



Submission on

Reducing Alcohol-Related Problems in Manukau  
2002 (Draft)

to

Manukau City Council

by Alcohol Healthwatch  
August 2002

## **INTRODUCTION**

Alcohol Healthwatch is a charitable trust that works to reduce alcohol-related harm in the Auckland region and nationally. The organisation is funded by the Ministry of Health to provide expertise on alcohol-related issues. It involves itself in development and debate around alcohol-related policy, and provides information, support and co-ordination for professional and community groups.

Alcohol Healthwatch welcomes the opportunity to comment on the draft strategy for Reducing Alcohol-Related Problems in Manukau. Our comments reflect our belief that local authorities have a critical role to play in reducing alcohol-related harm in their communities and are well placed in their communities to do so. Provided it has community support and is effectively enforced and monitored, an alcohol policy has enormous potential to positively affect the culture and safety of the environment, and to influence many planning decisions, services and roles.

Alcohol Healthwatch wishes to commend and support the Council in the development of such a comprehensive policy, and to acknowledge the huge commitment of time, energy and resources that has gone into such an undertaking. Manukau City Council has taken on a key role in management of alcohol-related problems in its area.

We hope the points made in this submission will support and add to the development of a robust policy which could serve as a model for other city councils.

Alcohol Healthwatch commends the wide consultation process used in the development of this strategy. By involving community groups and organisations the strategy will hopefully reflect community expectations, and be well supported in its implementation. Because the policies are dependent on the support of a constantly changing community, regular updating is essential.

This submission comments on sections of the draft strategy as set out in the document.

## SUMMARY

Alcohol Healthwatch recommends the following key amendments to the strategy to Reduce Alcohol-Related Harm in Manukau:

- Strategy's implementation tools should include clear objectives and data against which progress towards objectives can be measured over time;
- Inclusion of a clear statement of the Council's obligations under the Treaty of Waitangi and identification of strategies that are likely to specifically reduce alcohol-related harm to Maori;
- Strategy should contain a specific plan to work towards limitation of the number and location of licensed premises;
- A stronger policy on enforcement;
- A broader, community development approach to Tool 2;
- An Alcohol Forum that makes provision for existing groups and for youth representation;
- Inclusion of a policy to reduce alcohol-related harm at public events and within Council.

## AIMS

Alcohol Healthwatch believes the aims and actions involved in each tool need to be more transparent. Table 1 could be adapted so that each tool is accompanied by:

- data outlining the problem,
- specific long and short term objectives,
- a statement of what is currently happening to meet the objective,
- clear identification of actions which add value to existing processes and programmes,
- a statement of the Council's role,
- who can support the actions, and
- the expected outcomes.

This structure would give greater justification to the actions and clarify what they are going to be working towards. It would also allow greater clarity about how the strategy integrates with

other initiatives, for example with the Council's Road Safety Action Plan, Injury-Free Counties Manukau, and Safer Manukau.

### **Recommendation**

1. That each tool contain supporting data, specific long and short term objectives, a statement of the Council's role, identification of actions which add value to what is currently happening to meet the objectives, who can support the actions, and the expected outcomes.

### **BACKGROUND**

The strategy would have a more solid information base and clear direction if it was supported by as much Manukau specific data as possible. Information specific to Manukau helps to identify the precise nature of the issues which need to be addressed and acts as a baseline from which to measure change. Some sources of Manukau data on alcohol-related problems already exist; for example:

- last drink survey data on alcohol-related offences,
- road safety data,
- data from studies of age verification practices,

and more could be gathered over time.

Alcohol Healthwatch has promoted an information gathering project through our ongoing commitment to Injury-Free Counties Manukau. This has yet to be realised, however.

#### Alcohol-Related Problems

The list of alcohol-related problems is by no means exhaustive.

Notably absent are the role of alcohol in the increased incidence of :

- a wide range of physical ill-effects,
- youth suicide,
- unsafe sex and unplanned pregnancy,
- and the impact of alcohol on the well-being of families.

