



Submission

Local Government (Auckland Law Reform) Bill

**To: Auckland Governance Legislation Select Committee
The Select Committee Clerk
Parliament Buildings
Wellington**

Thank you for the opportunity to submit on this the third bill relating to the future Governance of Auckland.

We would like to take the opportunity to speak to our submission.

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1) Introduction

Alcohol Healthwatch is an independent charitable trust that works to reduce alcohol-related harm. We are contracted by the Ministry of Health to provide a range of services regionally and nationally. These services include the provision of research-based information on policy and practice and public health expertise for inter-agency and community groups who work on alcohol issues; co-ordination of community action projects,

We have 20 years experience in alcohol health promotion and community action on alcohol. This includes 15 years as co-ordinators of the Last Drink Survey and associated Liquor Liaison Groups (statutory agency networks) in the Auckland region. We organise forums, meetings and symposia on alcohol issues to strengthen knowledge and understanding and support strategic responses to the harms associated with alcohol use. We provide information and raise awareness through our newsletter, email networks and our media advocacy. We co-ordinate a variety of community and issue-based projects and groups. We also provide evidence-based information to inform alcohol policy at a national level.

We have specific knowledge and expertise in the areas of alcohol policy and planning, the sale, supply and marketing of liquor, and community issues and responsiveness in relation to these. We take a special interest in Maori health/Whanau ora, injury and violence prevention, Fetal Alcohol Spectrum Disorders (FASD) and Tertiary Student drinking. We have extensive networks in Auckland and in the rest of the country on these issues and draw on these to inform our advice and action.

Our approach recognises that those strategies with the best evidence base for effectiveness in reducing alcohol-related problems are those that focus on changing the environment in which decisions are made, rather than educating the individual to make behaviour change. We view educative strategies as important, especially in support of more effective strategies.

Alcohol-related harm places a significant burden on New Zealand this has recently been conservatively estimated in monetary terms at \$5.3billion a year. It impacts on all individuals and all communities. However this burden falls disproportionately on young people, Māori and Pacific populations creating significant inequity. Auckland is home to significantly large populations of these groups. We have included a fact sheet on alcohol-related harm for the Committee's reference.

We recognise that alcohol matters are best managed by a combination of national, regional and local laws, policies, planning and interventions that are integrated, co-ordinated and properly resourced.

Local Councils play a significant role in alcohol harm reduction through both statutory and not statutory activities.

In this submission we make comments on the Bill in relation to our area of knowledge and expertise, that being alcohol-related harm prevention. We draw particular attention to the role of alcohol use in undermining the health, well-being and safety of individuals and communities and the role of local government in this.

We raise a number of concerns relating to the Bill, in particular how it might impact on liquor licensing and the planning for alcohol harm reduction in local communities. In summary these are:

- **Part 1 Clause 17 Preparation of planning document** - Lack of clarity about the roles and responsibilities in relation to liquor licensing and planning for alcohol harm prevention and decision-making on liquor licensing and alcohol-related matters.
- **Part 3 Sub-part 3 Clause 95 Policies** - In relation to local alcohol policies/plans.

We also make a general comment in relation to decision-making and community rights to influence decisions that directly affect their safety and well-being.

2) Comments and recommendations on the Bill

2.1) Part 1 Clause 17 Preparation of planning document

In our submission on the previous Bill we recommended that roles and responsibilities relating to alcohol-related harm prevention and community safety be clearly identified, allocated and resourced during the planning for the new governance structure, especially in regard to the relationship between the Auckland Council and its Local Boards in relation to these matters.

This third bill does not appear to adequately address these matters. How decisions will be made in regard to alcohol-harm reduction policy and planning and liquor licensing remains unclear.

Local Councils perform both statutory (regulatory) and non-regulatory functions in relation to alcohol. It also remains unclear as to how these two aspects will be co-ordinated to best effect.

Communities must be assured of their rights to influence decision-making in relation to alcohol given its impact on their safety and well-being.

These comments relate closely with the following.

2.2) Part 3 Sub-part 3 Clause 95 Policies - In relation to local alcohol policies/plans.

