

LOCAL ALCOHOL POLICY REVIEW RESEARCH REPORT

July 2022

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1. INTRODUCTION

The purpose of this paper is to outline relevant information on alcohol in the Waikato district to inform any decisions that are made in relation to the review of the Local Alcohol Policy (LAP).

The information in the paper is in line with the requirements of section 78(2) of the Sale and Supply of Alcohol Act 2012 which requires councils to have regard to:

- a) the objectives and policies of its district plan; and
- b) the number of licences of each kind held for premises in its district, and the location and opening hours of each of the premises; and
- c) any areas in which bylaws prohibiting alcohol in public places are in force; and
- d) the demography of the district's residents; and
- e) the demography of people who visit the district as tourists or holidaymakers; and
- f) the overall health indicators of the district's residents; and
- g) the nature and severity of the alcohol-related problems arising in the district.

2. BACKGROUND

2.1 Legislative framework

The objective of the Sale and Supply of Alcohol Act 2012 is to ensure that—

- (a) the sale, supply, and consumption of alcohol is undertaken safely and responsibly; and
- (b) the harm caused by the excessive or inappropriate consumption of alcohol is minimised.

This is achieved through the development of LAPs and District Licensing Committees that enable local communities to have a say in licensing decisions.

There is considerable debate on how effective the Sale and Supply of Alcohol Act has been on minimising alcohol related harm and several organisations, such as Alcohol Health Watch and heads of District Health Boards, have recommended to the government that it is reviewed. Former Minister of Justice, Kris Faafoi also noted that his aim was to have the act reviewed this Parliamentary term however there has been no announcement of this to date.

However, there is a private member's bill, the Sale and Supply of Alcohol (Harm Minimisation) Amendment Bill, that would abolish appeals on LAPs and limit alcohol advertising and sponsorship. The Bill is currently awaiting its first reading in the House.

2.2 Council's role

The Sale and Supply of Alcohol Act 2012 allows local authorities to develop a LAP. It is not mandatory and the default provisions in the Act can apply. A LAP is developed in consultation with the community about the sale and supply of alcohol. Licensing bodies must consider the LAP when they make decisions about alcohol licensing applications. The policy can:

- limit the location of licences in particular areas or near certain types of facilities such as in specific neighbourhoods or near schools or churches
- limit the density of licences by specifying whether new licences or types of licences should be issued in a particular area
- impose conditions on groups of licences, such as a 'one-way door' condition that would allow patrons to leave premises but not enter or re-enter after a certain time
- restrict or extend the maximum opening hours set in the Act.

A LAP can have different conditions for different areas within the council's district.

2.3 Current Local Alcohol Policy

Waikato District Council (WDC) adopted its current LAP in October 2016 with it becoming effective in 2017 following the resolution of appeals.

The objectives of the policy are to:

- reflect the views of local communities as to the appropriate location, number, hours and conditions that should be applied to licensed premises within their communities;
- balance the views of local communities regarding the sale, supply and consumption of alcohol, while addressing the statutory requirements of the Sale and Supply of Alcohol Act 2012, including the object of the Act, to minimise the harm caused by excessive or inappropriate consumption of alcohol;
- provide certainty and clarity for applicants and the public as to whether a proposed licence application will meet the criteria of the LAP;
- provide effective guidance to the District Licensing Committee and Alcohol Regulatory and Licensing Authority when making decisions.

The current LAP includes restrictions on the location of off-licences and on-licences, sets maximum trading hours and allows the District Licensing Committee to impose discretionary conditions on licences such as one way door restrictions. There is also a cap on the number of standalone bottle stores in Ngaruawahia, Huntly and Raglan and more relaxed rules for new bottle stores in Te Kauwhata, Tuakau and Pokeno.

Elected members have noted that, on the whole, the LAP works well however they have acknowledged that there may be a need to strengthen off-licence provisions. The Waikato Medical Officer of Health has also requested that the provisions in the LAP related to standalone bottle stores are strengthened.

2.4 Alcohol Control Bylaw 2020

The purpose of the Alcohol Control Bylaw is to provide for the prohibition and control of the consumption or possession of alcohol in public places to reduce alcohol related harm.

The bylaw includes permanent alcohol bans in Ngaruawahia, Huntly, Taupiri, Te Kauwhata, Meremere, Pokeno, Tuakau, Raglan, all Council cemeteries, Sunset Beach Port Waikato and the wider Raglan ward from 23 December to 6 January every year.

2.5 Links to other council strategies and plans

Waikato District Council's vision is for liveable, thriving and connected communities. There's also a community outcome stating that we will support our communities through considering the well-being of all our people in all our planning and activities.

