healthwatch recommends the Council consider applying a rebuttable presumption against the issue of any new licences (particularly taverns), unless there is clear information provided that the negative impact will be minimised.
34. Consideration needs to be given to the role of restaurant and café density in alcohol harm. A significant relationship between the density of restaurants/cafés and motor vehicle accidents has been shown in census area units in New Zealand with a deprivation score above 1025 (approximately deprivation deciles 8-10).¹³ As such, they are not benign in their effects on harm and should be closely examined in the development of Local Alcohol Policies.

Maximum Licensed Operating Hours

35. Alcohol Healthwatch **recommends** that the opening and closing hours be listed as separate elements in the LAP. We believe this approach should be applied to the trading hours for all licence types in a LAP, as the combination of opening and closing hours in a LAP can increase the potential for appeals to the entire element.

On-licences

36. Alcohol Healthwatch **supports** the proposed maximum operating hours for on-licences of 9am to 1am. We note that for some premises in the Wairoa District, this is a reduction from the status quo. We also recognise that many premises in New Zealand do not utilise their full licensed hours, with trading ceasing earlier.
37. Of the mechanisms available in a LAP, restricting the trading hours of licensed premises is likely to have one of the greatest impacts on reducing harm.^{22,23} This is because a consistent and strong body of high-quality evidence has demonstrated the impact of on-licence trading hours (particularly the closing hours) on alcohol-related harm.

38. The evidence demonstrates that for every hour of earlier closing, alcohol-related harm is reduced. Compared to premises which close at 12am or earlier, the expected rate of offending increases markedly for each additional hour remaining open (1.6 times greater between 12:01am and 1am; 2.2 times greater between 1:01am and 2am; 4.2 times greater between 2:01am and 3am; 8.9 times greater for those closing between 3:01am to 5am). Subsequently, research in Australia has shown that for every hour a venue is open after midnight, there was a 17% increase in drink driving, assaults, and Emergency Department (ED) attendances.²⁴

Off-licences

39. Alcohol Healthwatch **strongly supports** the proposed maximum operating hours for off-licences of 9am to 9pm. We note that for some premises in the Wairoa District, this is a reduction from the status quo. We also recognise that many premises (particularly supermarkets) in New Zealand do not utilise their full licensed hours, with trading/shop hours ceasing earlier in the night.
40. However, for reasons listed below, our recommendation to all 67 territorial authorities around New Zealand are for opening hours of 10am, and closing hours of 9pm.
41. Off-licences sell approximately 75% of all alcohol in New Zealand (43% from bottle stores, 32% from supermarkets).²⁵ This means a minority of the alcohol sold is consumed in licensed premises or at licensed events, where there must be supervision, control and an expectation of host responsibility.
42. In contrast, the majority of alcohol is purchased (often cheaply) from off-licences, and consumed in situations where there may be little control or supervision, such as private homes, public places, or shed parties.
43. New Zealand research published this month²⁶ shows that 73% of all very heavy drinking occasions occurs in private homes. Around one in every ten heavy drinking occasions occurs in bars.

44. Evidence-based strategies to minimise the harm from off-licence availability are therefore essential and represent a key lever to be used in Local Alcohol Policies.
45. For reasons listed below, we **recommend** maximum trading hours for off-licences be 10am to 9pm. We are also recommending these hours to all of the 67 Territorial Authorities in New Zealand.

Closing hour

46. New Zealand research has shown that the purchase of alcohol from an off-licence premise after 10pm was approximately twice as likely to be made by heavier drinkers.²⁷ We believe that there is no reason to believe that a 9pm closing hour won't offer further protection. International research has also demonstrated significant reductions in alcohol-related hospital admissions (particularly among adolescents and young adults) when off-licence hours are restricted.^{28,29}
47. New Zealand research published this month demonstrated the positive impacts of reduced trading hours on young people.³⁰ The introduction of the default maximum trading hours in New Zealand in 2013, which saw all bars and clubs close at 4am and no takeaway alcohol sales after 11pm, was found to be associated with a reduction in the number of assault-related hospitalisations by 11 per cent. The decline was the largest among 15 to 29-year-olds (who made up more than half of those hospitalised), at 18 per cent. There was also a reduction in the number of night-time assaults coming to Police attention.
48. While these results point to the role of very late trading hours on alcohol-related harm, we agree with the authors of the study who suggest that further reductions in trading hours could provide many benefits.
49. The decision by the Alcohol Regulatory and Licensing Authority (ARLA) on Auckland Council's Provisional Local Alcohol Policy ([2017] NZARLA PH 247-254) includes reference to a 9pm closing hour. In their decision, the Authority did not consider that the closing hour restriction of 9pm was unreasonable in light of the object of the Act (see paragraph 146).³¹
50. Furthermore, in the ARLA decision pertaining to Dunedin Council's Provisional Local Alcohol Policy ([2016] NZARLA PH 21 – 26), it was stated:³²
- “Consistent with the policy nature of a PLAP, a respondent is entitled to trial a local control where it considers that control will respond to a local problem. Where it can be shown that a proposed control may have a positive effect locally, the Authority will be reluctant to dismiss that policy.”

Opening hour

51. Though we **support** the proposed opening hour of 9am for off-licences, Alcohol Healthwatch recommends an opening hour of 10am.
52. We believe it is not unreasonable to require an off-licence premises to open after 10am. Core hours for bottle stores and supermarkets in Scotland include an opening hour of 10am,³³ and although our average consumption is less than the Scots, we see no reason why a similar approach could not be adopted here.
53. A later opening hour can assist to minimise harm, through a reduction in the exposure of alcohol (and its advertising) to children on their journey from home to school.

54. Research has documented the association between exposure to alcohol advertising around schools and intentions to use alcohol among very young adolescents.³⁴ Exposure to in-store displays of alcohol may also predict an increased probability of drinking.³⁵ Existing and new outlets will pose a risk in relation to exposure to alcohol advertising.
55. Protecting the current generation (particularly vulnerable groups such as children) from exposure to alcohol advertising can greatly assist in minimising future harm from alcohol use.
56. Furthermore, a later opening hour will restrict the accessibility of alcohol to those with an alcohol dependence. Social service providers in New Zealand have previously described in hearings the negative impact of early opening hours on persons with alcohol dependence.
57. Alcohol Healthwatch believes that there are many more positive benefits accrued from the later opening hour when compared to any loss of profits from the off-licence sector. Furthermore, economic imperatives regarding the chosen elements included in a LAP (e.g. justifying early opening hours using economic reasons) are not permitted.³⁶

