

LOCAL ALCOHOL POLICY BACKGROUND PAPER

JUNE 2018



TE WAIROA
WAIROA DISTRICT

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INTRODUCTION

In August 2008, the Law Commission commenced a review of New Zealand's alcohol laws. As part of this process, the Commission engaged in wide public consultation, resulting in almost 3000 public submissions. In April 2010, the Commission published its final report, entitled *Alcohol in Our Lives: Curbing the Harm* (2010).

This report summarised the key issues raised through the submission process and presented the Commissions' final recommendations to the Government. The Alcohol Reform Bill, which was introduced to Parliament in November 2010, is the Government's legislative response to the Commission's work.

In December 2012, the Sale and Supply of Alcohol Act 2012 (*the Act*) replaced the Sale of Liquor Act 1989. The purpose of the Act is to put in place a system of control over the sale and supply of alcohol that is reasonable and helps achieve the objects of the Act (New Zealand Government, 2012).

Its objectives are that:

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

The adoption of the Act gave territorial authorities the power to develop Local Alcohol Policies (LAPs). This policy opportunity is part of a greater reform of the way we sell, supply and consume alcohol in New Zealand. Its purpose is to give communities greater control over the licensing of liquor outlets.

Developing an LAP is about setting standards for liquor licensing that are relevant to the needs of our community.

At a Council meeting in July 2013, the Wairoa District Council resolved to develop an LAP. In developing its LAP, Council have regard to the way alcohol is supplied and consumed in Wairoa. If Council did not create a LAP, the default provisions in the Act would apply.

The purpose of this Background Paper is to provide background on alcohol and its place in our community, and key trends in relation to alcohol in the Wairoa district.

THIS BACKGROUND PAPER IS DIVIDED INTO FIVE PARTS:

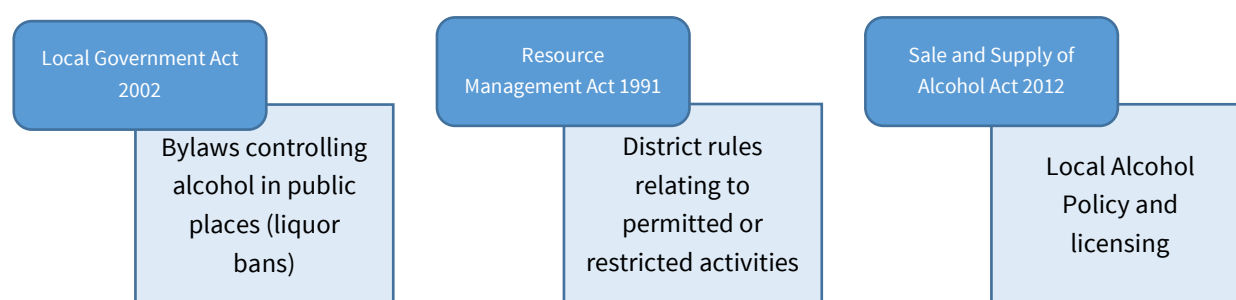
Section	Contents
<i>What's an LAP?</i>	The key aspects of the LAP, its application, and what opportunities it will provide our community.
<i>What are the alcohol-related harms?</i>	Health, crime and road safety issues that are linked with harmful alcohol consumption.
<i>How are we consuming alcohol?</i>	How people in New Zealand are consuming alcohol, and what that may mean for the way we are consuming alcohol.
<i>The Wairoa community and alcohol</i>	Wairoa's demographic and economic profile. How the people of Wairoa feel about alcohol, what controls currently exist to manage alcohol, and how the development of an LAP relates to community outcomes.
<i>How is the LAP developed?</i>	The Act requires the Council to develop an LAP using a defined process.

1.0 WHAT'S AN LAP?

The purpose of an LAP is to give communities greater control over licensing of liquor outlets. LAPs affect the conditions for licences and the operation of licensed premises, and in doing so alter the supply of alcohol into the community. They can only contain policies relating to alcohol licensing. This means they cannot place any restrictions on who can purchase alcohol or place constraints over the products themselves. They do not alter restrictions relating to the age of purchase, types of marketing or price of alcohol.

As shown in **Figure 1**, LAPs sit within a regulatory regime developed by Central Government through Acts of Parliament. Those Acts delegate powers to Councils to regulate certain activities as well as requiring them to perform certain duties.

Figure 1: Important legislation for Councils to manage alcohol



WHAT'S A LICENCE?

A licence allows the holder to sell alcohol. There are four types of licence and each type has specific criteria attached to it by the Act.

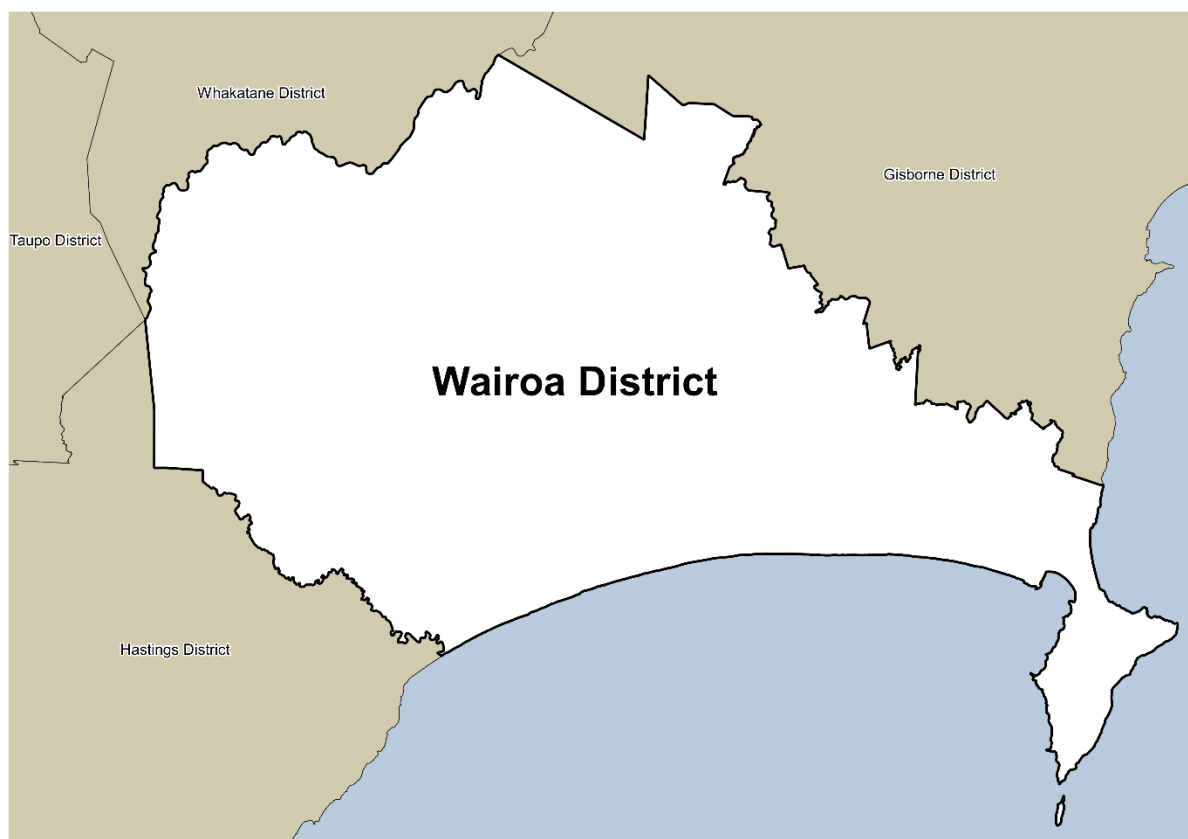
Licence type	Example of this type of licence	Description
On Licence	Pub, restaurant, café	The sale and supply of alcohol for consumption at the premises, including outdoor areas.
Off Licence	Bottle store, supermarket	The sale and supply of alcohol to be consumed away from the premises e.g. at home, at a BYO
Club Licence	Sports club, RSA, working men's club	The sale and supply of alcohol for consumption at the club premises and only to members, affiliates and guests of the club.
Special Licence	Festivals, weddings in Council halls	The sale of liquor at special events. It may be used to extend operational hours or to licence one-off events.

WHERE DOES A LAP APPLY?

The LAP applies to the jurisdiction of a Territorial Authority.

Figure 2 displays the jurisdiction over which the Wairoa District Council's LAP will apply.

Figure 2: Wairoa District Council's jurisdiction



HOURS OF OPERATION

A LAP can set the maximum hours of operation for different licence types. If there is no policy on maximum trading hours, then the default hours of operation in the Act will apply.

TRADING HOURS UNDER THE ACT

The default maximum national trading hours under the Act are:

- Hours between 8 am on any day and 4 am on the next day for the sale and supply of alcohol for consumption on premises for which an on-licence or a club licence is held, and
- Hours between 7 am and 11 pm on any day for the sale of alcohol on premises for which an off-licence is held.

DISCRETIONARY CONDITIONS

The Act allows Councils to include specific conditions that can be applied to certain licence types at the time of granting a licence.

APPLYING AN LAP

The LAP will apply to all applications for new licences after the date the policy comes into force.

In Wairoa the District Licensing Committee (the Committee) is made up of three people, two from the wider community and one elected member. They take advice from the NZ Police, Medical Officers of Health and the Council's licensing inspector.

The Committee decides applications for:

- New and renewed licences and managers' certificates,
- Temporary authorities and temporary licences,
- Variation of licences, and
- Most enforcement action for specific licences.

The committee must take the LAP into account when determining whether or not to grant a licence and what conditions will be attached to that licence. The Committee must also consider each application in accordance with criteria set out in the Act. That criteria includes whether the application complies with the LAP.

Other criteria are:

- The objectives of the Act,
- Suitability of the applicant,
- Design and layout of the premises,
- Whether the applicant provides goods or services other than those related to the sale of alcoholic and non-alcoholic refreshments and food,

- Whether, in the opinion of the Committee, the amenity and good order of the locality in which the premises is located is likely to be reduced by more than a minor extent by the issue of a licence,
- Whether the applicant has the appropriate systems, staff and training to comply with the law.
- Consideration of any other matters in opposition raised by the Medical Officer of Health, Police, or the Licensing Inspector.

2.0 ALCOHOL RELATED ISSUES – THE HARM

Current alcohol-related statistics for Wairoa in the areas of health, crime, and road safety were difficult to obtain. Where local data is unavailable, we used national or regional-level data. This data covers the Hawkes Bay region, of which Wairoa is a part.

Some of the key documents used were:

- **Tackling alcohol harm in Hawke Bay.** An Alcohol Harm Reduction Strategy for 2017 – 2022, developed by Hawkes Bay District Health Board.
- **Alcohol Related Harm Statistics.** Data specific to the Hawkes Bay region, provided by Hawkes Bay District Health Board.
- **Alcohol-related injury.** An evidenced-based Literature Review by Research New Zealand.
- **Alcohol – The Body and Health Effects.** A brief overview of the health and body effects of alcohol, published by the Health Promotion Agency.
- **Alcohol Harm in Wairoa.** A Scoping Project to Determine Alcohol Related Harm Priorities for the Region by Te He Hapori Haumaru, Wairoa Safe Communities.
- **Alcohol and Drugs 2017.** A statistical report by the Ministry of Transport on alcohol and drug's contribution to road crashes.

Despite its wide social acceptability and “normalisation” in New Zealand society, alcohol is not an ordinary commodity. It has been identified as a toxin, an intoxicant, and an addictive psychotropic drug. It has also been classified as a Group 1 carcinogen (carcinogenic to humans) by the World Health Organisation (Hawke's Bay District Health Board, 2017).

Alcohol is also the drug that causes the most harm to the most people in New Zealand. Every year around 600 – 800 New Zealanders die from alcohol-related causes. The harm caused by alcohol is estimated to cost NZ as a country an overall \$6.5 billion per year. In Hawke's Bay, based on hospital bed days alone, alcohol-related harm is estimated to cost \$3 million per year (2014-2015) (Hawke's Bay District Health Board, 2017).

Alcohol intoxication often results in injury, including falls, burns, motor vehicle accidents, assaults and drowning (Health Promotion Agency, 2016). An individual who is intoxicated may be injured themselves, or they may injure others, including family members, friends or strangers (Research New Zealand, 2012).

As well as potentially affecting the physical and mental health of individuals, chronic and heavy alcohol use can increase the risk of death. This can happen through acute alcohol poisoning or because the alcohol causes a fatal disease, such as cancer. Its use can also be a factor in a violent death or suicide. Alcohol also contributes to a high burden of disease, in terms of the years that people spend with a disability or in poor health because of an alcohol-related illnesses (Health Promotion Agency, 2016).

It is important to note that licensing decisions alone will not address these issues. However, informed licensing decisions can contribute to reducing alcohol-related harm and promoting responsible drinking behaviour.