The Proposed District Plan includes the following zones that refer to a 'commercial' environment and would therefore allow licensed premises to operate:

- Local Centre Zone
- Commercial Zone
- Town Centre Zone
- Business Tamahere zone
- Rangatahi Peninsula zone.

3. LICENCES IN THE DISTRICT

As at February 2022, Waikato district had a total of 153 permanent alcohol licences in the district comprising:

On-licence: 64

Off-licence: 43

Club-licence: 46

These are represented throughout the district as shown in the table below:

	Ngaruawahia	Huntly	Pokeno	Raglan	Tamahere	Te Kauwhata	Tuakau	Rural	Totals
On-licence									
Hotel	0	1	1	1	0	0	1	3	7
Café/restaurant	2	1	2	8	2	0	4	12	31
Tavern	1	2	1	4	0	0	1	5	14
Other	0	0	0	3	1	1	1	6	12
Total	3	4	4	16	3	1	7	26	64
Off-licence									
Supermarket/grocery	3	3	1	2	1	1	2	2	15
Off licence club	0	0	0	1	0	0	1	0	2
General (includes standalone, remote sales and taverns/clubs)	3	3	2	4	1	1	2	10	26
Total	6	6	3	7	2	2	5	12	43
Club licence	7	10	0	4	0	4	5	16	46
TOTALS	16	20	7	27	5	7	17	54	153

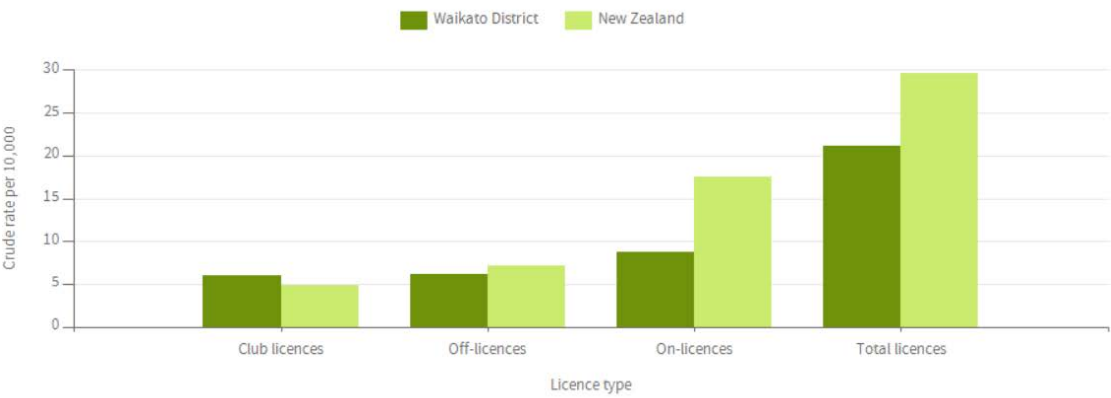
There has not been a dramatic increase in the number of licensed premises since the LAP was developed. In September 2014 there was a total of 141 permanent licences comprising 50 on-licences, 40 off-licences and 51 club licences.

The density of licensed premises in the district is as follows:

Township	Population (NIDEA population estimates 2022)	Total # of licensed premises	Population per licensed premises	Total # of standalone bottle stores	Population per standalone bottle store
Pokeno	4550	7	650	2	2275
Tuakau	6478	17	381	2	3239
Te Kauwhata	3145	7	449	-	-
Huntly	9307	20	465	3	3102
Ngaruawahia	8760	16	548	2	4230
Raglan	4376	27	162	2	2188
Tamahere	6512	5	1302	-	-

As the graph shows below, Waikato district has lower alcohol density per person in comparison to New Zealand as a whole. However, this may be due to the district's small towns and villages and large areas of rural land.

Alcohol licence density per person, 15+ years, by licence type, 2016 (crude rate per 10,000) – Waikato district¹



¹ Environmental Health Intelligence. Alcohol. Healthspace. Wellington: Environmental Health Intelligence NZ, Massey University. Accessed 23 May 2022, <https://healthspace.ac.nz>.

4. DEMOGRAPHICS

Harmful health outcomes caused by alcohol consumption are not distributed equally amongst the New Zealand population. Māori, Pacific people, youth and low-income populations disproportionately suffer more harm from alcohol as well as:

- unborn babies;
- children and young people; people living with mental illness;
- homeless and vulnerably housed populations;
- people experiencing, or at risk of, family violence (especially women and children); and high-risk drinkers and those experiencing alcohol dependence.²

4.1 District population

Waikato district has had significant population growth in recent years. The district's population has grown from 57,588 in the 2006 Census to 75,618 in 2018. The district's population is estimated to be 121,554 in 2050.