We express concern regarding this clause which effectively dissolves any council policies that are not expressly required by law. As alcohol policies and liquor licensing policies are not currently expressly required by law, these would disappear leaving communities vulnerable and disaffected, given they have already been consulted on these policies.

In relation to alcohol we recommend a comprehensive city-wide alcohol harm reduction policy and plan be developed in full consultation with community through their local boards.

The current status of alcohol policies across the 7 city/district Auckland councils varies greatly. Some have recently adopted a policy, others are reviewing theirs, and others still do not have one.

Currently communities are effectively shut out of decision-making on alcohol and liquor licensing, yet they express serious concerns to their local councils on issues including outlet density and location, trading hours, sales to minors, intoxication and the resulting violence, crime and injury. We are hopeful that this will be improved following the Law Commission's review of alcohol laws. However, in the meantime local alcohol policies/plans provide communities with at least one opportunity to exercise their rights to influence decision-making of matters that are important to them.

Should current alcohol policies be dissolved statutory staff from the District Licensing Agency, Medical Officer of Health and Police will no longer have a policy to guide their practice.

We recommend that Part 3, Sub-part 3 Clause 95 be amended by the deletion of Clause 95(1) (a) and that all existing alcohol/liquor licensing policies in the Auckland Region be retained until such a time that these can be reviewed and a city wide policy developed to achieve consistency in decision-making and enforcement, and effective harm reduction.

3) General Comment

We have been concerned by aspects of the Auckland restructuring process to-date in relation to how it effectively reduces local/community decision-making and democracy.

In relation to alcohol this will impact on communities and in particular high risk groups ability to create safer environments and support low risk drinking practises.

Of particular concern is how this will further reduce their say in local planning for alcohol-related harm reduction and their interests over-ridden by commercial vested interests groups.

Also of particular concern is the weakness of provisions for Māori to partner in decision-making both generally and also in relation to alcohol given that they experience disproportionate levels of harm.

4) Conclusion

Our comments largely relate to ensuring the rights of local communities and specific population groups to effectively manage their environments, especially those related to alcohol and health and safety outcomes.

5) Summary of recommendations:

We recommend that:

- The Bill be amended to clarify decision-making roles, responsibility and functions in relation to alcohol-harm reduction policy and planning and liquor licensing
- The Bill be amended to clarify how statutory and non-statutory functions of Council in relation to alcohol will be co-ordinated to best effect.
- That Part 3, Sub-part 3 Clause 95 be amended by the deletion of Clause 95(1) (a) and that all existing alcohol/liquor licensing policies in the Auckland Region be retained until such a time that these can be reviewed and a city wide policy developed to achieve consistency in decision-making and enforcement, and effective harm reduction.
- The Bill be amended to better enable local communities, and Māori, Pacific and youth populations their say in decision-making both generally and in relation to reducing alcohol-related harm.
- That a comprehensive city-wide alcohol harm reduction policy and plan be developed by the new Council in full consultation with community through their local boards.

Appendix



ALCOHOL HARM IN NEW ZEALAND

Alcohol-related harm in New Zealand has been recently estimated to cost \$5.3 billion per year. This equates to a cost of \$14.5 million every day.¹

New Zealand's youth, Māori and Pacific populations bear a disproportionate burden of alcohol-related harm.

Drinking patterns

- Over 80% of the adult population of 2.98 million drinks at least occasionally.²
- Forty four percent of all alcohol available for consumption in this country was consumed in "heavier drinking occasions" at the time of the 2004 *Alcohol Use in New Zealand* survey.³
- Nearly one in three drinkers drink on average more than two standard drinks a day, which increases their lifetime risk of alcohol-related disease and injury.⁴
- Younger people tend to drink at higher volumes but with less frequency, while older drinkers tend to drink at lower volumes but with greater frequency.⁵
- Approximately 25% of adult drinkers are binge drinkers.⁶
- The relative volume consumed on a typical drinking occasion by Māori is 40% more than for non-Māori, and this is so for both sexes and in each age group.⁷
- Pacific people are more likely to be non-drinkers, but those who do drink are relatively heavy drinkers, preferring to drink in groups and until they are intoxicated.⁸
- About half of drinkers under 25 years of age drink large quantities when they drink.