HAZARDOUS DRINKING

One in every four adults in Hawke's Bay is a "hazardous drinker". This means they are likely to harm their own health or cause harm to others through their behaviour. The Ministry of Health defines *hazardous drinking* as an established pattern of drinking that carries a risk of harming physical or mental health, or having harmful social effects to the drinker or others. Hazardous drinking is defined by a score of 8 or more on the alcohol screening tool known as AUDIT, the Alcohol Use Disorders Identification Test (Ministry of Health, 2013).

The Hawke's Bay population as a whole is drinking more hazardously than the rest of New Zealand, with the hazardous drinking rates in this region 60% higher than nationally. Moreover, these rates appear to be increasing over time (Hawke's Bay District Health Board, 2017). Significant inequities also exist, with higher rates of hazardous drinking by Māori compared with non-Māori, and higher hospitalisation rates for alcohol-related conditions for Māori and for men.

The age group with the highest rates of hazardous drinking is 15-24 years where, in Hawke's Bay, 41% of this age group are drinking hazardously (Hawke's Bay District Health Board, 2017).

PREVALENCE IN HAZARDOUS DRINKING

As shown in **Table 1**, the hazardous drinking age standardised prevalence rates increased for both men and women in Hawke's Bay between 2002/03 and 2011/13. There has been an increase in Māori hazardous drinking rates in Hawke's Bay between 2002/03 and 2011/13, while rates of hazardous drinking have declined in Non-Māori over this time (Hawkes Bay District Health Board, 2017).

Table 1: Proportion of hazardous drinkers in population

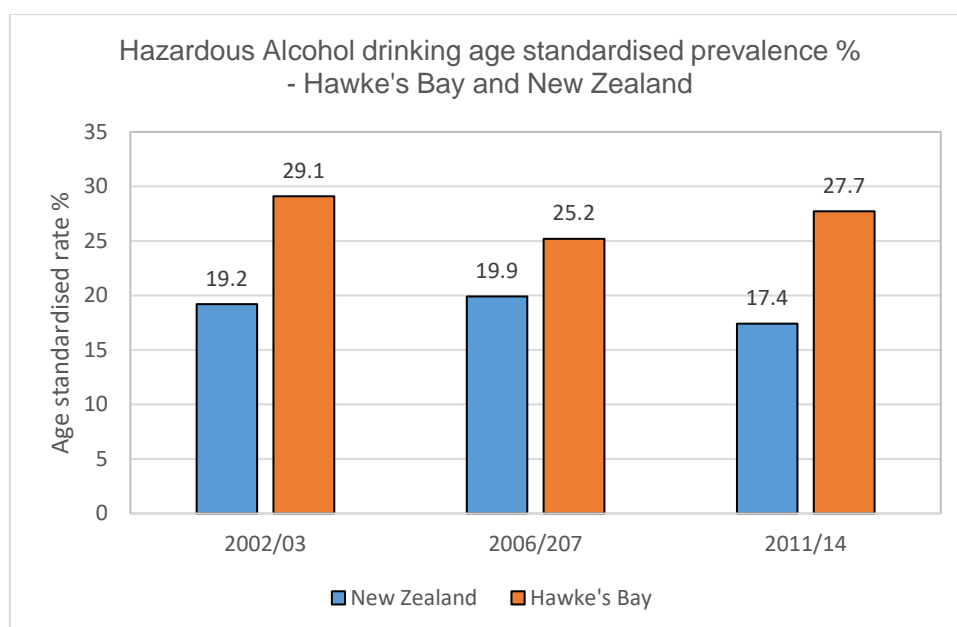
Area	Hazardous Alcohol Drinking : ASR Prevalence rate % (15+ population)							
	Ethnicity	Gender	2002/03		2006/07		2012*	
			%	95% CI	%	95% CI	%	95% CI
Hawkes Bay	Total	Total	29.1	(21.6-38.0)	25.2	(20.2-30.9)	29.3	(25.7-33.2)
		Men	38.3	(26.6-51.6)	32.4	(24.4-41.6)	41.8	(35.5-48.4)
		Women	16.6	(8.1-31.1)	17.4	(11.4-25.5)	21.5	(17.5-26.1)
	Māori	Total	30.7	(18.9-45.8)	36.8	(29.4-44.9)	43.2	(38.4-48.2)
		Men			48.6	(36.2-61.3)	58.5	(50.0-66.6)
		Women			29.6	(21.4-39.3)	33.1	(27.7-39.0)
	Non Māori	Total	28.4	(15.0-47.1)	21.8	(15.5-29.8)	23.3	(19.4-27.8)
		Men			29.3	(19.3-42.0)	34.9	(27.0-43.8)
		Women			11.8	(5.4-23.7)	15.9	(10.7-22.9)
New Zealand	Total	Total	19.2	(18.0-20.5)	19.9	(18.9-21.0)	17.1	(16.3-18.0)
		Men	27.2	(25.2-29.4)	27.9	(26.1-29.7)	24.1	(22.7-25.5)
		Women	11.5	(10.2-12.9)	12.3	(11.3-13.5)	10.4	(9.6-11.3)

	Māori	Total	26.2	(23.1-29.5)	31.1	(29.2-33.1)	28.4	(26.7-30.2)
		Men			41	(37.8-44.3)	36.3	(33.6-39.2)
		Women			22.2	(20.1-24.4)	21.1	(19.3-23.1)
	Non Māori	Total	17.9	(16.7-19.2)	17.9	(16.7-19.1)	15.1	(14.2-16.0)
		Men			25.6	(23.7-27.6)	21.9	(20.4-23.4)
		Women			10.4	(9.3-11.7)	8.4	(7.6-9.4)

Note: 2012 (pooled data) 2011-2013. This ASR time series is available only up to 2011-2013 pooled data only.

As shown in **Figure 3** and **Table 2**, Hawke's Bay Hazardous Drinking age standardised prevalence rates increased 9.9 % between 2006/07 and 2011/14. In 2011/14 the New Zealand Health survey found Hawke's Bay Hazardous Drinking age standardised rates to be 60 % higher than overall New Zealand rates. This difference is statistically significant (Hawkes Bay District Health Board, 2017).

Figure 3: Hazardous Alcohol Drinking: age standardised prevalence %



Sources: 2002/03, 2006/07, 2011/12, 2012/13 and 2013/14 New Zealand Health Survey

Table 2:

Area	2002/03		2006/07		2011/14	
	Rate %	CI	Rate %	CI	Rate %	CI
New Zealand	19.2	(18.0-20.5)	19.9	(18.9-21.0)	17.4	(16.7-18.2)
Hawke's Bay	29.1	(21.6-38.0)	25.2	(20.2-30.9)	27.7	(25.2-30.4)

PREVALENCE FOR AGE GROUPS

As shown in **Figure 4** and **Table 3**, Hawke's Bay men and women have significantly higher unadjusted hazardous drinking rates compared to their national counterparts. Hazardous drinking crude rates are highest in the 15-24 year age group in Hawke's Bay and also nationally. Hawke's Bay rates in this age group are significantly higher than national rates for men but not so for women (Hawkes Bay District Health Board, 2017).

Hawke's Bay men in the 15-24 year age group have significantly higher hazardous drinking rates compared to Hawke's Bay women. In Hawke's Bay Hazardous drinking prevalence rates are 41.1 % in the 15-24 year age group. Hawke's Bay Hazardous Drinking prevalence rates in the 25-44 age group are 32.5 % overall, 49.5 % in men and 20.8 % in women. Hawke's Bay men and women rates in this age group are all statistically significantly higher compared to national rates (Hawkes Bay District Health Board, 2017).

Figure 4: Unadjusted prevalence (%), adults aged 15 years and over, Hawke's Bay DHB, 2011-14

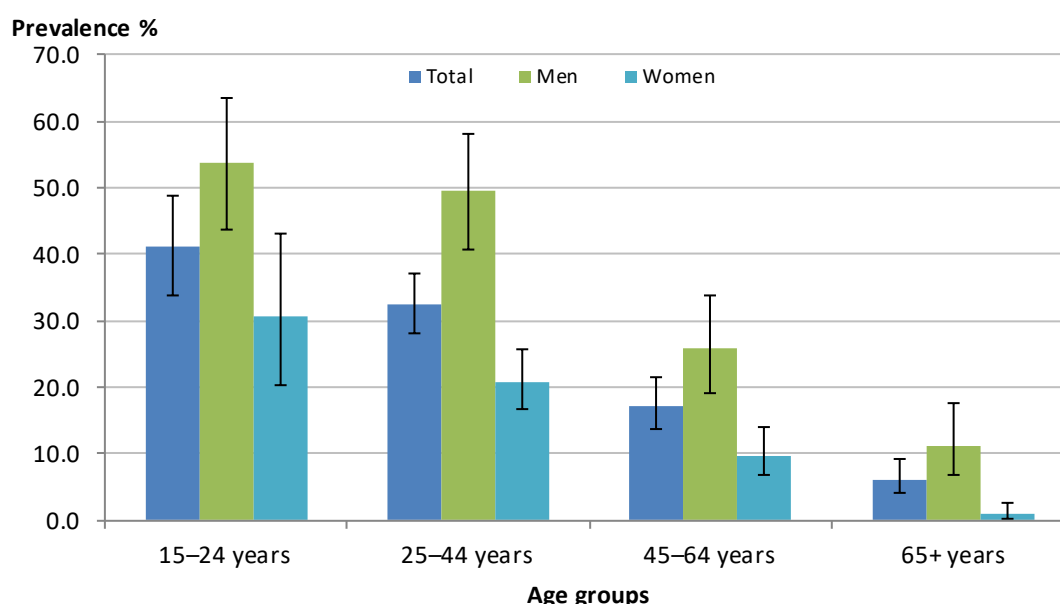


Table 3: Unadjusted prevalence (%), adults 15 years and over, Hawke's Bay DHB and New Zealand, 2011-14

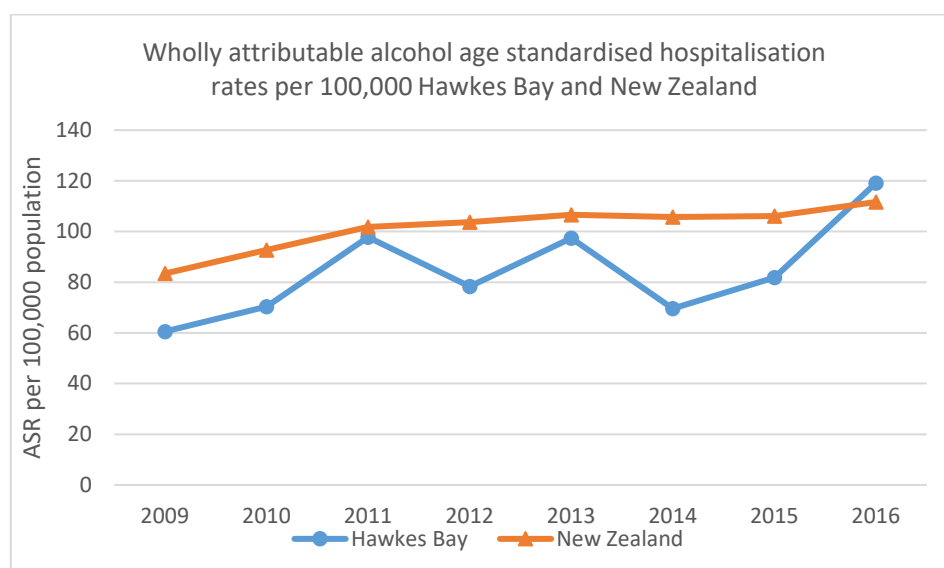
Age group	Total		Men		Women	
	Hawkes Bay	NZ	Hawkes Bay	NZ	Hawkes Bay	NZ
Total	23.0	15.5	33.0	22.0	14.8	9.5
15-24 years	41.1	25.6	53.9	30.9	30.6	20.0
25-44 years	32.5	20.3	49.5	29.1	20.8	12.1
45-64 years	17.3	11.4	25.8	17.2	9.8	5.9
65+ years	6.1	3.9	11.2	7.0	0.9	1.2

Sources: 2011/12, 2012/13 and 2013/14 New Zealand Health Survey

HEALTH ISSUES

Alcohol is a major cause of health issues in the Hawkes Bay region. The following Figures look at the hospitalisation rates relating to alcohol in Hawkes Bay and New Zealand. As shown in **Figure 5**, HB rates have increased 97% from 60.5 per 100,000 population in 2009 to 119.1 per 100,000 population in 2016. NZ rates in the same period have increased 33.8% from 83.4 per 100,000 in 2009 to 111.6 per 100,000 in 2016.