Club licences

58. Club licences, in particular those held by sports clubs, have been shown in research to contribute to the risky drinking behaviours among participants at the club.³⁷
59. In addition, club licence density in New Zealand has been shown to be significantly associated with higher levels of violence and a range of alcohol-related offences.^{38,39} **In New Zealand, the effects of club density on violence are shown to be stronger in areas with low populations (e.g. rural areas).**¹³ This may have significant implications for harm to rural residents in the Wairoa district. Analysis of Pasifika youth drinking patterns in New Zealand found that participation in a sports team or club outside of school was independently associated with increased risk of binge drinking.⁴⁰
60. Alcohol Healthwatch **supports** the proposed maximum trading hours for club licences of 10am to 11pm Sunday to Thursday, and 10am to 12am Friday to Saturday. We note that for some club premises in the Wairoa District, this is a reduction from the status quo.
61. Our view, supported by strong research, is that club licences pose a risk for alcohol-related harm and should be subject to the same licensing controls and requirements as on-licences for which the primary revenue is not the sale of alcohol, e.g. restaurants.
62. Club licences have fewer obligations than on-licences, as they are afforded some leniency under the Act. For this reason, club licences should not have the same privileges as on-licence taverns, without operating under the same conditions as these premises. Clubs seeking a level playing field with taverns should seek a tavern licence.

Special licences

63. Alcohol Healthwatch supports that maximum trading hours for special licences have been specified in the LAP. We support the 1am limit on trading hours for special licences.
64. Alcohol Healthwatch supports the limit to the number of special licences (six) issued per year, per premises.
65. Alcohol Healthwatch supports the inclusion of the condition that requires a certificated manager overseeing the supply of alcohol under a special licence.

66. Alcohol Healthwatch recommends the inclusion of a condition that permits the District Licensing Committee to require the development of an alcohol management plan, particularly for larger scale events.

Discretionary conditions

67. Alcohol Healthwatch **supports** the inclusion of a broad range of discretionary conditions in the LAP.
68. Alcohol Healthwatch **supports** the inclusion of the one-way door policy as a discretionary condition.
69. Alcohol Healthwatch **supports** including a discretionary condition to control the amount of alcohol advertising that is visible in the community, particularly in close proximity to sensitive sites. For example, off-licences that are permitted to override the sensitive site restrictions in the Gisborne LAP must have no external display of alcohol advertising.⁴¹
70. Alcohol Healthwatch further **recommends** provisions that restrict the sale of single alcoholic beverages (single sales). Restrictions on single sales can greatly assist compliance with liquor bans throughout the region and may reduce pre-loading or side-loading surrounding licensed premises.
71. Research has documented the association between single sales and alcohol-related violence and crime.⁴² Furthermore, an intervention to reduce single sales was found to reduce rates of alcohol-related ambulance attendances among 15 to 24 year olds.⁴³
72. Single units of alcohol are likely to be favoured by those who are heavy drinkers and also price sensitive; namely adolescents and young adults, and those with an alcohol dependence. Many licensees in New Zealand have already signed an undertaking not to offer for sale any single alcoholic beverages from their premises. Some off-licences do already include conditions prohibiting single sales. For example, the Auckland District Licensing Committee⁴⁴ imposed a condition on a licence prohibiting single sales of:
- i. *Beer or ready to drink spirits (RTDs) in bottles, cans, or containers of less than 440mls in volume may occur except for craft beer; and*
 - ii. *Shots or pre mixed shots.*
73. We see no reason why this provision cannot be included as a discretionary condition within the proposed LAP.
74. Further to the discretionary conditions outlined in the Draft LAP, a recent decision by the Auckland DLC regarding a new off-licence outlined conditions (see paragraph 136)⁴⁵ around RTDs, pricing, and advertising that may be of interest in the development of discretionary conditions for the Wairoa District LAP:

- (h) *No sales of:*
 - RTDs 7% abv or above*
 - No RTDs over 500ml*
 - Shots*
 - Light spirits (being spirits under 14% ABV)*
 - Single sales from packs*
 - Cask wine*

- (i) *RTD pricing as follows:
No RTD 4 pack below \$12.99
No RTD 6 pack below \$16.99
No RTD 10 or 12 pack below \$26.99
No RTD 18 pack below \$36.99*
- (j) *External advertising on the front window is limited to a maximum of 25% and the name/brand of the store.*
- (k) *There will be no advertising of alcohol products or brands outside the premises (apart from the trading name of the premises), such as (but not limited to) sandwich boards, billboards, flags, or similar forms of advertising.*
- (l) *There will be no floor displays inside the premises.*

75. Alcohol Healthwatch **supports** the discretionary condition requiring a person/s holding a Manager's Certificate to be on duty. This is especially important for club licences when alcohol is being sold and supplied during higher-risk periods.

76. Alcohol Healthwatch **recommends** the wording used in the draft LAP around discretionary conditions (2.4.1) be changed from "including but limited to:" to "including but not limited to:"

Monitoring, Evaluation, and Review

77. Alcohol Healthwatch recommends Councils developing a monitoring and evaluation plan for their LAP.

78. We suggest that a range of routine indicators could be included in a monitoring and evaluation plan, for example:

- a. number/rate of alcohol-related police events (e.g. drunk custodies, breach of liquor ban, late night assaults, drink-drive offences);
- b. alcohol-related Emergency Department presentations, wholly-alcohol attributable hospitalisations;
- c. Crash-analysis data (single, night time vehicle crashes);
- d. Alcohol consumption data (annual New Zealand Health Survey)
- e. Feedback from community members and local enforcement agencies (licensing inspectors, Medical Officer of Health, and Police).

79. Alcohol Healthwatch also recommends a cautious approach to interpreting monitoring and evaluation data. Changes in reporting practices around alcohol-related Emergency Department presentations, for example, could indicate a higher number of presentations due to more consistent data collection practices. Some indicators may require a longer lead time before harm reductions become detectable, for example alcohol-related chronic diseases may take a long time to show any change. However, some alcohol-related chronic diseases (e.g. gastritis) may be more responsive to short term changes in the regulation of licensed environments.

Alcohol licences for child-focused events and schools

80. Alcohol Healthwatch **strongly supports** strategies that enable alcohol-free childhoods. To protect the future of our children, we strongly recommend that no alcohol licences be

granted for any child-focussed events, especially those held on school grounds. We believe that this would also assist in the achievement of the Government's vision outlined in the Child and Youth Wellbeing Strategy⁴⁶, which aims for New Zealand to be the best place in the world to be a child.

81. Schools play very special roles in the lives of our children. They are one of the few places of stability and belonging for many of our young people. They are also places where health and wellbeing education and promotion takes place. For these reasons, we strongly support the Hawke's Bay District Health Board's recommendation that the following be added to Section 2.3 of the Local Alcohol Policy:

"No school fete, gala or similar event held on school grounds at which participation of children can reasonably be expected shall allow for the consumption of alcohol on the premise."