¹ Slack A, Nana G, Webster M, et al. 2009. *Costs of harmful alcohol and other drug use*. Final Report to the Ministry of Health and ACC.

² Ministry of Health. 2007. *Alcohol Use in New Zealand Analysis of the 2004 New Zealand Health Behaviours survey – Alcohol Use*. Wellington: Ministry of Health.

³ SHORE. *Comparative analysis of National Alcohol Use Survey data, 1995, 2000, 2005*. Unpublished: SHORE.

⁴ Ministry of Health. June 2009. *Unpublished Data Analysis of the 2004 New Zealand Health Behaviour Survey – Alcohol Use*. Wellington: Ministry of Health.

⁵ Ministry of Health. 2007. *Alcohol Use in New Zealand Analysis of the 2004 New Zealand Health Behaviours survey – Alcohol Use*. Wellington: Ministry of Health.

⁶ Shane, Palmer, Fryer, et al. 2007-08. *ALAC Alcohol Monitor – Adults & Youth: 2007-08 Drinking Behaviours Report*. Wellington: Alcohol Advisory Council of New Zealand.

⁷ Ministry of Health. 2007. *Alcohol Use in New Zealand Analysis of the 2004 New Zealand Health Behaviours survey – Alcohol Use*. Wellington: Ministry of Health.

⁸ Huakau J, Asiasiga L, Ford M, et al. 2005. New Zealand Pacific Peoples' Drinking Style: Too Much or Nothing At All? 118: 1216. *The New Zealand Medical Journal*, 1491-1495.

- Sixty-one percent of adolescent school students currently drink alcohol and 34% have experienced binge drinking.⁹
- Women still drink with less frequency than men, with an average 37% of female drinkers drinking less than once a week compared with 24% of male drinkers.¹⁰
- Up to 36% of women consume alcohol during pregnancy, with 10% drinking heavily throughout pregnancy.¹¹
- Over a third of male drinkers aged 18-24 years drink enough to get drunk at least once a week, as do 17% of male drinkers aged between 25-34 years.¹²

Deaths and injuries

- Every year about 1,000 New Zealanders die from alcohol-related causes.¹³
- Alcohol-attributable deaths are responsible for approximately 8% of all deaths among Māori, including 3.9% of deaths among Māori females and 11.3% of deaths among Māori males.¹⁴
- Those who consume more than four standard drinks on a single occasion more than double their risk of injury over the next six hours, and the more they drink the greater the risk.¹⁵
- Those who consume more than two drinks a day face a greater than 1:100 risk of dying an alcohol-related death.¹⁶
- New Zealand has a high rate of death by drowning compared to similar countries, and studies have found between 28% and 40% of those deaths were among people who had consumed alcohol.¹⁷

⁹ Adolescent Health Research Group. 2008. *Youth '07: The health and wellbeing of secondary school students in New Zealand: Initial Findings*. Auckland: University of Auckland.

¹⁰ Ministry of Health. 2007. *Alcohol Use in New Zealand Analysis of the 2004 New Zealand Health Behaviours survey – Alcohol Use*. Wellington: Ministry of Health.

¹¹ Watson P, McDonald B. 1999. *Nutrition During Pregnancy – Report To The Ministry of Health*. Auckland: Massey University. Mathew S, Kitson K, Watson P. 2001 *Assessment of Risk of Foetal Alcohol Syndrome and other Alcohol Related Effects in New Zealand: A survey of Midwives in New Zealand*. Report to the Alcohol Advisory Council of New Zealand.

¹² Ministry of Health. 2007. *Alcohol Use in New Zealand Analysis of the 2004 New Zealand Health Behaviours survey – Alcohol Use*. Wellington: Ministry of Health.

¹³ Connor J, Broad R, Jackson S, et al. 2005. *The Burden of Death, Disease and Disability Due to Alcohol in New Zealand. ALAC Occasional Publication 23*. Wellington: Alcohol Advisory Council (available at http://www.alac.org.nz/FileLinks/12067_BurdenFull.516b09e5.pdf).

¹⁴ Alcohol Advisory Council of NZ. 2005. *The burden of death, disease and disability due to alcohol in New Zealand: ALAC Occasional Publication no 23*. Wellington: ALAC.