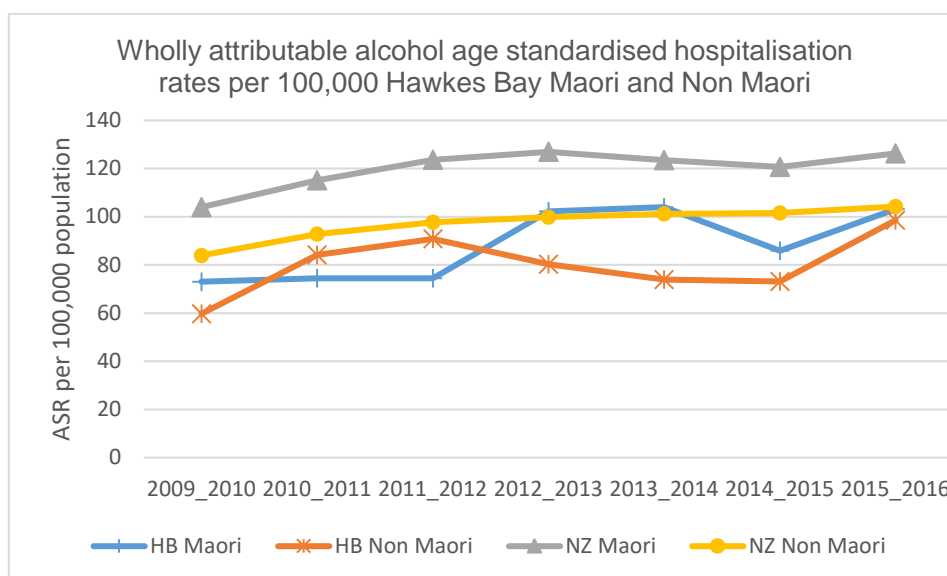
Figure 5 Alcohol specific wholly attributable alcohol hospitalisations



Source: Centre for Public Health Research, Massey University Environmental indicators programme 2018

As shown in **Figure 6**, HB Maori rates have increased 41% from 73 per 100,000 population in 2009/2010 to 103.1 per 100,000 in 2015/2016. HB Non Maori rates have increased 65% from 59.7 per 100,000 population to 98.5 per 100,000 in 2015/2016. Māori and non-Māori rates are not statistically significantly different.

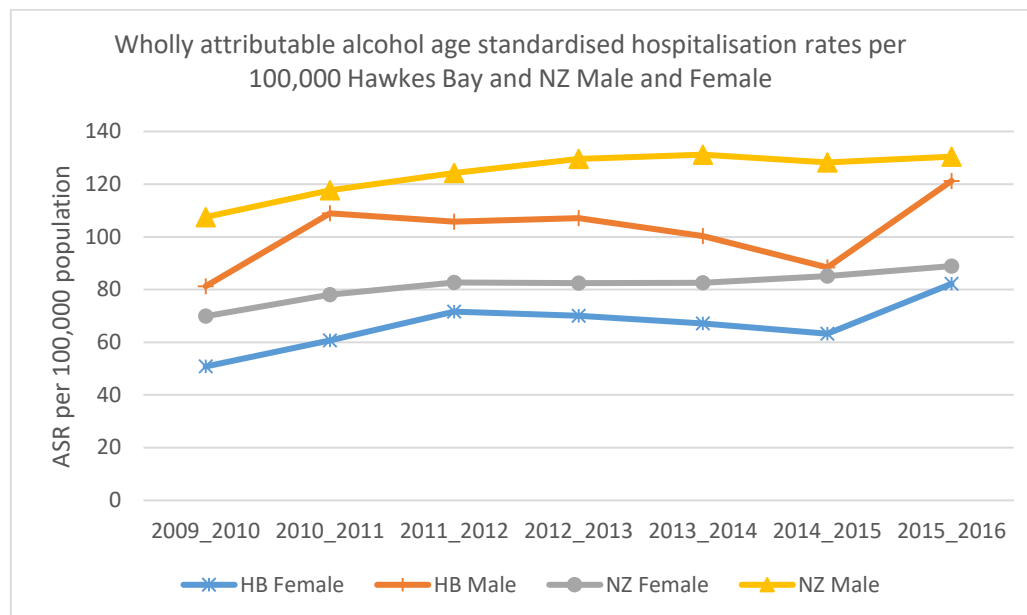
Figure 6: Wholly attributable alcohol hospitalisations ASR per 100,000 population



Source: Centre for Public Health Research, Massey University Environmental indicators programme 2018

As shown in **Figure 7**, Hawke's Bay male rates have increased 74% from 69.3 per 100,000 population in 2009/2010 to 121.3 per 100,000 in 2015/2016. New Zealand male rates increases 34 % in the same period. Hawke's Bay female rates have increased 61.7% from per 50.8 100,000 population to 82.2 per 100,000 in 2015/2016. New Zealand female rates increased 27% in the same period.

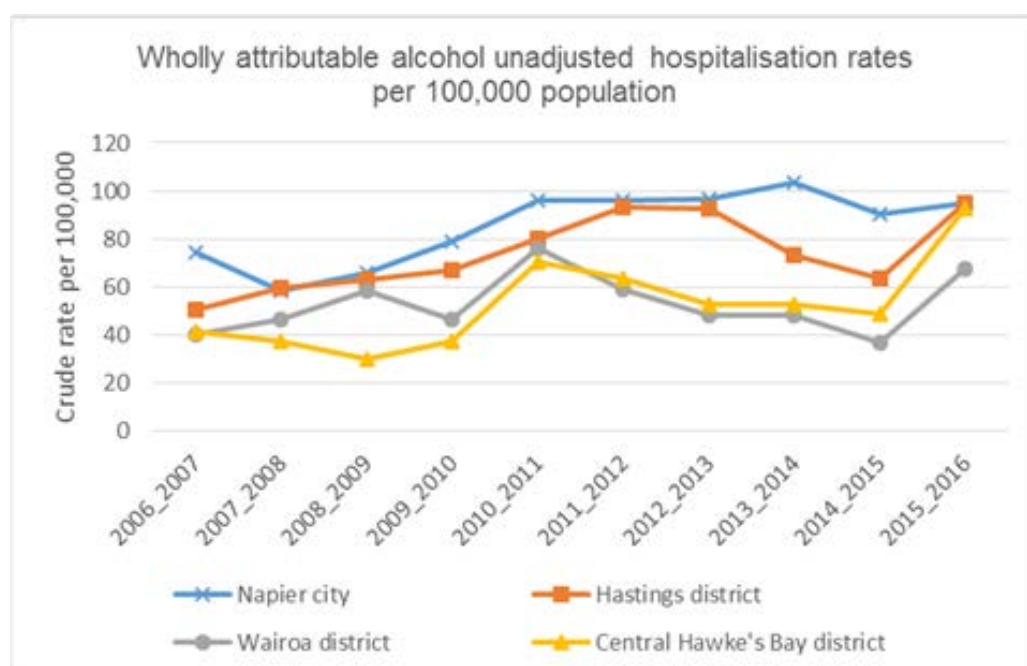
Figure 7: Alcohol specific wholly attributable to alcohol hospitalisations by gender



Source: Centre for Public Health Research, Massey University Environmental indicators programme 2018

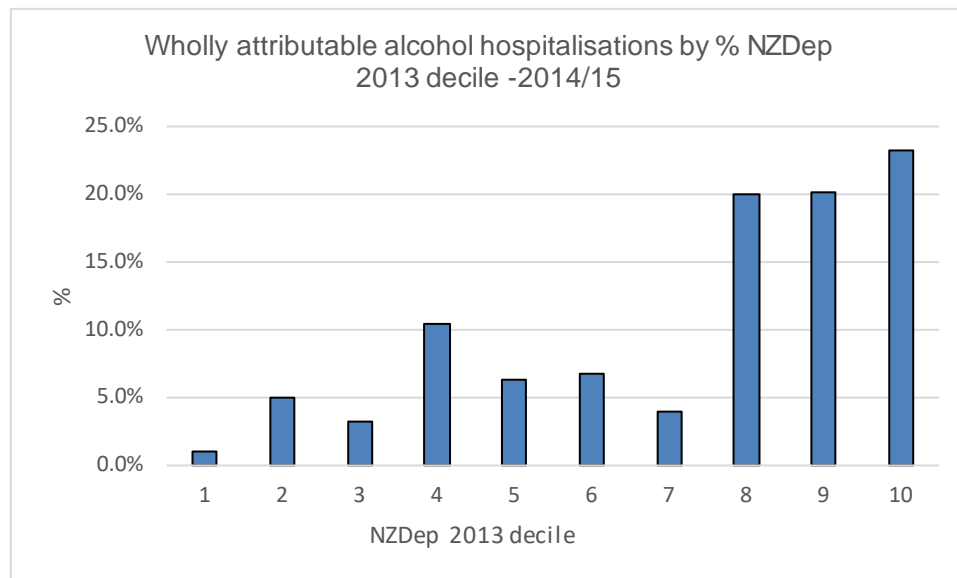
As shown in **Figure 8**, wholly attributable unadjusted (crude) alcohol hospitalisation rates in all TLA have increased in the 2 year period between 2014/2015 and 2015/2016. There is no statistical significance in rates between districts.

Figure 8: Alcohol specific wholly attributable to alcohol hospitalisations by district



As shown in **Figure 9**, alcohol specific hospitalisations in 2014/15 were predominantly (63.4%) residents from lower socio-economic areas 8, 9 and 10.

Figure 9: Wholly attributable alcohol hospitalisations by New Zealand Deprivation (2013)

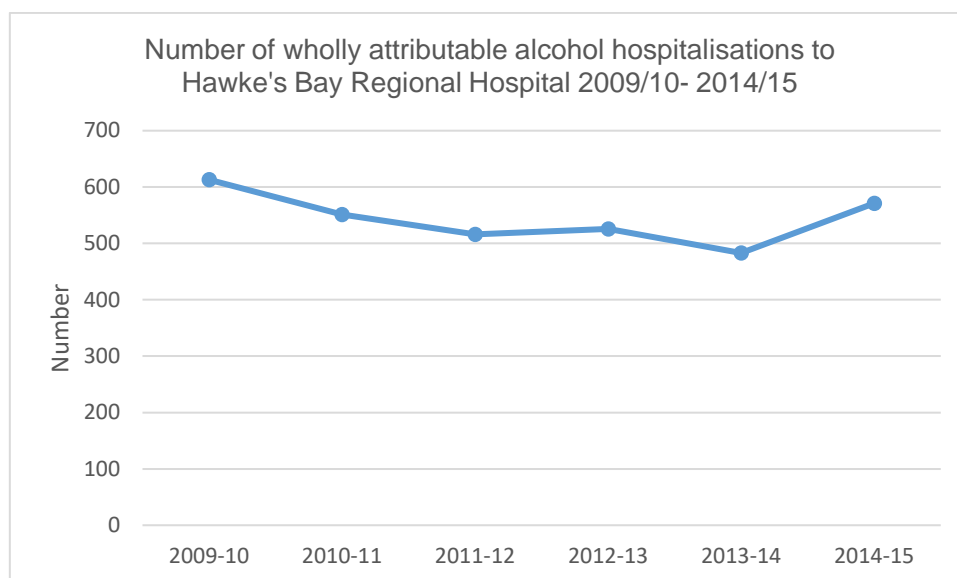


Source: HB DHB Data Warehouse 2016

The following analysis provides an indication of the resource used in relation to alcohol-related hospitalisations. This analysis includes hospitalisations for both Hawkes Bay domiciled residents and patients who usually live outside the Hawke's Bay DHB region.

As shown in **Figure 10**, numbers of alcohol related hospitalisations to the Hawke's Bay Regional Hospital have trended downwards until 2013/14. However numbers have increased 18.2 % in the 2014/15 year compared to the previous 2013/14 financial year.

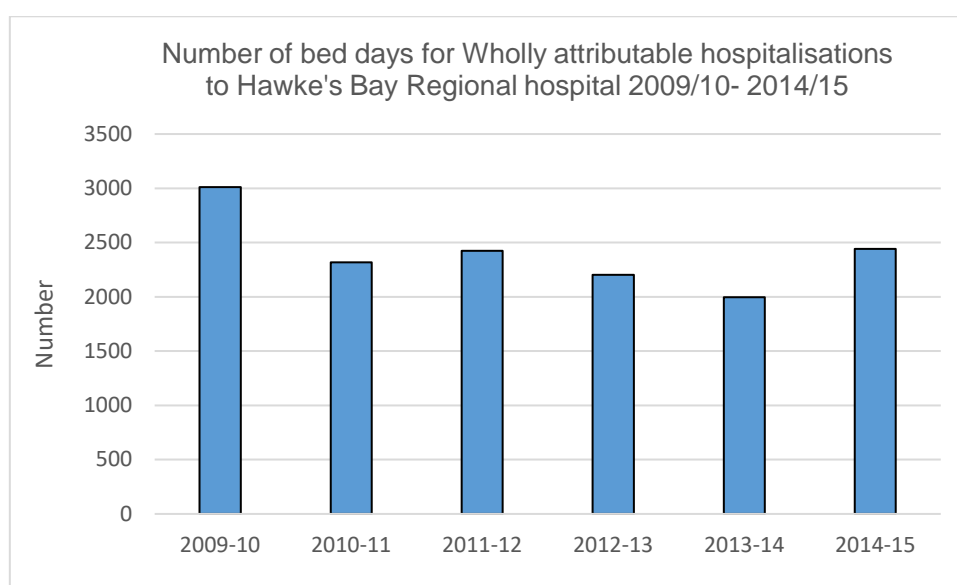
Figure 10: Number of alcohol related hospitalisations to Hawke's Bay Hospital



Source: HB DHB Data Warehouse 2016

As shown in **Figure 11**, the average days stay in hospital for a wholly attributable alcohol related hospitalisation is 4.2 days. In 2014/15 the total bed days for wholly attributable alcohol related hospitalisation was 2,441 bed days or 7 hospital beds every day. This total direct hospital cost for these admissions in 2014/15 was \$3,107,049 (This does not include ongoing outpatient and rehabilitation costs).