82. With regards to events at other settings and public places, we are cognisant that it is difficult to define a 'child-focused event'. For example, a quiz night may not be considered 'child-focused', but nevertheless children may be present. As Munro et al⁴⁷ notes, sometimes children are not the focus of the event, but may have designated roles in preparing for and attending them (e.g. school fairs). Clarity pertaining to the specific age of a child is recommended – we suggest it should be the same definition as a minor, as per the Sale and Supply of Alcohol Act 2012.

83. Due to the ambiguity surrounding the definition, Alcohol Healthwatch supports the Council declaring that no alcohol licences will be granted for child-focused events, but also requiring that every application be considered carefully for how it proposes to minimise children's exposure to alcohol consumption and harm. For example, even if an event is adult-focused and there is the possibility that children may attend, the District Licensing Committee must consistently look at measures to protect children from exposure to heavy drinking (and subsequent safety risks), alcohol marketing and purchase of alcohol. This may include separation of areas/designations (supervised/restricted), conditions around exposure to alcohol marketing, and so forth. Every child that attends an event where alcohol is supplied deserves to be protected via licensing safeguards.

84. Due to the ambiguity surrounding the definition, it may be more transparent to state that there will be rebuttable presumption against the issuing of special licences to child-focussed events. Then the onus is on the applicant to demonstrate the range of measures that will be taken to protect children and young people. This kind of Council position also sends a strong signal to the community regarding the risks of alcohol use around children and the important role of the Council in child protection.

85. Our above position is based on the following issues with regards to alcohol use at child-focused events (especially schools):

1. Normalisation of alcohol use in everyday (and special) settings
2. Conflict with educational practice around alcohol
3. Support for parents and principals
4. Undermining efforts to support New Zealanders to cut back on their drinking and adhere to the low-risk drinking guidelines
5. Heightened risks from poor monitoring of alcohol use around vulnerable populations

1) Normalisation of drinking

86. Alcohol consumption is a learned social behaviour. It is well-known that vicarious learning, through observation of behaviours in our interpersonal and wider environments, reinforces our expectations of that behaviour. The Social Learning Theory⁴⁸, and later the Social Cognitive Theory⁴⁹, which have been used to explain drinking behaviour, state that human behaviour results from interaction and observation of others in the physical and social environment. Therefore, the more that alcohol consumption is observed in the environment, the more it is likely to be considered and reinforced as normal behaviour. In reality, alcohol is New Zealand's most harmful drug and children should be protected from its exposure. We agree with Munro et al⁴⁷ that drinking at school suggests that "drinking is appropriate and must be accommodated in all settings and at all times" (p.206).
87. Further, adults' drinking in schools exposes children to role modelling by parents and teachers which can reinforce normative beliefs that alcohol is a necessary part of everyday activities.⁴⁷ Given that parental modelling has been associated with adolescent initiation of drinking and levels of alcohol use⁵⁰ limiting alcohol use in schools may be a community-wide approach to reducing alcohol use by young people.⁵¹
88. Similarly, efforts to increase the presence of smoke-free spaces is underpinned by the need to reduce the modelling of smoking to adolescents and reduce cues to smoking by those wishing to quit.^{52,53} The proposed Cannabis Control Bill is likely to be based on the same principles, proposing that no consumption of cannabis occurs in public places to minimise modelling to others.
89. There is already ubiquitous exposure to alcohol and drinking in many of our everyday settings where we live, work and play. A study using wearable cameras on 11-13 year olds in the Wellington region showed that on average, children were exposed to alcohol marketing 4.5 times per day.⁵⁴ This excludes any exposure within off-licence retailers, on screens and from product packaging. The highest exposure rates were found among Māori (5.4 times higher than New Zealand European) and Pacific (3.0 times higher than New Zealand European), and boys (2.0 times higher than girls).
90. Reducing the occurrences of children's exposure to alcohol can be considered a child protection strategy. Alcohol Healthwatch strongly recommends that specific feedback is sought from children and young people in the Wairoa area. For example, in Scotland, children reported that they wanted a childhood free from alcohol, that they do not like to be around adults when they drink, and that they want adults to drink less.⁵⁵

2) Conflicts with existing health messages and curricula regarding alcohol use and harm

91. We agree with others⁵¹ that permitting alcohol to be used or sold at schools is likely to undermine schools' existing health messages and policies. School-based messages focus on the non-necessity of alcohol to have fun and highlight the important role of delaying alcohol use by young people. New Zealand's evidence-based alcohol and drug education resources for schools, Tūturu⁵⁶, emphasise the importance of whole-of-school approaches to reducing harm.
92. Schools play an important role in student wellbeing. This year, the Government provided funding for 40 new Curriculum Leads to work directly with schools, kura, early learning services and kōhanga reo to support the teaching of mental health and healthy relationships and promote the wellbeing of learners. It is important to note that this includes alcohol and drug education.

93. Therefore, allowing alcohol to be provided in settings that simultaneously educate our young people about the harmful normalisation of alcohol in society would seem contradictory. It would weaken the positive effects of extra Government funding in this area.

3) Support parents and principals

94. One study in Australia showed that the majority of parents of primary-school aged children disagreed or strongly disagreed with the practice of adults being able to purchase and consume alcohol at school events when children are present.⁵⁷
95. However, it was suggested that parents may be reluctant to challenge decisions made by the school principal for fear of the possible negative consequences for their child.⁵⁷ In one report, a parent explained that she had taken her complaint to the school principal but had been warned "not to make a fuss because fewer parents might attend school functions if they could not drink at them"⁴⁷.
96. In a study of principals in Australia, alcohol was seen as a mechanism to facilitate the engagement of parents in school events.⁵⁸ It was suggested that principals may fear losing parents from school events if alcohol is not allowed. Most school principals were aware that they had discretion about adults' use of alcohol at school events, but suggested it would be easier for them if all events where students were present were alcohol free. One principal said:

Good schools are a reflection of the community that they work in and they need to, in many cases, set the example. (Major city, government, principal 13)

97. Alcohol Healthwatch believes that a blanket approach to alcohol provision in schools may therefore provide support to principals who would rather not have alcohol on their school grounds.

4) Undermines efforts to support New Zealanders to cut back on their drinking and adhere to the low-risk drinking guidelines

98. The normalisation of drinking across many of our everyday settings may also serve to undermine efforts by New Zealanders to reduce their alcohol intake. Approximately one-quarter (26%) of past-year drinkers report that they have thought about cutting back on how much they drink.⁵⁹
99. Among past-week drinkers in New Zealand in 2018, one in four men and one in five women drank more than the recommended weekly limit as described in New Zealand's low-risk drinking advice⁶⁰. Around one in seven did not have at least 2 alcohol-free days in the last week.⁶¹ Alcohol Healthwatch believes that alcohol-free spaces assist New Zealanders to drink within the low-risk drinking guidelines, by increasing the number of alcohol-free days and reducing the amount of alcohol consumed over the week. The health of each New Zealand drinker will benefit by drinking less.
100. Alcohol-free school events should also be viewed as a strategy to assist to sustain (or even progress) the current reductions in adolescent binge drinking that have occurred in New Zealand. In the Youth19 survey, more than one in five high school students (22%) reported binge drinking in the last 4 weeks. Binge drinking increased with age; 42% of students aged 17+ years reported binge drinking in 2019.⁶²
101. This prevalence of 22% binge drinking is lower than the prevalence in 2007 (36.2%) and 2012 (25.3%).