¹⁵ NHMRC. 2009. *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: National Health and Medical Research Council. (available at http://www.nhmrc.gov.au/publications/synopses/_files/ds10-alcohol.pdf).

¹⁶ NHMRC. 2009. *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: National Health and Medical Research Council. (available at http://www.nhmrc.gov.au/publications/synopses/_files/ds10-alcohol.pdf).

¹⁷ McDonald G, Taylor B, Carter M, et al. 2005. *Circumstances Surrounding Drowning in Those Under 25 in New Zealand*. Wellington: Child and Youth Mortality Review Committee and Water Safety New Zealand. (available at http://www.watersafety.org.nz/pdfs/CYMRC_percent20Report_percent2080-02.pdf); Smith G, Coggan C, Koelmeyer T, et al. 1999. *The Role of Alcohol in Drowning and Boating Deaths in the Auckland Region*. Auckland: Auckland Regional Alcohol and Drug Service, Auckland.

- A high proportion of fire fatalities (44%) involve alcohol either directly or indirectly. Alcohol was a factor in 70% of fire fatalities among adults over the age of 17 years.¹⁸
- Up to 30% of deaths from suicide and self-inflicted injury are estimated to be attributable to alcohol.¹⁹
- Of the 972 participants responding to a survey about injury, 30% said they had been injured as a result of drinking.²⁰
- In May 2008, a study in the Hawke's Bay Regional Hospital emergency department found that alcohol contributed to 18.2% of injury presentations, rising to 67% between midnight and 6am.²¹
- ACC estimates that up to 22% of all ACC claims had alcohol as a contributing factor, suggesting that alcohol-related claims to ACC alone cost around \$650 million each year.²²
- A total of 5,413 young people were hospitalised with alcohol-related admissions between 2002 and 2006.²³

Road crashes

- Alcohol-related crashes accounted for 30% of our total road toll in 2007.
- In 2007, alcohol was a contributing factor in 97 fatal traffic crashes resulting in 105 deaths.²⁴
- In 2007 there were a further 1389 injury crashes resulting in 419 serious injuries and 1256 minor injuries.²⁵
- For every 100 alcohol or drug impaired drivers killed in crashes, 54 of their passengers and 42 sober road users die with them.²⁶

Alcohol-related disease

- Long-term effects of alcohol contribute to over 60 different conditions including breast cancer, gastrointestinal conditions, mental and fetal disorders.

¹⁸ Miller D. 2005. *Human Behaviour Contributing to Unintentional Residential Fire Deaths 1997-2003*. Wellington: New Zealand Fire Service Commission Research Report Number 47.

¹⁹ New Zealand mortality data from New Zealand Health Information Service. Alcohol-attributable fractions from Collins DJ, Lapsley H M. 2008. *The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05*. Canberra: Commonwealth of Australia. 120-121.

²⁰ Kirkwood. 18 May 2009. *Analysis of Waitemata District Alcohol Behaviour Survey*. Wellington: Alcohol Advisory Council of New Zealand.

²¹ Hawke's Bay District Health Board. March 2009. *Alcohol Related Injury Presentations*. Medical Officer of Health Public Health Advice, Public Health Report.

²² McIlraith J. 2009. Rape Victims' Support Systems Must be Addressed. *Otago Daily Times*. Dunedin.

²³ Craig E, Jackson C, NZCYES Steering Committee et al. 2007. *Monitoring the Health of New Zealand Children and Young People: Indicator Handbook*. Paediatric Society of New Zealand. Auckland: New Zealand Child and Youth Epidemiology Service.

²⁴ Ministry of Transport. 2008. *Alcohol and Drug Crash Factsheet*. Wellington: Ministry of Transport.

²⁵ Land Transport New Zealand. September 2009 *Crash analysis data*. Wellington: Land Transport New Zealand.

²⁶ Ministry of Transport. 2008. *Alcohol and Drug Crash Factsheet*. Wellington: Ministry of Transport.