Figure 11: Number of bed days for wholly attributable hospitalisations to Hawkes Bay Hospital



The Ministry of Health confirmed that in 2014, the number of deaths directly attributable to alcohol was 185¹. However, none of these deaths were of people domiciled in the Wairoa District.

CRIME AND VIOLENCE

Alcohol is a leading cause of crime and violence in New Zealand. It has been estimated that 31% of all recorded crime is perpetrated by an individual who has consumed alcohol prior to offending. In the Wairoa community, such problems appear closely linked to the use of alcohol supplied from off-licensed premises. Local Police are concerned with the high incidence of 'shed parties' being held by various community members who have made a habit of drinking socially at home. These events have become a popular option for some households, and it is thought that Wairoa's lack of nightlife activity is a contributing factor.

Unfortunately, these 'shed party' events are not restricted to weekends, and often occur during the week. Police report that these occasions cause problems. They result in instances of family violence, assaults, drink driving and arrests. The after-effects mean that on the following day children may be absent from school, and parents may be absent from work, which in turn creates further issues due to a lack of income.

On other occasions, Police have been called in as a result of violence which has occurred because of issues caused indirectly by alcohol. This includes situations where, for example an argument has arisen over misspent money, which was intended for essential household items or bills, but which has been spent on

¹ The age standardised rate (to the WHO standard population) of these deaths was 3.0 per 100,000.

alcohol. Other problems arise where, for example a person's drunk actions at a party has created awkward or challenging situations in family or social relationships.

Research from the Women's Health Action Trust has found that the harmful effect of alcohol on women have increased, and that in almost no areas is alcohol-related harm have reduced. The harms include "financial vulnerability, diminished physical and mental health, an increase in the severity and prevalence of violence directed at them, compromised parenting, family breakdown and erosion of cultural values and wellbeing". Women experience these harms from their own drinking, and from the drinking of others (Women's Health Action Trust, 2014, p. 6).

Wairoa Police and members from local Family Violence intervention agencies meet every week to discuss family harm incidents and call outs that have been attended by Police. The agencies and local representatives involved include DHB, Kahungunu Executive, local midwives, Wairoa Youth Services Trust, Child Youth & Family Services, Police, social workers, and health professionals.

The group discusses seven to 10 cases a week, the majority of which involve alcohol, where one or more of the persons involved had been drinking. These numbers are usually consistent across the year (Wairoa Safe Communities, 2016). These agencies can refer those requiring help on to an alcohol counselling service, but it is up to the individuals to accept help.

The majority of crime-related issues are not linked to the use of alcohol supplied from on-licensed premises. Police report that host responsibility at local bars, restaurants and cafes is very good. While historically, it was acceptable to be "rolling drunk" in the pub, "there is now no tolerance" for this behaviour. "Good host responsibility means that no one is really wasted [on site] these days". Local "hosts also have good methods in place to help prevent drink driving. These include having available sober-driving transport vans which are used to escort patrons home." Also "it's a small town, so the friends of those drinking can be called and asked to come down and pick up their friends" who have been drinking.

In Hawkes Bay, alcohol related offences are more likely to be committed by young people aged 17-25 years. Around 70-90% of all weekend crime is alcohol related (Napier City Council, Hastings City Council, 2013).

ROAD TRAFFIC ACCIDENTS

Alcohol affects the way people drive. Studies show that the risk of being involved in a crash increases rapidly as a driver's blood alcohol level rises (New Zealand Transport Agency, 2010, p. 6).

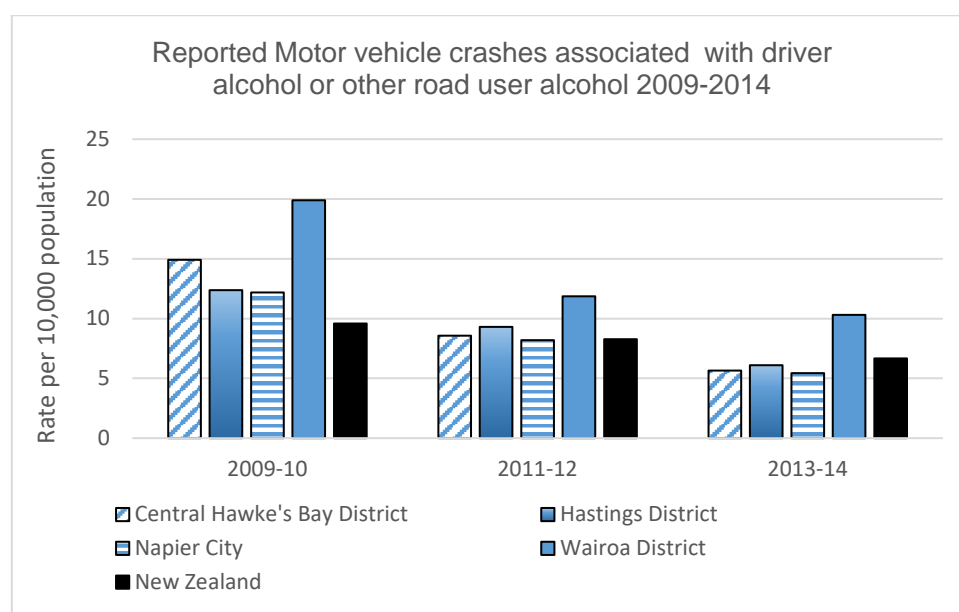
Road traffic accidents make up a major component of alcohol-related unintentional injuries, and a causal relationship between alcohol and road traffic injuries has been identified (Research New Zealand, 2012, p. 6). At 80mg of alcohol per 100ml of blood, a driver is about sixteen times as likely to be involved in a fatal crash as the same driver with a zero blood alcohol level (Ministry of Transport, 2017). As crash severity increases, so does the contribution of alcohol/drugs.

In New Zealand over the years 2014–2016, alcohol/drugs were a factor in 29 percent of fatal crashes, 14 percent of serious injury crashes and 10 percent of minor injury crashes. During 2016, driver alcohol/drugs were a contributing factor in 80 fatal traffic crashes, 144 serious injury crashes and 479 minor injury crashes. These crashes resulted in 89 deaths, 189 serious injuries and 674 minor injuries. The total social cost of

crashes involving alcohol/drugs was about \$564 million; 14 percent of the social cost associated with all injury crashes (Ministry of Transport, 2017).

Local Police report that drink driving is a serious issue in Wairoa. As shown in **Figure 12**, the rates of motor vehicle crashes associated with driver alcohol or other road user alcohol are **highest** in Wairoa District. However rates dropped in all districts between 2009-10 and 2013-14. Despite the drop in rates across all districts in Hawke's Bay, Wairoa District alcohol related motor vehicle crash rates remained **higher than national rates** in all 3 periods (Hawkes Bay District Health Board, 2017).

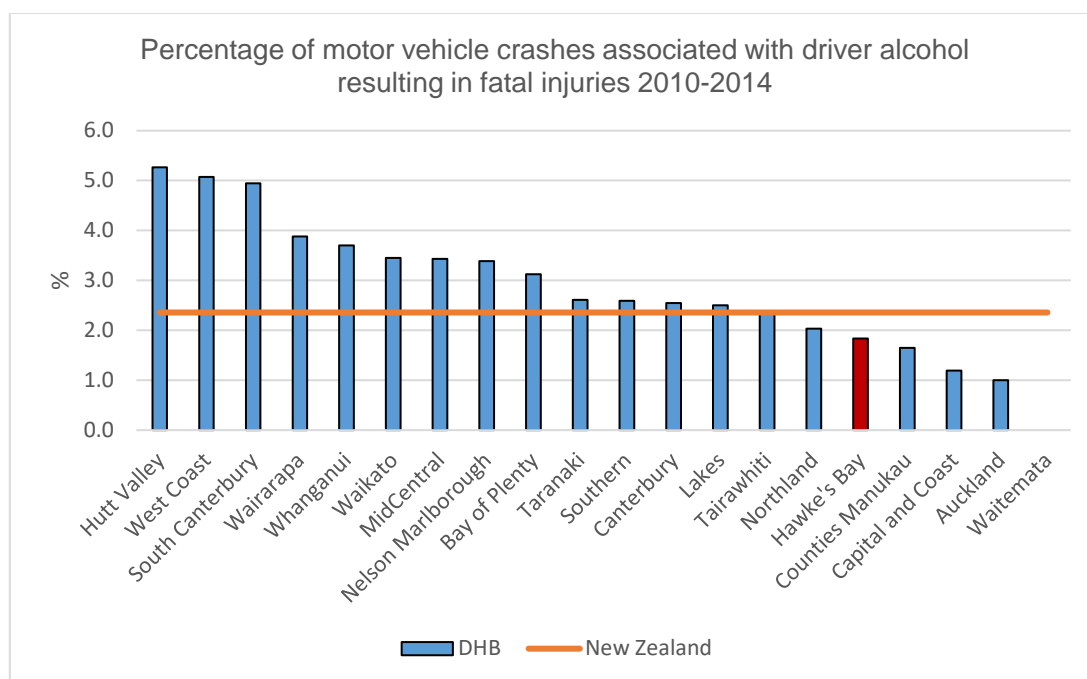
Figure 12: Reported motor vehicle crashes associated with driver alcohol



Source: Environment Health Indicators NZ programme, Massey University – Wellington (Provisional)

As shown in **Figure 13**, the percentage of alcohol related vehicle crashes resulting in fatal injuries dropped from 2.3 % in 2009-11 to 2.1 % in 2012-14. Hawke's Bay has one of the lowest percentage of alcohol related vehicle crashes that are fatal in New Zealand (Hawkes Bay District Health Board, 2017).

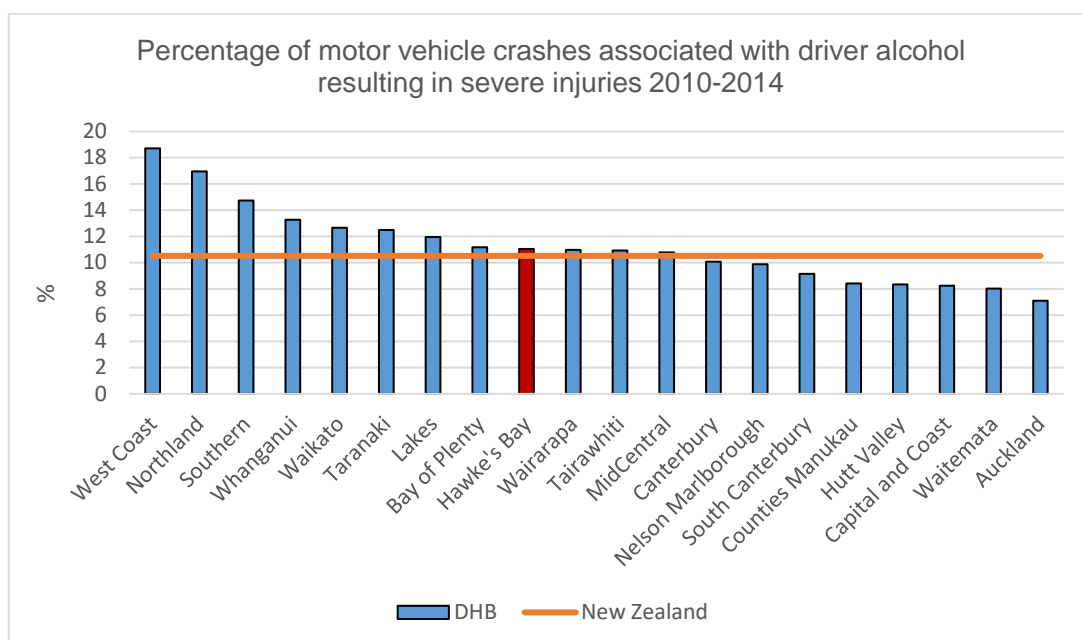
Figure 13: Motor vehicle crashes associated with driver alcohol resulting in fatal injuries



Source: Environment Health Indicators NZ programme, Massey University – Wellington (Provisional)

As shown in **Figure 14**, the % of alcohol related crashes resulting in severe injuries have increased from 6.2 % in 2009-11 to 11.3 % in 2012-2014 (Hawkes Bay District Health Board, 2017).