102. However, there are inequities by ethnicity. In 2019, more than one-quarter (28%) of rangatahi Māori reported binge drinking in the last 4 weeks.

Heightened risks from poor monitoring of alcohol use around vulnerable populations

103. As with many other special licences, capability of staff / volunteers to control the level of drinking by patrons is variable. There is concern that the behavioural manifestations of alcohol consumption among adults may affect children's safety, wellbeing or enjoyment of the occasion.⁴⁷ Inexperienced operators may fail to recognise developing intoxication, or feel unable to prohibit further supply to intoxicated individuals.
104. We propose that these risks are substantial and heightened when children are present. The presence of alcohol intoxication and related disorder is likely to have significant impact on the way that students feel about their school environment. The presence of this behaviour also contradicts health-promoting messages about drinking in a low-risk manner.

References

- 1 New Zealand Parliament. Alcohol Reform Bill: Explanatory note. Wellington, New Zealand, 2010.
- 2 Wairoa District Council. Local Alcohol Policy Background paper. 2018 <https://www.consultations.nz/assets/Uploads/Background-Paper.pdf>.
- 3 Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle: WA: University of Washington, 2020 <http://www.healthdata.org/gbd>.
- 4 Ministry of Health. Annual Update of Key Results 2015/16: New Zealand Health Survey. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2015-16-annual-update/>. 2017.
- 5 Ministry of Health. Tier 1 statistics 2017/18: New Zealand Health Survey [Internet]. Wellington; NZ, 2018 <https://www.health.govt.nz/publication/tier-1-statistics-2017-18-new-zealand-health-survey> (accessed May 12, 2019).
- 6 Ministry of Health. Annual Data Explorer 2016/17: New Zealand Health Survey. 2017.
- 7 Ministry of Health. New Zealand Health Survey 2018/19: Annual data explorer. Wellington, New Zealand: Author, 2019 https://minhealthnz.shinyapps.io/nz-health-survey-2018-19-annual-data-explorer/_w_61dc3b7d/_w_f8cb0efc#!/home (accessed Nov 27, 2019).
- 8 Statistics New Zealand. 2018 Census Place Summaries: Wairoa District. <https://www.stats.govt.nz/tools/2018-census-place-summaries/wairoa-district> (accessed Aug 31, 2020).
- 9 Environmental Health Indicators New Zealand. Socioeconomic Deprivation Profile. Massey University <https://www.ehinz.ac.nz/indicators/population-vulnerability/socioeconomic-deprivation-profile/> (accessed Aug 31, 2020).
- 10 Cameron MP, Cochrane W, McNeill K, Melbourne P, Morrison SL, Robertson N. The Impacts of Liquor Outlets in Manukau City Report No. 3: The spatial and other characteristics of liquor outlets in Manukau City. Wellington: Alcohol Advisory Council of New Zealand, 2012.
- 11 City of Calgary. City of Calgary Land Use Bylaw. 2018. <http://lub.calgary.ca/>.
- 12 City of Edmonton. Edmonton Zoning Bylaw. Section 85. Major Alcohol Sales and Minor Alcohol Sales. https://webdocs.edmonton.ca/InfraPlan/zoningbylaw/bylaw_12800.htm.
- 13 Cameron, M.P., Cochrane, W., Livingston, M. The relationship between alcohol outlets and harms: A spatial panel analysis for New Zealand, 2007-2014. 2016.
- 14 Livingston M. A longitudinal analysis of alcohol outlet density and assault. *Alcohol Clin Exp Res* 2008; **32**: 1074–1079.
- 15 Karriker-Jaffe KJ, Ohlsson H, Kendler KS, Cook WK, Sundquist K. Alcohol availability and onset and recurrence of alcohol use disorder: Examination in a longitudinal cohort with co-sibling analysis. *Alcohol Clin Exp Res* 2018.
- 16 Pridemore WA, Grubestic TH. Community organization moderates the effect of alcohol outlet density on violence. *Br J Sociol* 2012; **63**: 680–703.

- 17 Mair C, Gruenewald PJ, Ponicki WR, Remer L. Varying impacts of alcohol outlet densities on violent assaults: explaining differences across neighborhoods. *J Stud Alcohol Drugs* 2013; **74**: 50–8.
- 18 Pridemore WA, Grubestic TH. A spatial analysis of the moderating effects of land use on the association between alcohol outlet density and violence in urban areas. *Drug Alcohol Rev* 2012; **31**: 385–93.
- 19 Hobbs M, Marek L, Wiki J, *et al*. Close proximity to alcohol outlets is associated with increased crime and hazardous drinking: pooled nationally representative data from New Zealand. *Health Place* 2020; **65**: 102397.
- 20 Ayuka F, Barnett R, Pearce J. Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand. *Health Place* 2014; **29**: 186–99.
- 21 Katikireddi SV, Whitley E, Lewsey J, Gray L, Leyland AH. Socioeconomic status as an effect modifier of alcohol consumption and harm: analysis of linked cohort data. *Lancet Public Health* 2017; **2**: e267–e276.
- 22 Babor TF, Caetano R, Casswell S, *et al*. Alcohol: No Ordinary Commodity. Oxford University Press, 2010 DOI:10.1093/acprof:oso/9780199551149.001.0001.
- 23 Sanchez-Ramirez DC, Voaklander D. The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. *Inj Prev J Int Soc Child Adolesc Inj Prev* 2018; **24**: 94–100.
- 24 Chikritzhs T, Stockwell T. The impact of later trading hours for Australian public houses (hotels) on levels of violence. *J Stud Alcohol* 2002; **63**: 591–9.
- 25 Law Commission. Alcohol in our Lives: Curbing the Harm: A report on the review of the regulatory framework for the sale and supply of liquor. Wellington, N.Z.: Law Commission, 2010
<http://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R114.pdf>.
- 26 Huckle T, Callinan S, Pham C, Chaiyasong S, Parker K, Casswell S. Harmful drinking occurs in private homes in some high- and middle-income alcohol markets: Data from the International Alcohol Control Study: Harmful drinking in private homes in different alcohol markets. *Drug Alcohol Rev* 2020; published online Aug 17. DOI:10.1111/dar.13137.
- 27 Casswell S, Huckle T, Wall M, Yeh LC. International alcohol control study: pricing data and hours of purchase predict heavier drinking. *Alcohol Clin Exp Res* 2014; **38**: 1425–31.
- 28 Wicki M, Gmel G. Hospital admission rates for alcoholic intoxication after policy changes in the canton of Geneva, Switzerland. *Drug Alcohol Depend* 2011; **118**: 209–15.
- 29 Marcus J, Siedler T. Reducing binge drinking? The effect of a ban on late-night off-premise alcohol sales on alcohol-related hospital stays in Germany. *J Public Econ* 3; **123**: 55–77.
- 30 Connor J, Maclennan B, Huckle T, Romeo J, Davie G, Kypri K. Changes in the incidence of assault after restrictions on late-night alcohol sales in New Zealand: Evaluation of a natural experiment using hospitalisation and police data. *Addiction* 2020; : add.15206.
- 31 Alcohol and Regulatory Licensing Authority. Decision: Auckland Council Provisional Local Alcohol Policy. Redwood Corporation et al vs Auckland Council. Wellington, New Zealand:

- Author, 2017 <https://ouraukland.aucklandcouncil.govt.nz/media/13606/the-alcohol-regulatory-and-licensing-authority-decision.pdf> (accessed Aug 5, 2019).
- 32 Alcohol and Regulatory Licensing Authority. Decision on Dunedin City Council's Provisional Local Alcohol Policy (appeals). Foodstuffs et al vs Dunedin City Council. 2017 https://forms.justice.govt.nz/search/Documents/ARLA/arla_DECN_118352573/ARLA_FULL.pdf (accessed Aug 5, 2019).
- 33 Scottish Parliament. Licensing (Scotland) Act 2005. http://www.legislation.gov.uk/asp/2005/16/pdfs/asp_20050016_en.pdf (accessed Aug 5, 2019).
- 34 Pasch KE, Komro KA, Perry CL, Hearst MO, Farbakhsh K. Outdoor alcohol advertising near schools: what does it advertise and how is it related to intentions and use of alcohol among young adolescents? *J Stud Alcohol Drugs* 2007; **68**: 587–96.
- 35 Collins RL, Ellickson PL, McCaffrey D, Hambarsoomians K. Early adolescent exposure to alcohol advertising and its relationship to underage drinking. *J Adolesc Health* 2007; **40**: 527–534.
- 36 Alcohol and Regulatory Licensing Authority. B & M Entertainment Ltd., Capital and Coast District Health Board, Foodstuffs North Island Ltd., Wellington Inner City Residents and Business Association Inc., Medical Officer of Health, New Zealand Police, Progressive Enterprises Ltd., Super Liquor Holdings Ltd. versus Wellington City Council. [2015] NZARLA PH 21-28. Wellington, New Zealand: Alcohol and Regulatory Licensing Authority, 2015.
- 37 O'Brien, K K. Commentary on Terry-McElrath & O'Malley (2011): Bad sport—exorcizing harmful substances and other problems. *Addiction* 2011; **106**: 1866–1867.
- 38 Cameron MP, Cochrane W, Gordon C, Livingston M. The locally-specific impacts of alcohol outlet density in the North Island of New Zealand, 2006-2011. Wellington: Health Promotion Agency, 2013.
- 39 Cameron, M.P., Cochrane, W., Livingston, M. The relationship between alcohol outlets and harms: A spatial panel analysis for New Zealand, 2007-2014. 2016.
- 40 Teevale T, Robinson E, Duffy S, et al. Binge drinking and alcohol-related behaviours amongst Pacific youth: a national survey of secondary school students. *N Z Med J Online* 2012; **125**.
- 41 Gisborne District Council. Gisborne Local Alcohol Policy, Section 3.1.1. 2018 <http://www.gdc.govt.nz/gisborne-district-local-alcohol-policy/> (accessed Aug 5, 2019).
- 42 Parker RN, McCaffree KJ, Skiles D. The impact of retail practices on violence: the case of single serve alcohol beverage containers. *Drug Alcohol Rev* 2011; **30**: 496–504.
- 43 Masho SW, Bishop DL, Edmonds T, Farrell AD. Using surveillance data to inform community action: the effect of alcohol sale restrictions on intentional injury-related ambulance pickups. *Prev Sci* 2014; **15**: 22–30.
- 44 Auckland District Licensing Authority. Crown Liquor Clendon Wines, see [2018] ADLC 8220013176 April 9th 2018. 2018.
- 45 Auckland District Licensing Authority. A&N Enterprises Ltd [8220052323]. 2020.

- 46 New Zealand Government. Child and Youth Wellbeing Strategy. Wellington: Author, 2019
<https://childyouthwellbeing.govt.nz/sites/default/files/2019-08/child-youth-wellbeing-strategy-2019.pdf>.
- 47 Munro G, Buykx P, Ward B, Rae J, Wiggers J. Adult drinking in Australian schools. *Aust N Z J Public Health* 2014; **38**: 205–208.
- 48 Bandura A. Social Learning Theory. Englewood Cliffs: Prentice-Hall, 1977.
- 49 Bandura A. Social Foundations of Thought and Action: A Social Cognitive Theory. Englewood Cliffs: Prentice-Hall, 1986.
- 50 Ryan SM, Jorm AF, Lubman DI. Parenting factors associated with reduced adolescent alcohol use: a systematic review of longitudinal studies. *Aust N Z J Psychiatry* 2010; **44**: 774–783.
- 51 Gilligan C, Shaw T, Beatty S, Thomas L, Lombardi KL, Johnston RS. Do schools and alcohol mix? Australian parents' perspectives. *Health Educ* 2020.
- 52 Janet Hoek. The role of 'place' in normalising smoking - tobacco, alcohol, and social pressures for young people. Dunedin: Health Promotion Agency, 2014.
<https://www.smokefree.org.nz/files/images/The%20role%20of%20%E2%80%99place%E2%80%99%20in%20normalising%20smoking.pdf>.
- 53 Thomson G, Martin J, Gifford H, Parata K, Wilson N. A case study of smokefree outdoor policy options for a city. *Aust N Z J Public Health* 2017; **41**: 448–9.
- 54 Chambers T, Stanley J, Signal L, *et al*. Quantifying the nature and extent of children's real-time exposure to alcohol marketing in their everyday lives using wearable cameras: Children's exposure via a range of media in a range of key places. *Alcohol Alcohol* 2018; **53**: 626–633.
- 55 Children's Parliament. What kind of Scotland? Children influencing Scotland's future. 2017
<https://www.childrensparliament.org.uk/wp-content/uploads/WhatKindofScotlandOnline2017.pdf>.
- 56 New Zealand Drug Foundation. Tuturu. Wellington, N.Z, n.d. <https://www.tuturu.org.nz/>.
- 57 Ward B, Kippen R, Buykx P, Gilligan C, Chapman K. Parents' level of support for adults' purchase and consumption of alcohol at primary school events when children are present. *Drug Alcohol Rev* 2015; **34**: 202–206.
- 58 Ward BM, Buykx P, Munro G, Wiggers J. Are schools and alcohol a good mix? A qualitative study of school principals' experiences of adults' alcohol use in Australian secondary schools. *BMJ Open* 2016; **6**: e010904.
- 59 Health Promotion Agency. Cutting back on alcohol consumption: Key results from the 2015/16 Attitudes and Behaviour towards Alcohol Survey & 2016 Health and Lifestyles Survey. Wellington, New Zealand: Health Promotion Agency, 2018.
- 60 Health Promotion Agency. Low-risk alcohol drinking advice. n.d. <http://alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice>.
- 61 Health Promotion Agency. Compliance with New Zealand's low-risk alcohol drinking advice – Results from the 2018 Health and Lifestyles Survey. Wellington, New Zealand: Author,