### **Recommendation**

2. That, to better inform current and future action, the strategy be supported by as much Manukau-specific data relating to alcohol harms as possible.
3. When listing alcohol-related problems the role of alcohol in the increased incidence of; a wide range of diseases, youth suicide, unsafe sex and unplanned pregnancy, and the impact of alcohol on the well-being of families should be included.

### **PRINCIPLES**

The strategy is guided by largely sound underlying philosophies. We would like to add comment to some of them.

#### **Transparency and community involvement**

It is important that principles of transparency and community involvement are applied in an active way, ensuring that information is accessible, understandable and available to the community; and through the Council actively seeking out and welcoming the community's involvement in alcohol issues.

Creating “opportunity for people to participate in decision making” is stated as a city value in one of Manukau City's recent documents.<sup>(1)</sup> Similarly, principles in “*Tomorrow's Manukau*” include, “encouraging the involvement of all Manukau citizens and communities.”<sup>(2)</sup> However, the principle “Community Involvement” in the draft strategy appears to be more restrictive; referring only to consultation on the strategy and the District Licensing Agency's (DLA) ability to address community concerns through the current objection process. Alcohol Healthwatch believes it is important that other processes involved in licensing issues, such as the District Plan, the Resource Management and Local Government Acts are also transparent and open to community involvement.

#### **Fairness**

Healthy policies in relation to alcohol are often at odds with commercial business interests and practices. Manukau City Council obviously recognises the need to reconcile the

facilitation of a vibrant city life and the principles of fair trade with the promotion of community welfare. However, we believe local authorities must put population health and well-being before commercial interests. Healthy people make healthy economies and communities. The policies contained in the strategy should reflect this.

**Recognising Diversity**

Alcohol Healthwatch works in accordance with the principles of the Treaty of Waitangi, and believes the strategy should contain a clear statement of the Council’s obligations under the Treaty. As evidenced in the following statistics, alcohol-related harm is a significant health issue for Maori.

- 44% of Maori male drinkers and 29% of Maori female drinkers consume alcohol at hazardous levels. (Ministry of Health 1999) <sup>(3)</sup>
- Maori men are 2.7 times more likely to die of an alcohol-related problem than are non-Maori men. (Te Puni Kokiri, 1995)<sup>(4)</sup>
- One in five Maori men considered their drinking was harming their health to a large or medium extent and a similar proportion thought alcohol had negative effects on their home life and financial position. (Wyllie et al 1996) <sup>(5)</sup>

The strategy should identify strategies that are likely to specifically result in a tangible reduction in alcohol-related harm to Maori, and specifically support the development of local iwi initiatives.

**Recommendations**

4. That Principle 1 include a commitment to ensuring information is accessible, understandable and available to the community. This includes providing clear criteria as to what the community can influence.
5. That the wording in Principle 2 be more consistent with other Council documents, encouraging involvement or creating opportunities for citizens and communities to participate in decision making.
6. That the strategy contain a clear statement of the Council’s obligations under the Treaty of Waitangi, and identify strategies that are likely to specifically result in a tangible reduction in alcohol-related harm to Maori.

## **TOOL 1: LIQUOR LICENSING**

### **Limits on hours of operation.**

Control of operating hours can be integrated with the aims of the District Plan and used to assist Manukau's development goals. Alcohol Healthwatch would like to see how the new limits on location relate to longer term outcomes.

In the new limits on hours of operation, for example, no differentiation is made between taverns/ bars /pubs and restaurants /cafes and other eating places. If it is the aim of planning to encourage the growth of small restaurants and cafes where alcohol is not the main focus of activity, it seems reasonable to allow them longer opening hours than premises where drinking is the primary activity.

There is also no differentiation made in terms of days of the week. In residential and rural areas, on-licences may open from 7am until 1am all week. In order to preserve the peaceful atmosphere of community life during the week, residential area taverns, bars and pubs should have earlier closing times.

While it is difficult to provide hard evidence that longer opening hours of off-licences contributes to alcohol abuse, it is reasonable to conclude that they would lead to extended periods of consumption. Control of operating hours also requires consideration of the issues of "migration" of drinkers, and the associated problems of road safety and transference of problems to other suburbs.