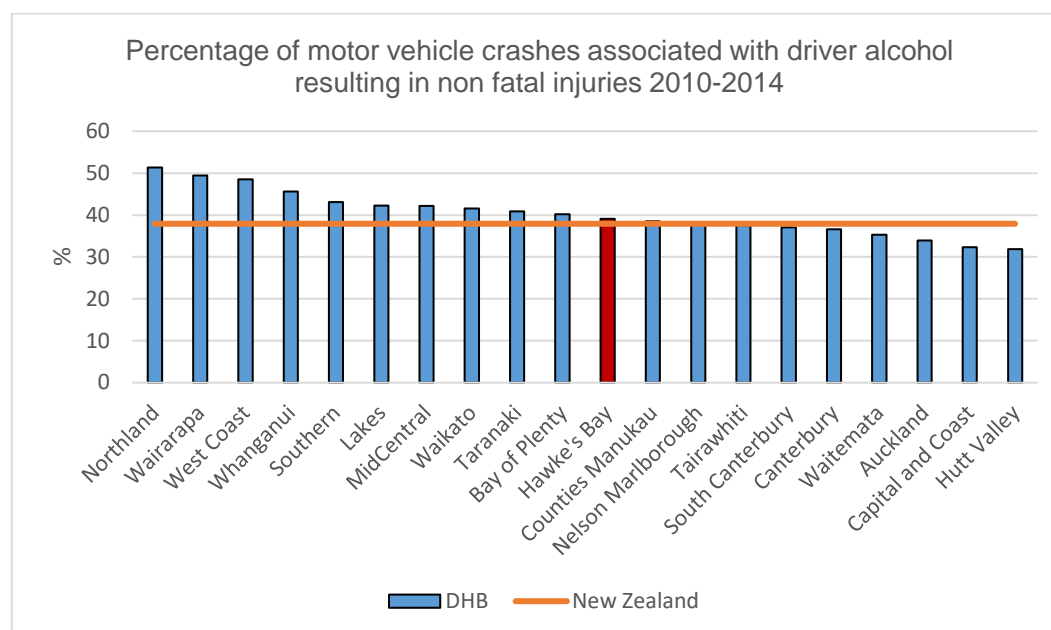
Figure 14: Motor vehicle crashes associated with driver alcohol resulting in severe injuries



Source: Environment Health Indicators NZ programme, Massey University – Wellington (Provisional)

As shown in **Figure 15**, the proportion of non-fatal injury alcohol crashes have increased from 36 % in 2009-2011 to 43 % in 2012-2014. In the 5 year period 2010-2014 Hawke's Bay has slightly higher rates than New Zealand for alcohol related crashes resulting in non-fatal injuries (Hawkes Bay District Health Board, 2017).

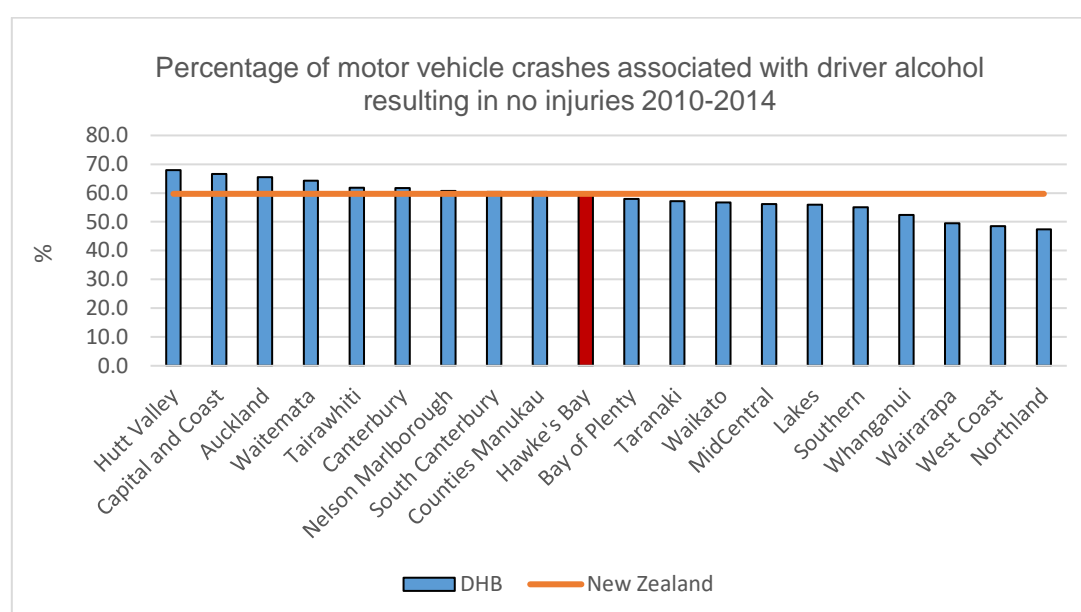
Figure 15: Motor vehicle crashes associated with driver alcohol resulting in non-fatal injuries



Source: Environment Health Indicators NZ programme, Massey University – Wellington (Provisional)

As shown in **Figure 16**, the percentage of alcohol related crashes that do not result in an injury have dropped from 57.5% in 2009-2011 to 48.9 % in 2012-2014. Over the 5 year period 2001-2014 Hawke's Bay had rates the same as national rates for the percentage of alcohol related crashes which had no injuries (Hawkes Bay District Health Board, 2017).

Figure 16: Motor vehicle crashes associated with driver alcohol resulting in no injuries



Source: Environment Health Indicators NZ programme, Massey University – Wellington (Provisional)

3.0 CONSUMPTION BEHAVIOUR

High doses of alcohol can result in alcohol-related harms. These harms are varied, and include injuries, health issues, violence and assaults, and motor vehicle accidents. This section looks at the types of consumption behaviour and what evidence there is for this behaviour in our community.

The Health Promotion Agency (HPA) report entitled *Attitudes and Behaviour towards Alcohol Survey 2013/2014 to 2015/2016: Hawke's Bay Regional Analysis (ABAS)* (2017) presents descriptive results from the 2013/14, 2014/15 and 2015/16 surveys about alcohol-related behaviours, attitudes and experiences of people aged 15 years and over living in the Hawkes Bay region, and compares these to New Zealand as a whole.

ALCOHOL CONSUMPTION

The survey found that the majority (75%) of respondents aged 15 years and over in the Hawke's Bay region had consumed alcohol in the last year. Sixty-four percent of those living in the Hawke's Bay region reported consuming alcohol in the last four weeks. This was similar to the rest of New Zealand (62%). There were no significant differences for Hawke's Bay respondents across the three survey years.

RISKY DRINKING

In the survey, the HPA defined "risky drinking" as seven or more drinks on any one occasion in the last four weeks for those aged 18 years and over, and five or more drinks on any one occasion in the last four weeks for those aged 15 to 17 years. One-third (33%) of Hawke's Bay respondents who had consumed alcohol in the past four weeks reported risky drinking behaviour, significantly higher than the rest of New Zealand (27%). Risky drinking behaviour increased significantly from 2013/14 (22%) to 2015/16 (41%).

EXPERIENCES WITH ALCOHOL

The respondents who reported drinking alcohol in the last four weeks were asked if they had personally experienced any of a range of consequences after drinking. The most common experiences reported by Hawke's Bay respondents were "feeling good, happy or relaxed" (90%) and "was able to de-stress, wind down" (76%). A significantly greater percentage of Hawke's Bay respondents reported these experiences, compared with the rest of New Zealand (83% and 70%, respectively).

Experiences were categorised as harmful where they may potentially result in harmful physical, social or emotional outcomes. Twenty-one percent of Hawke's Bay respondents reported having at least one harmful experience from drinking alcohol in the last four weeks. This was similar to the rest of New Zealand (20%). For Hawke's Bay respondents, the most common harmful experiences were described as occasions in which they had "spent too much money on alcohol" (11%), "drove a vehicle while being unsure of how much you were under the influence of alcohol" (4%) and "injured yourself accidentally" (4%). These experiences were not significantly different from the rest of New Zealand. In 2015/16, a significantly greater percentage of Hawke's Bay respondents reported that they had "gotten drunk or intoxicated" (24%), compared with 2013/14 (10%).

TYPES OF DRINKS CONSUMED

The respondents who had consumed two or more drinks on any one occasion in the last three months were also asked about the type(s) of drink they had consumed at their last drinking occasion. The most frequently reported types of alcohol consumed by Hawke's Bay drinkers were beer, wine or sparkling wine, and spirits.

There were no significant differences in the types of alcohol consumed compared with the rest of New Zealand. Across the three survey years, there were significant differences in the types of drinks consumed at the last drinking occasion. Significantly more respondents reported drinking cider on the last occasion, while significantly fewer respondents reported drinking wine in 2015/16 compared with 2013/14.

Based on observations, local Police report that the most popular types of alcoholic beverages being consumed in our community are beer and ready-mixed drinks, such as Bourbon & Cola.

ATTITUDES TO DRINKING

All respondents were asked for their level of agreement with the statement "Binge drinking is part of kiwi culture". No definition was provided for "binge drinking"; respondents defined this for themselves. The responses to this statement used a 5-point scale from 'strongly agree' to 'strongly disagree'.

Fifty-three percent of Hawke's Bay respondents agreed or strongly agreed that 'binge drinking is part of kiwi culture'. There were no significant differences in level of agreement between those in the Hawke's Bay and the rest of New Zealand, or across the three survey years for Hawke's Bay respondents.

PURCHASE LOCATIONS

The respondents who reported having purchased alcohol in the last four weeks were asked where they had purchased alcohol. For Hawke's Bay respondents, the supermarket, bottle or liquor store and restaurant/café were the most frequently reported places to purchase alcohol.

There were some significant differences in purchasing locations in the last four weeks between Hawke's Bay respondents and those in the rest of New Zealand:

- A greater proportion of Hawke's Bay respondents purchased alcohol at bottle or liquor stores (54%) and at vineyards (13%), compared with the rest of New Zealand (46% purchased at bottle or liquor stores; 4% at vineyards).
- A smaller proportion of Hawke's Bay respondents purchased alcohol from a bar/nightclub (17%), compared with the rest of New Zealand (23%).

For the most frequently reported locations where alcohol was purchased, there were no significant differences across the three survey years for Hawke's Bay respondents.

THE BENEFITS OF ALCOHOL

Alcohol is a commodity that brings significant benefits to individuals, private entities, government and the economy as a whole. Its production generates considerable economic activity.

For example, New Zealand wine continues to perform strongly on the global stage (New Zealand Wine Growers, 2017). In fact, our wine now stands as our nation's fifth largest export good. Wine exports to the USA have passed the \$500 million mark, and our wine has become the third most valuable wine import into the USA (New Zealand Wine Growers, 2017, p. 3). Hawkes Bay, of which Wairoa is a part, is New Zealand's second-largest wine region.

Outside wine, the New Zealand beverage sector is primarily focused on production for domestic consumption; however, exports are growing (Coriolis, 2014). New Zealand is a minor beer exporter, and imports more beer than it exports, however, after a long period of flat exports, beer exports have started growing (Coriolis, 2014).

Recently the cider industry in New Zealand experienced strong growth, both for domestic consumption and export. Exports have shown strong growth over the past decade, almost exclusively to Australia (96%) (Coriolis, 2014).

Alcohol also generates revenue for the Government. Alcohol excise tax provides the New Zealand Government with revenue and so may slightly off-set the need for higher levels of other taxes. The most significant benefits to society are likely the pleasure to users and economic benefits (largely to industry) (Wilson, Gunasekara, & Thomson, 2011).