2019 <https://www.hpa.org.nz/research-library/research-publications/compliance-with-new-zealand%E2%80%99s-low-risk-alcohol-drinking-advice-%E2%80%93-results-from-the-2018-health-and> (accessed Oct 2, 2019).

62 Fleming, T., Ball, J., Peiris-John, R., *et al.* Youth19 Rangatahi Smart Survey, Initial Findings: Substance Use. Youth19 Research Group. New Zealand: The University of Auckland and Victoria University of Wellington, 2020.

REL0639



Level 1, BNZ Centre | 120 Hereford Street | Christchurch 8011
PO Box 2688 | Christchurch 8140 | New Zealand
Ph 0508 258 258

31 August 2020

Draft Local Alcohol Policy Submission
Wairoa District Council
Coronation Square
Queen Street
Wairoa

To Whom It May Concern

Wairoa District Council Local Alcohol Policy submission

Thank you for providing the opportunity for the Te Hiringa Hauora/Health Promotion Agency to comment on the Wairoa District Council draft Local Alcohol Policy (LAP).

Te Hiringa Hauora wishes to speak to this submission.

Te Hiringa Hauora is a Crown agent that supports the health and wellbeing of New Zealanders. Our key role is to lead and support health promotion initiatives to:

- promote health and wellbeing and encourage healthy lifestyles
- prevent disease, illness and injury
- enable environments that support health, wellbeing and healthy lifestyles
- reduce personal, social and economic harm.

Te Hiringa Hauora has alcohol-specific functions to:

- give advice and make recommendations to government, government agencies, industry, non-government bodies, communities, health professionals and others on the sale, supply, consumption, misuse and harm of alcohol as those matters relate to the general functions of Te Hiringa Hauora
- undertake, or work with others, to research alcohol use and public attitudes to alcohol in New Zealand and problems associated with, or consequent on, alcohol misuse.

LAP DEVELOPMENT

We congratulate Wairoa District Council on its commitment to develop a LAP. The development of a LAP provides an opportunity for communities to become involved in how alcohol is sold in their neighbourhoods.

The object of the Sale and Supply of Alcohol Act 2012 is that the sale, supply, and consumption of alcohol should be undertaken safely and responsibly, and the harm caused by the excessive or inappropriate consumption of alcohol should be minimised¹. LAPs play an important role in meeting these objectives and provide councils with a mechanism to reflect the needs of the community and to minimise the harm caused by alcohol locally.

Alcohol causes significant health and social harm in Aotearoa and is a key driver of inequities. Within the Hawke's Bay, hazardous drinking rates² are 60% higher than nationally³. Hawke's Bay also has high levels of wholly attributable alcohol hospitalisations especially in areas with higher deprivation, and crime appears closely linked to the use of alcohol eg, family violence, assaults, drink driving and arrests⁴. When alcohol is impacting on a community so heavily, it is especially important that the council use all the mechanisms available to it to minimise the harm.

GENERAL COMMENTS

We found that the draft policy was easy to read and that the content was easy to understand. A clear, concise policy will not only be easier for your community and licensees to understand but will also be more useful to your District Licensing Committee (DLC).

We commend the Wairoa District Council on its background report. Te Hīringa Hauora is aware that many councils are finding it difficult to source good data, especially local data. Given these constraints we note that Wairoa has provided useful information to assist with the development of the LAP.

PURPOSE OF THE POLICY

LAPs not only provide guidance to DLCs, the Alcohol Regulatory and Licensing Authority and local alcohol retailers, but they also provide an opportunity for communities to be involved in shaping the trading hours, location, number of outlets, and conditions on licensed premises in ways that fit with community desires. Having a purpose and objectives assists with clarity for all those using the LAP, and provides a way to demonstrate how the LAP contributes to wider community aims. We suggest that the first part of the purpose is strengthened to "The Local Alcohol Policy (LAP) provides clear and transparent guidance on the safe and responsible sale, supply and consumption of alcohol; the minimisation of excessive or inappropriate consumption of alcohol; and reflects....."

Recommendation

1. That the purpose of the LAP is strengthened to reflect the object of the Act.

¹ Sale and Supply of Alcohol Act 2012. <http://www.legislation.govt.nz/act/public/2012/0120/84.0/DLM3339333.html>

² Hazardous drinking is defined by a score of 8 or more on the alcohol screening tool known as AUDIT

³ Hawke's Bay District Health Board. (2017). *Alcohol-related Harm Statistics*.

⁴ Wairoa District Council (2018). *Local Alcohol Policy Background Paper*. Wairoa: Wairoa District Council

DENSITY PROVISIONS

Te Hīringa Hauora is pleased to see restrictions on the location and number of premises have been considered within the LAP. The overwhelming majority of New Zealand^{5,6} and international studies⁷ find that the more alcohol outlets of all types there are in a region, the more evidence there is of crime and violence. The evidence also shows that the demographic make-up of the area is a factor in the strength of this association⁸.

While there is consistency about increased harms linked to increased density, there are mixed conclusions over whether increased consumption results from increased density. Positive associations have been found between alcohol outlet density and both individual level binge drinking and alcohol-related problems which are independent of individual and neighbourhood socioeconomic status⁹. However, Babor et al¹⁰ found that the evidence in support of links between outlet density and consumption was mixed. One alternative explanation is that dense clustering of alcohol outlets in entertainment districts attracts violence prone patrons and increases the number of interactions among drinkers, which in turn increases the likelihood of violent incidents¹¹.

Off-licence premises

When off-licensed premises cluster together, particularly in low income suburban areas, competition between outlets has been found to lead to lower prices, longer opening hours, and later weekend closing times¹² which stimulates demand and contributes to alcohol-related harm.