NIDEA population estimates for the largest towns and centres are noted in the table below. Growth is predicted to continue albeit at a slower rate, with variations between towns and settlements.

Town/centres	2022	2032	2052
Pokeno	4550	7212	9146
Tuakau	6478	7254	7659
Te Kauwhata	3145	5141	9330
Huntly	9307	11280	13320
Ngaruawahia	8760	9549	10255
Raglan	4376	5383	6479
Tamahere	6512	6713	6658
TOTAL	43,128	52,532	62,847

4.2 District age

The median age of the district's residents is 37.6 years (same as the New Zealand average). However, there is a smaller number of people aged over 65 and a larger

² Alcohol Healthwatch. Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand. Auckland: Alcohol Healthwatch. Accessed 9 July 2022, <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

number of people aged under 15 than the nationwide average. Also, more deprived areas such as Ngaruawahia and Huntly have relatively young median ages.

Community	Median age
Pokeno	33.8
Tuakau North	32.6
Tuakau South	31.7
Te Kauwhata	40.2
Huntly East	37.1
Huntly West	28.6
Ngaruawahia North	28.1
Ngaruawahia Central	30.7
Ngaruawahia South	29.8
Raglan	39.6
Tamahere North and South	44.3

Males aged 18 to 24 years and Māori males aged 18 to 30 years are most likely to be heavy drinkers.

Acute alcohol related hospital admissions in the Waikato DHB region are predominantly from people in the younger age group.³ Looking specifically at Waikato district, between 1 June 2020 and 31 May 2022 the average age of emergency department (ED) alcohol related presentations was 38 years. The highest number of presentations to ED were 18–34-year-olds followed by those in the 45–54-year-old age group⁴.

4.3 Ethnicity

The Waikato district has low numbers of Pacific Island (4.2 per cent) and Asian people (5.8 per cent), but a much larger than average proportion of Māori (26.4 per cent).

³ Waikato District Health Board, Alcohol Harm Position Statement, December 2017, accessed 14 June 2022, <https://www.waikatodhb.health.nz/assets/Docs/About-Us/Key-Publications/Position-Statements/Alcohol-Harm.pdf>

⁴ Data provided by Waikato DHB to Waikato District Council, 7 July 2022

Community	Ethnicity
Tuakau North	In Tuakau North, 72.5% of people are European and 29.8% Māori, 7% Pacific peoples and 9% Asian.
Tuakau South	Tuakau South has a higher Māori (37.1%) and Pacific peoples (37.1%) population compared with Tuakau South. European ethnicity is 63.2% and Asian ethnicity 6.9%.
Te Kauwhata	77.9% of people in Te Kauwhata are of European ethnicity with 23% Māori, 3.3% Pacific peoples and 7.6% Asian.
Huntly East	Most people in Huntly East are of European ethnicity (61.2%) with Māori making up 38.8%, Pacific peoples 11% and Asian 8.7%.
Huntly West	The Huntly West population is primarily Māori (75.1%) with European ethnicity making up 34.8%, Pacific peoples 9.2% and Asian 3.2%.
Ngaruawahia North	The Ngaruawahia North population is primarily Māori at 69.7%, 41.6% are of European ethnicity, 4.4% Pacific peoples and 2.2% Asian.
Ngaruawahia Central	Ethnicity is similar between European (58.2%) and Māori (56.3%) in Ngaruawahia Central. Pacific peoples make up 7.3% and Asian 3.3%.
Ngaruawahia South	European ethnicity makes up most of the population in Ngaruawahia South (59.9%). Māori make up 52.5%, Pacific peoples 5.2% and Asian 3.5%.
Raglan	82.9% of the Raglan population are from European ethnicity. Māori make up 26.5%, Pacific peoples 2.9% and Asian 2.5%.
Tamahere North	85.5% of the Tamahere North population are European followed by Asian at 10.3%. Māori make up 8.6% and Pacific peoples 1.3%.
Tamahere South	92.9% of the Tamahere South population are European followed by Māori at 8.2%, Asian at 4.6% then Pacific peoples at 0.6%.

As outlined earlier, Māori are disproportionately affected by harm caused by alcohol. In 2007, the age-standardised premature death rate for Māori from alcohol was 2.5 times the rate for non-Māori. The years of life lost due to alcohol were 2.6 times greater for Māori

than non-Māori. Higher proportions of cancer among Māori are due to alcohol, with an average of 12.7 years of life lost from alcohol-attributable cancer for Māori compared to 10.1 years for non-Māori.⁵

Māori also have higher rates of hazardous drinking (at 33.2 percent) than other ethnic groups such as European (21.1 percent) and Asian (5.7 percent).⁶

Looking specifically at Waikato district, between 1 June 2020 and 31 May 2022, Māori made up 45.5 per cent (261) of all alcohol-related presentations to the Waikato Hospital ED despite making up 26.4 per cent of the total population.