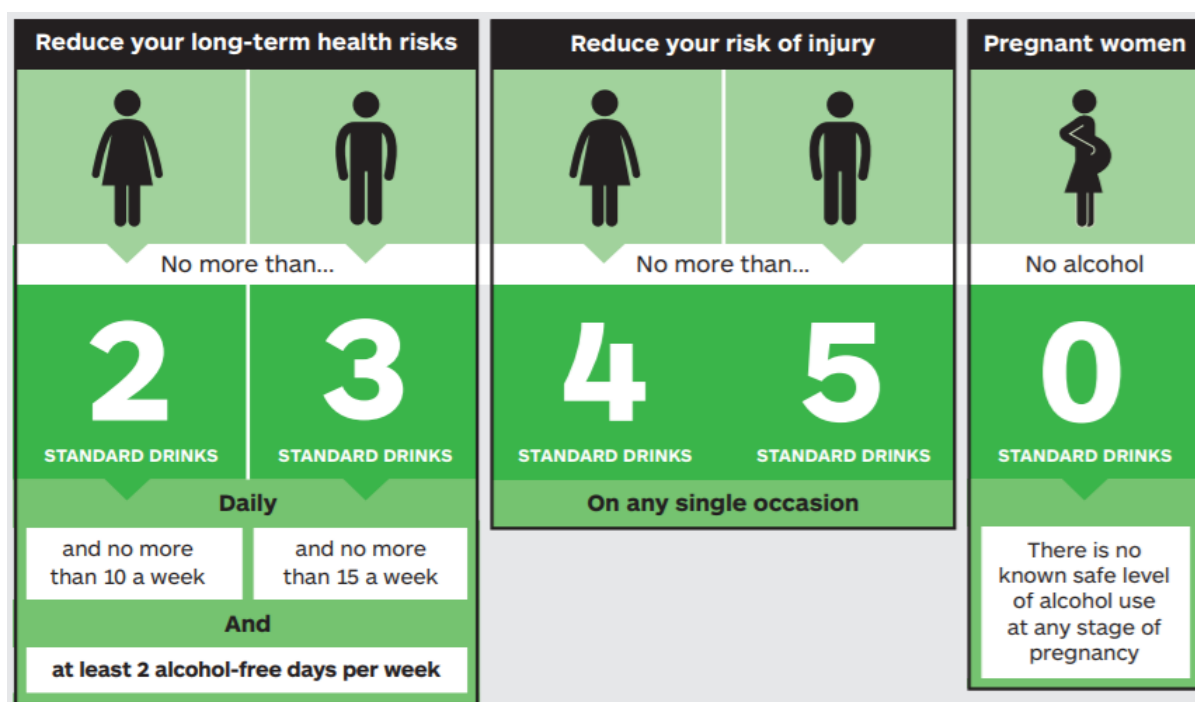
Domestically, the sale of alcohol is big business. There are economic benefits to alcohol producers and retailers. It provides employment in bars, restaurants, clubs and liquor stores throughout the country. The local alcohol industry contributes to our local Wairoa economy and supports a number of jobs. There is also the benefit to tourism from the contribution of alcohol to local cuisine.

There are also social benefits to alcohol consumption. When consumed safely and in moderation, alcohol can add to the enjoyment of an event or social gathering with minimal harmful effects. For many, drinking is a form of relaxation. It is also associated with various customary celebrations, events and uses (Porirua City Council, 2013).

There is some evidence to suggest that alcohol can have some benefits to health, such as reducing risk of heart disease in older people. But it is difficult to attribute these benefits directly or solely to alcohol consumption due to other confounding factors (Health Promotion Agency, n.d.).

The pleasure alcohol brings to consumers can relate to the taste of the beverage, the impact of alcohol on food enjoyment, and its pharmacological effects (Wilson, Gunasekara, & Thomson, 2011). **Figure 17** illustrates how alcohol can be enjoyed in a low-risk manner.

Figure 17: Low-risk alcohol drinking advice



Sourced from the Health Promotion Agency (2018)

4.0 OUR COMMUNITY

Wairoa's demographic and economic profile and how the people of Wairoa feel about alcohol, what controls current exist to manage alcohol, and how the development of an LAP relates to community outcomes.

LICENSES

In the Wairoa District, there are 10 off-licensed premises, 10 on-licensed premises and six club licenses. There have been no new off-license outlets established within Wairoa for a number of years. However, one of the two local supermarkets closed within the past couple of years, which reduced the number of off-license outlets and the level of community exposure to alcohol retail sale.

The nature of alcohol consumption and licensed premises in Wairoa has undergone change in recent years. It has been noted that the number of on-licensed premises like taverns have reduced, and the number of on-licensed premises that serve alcohol with food has increased.

Results from a recent Community Alcohol Survey show that the majority of people in our Wairoa community want fewer bottle stores. They feel that off-licensed premises, specifically bottle stores, have the greatest impact on alcohol harm in the District.

Interestingly, the Law Commission's 2010 Public Consultation identified "strong support for halting ...licenses – particularly off-licenses. The reasons most commonly cited...were the impact...liquor stores has on low socio-economic and vulnerable communities, ...[the outlets'] facilitated supply to young people,...[and] the negative impacts...on the amenity values of neighbourhoods, including increased rates

of offending, vandalism, disorderly and offensive behaviour” (Law Commission New Zealand, 2010, p. 48). This aligns with the views of Wairoa Police concerning their experiences of local mid-week ‘shed parties’ and the resulting harms.

NUMBER OF LICENSES

Number	Licence	Description
10	Off Licensed Premises	Bottle stores, supermarket, taverns
10	On Licensed Premises	Cafes, restaurants, bars, taverns
6	Club Licences	Sports clubs
26	Total Licences*	All types of Licence

* As at February 2018

The table does not include information about special licences.

LICENSED HOURS FOR OFF-LICENSED PREMISES

Licensed premises in the Wairoa District generally have earlier closing hours than the default hours permitted under the Act.

Premises	Days	Times
Wairoa Club Inc	Monday – Sunday	9am – 1am
Clyde Hotel	Monday – Sunday	10am – 11pm
Ferry Hotel	Sunday – Wednesday Thursday – Saturday	10am – 11pm 9am – 11pm
Frasertown Tavern	Monday – Sunday	10am – 11pm
Mahia Beach Store	Monday – Sunday	8am – 9pm
Wairoa Wines & Spirits	Monday – Sunday	8am – 11pm
Steeds Convenience Store	Monday – Sunday	7am – 9pm
Sunset Point Tavern Ltd	Monday – Sunday	9am – 11pm
Wairoa New World	Monday – Sunday	7am – 9pm
Bottle O Wairoa	Monday – Sunday	8am – 10pm

LICENSED HOURS FOR ON-LICENSED PREMISES

Premises	Days	Times
Clyde Hotel	Monday – Sunday	9am – 2am
Vista Motor Lodge	Monday – Sunday	9am – 2am
Ferry Hotel	Sunday – Wednesday Thursday – Saturday	10am – 12am 10am – 2am
Rangers Café & Bar	Monday – Friday	11am – 10pm
Frasertown Tavern	Monday – Sunday	10am – 2am
Rocket Café	Monday – Sunday	10am – 10pm
The Beach Café	Monday – Sunday	12pm – 9pm

Sunset Point Tavern Ltd	Sunday – Thursday Friday – Saturday	9am – 12am 9am – 1am
2ate7 Café & Motel	Monday – Sunday	10am – 12am
Gaiety Theatre Complex	Sunday – Thursday Friday – Saturday	9am – 11pm 9am – 1am

CLUB LICENSES

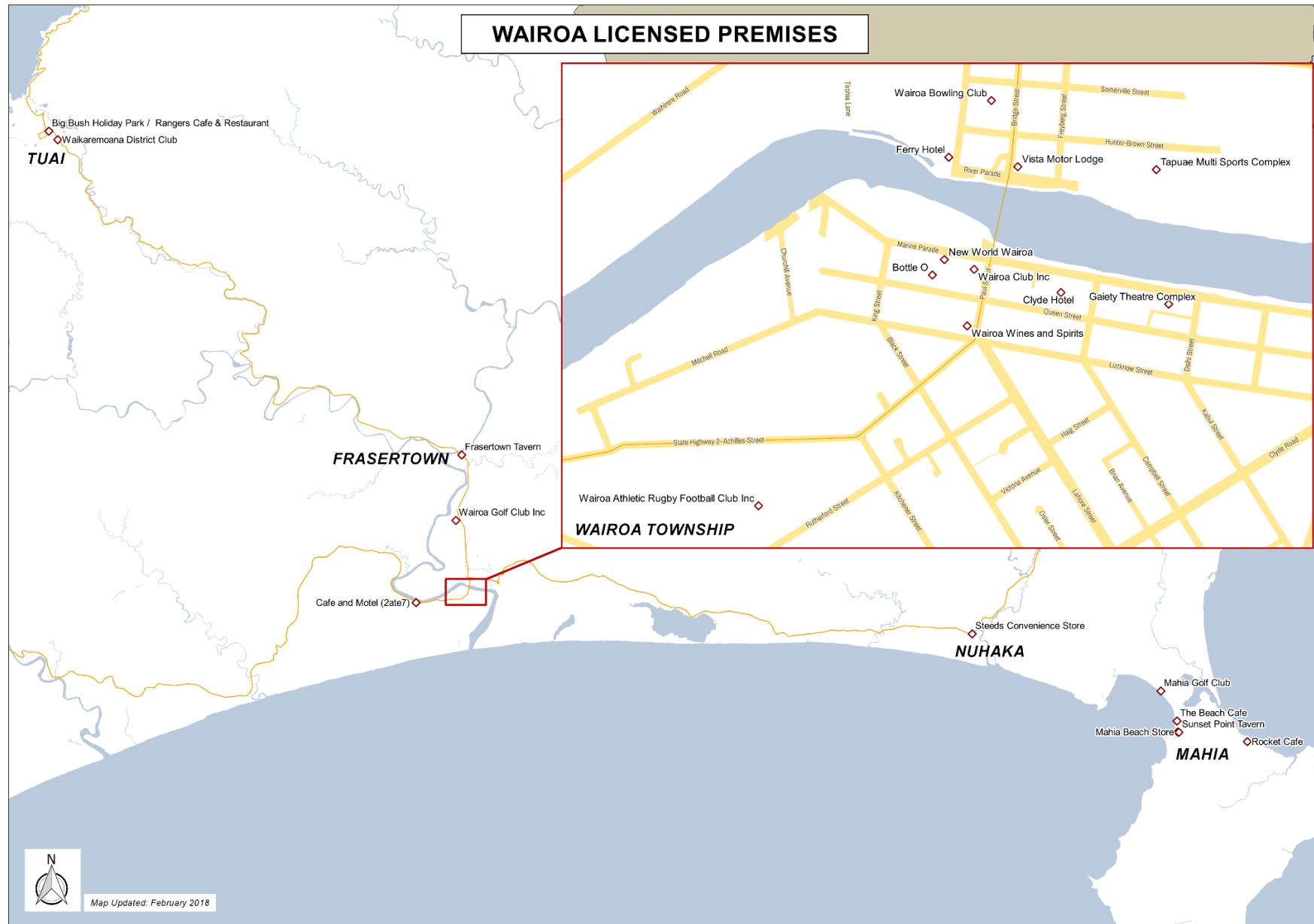
Premises	Days	Times
Wairoa Club Inc	Monday – Sunday	9am – 1am
Wairoa Bowling Club	Monday – Sunday	8am – 12am
Wairoa Golf Club	Monday – Sunday	8am – 12am
Mahia Golf Club	Monday – Sunday	9am – 12pm
Wairoa Athletic Rugby	Sunday – Thursday Friday – Saturday	9am – 11pm 9am – 1am
Tapuae Multi Sports Complex	Monday – Thursday Friday – Saturday	4pm – 10pm 2pm – 1am

SPECIAL LICENSES

In the three year period from Jan 1, 2015 – Jan 1, 2018 a total of 67 special licences were issued. These licences covered a mixture of events, including special events, dog trials and sporting events.

Figure 18 provides a map to show the location of all licensed premises within the Wairoa District as of 2018.

Figure 18: Map of licensed premises in Wairoa



DEMOGRAPHICS

The demographic and economic profile of our Wairoa community including population, households and affordability.

POPULATION AND HOUSEHOLDS

Wairoa District is home to 8,210 people. Population decline in the area slowed noticeably during the 2014-2016 interval, and the latest estimates show that the district's population increased by 50 or 0.6% during the year to June 2017.

The Wairoa district accounts for 5% of the total Hawke's Bay population. The population growth result over the latest year compares to the total regional growth figure of 1.5%. The median age of the Wairoa population compares with the current Hawke's Bay figure of approximately 41 years whilst the district's Maori community share of the total population is more than double the regional proportion.

The age-groups that have recorded strongest population growth in the district since 2001 are, in order, 65+ years, 60-64 years and 50-59 years. The 30-39, 40-49 and 0-14 year age-groups have recorded the largest population declines. The median age of the total district population has been increasing gradually over time and currently stands at 38.7 years (compared with 37.7 years in 2013).

The actual total number of households in the district at the present time is estimated at 3,210. The total number of households in Wairoa district in June this year is projected to be in the range 3,120 (Low projection) to 3,280 (High projection), with a Medium or 'middle of the road' projection of 3,200 households.

Family based households comprise 68% of all households in the district and one-person households 31%. 'Couple without children' families account for 41% of all resident families, two-parent families 32% and one-parent families the balance of 27%. The total number of businesses/organisations in the district comprise primary production 42%, secondary industry 7% and service industries 51%.

Average household occupancy (average number of persons per household) in the area has continued to fall, from a level of 2.72 (persons per household) to 2.56 this year. As with the rest of New Zealand, this trend is the result of an increasing proportion of single-person households in the district and a decline in the average size of family based households.

ECONOMY AND DEMOGRAPHY

The economic growth in Wairoa has fluctuated over the period but has averaged out at an underlying annual (growth) rate of 0.82%. This compares with the respective Hawke's Bay region and national growth rates of 1.66% and 2.54%.