There is a broad range of alcohol-related harms, including family violence, anti-social behaviour, sexual offences and other alcohol-related harms^{13,14} linked to high density of off-licences. One study has

⁵ Cameron, M.P., Cochrane, W., Gordon C., & Livingston M. (2016a). Alcohol outlet density and violence: a geographically weighted regression approach. *Drug and alcohol review*

⁶ Cameron, M.P., Cochrane, W., Gordon C., & Livingston M. (2016b). Global and locally-specific relationships between alcohol density and property damage: Evidence from New Zealand. *Australasian Journal of Regional Studies*, 22(3), 331.

⁷ Taylor N., Miller P., Coomber K., Mayshak R., Zahnow R., Patafio B., Burn M. & Ferris J. (2018) A mapping review of evaluations of alcohol policy restrictions targeting alcohol-related harm in night-time entertainment precincts. *Int J Drug Policy*. 2018 Dec;62:1-13. doi: 10.1016/j.drugpo.2018.09.012. Epub 2018 Oct 19.

⁸ Cameron, M. P., Cochrane, W., Gordon, C., & Livingston, M. (2013). *The locally-specific impacts of alcohol outlet density in the North Island of New Zealand, 2006-2011*. Research report commissioned by the Health Promotion Agency. Wellington: Health Promotion Agency.

⁹ Connor J. Kypri K., Bell M. & Cousins K. (2011). Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: A national study. *Journal of epidemiology and community health*. 65. 841-6. 10.1136/jech.2009.104935.

¹⁰ Babor et al (2010). *Alcohol no ordinary commodity: Research and public policy*. Second Edition. Oxford University Press.

¹¹ Gruenewald P. 2007. 'The spatial ecology of alcohol problems: niche theory and assortative drinking'. *Addiction*, 102: 870–878. doi: 10.1111/j.1360-0443.2007.01856.x

¹² Cameron, M.P., Cochrane, W., McNeill, K., Melbourne, P., Morrison, S.L., Robertson, N. (2010b). *The spatial and other characteristics of liquor outlets in Manukau City: The impacts of liquor outlets report no.3*. Wellington: Alcohol Advisory Council of New Zealand.

¹³ Livingston, M 2008, 'A longitudinal analysis of alcohol outlet density and assault', *Alcoholism: Clinical and Experimental Research*, vol. 32, no. 6, pp. 1074-9.

¹⁴ Livingston, M 2013, 'To reduce alcohol-related harm we need to look beyond pubs and nightclubs', *Drug and Alcohol Review*, vol. 32, no. 2, p. 113-14.

suggested that for off-licences, the amount of alcohol sold is a more significant factor than outlet density¹⁵.

On-licence and club premises

On-licence density is significant in inner city entertainment areas in terms of violence and assaults. Bar and nightclub density has a significant positive association with all categories of police events and with motor vehicle accidents¹⁶.

Overall, the evidence behind outlet density contributing to alcohol-related harm is strong. We therefore support councils to utilise tools that will assist with limiting the numbers of outlets. Even in smaller towns it is useful to keep a watch on the growth of licensed premises and have mechanisms in place to control that growth if need be. Te Hīringa Hauora therefore supports the policy that no new off-licences will be granted for new businesses within the Town Centre Zone in the Wairoa township, but suggests that Wairoa District Council monitor whether this displaces off-licences to other parts of the district.

LOCATION PROVISIONS

Te Hīringa Hauora supports the provisions relating to sensitive sites. The Law Commission's consultation found that communities feel strongly about the location of premises where alcohol is sold¹⁷. The purpose of policies around location are to protect the most vulnerable and to limit the growth of premises in areas that have sensitive sites.

TRADING HOURS

Te Hīringa Hauora encourages territorial authorities to set maximum trading hours that are appropriate for the location, minimise harm, and take into account the views of the community.

On-licensed premises

Although New Zealand-based studies are limited, there is strong and reasonably consistent evidence from a number of countries that limits on trading hours of on-licensed premises are effective in reducing both consumption and alcohol-related harm. There is an established relationship between on-licence

¹⁵ Liang, W & Chikritzhs, T 2011, 'Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability', *Drug and Alcohol Review*, vol. 30, no. 5, pp. 524-35.

¹⁶ Cameron, M. P., Cochrane, W., Gordon, C., & Livingston, M. (2013). *The locally-specific impacts of alcohol outlet density in the North Island of New Zealand, 2006-2011*. Research report commissioned by the Health Promotion Agency. Wellington: Health Promotion Agency.

¹⁷ Law Commission. (2010). *Alcohol in our Lives: Curbing the Harm: A report on the review of the regulatory framework for the sale and supply of liquor*. Wellington: Law Commission.

trading hours and levels of harm^{18,19} with substantial increases in assaults for every additional hour of trading and vice versa²⁰.

Overseas research has demonstrated that reducing on-licence hours late at night can substantially reduce rates of violence, associated ambulance callouts, hospital admissions and alcohol-related harm^{21,22}. Given this evidence, we support the hours proposed by Wairoa in their LAP.

Off-licensed premises

One New Zealand study has shown that drinkers purchasing alcohol from off-licensed premises after 10pm were more likely to be heavy consumers²³. There are also suggestions from recent research that limiting off-licence trading hours after 9pm may reduce harm^{24,25}.

Many councils who have developed LAPs have taken the opportunity to limit off-licence availability with the most common trading hours being to 9pm or 10pm²⁶. Te Hīringa Hauora supports the trading hours proposed and is pleased to see a consistent approach to all off-licences within a territorial boundary having the same trading hours.

Club licences

Te Hīringa Hauora supports the proposed hours for club licences. Clubs often attract younger people and are not immune to high levels of harm. If on occasion a club would like to trade later for an event, special licences are available.

¹⁸ Miller, P 2013, Patron Offending in Night-Time Entertainment Districts (POINTED), monograph series no. 46, National Drug Law Enforcement Research Fund, p. 220;

¹⁹ Manton, E, Room, R, Giorgi, C & Thorn, M (eds.) 2014, Stemming the tide of alcohol: liquor licensing and the public interest, Foundation for Alcohol Research and Education.

²⁰ Kypri, K, Jones, C, McElduff, P & Barker, D 2011, 'Effects of restricting pub closing times on night-time assaults in an Australian city', *Addiction*, vol. 106, no. 2, pp. 303-10; Rossow, I & Norstrom, T 2012, 'The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities', *Addiction*, vol. 107, no. 3, pp. 530-7.

²¹ Wilkinson, C., Livingston, M., Room, R. (2016). Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005-2015. *Public Health Res Pract.* 2016;26(4):e2641644

²² Sanchez-Ramirez DC & Voaklander D (2018) The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. *Inj Prev.* 2018 Feb;24(1):94-100. doi: 10.1136/injuryprev-2016-042285. Epub 2017 Jun 24.