4.4 Deprivation Index

The NZ Deprivation Index is an area-based measure of socioeconomic deprivation in New Zealand. It measures the level of deprivation for people in each small area. It is based on nine Census variables. Low decile represents areas with low deprivation.

Waikato district's overall deprivation score is 5.2⁷ However, levels of deprivation vary across the district and even vary within a town or settlement (see table below).

Adults living in more deprived areas are more likely to live near alcohol outlets and are disproportionately impacted by alcohol harm.⁸ Of the patients living in the Waikato district presenting to ED, 45.4% (261 presentations) were domiciled in an area with a deprivation level of 8-10.⁹

Community	Deprivation score (NZ Dep 2018)
Pokeno	2
Tuakau North	7
Tuakau South	9
Te Kauwhata	7
Huntly East	10
Huntly West	10
Ngaruawahia North	10

⁵ Alcohol Healthwatch (2020). Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand. Auckland: Alcohol Healthwatch

⁶ Ministry of Health. Annual Update of Key Results 2020/21 – New Zealand Health Survey. Accessed 16 June 2022, <https://www.health.govt.nz/publication/annual-update-key-results-2020-21-new-zealand-health-survey>.

⁷ Waikato Regional Council. Socio-economic deprivation in the Waikato region. Accessed 16 June 2022, <https://www.waikatoregion.govt.nz/assets/WRC/WRC-2019/TR202114.pdf>.

⁸ Action Point. Alcohol Harm to Māori. Accessed 16 June 2022, <https://www.actionpoint.org.nz/alcohol-harm-to-maori>.

⁹ Data provided by Waikato DHB to Waikato District Council, 7 July 2022.

Community	Deprivation score (NZ Dep 2018)
Ngaruawahia Central	10
Ngaruawahia South	8
Raglan	7
Tamahere	1

The table below shows that those living in the district's more deprived areas have higher alcohol-related presentations to all Waikato EDs than those living in less deprived areas.

Alcohol-related presentations across all hospitals by socio-economic deprivation for patients residing in the Waikato district 1 June 2020 – 31 May 2022

Decile	Alcohol-related presentations	% of presentations related to alcohol	Alcohol-related ED bed hours	Total ED presentations
8, 9, 10	261	2.64%	915	9,890
5, 6, 7	130	2.25%	458	5,770
1, 2, 3, 4	183	2.27%	577	8,060

4.5 Tourism

Even prior to the COVID-19 pandemic, most tourists visiting the Waikato district were domestic.¹⁰ Since COVID-19 and with international borders closed, local tourism spending grew 5.9 percent thanks to a resurgence in domestic tourism.¹¹

Raglan is the district's holiday hotspot with the summer population increasing 300 – 400 per cent. The town also has a significant number of holiday homes not permanently occupied.

¹⁰Waikato Enterprise Agency. Huntly and Raglan i-sites operational report July to June 2017. Accessed 6 July 2022, https://www.waikatodistrict.govt.nz/docs/default-source/meetings/agendas-2017/6-2-waikato-enterprise-agency-operational-report---updated.pdf?sfvrsn=5c12bdc9_0

¹¹ Waikato District Council. 2020/21 Annual Report. 6 July 2022. https://www.waikatodistrict.govt.nz/docs/default-source/your-council/plans-policies-and-bylaws/reports/annual-report/1668_01_wdc_annual_report_final_singlepages.pdf?sfvrsn=d36794c9_2

