

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

Cornwall Complex
Floor 2, Building 15
Greenlane Clinical Centre
Private Bag 92 605
Symonds Street
Auckland 1150
New Zealand
Telephone: 09-623 4600
Facsimile: 09-623 4633

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Franklin District Council
Attn: Sally McComb
Private Bag 5
Pukekohe 2340

Submission on the Franklin District Council (proposed) Liquor Control Bylaw 2008

1. Thank you for the opportunity for the Auckland Regional Public Health Service (ARPHS) to provide a submission on the (proposed) Liquor Control Bylaw 2008. ARPHS would **not** like to be heard in a council hearing.
2. ARPHS provides public health services for Auckland, Counties Manukau and Waitemata District Health Boards. This submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards.
3. ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact person for this submission is:

Jenna Clarke
Policy Analyst
Auckland Regional Public Health Service
Private Bag 92 605
Symonds Street
Auckland 1150
09 623 4600 ext. 27216
jennac@adhb.govt.nz

1.0 Executive Summary and Key Recommendations

5. Alcohol is an addictive substance with significant negative personal, social and economic costs. Hazardous alcohol use is a major public health issue. The Alcohol Advisory Council (ALAC) has emphasised the importance of both the pattern of drinking and the volume of alcohol consumed, as a major determinant of the health impacts in a population.¹
6. ARPHS **agrees** that a multi-faceted approach to minimising public disorder and criminal offending is required. The implementation of liquor bans is an approach used to minimise alcohol-related harm arising from the consumption of alcohol in public places.
7. ARPHS **supports** the intent of the liquor control bylaw to restrict alcohol consumption in public places. The bans are classified as problem limitation strategies and are aimed at reducing alcohol-related harm.
8. ARPHS **recommends** that Franklin District Council make provision for a district level Health Impact Assessment (HIA) to be conducted. A district level HIA, conducted every 5 years or so, would inform and guide local alcohol plans and strategies, town planning, district plans, and bylaws to limit alcohol related harm to the community.
9. The following submission is broken down into the following sections:
 - 2.0 ARPHS and alcohol-related harm
 - 3.0 Support and Recommendations for the Bylaw
 - 4.0 Conclusion

2.0 ARPHS and alcohol-related harm reduction

10. ARPHS provides public health services for the three DHBs operating in the Auckland region. This includes the area covered by the seven territorial authorities and the Auckland Regional Council.
11. ARPHS is funded by the Ministry of Health to contribute to the achievement of the thirteen priority health objectives identified in New Zealand Health Strategy. One of the thirteen population health priorities identified in the Strategy is “to minimise harm caused by alcohol and illicit and other drug use to both individuals and the community”.² Alcohol is also identified as a risk factor for a number of the other priorities such as those dealing with cancer, chronic liver disease, cardio-vascular disease, suicide and domestic violence.
12. Alcohol use and availability is one of the areas featured in the ARPHS State of Public Health in the Auckland Region (SOPHAR) report³. This report presents a comprehensive range of information on the wider determinants of health in the Auckland region and how these are associated with the region’s overall public health status.

¹Connor, J. The health benefits of alcohol: yeah right. *Journal of the New Zealand Medical Association*, 03-June-2005, 118(1216).

²Ministry of Health. (2000). *The New Zealand Health Strategy*. Wellington: Ministry of Health.

³Improving Health and Wellbeing: A Public Health Perspective for Local Authorities in the Auckland Region http://www.arphs.govt.nz/publications/Sophar06/Sophar_report06.asp

13. Alcohol has a significant impact on perpetuating health inequalities in already disadvantaged populations. Alcohol is estimated to be responsible for around 1,040 deaths each year⁴, with rates highest among the young, males and Māori. Pacific drinkers consume larger annual volumes of absolute alcohol than drinkers in the general New Zealand population, which increases the risk of harm, such as violence⁵. These groups exhibit higher levels of hazardous drinking in the Auckland region and it is a major public health concern given that there is a positive relationship between excessive alcohol consumption and injury⁶.

3.0 Support and Recommendations for the Bylaw

14. ARPHS **supports** the liquor control bylaw as a problem limitation strategy. These types of strategies take a mixed legislative and health promotion approach. Restrictions are backed up by enforcement activities. On the whole, problem limitation strategies can be effective, as long as there is sufficient enforcement, though more evidence is required on liquor bans. However, the evidence is clear that coordination of activities greatly adds to the effectiveness of reducing alcohol-related harm. In particular, health promotion activities that show only modest benefits by themselves can become more successful when backed up by enforcement⁷.