It is noted that the GDP² per capita or per person in the district has increased at an average annual rate of 1.8% since year 2000, with the value in 2017 (\$35,172) being over 30% up on the year 2000 figure. Total employment in the district was relatively stable around the 3,500 mark during the 2000-2011 period. It then fell during the following two years but recovered sharply over the 2013-2015 interval. Since then employment in the area has fallen significantly down to around the 3,355 mark.

² GDP per capita is a formal economic measure of the average standard of living of the residents of an area (in terms of access to goods and services).

The average full/part time employee size of businesses in the district is 3.3, with the processing / manufacturing sector figure being 43.3. The primary production and processing sector accounts for 56% of total industry GDP and employment in the district. . In March last year, the annualised Wairoa unemployment rate stood at an estimated 13.5%, compared to the overall Hawke's Bay-Gisborne figure of 6.8%.

Table 4 below summarises the current demographic and economic situation in the Wairoa district, in terms of a range of local indicators. For a number of the indicators listed in the table, comparative Hawke's Bay region-level results are also provided.

Table 4: Wairoa District Key Demographic and Economic Indicator Results 2016/17 Year

Indicator	Result 2016/17
Estimated Resident Population	8,210
Annual Population Growth %	0.6
15+ Working-Age Population	6,240
65+ Age-Group Population	1,440
Median Age (Years)	38.7
% Maori Population	54.0
Households	3,210
Average Household Occupancy (Persons Per Household)	2.56
Total Business Numbers	940
Leading Industries' Direct Contribution to Total Industry GDP \$M:	
Agriculture & Forestry/Logging	107
Processing & Manufacturing	42
Health Social & Education/Training Services	31
Business & Professional Services	26
Construction & Utility Services	21
Total Direct Visitor Spend \$M	17
Total Real GDP \$M	287
Real GDP Per Capita \$	\$35,172
Total Employment	3,355
Leading Industry Contributions to Employment:	
Processing/Manufacturing	943
Pastoral farming	881
Education and Training	343
Health & Social Assistance	293
Retailing	186
Estimated Total Unemployment	525
Estimated Unemployment Rate %	13.5
Number of Residents Receiving Job Seeker Support Benefit	728

AFFORDABILITY

This section reports on the relative ‘affordability’/‘ability to pay’ situation of the Wairoa district community. These related terms basically refer to the financial capability of individual Wairoa district residents, groups of residents or the community as a whole, to meet their financial obligations on a sustainable basis.

Table 5 provides comparative results for the Wairoa district/Hawke’s Bay region/New Zealand, for a range of demographic, income and economic indicators that are considered to have a significant potential influence on the level of affordability/‘ability to pay’ in the above areas. The Wairoa district faces a significantly higher ‘ability to pay’ challenge than for the Hawke’s Bay region as a whole and nationally, in respect of many of the listed factors. The average standard of living (or GDP per person) in the district is only slightly behind the overall regional figure but noticeably below the national level. However, average labour productivity in the Wairoa area is noticeably higher than the regional result but less than the national figure.

The Deprivation Index is a measure of socio-economic deprivation within local authority districts of the country. It measures the relative deficit of income, employment, communications, transport, support, qualifications, home ownership and living space in homes, in local areas. The results in **Table 5** show a significant orientation within the Wairoa area towards the more deprived end of the deprivation scale and a significantly greater level of overall deprivation for the district than at the regional and national levels.

Table 5: Wairoa District Affordability/ Ability to Pay Indicator Results 2013-2018

Indicator	Indicator Year	Area		
		Wairoa District	HB Region	NZ
Demographic				
% Two-parent families with children	Projected 2018	40.9	34.2	39.0
% One-parent families with children	Projected 2018	27.3	21.1	17.8
% Households with families	Projected 2018	65.6	69.5	71.5
% Single-person households	Projected 2018	31.3	27.4	24.4
% of Residents Aged 65+	Projected 2018	17.3	18.8	15.4
% of residents in own housing	2013 Census	45.6	53.4	49.8
% of residents in rented housing	2013 Census	54.4	46.6	50.2
Economic				
% No formal education qualification	2013 Census	37.3	26.5	20.9
% Level 1-6 certificate/diploma	2013 Census	53.4	55.6	52.3
% University based qualification	2013 Census	7.2	13.7	20.0
% Workforce in professional occupations	2013 Census	12.4	18.7	22.5
% Workforce in labouring occupations	2013 Census	31.8	18.1	11.1
% Workforce in lowest 3 Earnings Industries	2016	35.5	26.8	21.3
% Workforce in highest 3 Earnings Industries	2016	12.7	15.3	19.8

% Labour force unemployed	2017	13.5	6.8	5.0
% Working-age population employed	2017	69.9	64.0	66.7
Real GDP per person (standard of living) \$	2016	35,172	37,175	46,605
Real GDP per employee (labour productivity) \$	2016	85,545	75,195	89,364
Income				
Median annual earnings \$	2016	45,080	46,980	51,570
Median personal income \$	2013 Census	21,900	26,100	28,500
Median family income \$	2013 Census	49,000	62,800	72,700
Median household income \$	2013 Census	42,400	53,200	63,800
% Income earners receiving benefits	2013 Census	27.2	19.5	21.8
% Wage and salary earners	2013 Census	52.5	56.7	56.7
% Self-employed or in business	2013 Census	13.5	14.6	16.7
Deprivation Index				
% of population living in:	2013 Census			
Quintile 1 (least deprived group)	2013 Census	0	15	20
Quintile 2	2013 Census	1	14	20
Quintile 3	2013 Census	12	20	20
Quintile 4	2013 Census	23	24	20
Quintile 5 (most deprived group)	2013 Census	64	27	20

Table 6 indicates the comparative annual personal income distribution profiles of the total Wairoa district, Hawke's Bay region and New Zealand areas, at the time of the 2013 Census. The three areas have similar proportions of income-earners earning \$10,000 or less for the year in question. Wairoa district then has a noticeably higher proportion of income-earners in the \$10,001-30,000 income range. The district has a significantly higher proportion of its earners in the \$30,000-50,000 band compared to the other two areas but a considerably lower proportion in the \$50,000+ category.

Table 6: Wairoa District Comparative Personal Income Distribution Profile 2012/13 Census Year

Income Band \$	% of Income Earners in Each Band 2012/13		
	Wairoa District	HB Region	NZ
5,000 or less	6.4	5.6	5.4
5,001-10,000	4.1	4.0	4.0
10,001-20,000	14.7	11.9	10.2
20,001-30,000	18.6	15.7	12.9
30,001-50,000	33.8	30.7	28.5
50,001 or more	22.4	32.1	39.0

In summary, the Wairoa community in general terms faces significant affordability/'ability to pay' challenges.

ECONOMIC GROWTH OUTLOOK

Following the adverse regional economic effects of the Global Financial and Economic Crisis (GFC) during 2007/2008, the overall Hawke's Bay economy (of which Wairoa district is a part) has recorded ongoing positive although fluctuating economic growth. The last two years have seen sustained improved economic growth in the region, up to an estimated annual level of 2.7% in June this year.

Overall employment has been increasing since 2013. Strongest industry growth within the primary and secondary sectors has been recorded by forestry and logging, rural sector support services, horticulture and fruit, manufacturing of forest product items, utility services (power/gas/water) and the manufacturing of metal products/machinery/equipment.

The Wairoa district economy has grown at an average annual rate of 0.82%, since year 2000. Thus, there has been underlying growth, albeit it somewhat limited, in the area over the longer-term.

COMMUNITY PREFERENCES

Through a Community Survey and local hui, community members have been clear about their concerns. The situation reflects that which was expressed by the Law Commission in 2010, that "while researchers continue to probe the relationships between alcohol-related harms and liquor outlet density, those who actually *live* and work in communities battling high levels of crime and social deprivation, seemed in no doubt about the damaging effects of saturating their neighbourhoods with liquor" (Law Commission New Zealand, 2010, p. 40).

Some of the key documents in this section are:

- **Community Alcohol Survey – Wairoa Summary.** This survey, undertaken by the Hawkes Bay District Health Board, aimed to gain an understanding of community views on alcohol access, the impact of alcohol, density of alcohol outlets, and alcohol concerns.
- **Alcohol Harm in Wairoa.** This scoping report, undertaken by Safe Communities Wairoa, with support from the Health Promotion Agency, outlines the extent of alcohol related harm in the Wairoa region. In addition to drawing on data from the HBDHB's Community Alcohol Survey, it also contains feedback from community hui about the need to promote Wairoa as a community safe from alcohol harm.

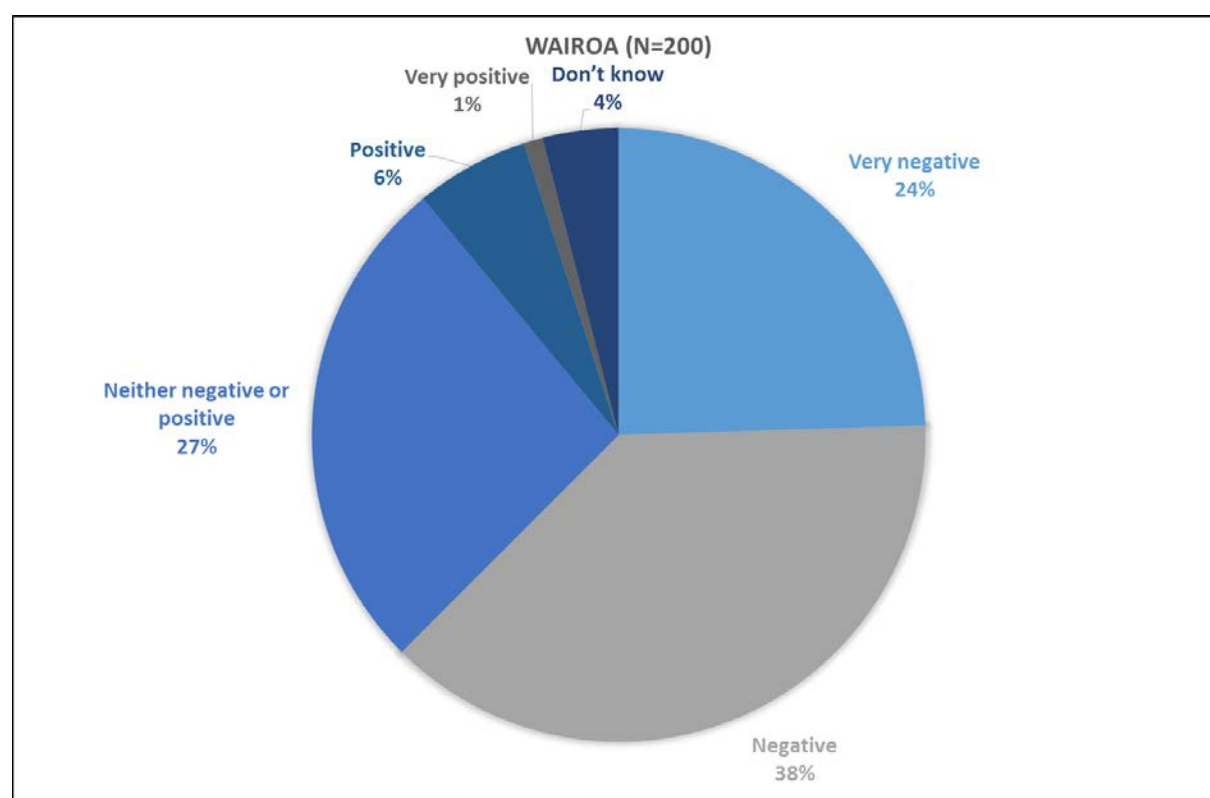
COMMUNITY ALCOHOL SURVEY – WAIROA SUMMARY

Two hundred residents of Wairoa were surveyed in June/July 2015 as part of HBDHB's Community Alcohol Survey. The views of Wairoa respondents are presented below, alongside the regional average where

relevant³. Residents were asked about the overall impact that drinking has in their community⁴. In total, 63% of Wairoa respondents felt the drinking of alcohol has a negative impact in their community ('very negative' or 'negative'), compared to 62% of all 1,000 residents surveyed.

‘Overall, what impact do you think drinking alcohol has in your community?’

Response	Wairoa (n=200)	Total (n=1,000)
Very negative	24.5%	23.9%
Negative	38.0%	37.7%
Neither negative or positive	26.5%	22.2%
Positive	6.0%	7.0%
Very positive	1.0%	2.1%
Don't know	4.0%	7.1%
TOTAL	100%	100%



SPECIFIC IMPACT OF ALCOHOL IN COMMUNITIES

Respondents were asked how much they agreed or disagreed that alcohol affects things such as community safety, violence, and road accidents in their community. The highest levels of agreement ('strongly agree' or 'agree') were for:

³ Residents were interviewed while out and about in Wairoa township and during Matariki celebrations. People needed to be 18 years or older and residents within the Wairoa District to participate in the survey. Sixty-one percent of Wairoa participants identified as Māori.

