

Kia ora koutou

Welcome to this bumper mid-winter issue of the Alcohol Networks Newsletter. In this issue we look at a recent Aro Valley (Wellington) licensing case, a positive example of the community's voice being heard in the alcohol licensing process. We also bring you the latest data from the New Zealand Health Survey on hazardous drinking, and a look at the relationship between alcohol and gambling harm.

Finally, we are excited to launch a new segment, in which we introduce you to a member of the Hawke's Bay District Health Board alcohol team.

Please contact us if you have any feedback or news you would like to share with the network. We are also available to support you with any community-level alcohol-related concerns you may have. Just reply to this email.

Ngā mihi nui,

The DHB alcohol and communities team

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## Community opposition success in Aro Valley

The community's voice was heard loud and clear in Aro Valley in May, after opposition to a new bottle store saw the application rejected by the Wellington District Licensing Committee (DLC) and, on appeal, by the Alcohol Regulatory Licensing Authority (ARLA). Fifty five written oppositions were submitted against the application to turn *Aro Fruit Supply* into a bottle store, with health authorities, police and the Licensing Inspector also opposing the application.

Located by a primary school and Aro Park, community concerns about the proposed premise highlighted the existing alcohol-related harm the community experienced and the risk of an increase if more, and stronger, alcohol was made accessible in their community. Oppositions stressed that, although Aro Park sits within a liquor ban area, it is frequently used as a hangout for alcohol consumption, resulting in fighting, aggression and public urination to which children are exposed to during school hours. Police confirmed that they believed the bottle store would increase alcohol-related harm and crime in the suburb.

The Medical Officer of Health, Dr Stephen Palmer, submitted that: "Aro Valley is residential, has a vulnerable population, has elevated levels of health harm and crime, and a bottle store would have a significant impact on the local community including a school and neighbouring grounds, and where there are existing concerns with amenity and good order."

This case demonstrates the strength of a unified response from reporting agencies that compliment a community's voice. It emphasises the importance of applicants working with communities to understand their concerns and suitably address the vulnerabilities faced by the community.

Overall, the failure of this licence to be granted demonstrates how the Sale and Supply of Alcohol Act 2012 can be utilised to its fullest extent to achieve its object of minimising alcohol-related harm.

Aro Valley joins a growing number of vulnerable communities which have said 'NO' and succeeded in preventing new bottle stores getting licensed.

[Read the ARLA report here.](#)

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## Hot off the press... Joint LAP passed by councils

**The provisional Joint Local Alcohol Policy has been adopted by Hastings District Council and Napier City Council.** The policy will help reduce alcohol-related harm by reducing the hours that alcohol can be sold and the adoption of a number of other tools to discourage hazardous alcohol use. Significantly, the LAP will put a cap and sinking lid on alcohol outlets in Flaxmere, Camberley and Maraenui suburbs.

The joint LAP will come into full effect on 21 November.

[You can read the LAP here](#)

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## Introducing... Alyson, Health Protection Advisor

This issue we launch our new segment in which we introduce our readers to one of the DHB Alcohol team members. This quarter we introduce you to Alyson, our wonderful Health Protection Advisor (Alcohol and Smokefree).

*Tell us about your role as Health Protection Advisor at the District Health Board?*

I prepare reports on licensing applications for the Medical Officer of Health. I organise the joint presentation of training in the Sale and Supply of Alcohol Act 2012, along with police and council licensing inspectors.



*Above: Alyson, Health Protection Advisor*

I attend the Alcohol Accord meetings in Hastings, Havelock North and Napier. I am the project leader for a proposed project with the Hawke's Bay Māori Wardens, and I support the Health Protection team in any tasks that need doing.

I visit every tobacco retailer (there are 186 in Hawke's Bay!) during each financial year. The region stretches from Mahia to Takapau. The focus of the visit is to check that the retailer knows the legal requirements of the Smokefree Environments Act 1990. The emphasis is on ensuring that they are checking for ID if the buyer looks under 25yrs and refusing a sale if unsure. Occasionally I help with controlled purchase operations in which under-18-year-old volunteers attempt to buy cigarettes.

*What are your favourite things about your role?*

Meeting tobacco retailers and helping them with advice, resources and support and organising and facilitating the training seminars. The Health Protection team is also a great team to work with.

### *What do you see as the biggest concerns relating to alcohol-related harm in our region?*

Private residence drinking is 'under the radar' for any compliance activity and is a complex area. Family violence as a result of drinking at home is an issue.

### *What qualifications do you need to be a Health Protection Advisor?*

In my case it was practical experience gained over 30 years of community development work and then some paper-based training to supplement that experience.