15. ARPHS **recommends** that health promotion, education and awareness raising campaigns are implemented in addition to the enforced liquor ban restrictions.

16. Liquor bans in public places are one aspect of problem limitation strategies. These strategies form the environmental controls for reducing alcohol-related harm. A report compiled by ARPHS entitled *Alcohol in Auckland: Reducing Associated Harm*⁸ (attached) found the following information on local council liquor bans:

17. An international survey found that drinking alcohol in public venues was associated with underage drinking, impaired driving and alcohol-related violence (Single, 1997). With this connection in mind, coupled with increased powers under 2002 legislation, many district and city councils have introduced liquor bans in their central business districts.

18. However, there is scant research on the effectiveness of liquor bans in peer-reviewed journals, or even official reports. One study of the Piha community concluded that an alcohol ban was effective when part of an overall alcohol harm-reduction strategy (Conway, 2002).

19. The evaluation of Adelaide's central-city liquor ban concluded that there had been a reduction in anti-social and criminal behaviour in the designated areas, as well as an improved perception of public safety in the city (Plexus Strategic Solutions, 2003). News reports and anecdotal evidence suggest that a ban is effective.

⁴ Conner, J. et al. (2005). *The burden of death, disease and disability due to alcohol in New Zealand*. <http://www.alac.org.nz/Publications.aspx>

⁵ Huakau, J. et al. New Zealand Pacific peoples' drinking style: too much or nothing at all? *Journal of the New Zealand Medical Association*, 03-June-2005, 118 (1216).

⁶ Brewer, R. & Swahn, M. (2005). Binge drinking and violence. *Journal of the American Medical Association*, 294(5), 616-618.

⁷ Auckland Regional Public Health Service. (2005a). *Alcohol in Auckland: Reducing associated harm*. Auckland: Auckland Regional Public Health Service. Put in the hyper links to these reports – you need to make it easy for people to find the information.

⁸ Ibid.

20. Webb, Marriott-Lloyd and Grenfell (2004) took a case-study approach in examining New Zealand's liquor bans. They found that the police felt very positive about having liquor bans as a tool to reduce harm. Their report also discovered some interesting correlations with drops in both vehicle crashes and people seeking hospital treatment for alcohol-related injuries.
21. There is a need for a more systematic analysis of alcohol bans in the New Zealand setting. If such studies are carried out, they would be useful evidence for councils, police and public health planners.

Health Impact Assessment

22. ARPHS **recommends** the application of a policy level Health Impact Assessment (HIA) to guide and inform local alcohol plans and strategies, district plans and bylaws relating to alcohol permits and zoning. HIA is explained as:

*a combination of procedures, methods and tools by which a policy, programme or project may be assessed and judged for its potential effects on the health of a population, and the distribution of those effects within the population.*⁹

23. The Ministry of Health developed a guide to conduct HIAs called *A Guide to Health Impact Assessment: A policy tool for New Zealand*¹⁰. The benefit of applying a Health Impact Assessment framework to policy planning is that adverse health and inequalities risks can be planned for or prevented.
24. The New Zealand Health Impact Assessment Support Unit¹¹ has been established as part of a wider strategy to improve health and reduce inequalities in New Zealand. The support unit's key functions include:
 - Raise awareness about HIA and the tools available to undertake health impact assessment
 - Support the development and effective use of the health impact assessment approach in New Zealand through building partnerships with key statutory, voluntary, community and private organisations
 - Provide technical advice, guidance and support to those who are in the process of starting or undertaking an health impact assessment

⁹ Mahoney, M., Durham, G. (2002). *Health Impact Assessment: a Tool for Policy Development in Australia*. Deakin University.

¹⁰ Public Health Advisory Committee. (2005). *A Guide to Health Impact Assessment: A policy tool for New Zealand* 2nd Edition. Wellington.

¹¹ Ministry of Health. (2008). New Zealand Health Impact Assessment Support Unit.
<http://www.moh.govt.nz/hiasupportunit>

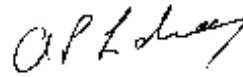
4.0 Conclusion

25. Auckland Regional Public Health Service **supports** the intent of the Liquor Control Bylaw to restrict alcohol consumption in public places.
26. ARPHS **recommends** that Franklin District Council consider the use of a district level Health Impact Assessments (HIA) to inform and guide local alcohol plans and strategies, town planning, district plans, and bylaws to limit alcohol related harm to the community.
27. ARPHS would **not** like to be heard in an oral hearing.

Yours Sincerely



Frank Booth
Service Manager
Auckland Regional Public Health
Service



Dr Andrew Lindsay
Medical Officer of Health
Auckland Regional Public Health
Service