6. ALCOHOL AND HEALTH AND WELLBEING

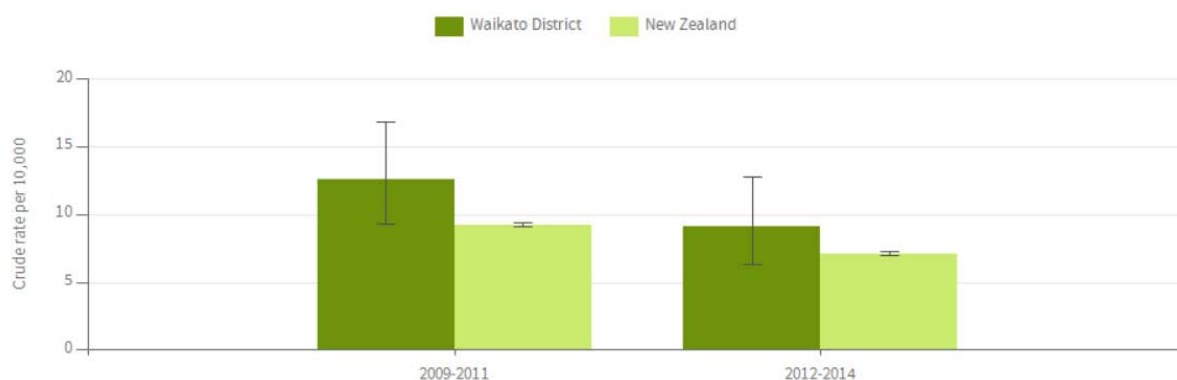
Alcohol is the most used drug in New Zealand with a significant number of people consuming to excess, with a quarter of New Zealanders being classed as hazardous drinkers. At least 800 people in New Zealand die prematurely from alcohol related causes each year and alcohol is also a causal factor in more than 200 disease and injury conditions.¹²

Alcohol is a significant burden on the Waikato Hospital ED.¹³ Waikato DHB has provided statistics specifically on people residing in the Waikato district presenting to the ED. For the two-year period from 1 June 2020 to 31 May 2022, there were 574 alcohol-related presentations and an average of four people a week were in an imminently or potentially life-threatening condition. There were also seven alcohol-related deaths during this period.¹⁴

The NZ Police state that alcohol is also a significant factor in people being killed and injured on New Zealand roads. It was a proven factor in about 19 percent of fatal crashes in 2017¹⁵.

In the Waikato district, the number of alcohol-related car accidents and fatal injuries caused by alcohol-related car accidents decreased between 2009 – 2011 and 2012 – 2014 but were still higher than the national average.

Alcohol-related motor vehicle crashes, 2009–2014 (crude rate per 10,000)



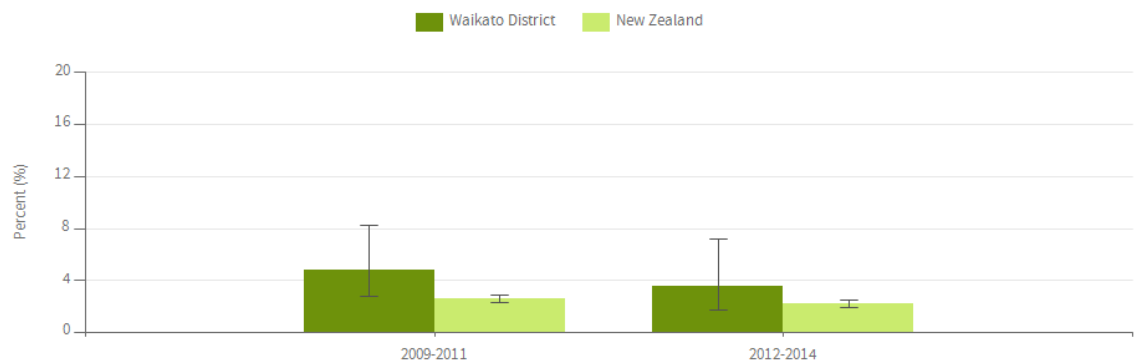
¹² Health Coalition Aotearoa. Alcohol – Key Facts. Accessed 14 June 2022, <https://www.healthcoalition.org.nz/health-issues/alcohol/>.

¹³ Waikato District Health Board, Alcohol Harm Position Statement, December 2017, accessed 14 June 2022, <https://www.waikatodhb.health.nz/assets/Docs/About-Us/Key-Publications/Position-Statements/Alcohol-Harm.pdf>

¹⁴ These are ED episodes that were flagged as alcohol-related and during which time the patient died.

¹⁵ NZ Police. NZ Police Alcohol Action Plan. Accessed 5 July 2022, <https://www.police.govt.nz/sites/default/files/publications/nz-police-alcohol-action-plan-2018.pdf>

Fatal injuries from alcohol-related motor vehicle crashes, 2009-2014



In figures released by the Helen Clark Foundation in 2021, Waikato district had the second highest lifetime ACC costs due to alcohol-related crashes between 2016 and 2020 (\$124.7 million). Lifetime costs are calculated by identifying all car crashes where a police officer determines alcohol to be a factor and then identifying ACC costs associated with these crashes across the expected lifetime of the claim.¹⁶

¹⁶ Helen Clark Foundation. ACC Data Reveal \$636k Daily Cost Of Alcohol-related Crashed. Accessed 7 July 2022, <https://www.scoop.co.nz/stories/print.html?path=GE2107/S00106/acc-data-reveal-636k-daily-cost-of-alcohol-related-crashes.htm>.