Alcohol Healthwatch believes limits on hours of operation should generally be conservative, with a requirement that any extensions and variations be granted only after a proven period of exemplary management, and when the impact on the community has been assessed.

There is currently an increasing demand for 24-hour opening supermarkets. No information is given on how these applications will be assessed. Due to the risk of contributing to drink driving, drinking in public places and sales to minors, Alcohol Healthwatch recommends a pre-cautionary approach to 24-hour sales.

## **New Limits on Location**

Alcohol Healthwatch believes the introduction of new limits on location amounts to a token gesture. There are many other areas other areas where young people congregate; for example community centres, churches and preschool facilities; where the close siting of a tavern or bar would be equally offensive. It points again to the need for Council to be open to community participation in what is desirable in their neighbourhoods, and ultimately to the need for criteria to limit/control the number of premises.

### **Recommendation**

7. That new limits on hours and location be given greater justification in the strategy with regard to long term aims.

## **Enforcement**

Workable policies need considerable enforcement to back them up. When enforced, host responsibility requirements, for example, can be a powerful tool to influence the use of alcohol. Increased monitoring would also enable better assessment of the effectiveness of current policies, and give a stronger basis for advocacy for future change in legislation.

The Council should aim to achieve a high level of compliance with legislation and with its policy. Alcohol Healthwatch would therefore like to see the Council's policy for enforcement contain more detail.

The sale and supply of liquor to young people is a significant health issue, especially since the lowering of the drinking age in 1999. A study by Auckland emergency specialists found, for example, that there was a 37% increase in the number of under 18-year-olds presenting at Auckland Emergency Department with alcohol-related problems in the 12 months after the lowering of the legal age of alcohol purchase. There was a 52% increase for 18–19-year-olds over the same period. <sup>(6)</sup>

The strategy aims to strengthen controls on under-age drinking. As the Pseudo-Patrons study undertaken by the Alcohol and Public Health Research Unit clearly showed, the status quo in terms of monitoring is not working. Conducted this year to monitor age verification practices, this study found that, in Manukau, the group of 18-year-olds who took part in the research

were able to buy alcohol in 77% of the premises they went to without being asked to produce any ID. <sup>(7)</sup>

To limit the incidence of underage drinking, Manukau City Council needs to strongly promote mandatory ID checks for under 25-year-olds attempting to buy alcohol in its licensed premises. This can be implemented by including this requirement in host responsibility policies as a condition of licences, and committing to its enforcement.

The Police Last Drink Survey as a monitoring tool is not mentioned in the strategy. The Last Drink Survey provides useful information, specific to Manukau, on alcohol-related violent crime, family violence, drink driving, anti-social behaviour and other offences emanating from licensed and private premises. This provides identification and ranking of problem premises which can then be targeted for training and enforcement strategies.

Last Drink Survey Data shows that four premises appeared an average of 30 times in 2001 as being the place of last drink of alcohol-involved offenders. <sup>(8)</sup> To our knowledge, these premises have not yet had their licences restricted. This would also seem to suggest a failure of enforcement.

Alcohol Healthwatch is concerned that the DLA's ability to address its enforcement responsibilities as outlined in the strategy is severely limited by scarce human resources. Even with the assistance of the police, one DLA inspector can make little in-road into 480 licensed premises in Manukau.

If general awareness of the Sale Of Liquor Act (SOL Act) and its host responsibility requirements is increased, the community itself can become a resource to assist the DLA in identifying problematic premises. Sharing information can be actively encouraged through the use of the Council help line, pub-right cards and through the greater use of Maori Wardens and other responsible individuals. In addition, the process of assessing renewal of liquor licences could be better promoted to the community as an opportunity to have input.

## Recommendations

8. That the Council's policy on enforcement be strengthened by:
  - strongly promoting mandatory ID checks for under 25-year-olds through the inclusion of this requirement as a condition of licences,
  - a commitment to increasing monitoring resources by appointing at least another District Licensing Inspector,
  - making better use of the community as a monitoring resource, and
  - a commitment to supporting the ongoing use of Last Drink Survey data.