- Drinking over two drinks a day is recognised as a leading preventable cause of cardiovascular disease (CVD), including cardiomyopathy (heart muscle degeneration), coronary artery disease, high blood pressure, dangerous heart rhythms and strokes.²⁷
- Alcohol is a teratogen in that it causes birth defects when consumed during pregnancy, and is the leading preventable cause of mental retardation in the western world. International studies estimate that 1% of live births have a fetal alcohol spectrum disorder.²⁸
- The International Agency for Research on Cancer has classed alcohol as a Group 1 carcinogen, that is, there is enough evidence to be sure that the substance or exposure is “carcinogenic to humans”.²⁹
- Cancers are responsible for around 25% of alcohol-attributable deaths and 7% of the burden of disease from alcohol in New Zealand.³⁰
- People with alcohol use disorders have a high prevalence of other mental health disorders, substance use disorders and physical health problems, and have much higher use of health services than the general population.³¹
- Māori are approximately twice as likely to have alcohol use disorders.
- Over 120,000 New Zealanders currently suffer from a clinically diagnosable alcohol use disorder.³²
- Over the course of a lifetime an estimated 11.4% will have met the criteria for alcohol abuse. A further 40,300 meet the more severe criteria for alcohol dependence or alcoholism.³³

Young people

- Young people experience more harm per standard drink than older drinkers.³⁴

²⁷ Recent large prospective studies have found no protective factor against heart disease from light to moderate consumption in middle age. Ref: Naimi TS, Brown DW, Brewer RD, et al. 2005. Cardiovascular risk factors and confounders among non-drinking and moderate-drinking U.S. adults. *American Journal Preventive Medicine* 29(3):243.

²⁸ Sampson P, Streissguth A, Bookstein F, et al. 1997. Incidence of Fetal Alcohol Syndrome and Prevalence of Alcohol Related Neurodevelopmental Disorder. *Teratology, Vol. 56, No 5:* 317-326.

²⁹ International Agency for Research on Cancer. Consumption of Alcoholic Beverages. Summary of data reported to be published in *Volume 96 of the IARC Monographs* (available at <http://monographs.iarc.fr/ENG/Meetings/96-alcohol.pdf>).

³⁰ Connor J, Broad J, Jackson R, et al. 2005. *The Burden of Death, Disease and Disability Due to Alcohol in New Zealand*. ALAC Occasional Publication 23. Wellington: Alcohol Advisory Council of New Zealand, Wellington. (available at <http://www.alac.org.nz/FileLinks/12067BurdenFull.516b09e5.pdf>).

³¹ Wells J, Baxter J, Schaaf D. 2006. *Substance Use Disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Alcohol Advisory Council of New Zealand.

³² Based on Wells J, Baxter J, Schaaf D. 2006. *Substance Use Disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Alcohol Advisory Council of New Zealand. (available at http://www.alac.org.nz/DBTextworks/PDF/ALAC_Substance_Abuse_Report.pdf).

³³ Ibid

³⁴ NHMRC. 2009. *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: National Health and Medical Research Council. (available at http://www.nhmrc.gov.au/publications/synopses/_files/ds10-alcohol.pdf); 57; Department for Children, Schools and Families. 2009. *Consultation on children, Young People and Alcohol*. London: Department for Children, Schools and Families. (available at http://news.bbc.co.uk/1/shared/bsp/hi/pdfs/29_01_09_consultationonchildren.pdf).

- The 18 to 29 year age group has the highest rates of alcohol-related mortality, hospital presentations for alcohol-related injuries and the highest rates of offending after consuming alcohol.
- Young people who drink before going out (commonly known as 'pre-loading') were four times more likely to drink 20 or more standard drinks on a usual night out, and twice as likely to be involved in a fight in the city or to be sexually assaulted, than those who did not drink beforehand.³⁵
- Heavy drinking among teenagers and young adults is associated with poorer brain functioning, particularly in terms of attention and visuospatial skills, and alcohol has detrimental effects on adolescents' liver, hormones, bone density and brain structure.³⁶