7. ALCOHOL AND CRIME

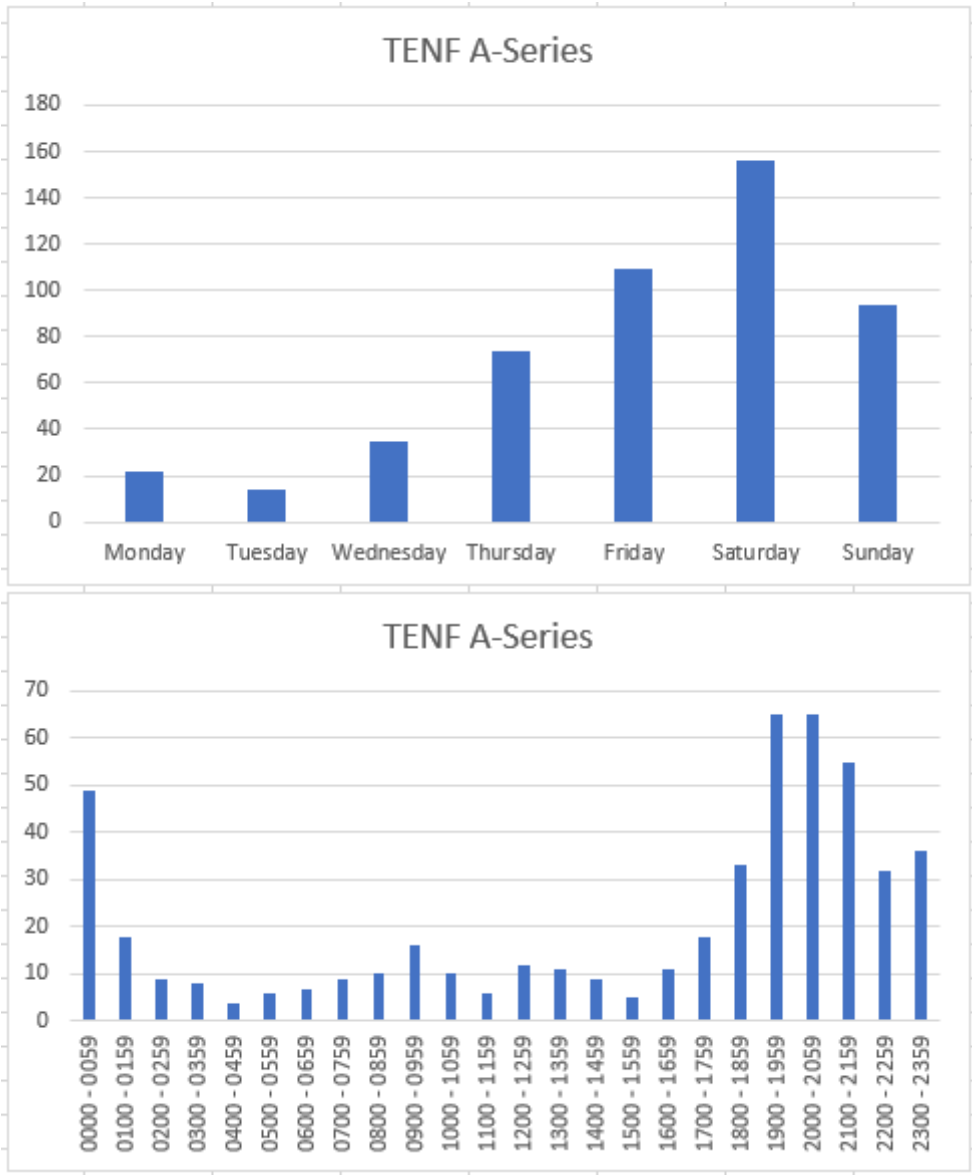
A significant proportion of Police work involves dealing with alcohol related incidents such as violent offending, homicides, family harm and drink driving. The NZ Police estimates that about half of serious violent crimes are related to alcohol.¹⁷

Waikato Police data demonstrates that the busiest times and days of the week for calls for service often relate to alcohol consumption and harm. They clearly show a pattern of Friday and Saturday evenings from 7:00pm to 1:00am as periods when Police can expect the most calls for service.