## Public Participation

Alcohol Healthwatch strongly endorses all efforts to increase public participation in the licensing process. However, for this to be effective, the community must be well informed, have an understanding about how the liquor licensing process works, and a process be in place that allows for greater public input into the assessing of applications for the siting of licensed premises .

### Avenues for Objection

There is currently considerable confusion amongst communities about what can be objected to, and it is apparent that many community groups, after studying the draft strategy, are still confused. The “nature and location of proposed activity in relation to other activities” and “matters raised in opposition by the community” are stated as criteria used by DLA in assessing applications, yet the grounds for public objection on page 34 make no provision for this beyond the very narrow grounds set out in the SOL Act.

Alcohol Healthwatch is concerned that improving access to information about the current objection process will still not result in the community being able to influence decisions in a way that is meaningful to them. The process of enhancing public participation can only be effective if it is backed up by policy that allows for **real** input of the community into decision-making about their neighbourhoods. Promoting the impression to the community that they can object when the only valid grounds for objection are around the suitability of the applicant and the hours of operation, can only add to the frustration and despair that is already evident

in groups and individuals concerned with the negative effects of alcohol on their communities.

The strategy does not deal with the number of licences being issued. Communities are often experiencing an unreasonable number of licensed premises in their neighbourhood, or the inappropriate siting of premises and are powerless to do anything about it. They frequently experience great difficulty in being heard in their objections, and have little knowledge of the implications of prior planning processes.

The 1989 Sale of Liquor Act allowed for a wide extension of types and number of licences that can be permitted. These have impacted significantly on local communities in terms of noise, traffic, litter and disturbance from intoxicated people not to mention the impact of increased consumption of alcohol on the health of individuals and families.

Location issues are pre-determined by the District Plan and Resource Management Act (RMA). This is where residents need to have input into decision making. The District Plan is intended to “safeguard the general welfare of the people of a district and the amenities of every part of a district” and is the avenue for determining safe and healthy environments. Part 11 Section 5 of the RMA 1991 promotes... “managing the use, development and protection of natural and physical resources in a way or at a rate which enables people to provide for their social, economic, and cultural well-being and for their health and safety while...”<sup>(9)</sup>

“avoiding, remedying or mitigating any adverse effects of activities on the environment.”<sup>(10)</sup> “Environment” is defined as including “social, economic, aesthetic, and cultural conditions.” Alcohol Healthwatch challenges the Council to interpret the RMA broadly, with a public health focus, and apply this interpretation to their criteria for assessing resource consents and in their District Plan.

The strategy states on page 28 that “the cumulative effects of an additional bar/bottle shop would need to be proven by objective evidence.” This would not be easy as any study of geographic location and alcohol-related problems would be confounded by socio-economic and other factors. The Council therefore needs to be open to qualitative data, community surveys of opinion, and information from the many submissions that currently stray from the valid grounds for objection.

The most effective way to ensure residents are notified and able to respond is to classify as notified discretionary activities all potential liquor outlets likely to have impact on residential areas. This would allow the Council to consider the possible consequences of the new premise and therefore determine whether planning permission was appropriate. It would also allow input from residents who may be adversely affected by the siting of a liquor outlet.

Alcohol Healthwatch believes the Council should start now to identify a process to limit/control the number and location of licensed premises, and the strategy should contain a plan to work towards this. In such a plan, community needs and concerns about the number and location of licensed premises would be validated, and avenues for the community to challenge undesirable locations of licensed premises would be greatly strengthened. The process would include:

- clear flow charts about the licensing and objection process being made accessible to the community,
- a decision being made, in consultation with the community, as to what level of “saturation” of liquor outlets in Manukau is acceptable (this may vary across zone designations),
- criteria on density and location of liquor outlets (once developed) being included in the District Plan and widely disseminated,
- resource consents for all liquor outlets being classified as notified discretionary activities,
- criteria for assessing applications including public health and safety concerns and
- notice of resource consent and liquor licence applications being widely distributed to the community with ample time allowed for community feedback.