²³ Casswell, S., Huckle, T., Wall, M., Yeh, L.C. (2014). International Alcohol Control (IAC) study: pricing data and hours of purchase predict heavier drinking. *Alcoholism: Clinical and Experimental Research.* 38(5): 1425-1431

²⁴ Sherk A, Stockwell T, Chikritzhs T, Andréasson S, Angus C, Gripenberg J, Holder H, Holmes J, Mäkelä P, Mills M, Norström T, Ramstedt M, Woods J. (2018). Alcohol Consumption and the Physical Availability of Take-Away Alcohol: Systematic Reviews and Meta-Analyses of the Days and Hours of Sale and Outlet Density. *J Stud Alcohol Drugs.* 2018 Jan;79(1):58-67.

²⁵ Atkinson J.A., Prodan A., Livingston M., Knowles D., O'Donnell E., Room R., Indig D., Page A., McDonnell G. & Wiggers J. (2018) Impacts of licensed premises trading hour policies on alcohol-related harms. *Addiction.* 2018 Jul;113(7):1244-1251. doi: 10.1111/add.14178. Epub 2018 Mar 2.

²⁶ Jackson, N. (2016). A review of Territorial Authority progress towards Local Alcohol Policy development. Auckland: Alcohol Healthwatch

Hours element within LAP

Te Hīringa Hauora suggests splitting the hours of operation into separate elements for each type of premises and for the onset and end of trading hours. This may save the whole element (ie, start of trading and the end of trading) being deemed unreasonable if ARLA only have an issue with one component of the element.

By way of example, if an objector appeals a resubmitted provisional LAP to ARLA on the grounds that the start and finish of trading is unreasonable for a type of licensed premises and ARLA decides that the later hours are reasonable but the earlier ones are not, then they would have no choice but to rule the whole element as unreasonable as it was all part of one element. This was the situation in the Auckland Provisional LAP appeal²⁷.

Recommendation

2. That trading hours are separated out into individual elements.

CHILD FOCUSED EVENTS

Te Hīringa Hauora supports measures that decrease the exposure of children and young people to alcohol-related harm at any event focused on children under 18 years of age. Longitudinal studies have shown that parenting factors associated with adolescent drinking show that parental modelling of drinking is associated with both earlier initiation to drinking and increased later alcohol use^{28 29}. Te Hīringa Hauora supports the previous work undertaken in the region to decrease exposure of young people to alcohol and would encourage the council to consider the range of regulatory and policy options available to them to add further support to this work.

MINOR TYPOS

- 2.4.1 should state "... Including but *not* limited to"

²⁷ Redwood Corporation Limited vs Auckland City Council [2017] NZ ARLA PH 247-254 sections 158-159.

²⁸ Ryan, S., Jorm, A., & Lubman, D. (2010). Parenting factors associated with reduced adolescent alcohol use: a systematic review of longitudinal studies. *Aust NZ J Psychiatry*, 44(9): 774-783.

²⁹ Hammond, V. (2016). *Setting the Standard: alcohol sales & promotion in New Zealand schools*. Public Health South, Southern District Health Board.

CONCLUSION

Once again, thank you for the opportunity to comment on the Wairoa draft LAP. Please do not hesitate to contact Cathy Bruce, Principal Advisor Local Government, e-mail c.bruce@hpa.org.nz, phone 03 963 0218 if you would like to discuss any parts of this submission further.

Yours sincerely



Cath Edmondson
General Manager Policy, Research and Advice

Corporate Services



28 August 2020

Kimberley Tuapawa
Wairoa District Council
Coronation Square
Queen Street
WAIROA

Our Ref: SUB019 20

By email: info@wairoadc.govt.nz

Kia Ora Kimberley

WAIROA DRAFT LOCAL ALCOHOL POLICY (LAP)

Thank you for inviting Hawke's Bay District Health Board to feedback on the draft Local Alcohol Policy (LAP) for the Wairoa District – we commend Wairoa District Council for their extensive work in getting to this stage of the LAP process.

As you may be aware, District Health Boards have a legal responsibility under section 22 of the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and community. We believe the Local Alcohol Policy (LAP) is an important tool that can minimise alcohol related harm and protect underserved communities and children.

As we have worked with Council throughout the development of this draft policy, we are happy to extend our support for the provisions, hours and conditions included, most of which were recommended by HBDHB. **We encourage Council to adopt this new policy.**

Hours

As you may recall, we did originally recommend further reducing on-licence hours, however we do recognise that the hours included within the draft Policy – 9am-1am—are a great improvement on the default on-licence trading hours for LAPs of 8am-4am.

We commend Council for the decision to restrict off-licence opening hours to 9am, as this will reduce alcohol advertising exposure to school children in Wairoa who may pass by the off-licences in the centre of town on their way to school.

Alcohol-free events

In our letter dated 27 March 2018, we recommended that Council aim to increase the number of alcohol-free events, starting with Council-led events or events held on Council-owned property and facilities, and that this could be written into the LAP. We urge Council to reconsider our recommendation here and show leadership by increasing the number of alcohol-free events offered in Wairoa, particularly whānau-focused events.

HEALTH IMPROVEMENT & EQUITY DIRECTORATE

Phone 06 878 8109 Fax 06 878 1374 Email: firstname.lastname@hbdhb.govt.nz, www.hawkesbay.health.nz

2nd Floor, Corporate Office, cnr McLeod Street & Omaha Road, Private Bag 9014, Hastings, New Zealand

Child-focused events

You will be aware that Hawke's Bay DHB has taken a strong evidence-based stance that alcohol should not be on school grounds when children are present. *The Place of Alcohol in Schools: Young People and Exposure*, a report commissioned by Hawke's Bay DHB, highlights that exposure to alcohol during childhood and adolescence, either through witnessing adults drinking or via alcohol marketing has shown to increase the likelihood of a young person drinking alcohol both at an earlier age, and of drinking more hazardously. This report forms the basis for our position on this matter.

We note that you have included two questions in the 'Statement of Proposal' document that seeks community input into whether a condition regarding child-focused events being alcohol-free should be added to Section 2.3 of the LAP. Although we agree that it is essential to hear community voice on this matter, **we strongly support the inclusion of this condition into the Wairoa LAP for any event focused on children under 18 years of age held anywhere.**

In order to substantiate that this draft LAP is a proportionate response to alcohol harms and health inequities, we would like to speak to our submission in person and present alcohol health statistics for Wairoa.

For further information please contact:

Kim Maitland, Executive Assistant
kim.maitland@hawkesbaydhb.govt.nz
Phone 06 873 2101

Ngā mihi



Patrick Le Geyt

Acting Executive Director
Health Improvement & Equity