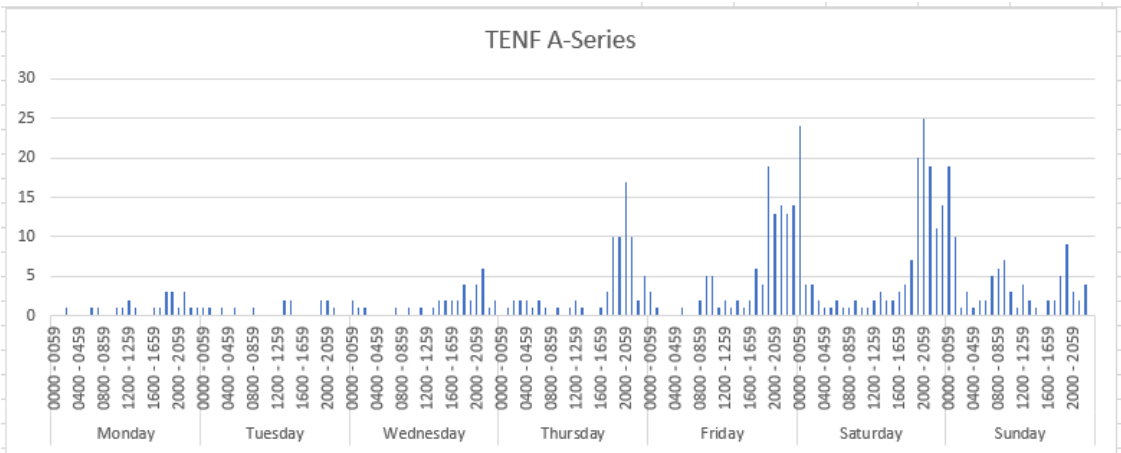
The information below was provided by the Waikato West Police.

¹⁷ Health Coalition Aotearoa. Alcohol – Key Facts. Accessed 14 June 2022, <https://www.healthcoalition.org.nz/health-issues/alcohol/>.

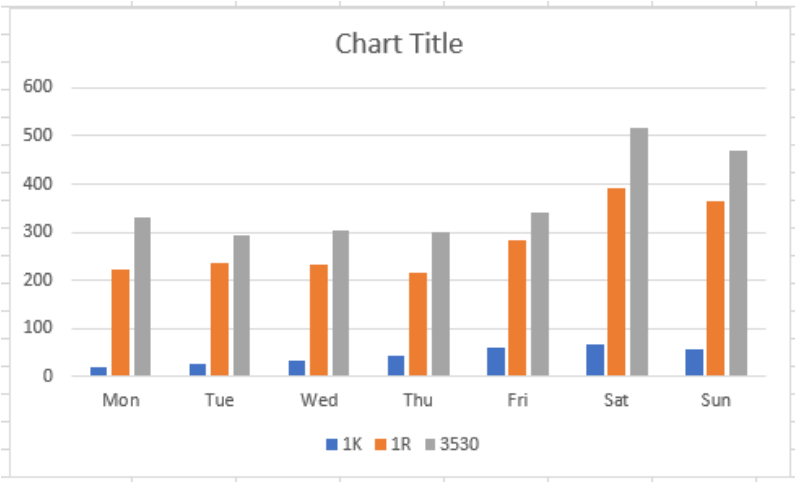
Alcohol related offences for Waikato District 2016-2021 – approx. 2000 records – by day of the week and time band



All crime reported – Alcohol and non-alcohol offences
 Police reports for Waikato TLA from 2016 to 2021

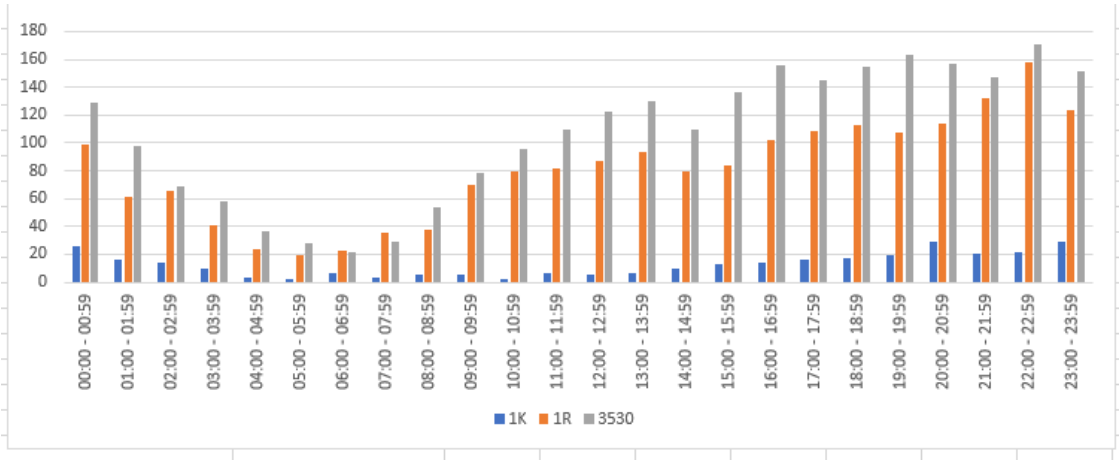


Calls to the Police 111 system for events that most likely are related to alcohol offending - Day of the week comparison