### *What's your favourite thing about working in Hawke's Bay?*

The climate: I grew up in Masterton which is very cold in winter (ice in the puddles!) and very hot in summer. The quality of life: Hawke's Bay really is the fruit and vegetable bowl of Aotearoa. Plus there are some great wineries and boutique breweries about; the beaches, walking tracks, and recreation opportunities are varied, and it's a great place to raise kids and mokopuna.

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## **New hazardous drinking data released**

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The annual update of key results from the 2017/18 New Zealand Health Survey were released earlier this year, showing that long-standing trends in alcohol consumption in New Zealand remain.

Here is a snapshot of the latest results.

- One in five adults (20%) drank alcohol in a way that could harm themselves or others (hazardous drinking).
- Hazardous drinking rates were higher in men (27%) than women (13%).

- Despite fewer people in the most deprived areas (compared to those in the least deprived areas) having drunk alcohol in the past year, adults in the most deprived areas were 1.3 times as likely to be hazardous drinkers as adults in the least deprived areas, after adjusting for age, gender and ethnic differences.

To find out more visit:

<https://www.health.govt.nz/publication/tier-1-statistics-2017-18-new-zealand-health-survey>

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## **Alcohol and gambling harm – two peas in a pod?**

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We are taking a closer look at the relationship between alcohol-related harm and other community harms in a new series. In this issue, we explore the similarities between the sale and promotion of alcohol and that of gambling, and the similar patterns of harm that result.

### **What impact do alcohol and gambling harms have in Hawke's Bay?**

#### **Alcohol**

If you have read our newsletters for a while, you will already be aware of our region's concerning hazardous drinking rates. Despite the work we and many other agencies, NGOs and individuals are doing to reduce hazardous drinking rates, as the latest NZ Health Survey data shows, these high rates persist. In Hawke's Bay the level of hazardous drinking in our adult population (over 15 years) is high with one-in-four drinking hazardously compared to one-in-five nationally.

Our highest rates of harmful drinking are in young people, particularly among young men aged 15 to 24 years. Although fewer Māori drink alcohol than non-Māori, Māori experience more harm overall. Alcohol-harm is estimated to cost the Hawke's Bay health system over \$3 million a year in hospital bed days alone.

A new Australian study shows that alcohol causes more harm to the user and the wider community than any other drug. ([Read the study here](#)). Harm from alcohol can be direct (alcohol dependency, crime, car accidents) or indirect (cancers, mental health issues, workplace absenteeism, foetal alcohol spectrum disorder).

#### **Problem gambling**

Problem gambling is gambling that causes harm. This can be harm to the gambler, their family and friends, or the wider community.

Harm from gambling may include:

- Financial problems
- Problems at work
- Poor parenting/other relationship issues
- Family violence
- Mental health problems
- Suicide (DIR, 2019).

Adults that satisfied the criteria for moderate-risk/problem gambling are more likely to be male, aged 25 to 34, or 45 to 54, identify as Māori or Pacific, and live in urban neighbourhoods with higher levels of deprivation. (Source: Gambling and problem gambling: Results of the 2011/12 New Zealand health survey).

Problem gambling is most common in gamblers who use pokie machines.

Interestingly, the money spent on gambling in Hawke's Bay is growing, despite the numbers of pokie machines declining.

Problem gambling has been found to be significantly associated with hazardous drinking and alcohol dependence. Compared to people with no gambling problems, problem gamblers were 4.7 times more likely to drink hazardously and be alcohol dependent. (Source: Gambling and problem gambling: Results of the 2011/12 New Zealand health survey).

Support services are available for those needing help with problem gambling. Visit: [www.gamblinghb.co.nz/](http://www.gamblinghb.co.nz/) for more information.

### How can we reduce this harm?

As the Law Commission recommended in their 2010 report, there are three broad strategies that if enacted, would reduce the harm caused by alcohol substantially. These strategies may also apply to reducing the harm from gambling.

#### *Reduce availability*

Reducing the hours of sale and number of outlets is an effective strategy that reduces the

harm caused by alcohol and gambling.

Local governments have power to reduce availability, using local alcohol policies, gambling strategies and gambling venue policies. Removing alcohol from supermarkets would reduce availability and exposure to alcohol, particularly for young people.

#### *Reduce marketing (and 'normalisation')*

Evidence tells us that exposure to alcohol consumption and advertising causes harm to young people and increases their likelihood of drinking earlier and more hazardously throughout their lives. (Source: Grenard, Dent and Stacy (2013). Exposure to alcohol advertisements and teenage alcohol-related problems. *Paediatrics*.) Sports sponsorship by the alcohol industry is pervasive. Restricting such sponsorship would reduce the harm caused through the normalisation of health-harming substances (Source: Ministerial Forum on Alcohol Advertising and Sponsorship 2014: Recommendations on alcohol advertising and sponsorship).