#### Information dissemination

Alcohol Healthwatch commends the initiative that all ward co-ordinators are to be advised of resource consent applications for licensed premises. However, since the majority of licensed premises are permitted activities not currently requiring resource consents, and where they do objections are limited to physical issues, this process of disseminating resource consent applications appears to be not only futile but may serve to heighten frustration in the community.

Alcohol Healthwatch believes the Council must, as stated in the process outlined above, first address the public’s ability to influence the siting of new licensed premises in a meaningful way, then provide for the dissemination of clear information about applications, renewal of applications and the objection process to the community through a variety of means, for example; in public libraries and local papers. Hopefully community board members will then be able to distribute this information to key community organisations within an adequate time frame to allow for submissions to be made. The resource consent applications must be accompanied by clear information as to what in the application the public can object to.

**Recommendations**

- 9. That the strategy contain a specific plan, as above, to work towards limitation of the number and location of licensed premises. That the plan include:
  - criteria on density and location of liquor outlets, once decided, being included in the District Plan and widely disseminated,
  - resource consents for all liquor outlets being classified as notified discretionary activities,
  - criteria for assessing applications including public health and safety concerns,
  - provide for the dissemination of clear information about applications and the objection process to the community through a variety of means.
- 10. That to alleviate confusion, the strategy include a diagrammatic representation of the application process and what objections can be made at each point of the process.

## **TOOL 2: EDUCATION**

Alcohol Healthwatch commends the Council’s initiative in this area, though with some unease around the use of the title “Education”. Historically, “education” is associated with narrow information-based strategies which have been shown to have little efficacy.

Alcohol Healthwatch would like to see this tool incorporate education into a broader public health approach to reducing alcohol-related harm. Such an approach would better support the fostering of coalitions and networks, the development of personal skills, gathering and dissemination of relevant information, awareness raising activities, and an advocacy role. To this end, a title such as “Health Promotion and Community Action” would be more appropriate.

The Council has previously committed itself to “being a strong voice for the people of the city.”<sup>(11)</sup> Alcohol Healthwatch believes the Council could use its strong voice in creating long term changes by shaping alcohol-related legislation. This involves the identification of legal obstacles to minimising alcohol-related harm and ways of removing them. Relevant Council submissions and public statements could assist with the building of healthy public policy; including much needed changes to the SOL Act.

Community development needs can be identified through forum discussions. Initiatives must be inter-sectoral and evidence-based ensuring stronger, more effective programmes.

There remains some lack of clarity in the strategy concerning how the Council sees its roles and responsibilities in this tool. Is it supportive, that is, adding to existing initiatives to enhance what is already being done, and/or providing a fund for applicants to draw from; or a coordinating role, involving clarifying and confirming the responsibilities of various community organisations, fostering collaboration and developing joint action plans? This would necessitate employment of a health promoter.

Alcohol Healthwatch supports the identification of young people as a priority group and in particular the need for strategies to support growth of a stronger ID culture.

The strategy should go further than acknowledging the needs and specify strategies. Examples would be supporting programmes that challenge the pervading alcohol culture; look at

parental responsibilities around alcohol; and provide and promote healthier choices for young people.

Alcohol Healthwatch believes the Council should also use its resources in this area to raise community awareness about host responsibility practices, both in private and commercial settings, and about opportunities for public input into decision making.

### **Recommendations**

11. That this tool incorporate a broader, community development approach to reducing alcohol-related harm.
12. A title such as “Health Promotion and Community Action” would be more appropriate.
13. That this tool focus on using resources to:
  - better inform communities about the SOL Act and host responsibility requirements, and about opportunities for public input into decision making for example licence renewals,
  - gather information relevant to alcohol-related problems Manukau with the aim of better informing programmes and policies,
  - actively promote host responsibility principles in private, public and commercial settings,
  - promote a strong culture of checking IDs of all under 25 year-olds.
14. That the Council employ an alcohol health promoter to facilitate evidence-based inter-sectoral initiatives with young people.