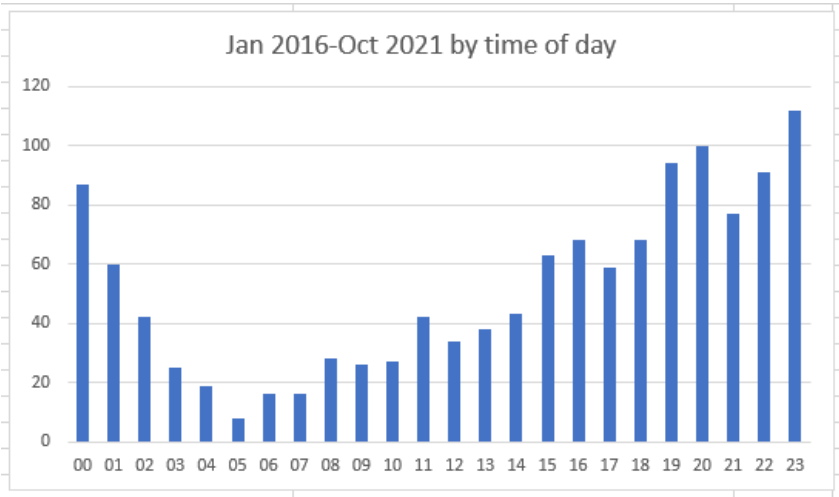
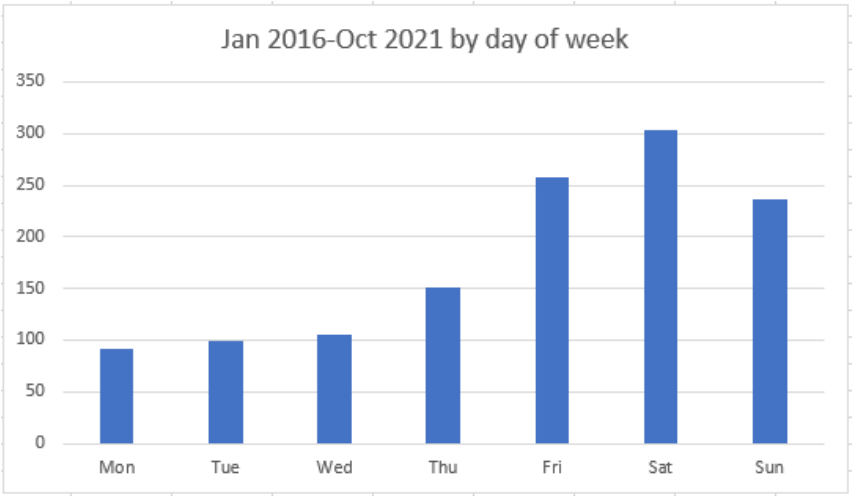
1K =Drunk custody/detox centre
 1R = Breach of peace
 3530 = Anti-social behaviour

Time of day/hour



1K =Drunk custody/detox centre
 1R = Breach of peace
 3530 = Anti-social behaviour

Reports entered into the National Intelligence Application (NZ Police records management system)



8. CONCLUSION

When considering this information, there is no doubt that alcohol causes harm in the district. A summary of key points is noted below:

- On the whole, the LAP is working well but there is potential for strengthening some provisions. The Medical Officer of Health supports strengthening provisions related to standalone bottle stores;
- The number of licensed premises has not risen significantly since 2014;
- Waikato district has several towns with high rates of deprivation. Research shows adults living in more deprived areas are more likely to live near alcohol outlets and are disproportionately impacted by alcohol harm;
- More deprived areas in the district have relatively young median ages;
- Acute alcohol related hospital admissions in the Waikato DHB region are predominantly from people in the younger age group;
- Waikato district has a higher proportion of Māori and research shows Māori are disproportionately affected by harm caused by alcohol;
- DHB data shows that there are significant numbers of district residents presenting to ED with alcohol related harm;
- The number of alcohol-related car accidents and fatal injuries in the district caused by alcohol-related car accidents is higher than the national average;
- Between 2016 and 2020, Waikato district had the second highest lifetime ACC costs caused by alcohol-related vehicle crashes;
- Waikato Police data demonstrates that the busiest times and days of the week for calls for service often relate to alcohol consumption and harm.