Crime, violence and anti-social behaviour

- In a report on the costs of harmful alcohol and drug use, the health costs of providing treatment to victims of crime in the year 2005/06 were estimated to be \$97.8 million. Lost income, pain and suffering were not included in this estimate.³⁷
- The *Alcohol Use in New Zealand* survey found 16.6% of 18-24 year-olds had been physically assaulted in the preceding 12 months by somebody who was drinking, 12% had been sexually harassed and 4.8% had been involved in a motor vehicle accident as a result of somebody else's drinking.³⁸
- For all age groups, just under 6% of respondents aged 12 to 65 reported having been physically assaulted by someone who was drinking and 5.3% had been sexually harassed.³⁹
- Of 2,581 patients in Christchurch presenting with facial fractures, almost half (49%) were alcohol-related. Interpersonal violence accounted for 78% of these injuries, and motor vehicle crashes for accounted for 13%.⁴⁰
- Alcohol is associated with an increased risk of aggressive behaviour and interpersonal violence. At least 31% of all types of recorded criminal offending in 2007/08 were committed by a person who had consumed alcohol prior to committing the offence.⁴¹

³⁵ Hughes K, Anderson Z, Morleo M, et al. 2008. *Alcohol, Nightlife and Violence: The Relative Contributions of Drinking Before and During Nights Out to Negative Health and Criminal Justice Outcomes*. United Kingdom: Centre for Public Health, John Moores University, Faculty of Health and Applied Social Sciences.

³⁶ Tapert S, Caldwell L, Burke C. 2004/2005. *Alcohol and the Adolescent Brain: Human Studies*. Alcohol Research and Health. USA: National Institute on Alcohol Abuse and Alcoholism.

³⁷ Tapert S, Caldwell L, Burke C, 2004/2005. *Alcohol and the Adolescent Brain: Human Studies* Alcohol Research and Health. USA: National Institute on Alcohol Abuse and Alcoholism.

³⁸ Ministry of Health. 2007. *Alcohol Use in New Zealand Analysis of the 2004 New Zealand Health Behaviours survey – Alcohol Use*. Public Health Intelligence Occasional Bulletin No. 40. Wellington: Ministry of Health.

³⁹ Ibid

⁴⁰ Lee K, Snape L. 2008. The Role of Alcohol in Maxillofacial Fractures. *New Zealand Medical Journal* 2978.

⁴¹ New Zealand Police National Alcohol Assessment. April 2009. Wellington: New Zealand Police. (available at <http://www.police.govt.nz>).

- In 2007/08 over 20,000 violent offences were committed by an offender who had consumed alcohol prior to the offence.⁴²
- Young males under 25 years are most likely to be apprehended for these offences.⁴³
- Pre-loading, combined with the extended trading hours of many inner city clubs and bars, is believed to be linked to high levels of intoxication in public places and associated offending.
- Prevalence of intoxication in public places and the behaviours or offending associated with it are making significant demands on our police and diverting resources away from other important issues.
- Harmful use of alcohol is imposing significant costs on our criminal justice sector, including our courts and prison service. In about 80% of cases that come before the District Court criminal courts the offender will have an alcohol or other drug dependency or abuse issue that is connected with their offending.⁴⁴
- The harmful use of alcohol also creates large numbers of victims and can interfere with other citizens' enjoyment of their communities and public places.

Sexual behaviour

- A study on the harmful effects of alcohol on sexual behaviors among Otago University students found that 25% reported risky sexual behaviors as a result of drinking alcohol in the last three months; 15% of males and 11% of females reported having unprotected sex; 19% of males and 16% of females reported having sex they later regretted and almost one third reported experiencing an unwanted sexual advance as a result of others' drinking alcohol.⁴⁵
- An analysis of 20 years of sexual assault data in Dunedin shows that 56% of assaults occurred between midnight and 8am, and in 60% of these assaults, alcohol had been involved, sometimes in extraordinarily large amounts.⁴⁶

⁴² Ibid

⁴³ Ibid

⁴⁴ Walker J, District Court and Youth Court Judge. December 2008. Wellington. *Address to the Fetal Alcohol Spectrum Disorder & Justice Seminar, Blenheim.*

⁴⁵ Cashell-Smith M, Connor J, Kypri K, 2007. Harmful Effects of Alcohol on Sexual Behaviour in a New Zealand University Community. *Drug and Alcohol Review* 645.

⁴⁶ McIlraith J. 22 April 2009. Rape Victims' Support Systems Must be Addressed. *Otago Daily Times* Dunedin.