### **TOOL 3: STRENGTHENING RELATIONSHIPS**

Alcohol Healthwatch supports the concept of a Manukau Alcohol Forum.

Ideally, it would be well-represented by the community and be a platform from which to identify needs that could be addressed under Tool 2. Consistent with the identification of youth as a priority group, the forum should make provision for either youth representation within it, or a separate youth forum be established to assist with the development of strategies aimed at young people.

It will be important to identify the purpose of such a group, and hence its representation, prior to or early on in its establishment. Will the group take a leadership/governance role or will it be more of a project/action group? It could be difficult to maintain focus and momentum if membership has different needs. Alcohol Healthwatch would like be identified as an active participant of this group.

The strategy makes no acknowledgement of existing monthly Liquor Liaison Group meetings where representatives from the Police, the District Licensing Agency, the District Health Board and the Manukau LDS coordinator (from Alcohol Healthwatch) form the nucleus of the group. The LLG meetings are a forum for the members to discuss licensing concerns, making extensive practical use of data from the Last Drink Survey. They are good examples of local structures which work inter-sectorally to promote enforcement of the Sale of Liquor Act. Special project/focus groups often arise out of these meetings.

Regional meetings provide a further network for consultation and collaboration between statutory agencies involved in liquor licensing and usually include other interested groups/individuals and liquor industry representatives.

There are also other established groups where alcohol often emerges as a topic of discussion and planning. Injury-Free Counties Manukau is an example.

An accord between members of the new Manukau Alcohol Forum should develop out of consultation with and consideration of these existing groups and their needs.

**Recommendation**

15. That the Manukau Alcohol Forum be built in consultation with existing groups, and the issues of representation and purpose be considered prior to establishment.

16. That provision be made for youth representation on the forum.

**TOOL 4: USE OF LIQUOR BANS AND BY-LAWS**

Alcohol Healthwatch supports the use of by-laws to allow liquor bans, provided it is well established that a liquor ban is the most appropriate way to address the problem. Such regulation helps address problems of public disorder and vandalism and makes public places safer for all. They should be used with discretion and be part of a comprehensive alcohol policy that addresses access to alcohol issues, provides access to other alcohol-free activities and promotes healthier choices.

Alcohol Healthwatch supports a policy which allows residents concerned about the adverse impact of public drinking on their communities to request a long term liquor ban in their area. It commends the inclusion of a clear process for initiating action.

**Recommendation**

17. That information as to procedure for residents to request a long term liquor ban in their area be made readily available to communities.

**TOOL 5 ADVERTISING AND SPONSORSHIP ON COUNCIL PROPERTY**

Alcohol Healthwatch supports the Council's advertising and sponsorship policy.

Alcohol Healthwatch would like to see the inclusion in the strategy of a policy around public events.

The policy should include planning, including the organising of some alcohol-free events for young people. This can help to weaken the association between alcohol abuse and entertainment. It should also include host responsibility and effective joint planning for high-risk events.

Alcohol Healthwatch suggests further that the Council consider itself as an employer and develop its own internal policy with regard to alcohol use, host responsibility and funding/sponsorship of its activities.

**Recommendation**

18. That the strategy include a policy to reduce alcohol-related harm at public events.
19. This policy should include the promotion of some alcohol free events, particularly for young people.
20. That the strategy include a process to develop a policy on alcohol use within Manukau City Council.

## References

1. *Community Development Framework*, Manukau City Council, 2000, p.8.
2. *Tomorrow's Manukau A Vision for Manukau into the Future 2001-2010* Manukau City Council, December 2001, p.11.
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8. *Manukau Last Drink Survey Annual Report Jan 2001-Dec 2001* Compiled by W. Rasmussen, Alcohol Healthwatch.
9. 1991 Resource Management Act, Part 11 Section 5
10. 1991 Resource Management Act, Part 11 Section 7
11. *Community Development Framework* Manukau City Council, 2000, p.7.

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