Funds from the gambling industry are regularly 'gifted' to community groups. The ethical implications of such gifting are of concern and send conflicting messages. Clearly there are benefits for community services but at the same time this can serve to undermine communities willingness to speak out about the disadvantages also created through addictive gambling.

#### *Price restrictions*

Increasing the price of alcohol has been strongly recommended by the Law Commission and has been reiterated by the Inquiry Panel into the review of the New Zealand mental health and addictions system earlier this year. In the case of gambling, allowing for a cap on 'jackpot' prices would likely reduce the money spent and harm caused.

Influencing policy is an effective way of getting these strategies into legislation.

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## Submissions watch

The Advertising Standards Authority (ASA) is currently reviewing the standards for alcohol advertising and promotion.

ASA codes are developed by the ASA Codes Committee and this review of the alcohol advertising and promotion standards is a routine part of the Codes Committee work plan for 2019.

The Codes Committee is seeking feedback on the draft Alcohol Advertising and Promotion Code.

[To find out more, visit the ASA website](#)

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## Young people a focus in Napier Hastings Joint Alcohol Strategy

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Young people have been identified as a priority population group by the Napier City and Hastings District Councils' Joint Alcohol Strategy. A new project seeking to find a youth-driven creative approach to reducing alcohol harm is being created.

The project involves the Napier and Hastings youth councils, Directions Youth Health Centre and other organisations working with rangatahi (young people) in the community. The project will focus on hearing from 15 to 24 year olds living in Hawke's Bay.

The project aims to achieve the five-year Strategy's key objectives:

1. Foster safe and responsible drinking environments
2. Change attitudes towards alcohol to reduce tolerance for alcohol harms
3. Demonstrate leadership to achieve a safe drinking culture

With the support of funding from the Health Promotion Agency, the project will be finalised by October this year. Watch this space.

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## Hastings District Council remit to LGNZ on alcohol harm

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A remit proposed by Hastings District Council was made official Local Government New Zealand policy at LGNZ's Annual General Meeting on 8 July.

The remit asked that LGNZ, on behalf of its member councils, request a review of the effectiveness of the Sale and Supply of Alcohol Act 2012 in reducing alcohol harm (eg price, advertising, purchase age and availability) and fully involve local government in that review. It passed with 88 per cent support of the sector and will be presented to central government.

[Read the remit in full](#) (remit number 16, page 50)

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## Australian drug-harms study ranks alcohol as most harmful

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A [recently released Australian study](#) has ranked alcohol as the most harmful drug to users and the wider community when both groups were considered together; more harmful than methamphetamine and heroin. The study's findings mirror those of Nutt and colleagues who, in 2010, found that alcohol was the most harmful drug used in the United Kingdom by a large margin. Their work was published in *The Lancet* and can be found here

[www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2961462-6/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2961462-6/fulltext)).

A similar analysis was undertaken in New Zealand in 2016 by Dr Michael McFadden, however alcohol and tobacco were excluded.

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## Creating safe drinking environments in the Bay

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### Are you a licence holder and want to learn more about the Sale and Supply of Alcohol Act 2012?

The 'Creating safe drinking environments in the Bay' training seminars are free and cover all aspects of host responsibility for licence holders.

The seminar is jointly presented by the Hawke's Bay District Health Board, council Licensing Inspectors and police, giving attendees the opportunity for direct face-to-face discussion.

To find out more email:

[Alyson.Bullock@hbdhb.govt.nz](mailto:Alyson.Bullock@hbdhb.govt.nz)

## Upcoming hearings

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- There is public opposition to an upcoming application to renew the **Flaxmere Tavern** licences. We await the notice of a hearing.
- The Medical Officer of Health's (MOH) appeal of the Hastings DLC decision to approve a new off-license by Bottle O / Merchants (Parizara Ltd.) in Akina / Parkvale was heard by the Authority (ARLA) and sent by them back to the DLC to reconsidered afresh. As a consequence the DLC has now reconsidered the application in light of the Authority's advice and the license has been granted anew. The MOH has decided not to appeal this further decision.

If you would like to know more about attending a hearing, email Health Protection Officer Theresa Te Whaiti: [liquorlicensing@hbdhb.govt.nz](mailto:liquorlicensing@hbdhb.govt.nz).

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**Hawke's Bay**  
Alcohol Networks Newsletter