⁴ 'Community' was defined as 'the area near where you live, including local shops, schools etc; it is whatever you think of as your local community'.

- road accidents (87%, compared to 88%)
- family violence (84%, compared to 88%)
- community safety (79%, compared to 83%)
- public disorder (75%, compared to 81% overall)
- noise, rubbish and broken glass (75%, compared to 81%).

‘How much do you agree or disagree that alcohol affects these things in your community?’

Wairoa (n=200)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don’t know
Community safety	1.0%	9.5%	7.5%	44.5%	34.5%	3.0%
Public disorder (eg, fighting in the streets)	1.0%	10.5%	9.5%	44.5%	30.0%	4.5%
Non-violent crime (eg, trespassing, vandalism, tagging)	3.5%	22.0%	8.0%	40.0%	22.5%	4.0%
Family violence	1.5%	6.5%	7.5%	35.5%	48.0%	1.0%
Road accidents or dangerous driving	1.0%	2.5%	6.0%	43.0%	44.0%	3.5%
Noise, rubbish, broken glass	1.5%	12.0%	8.0%	42.0%	33.0%	3.5%

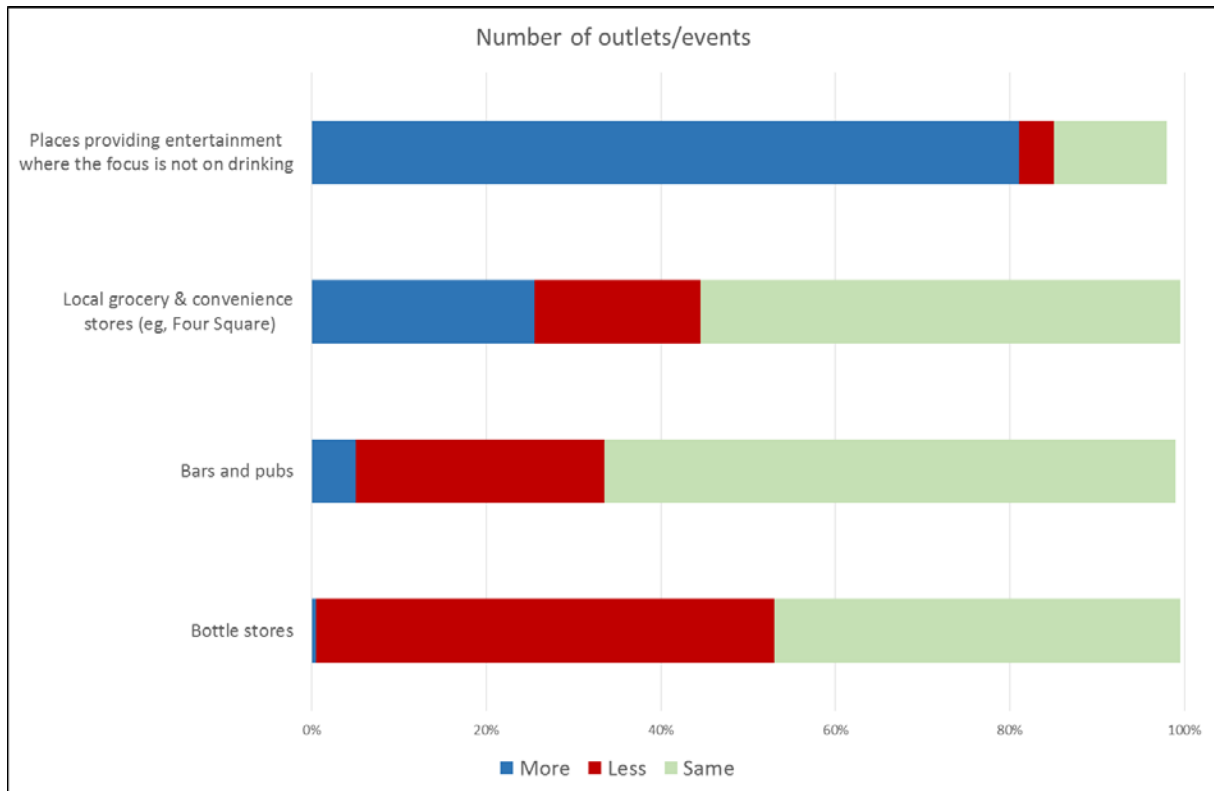
NUMBER OF ALCOHOL OUTLETS

Respondents were asked if they would like to have more, less or the same number of particular types of alcohol outlets in their community. The majority of Wairoa respondents wanted fewer bottle stores (53%, compared to 56% overall). A lower percentage wanted fewer bars and pubs (29%, compared to 35% overall) and fewer convenience/grocery stores that sell alcohol (19%, compared to 24% overall).

Residents were also asked if they’d like to have more places providing entertainment that didn’t have a focus on drinking. Over eight in ten people (81%, compared to 78% overall) wanted more alcohol-free entertainment in their community.

‘Would you like more, less or the same of these in your community?’

Wairoa (n=200)	More	Less	Same	Don’t know
Bottle stores	0.5%	52.5%	46.5%	0.5%
Bars and pubs	5.0%	28.5%	65.5%	1.0%
Local grocery & convenience stores (eg, Four Square)	25.5%	19.0%	55.0%	0.5%
Places providing entertainment where the focus is not on drinking	81.0%	4.0%	13.0%	2.0%



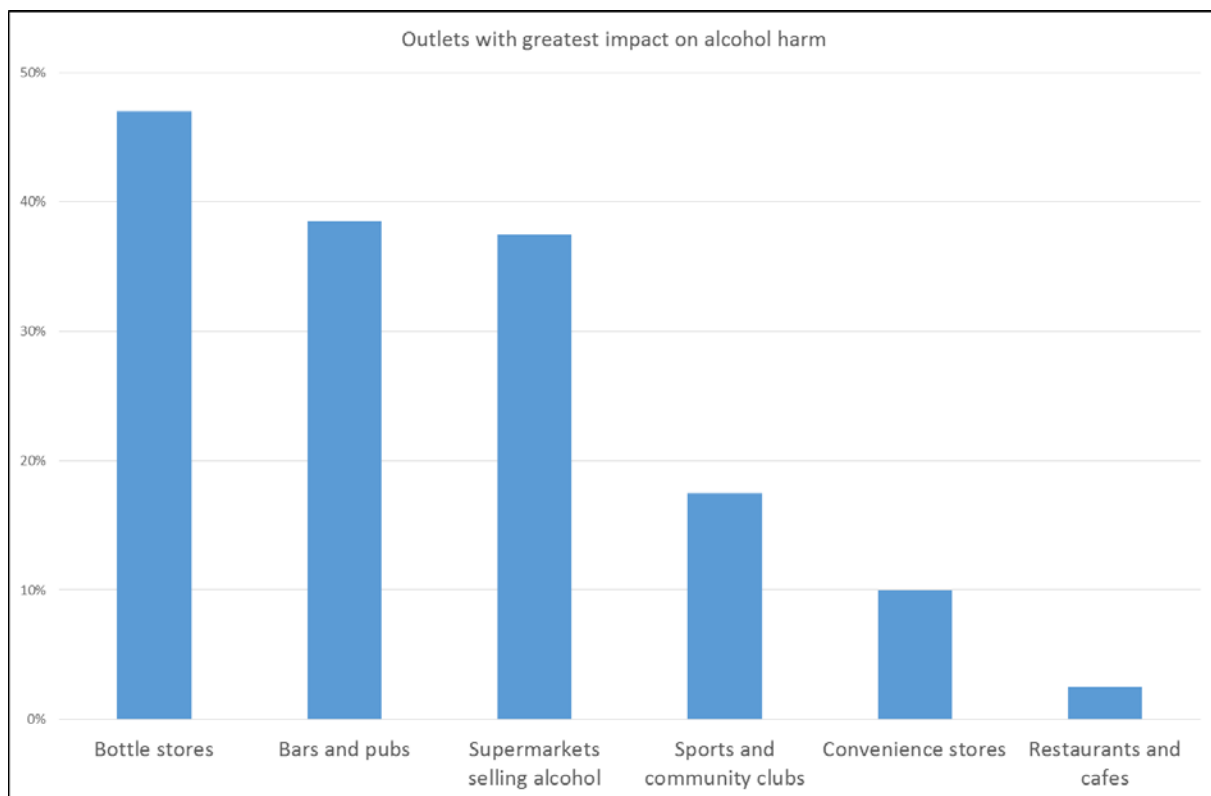
ALCOHOL HARM AND ALCOHOL OUTLETS

Respondents were asked which types of outlets, in their view, had the most impact on alcohol harm in their community. Multiple responses were allowed. Bottle stores (47%, compared to 60% overall) and bars and pubs (39% in Wairoa and 36% overall) were most commonly identified as having the greatest impact on alcohol harm in communities.

‘Which of the following outlets do you think have the greatest impact on alcohol harm in your community?’⁵

Response	Wairoa (n=200)	Total (n=1,000)
Bottle stores	47.0%	60.4%
Bars and pubs	38.5%	35.7%
Supermarkets selling alcohol	37.5%	46.6%
Sports and community clubs	17.5%	19.1%
Convenience stores	10.0%	16.4%
Restaurants and cafes	2.5%	4.9%
None	10.5%	4.6%
Don't know	7.0%	4.6%

⁵ Note: respondents were able to select multiple responses.



ALCOHOL OUTLET HOURS

Respondents were asked about the hours during which alcohol should be sold on licensed premises. The percentage of Wairoa respondents who said they would like outlets selling alcohol to have shorter hours was highest for bottle stores (41%, compared to 51% overall) and supermarkets (39%, compared to 49% overall).

‘Do you think the hours that these licensed premises can sell alcohol should be longer, shorter, or unchanged?’

Wairoa residents (n=200)	Longer	Shorter	Unchanged	Don't know
Bottle stores	5.0%	40.5%	49.0%	5.5%
Supermarkets selling alcohol	4.0%	39.0%	53.0%	4.0%
Bars and pubs	5.5%	37.5%	50.5%	6.5%
Local grocery and convenience stores (eg, Four Square)	5.5%	37.0%	53.5%	4.0%

VIEWS ON LIQUOR BANS

Wairoa residents were asked if they agreed or disagreed that a liquor ban in their community would reduce alcohol-related problems. Just under half (43%, compared to 51% overall) agreed or strongly agreed that a liquor ban would reduce alcohol-related problems.

**‘How much do you agree or disagree with this statement:
Having a liquor ban in my community would reduce alcohol-related problems?’**

Response	Wairoa (n=200)	Total (n=1,000)
Strongly disagree	14.5%	6.2%
Disagree	29.0%	27.0%
Neither agree nor disagree	10.0%	13.0%
Agree	28.0%	32.8%
Strongly agree	15.0%	18.3%
Don't know	3.5%	2.7%
TOTAL	100%	100%

AREA SUMMARY

The following table presents key findings at a glance for Wairoa versus all survey respondents.

Wairoa and total survey findings

	Wairoa (n=200)	Total (n=1000)
Alcohol has negative impact in community	63%	62%
Alcohol affects road accidents	87%	88%
Alcohol affects family violence	84%	88%
Alcohol affects community safety	79%	83%
Alcohol affects public disorder	75%	81%
Alcohol affects noise, rubbish, broken glass	75%	81%
Would like fewer bottle stores	53%	56%
Would like fewer bars/pubs	29%	35%
Would like more alcohol free entertainment	81%	78%
Bottle stores impact on alcohol harm	47%	60%
Bars and pubs impact on alcohol harm	39%	36%
Supermarkets impact on alcohol harm	38%	47%
Shorter hours for bottle stores	41%	51%
Shorter hours for supermarkets	39%	49%
Shorter hours for bars and pubs	38%	46%
Shorter hours for local grocery and convenience stores (eg, Four Square)	37%	51%
Liquor ban	43%	51%

COMMUNITY HUI FEEDBACK

The scoping report by Safe Communities Wairoa reported on community preferences about alcohol and the need to promote Wairoa as a community safe from alcohol harm. This data was obtained, in part, from feedback gathered during community hui. Both the larger hui and the smaller subsequent meetings held involved a number of rangatahi who are members of a local youth group called 'The Planeteers'. This provided an opportunity to hear from younger people about alcohol harm (Wairoa Safe Communities, 2016).

The hui identified that alcohol is very easy to access by the younger alcohol consumer in Wairoa, and is easily obtained by persons who are underage. Role modelling by adults fell short in many cases, especially at home, in private dwellings and at functions. The hui group expressed concerns that while money was short, alcohol and some drugs were easy for them to access. They knew that using, accessing and possessing these things was not right, and they knew that in some cases it was against the law.

However, as young people had limited exposure to positive examples and role modelling, they often used these commodities, to sell, and used them as a past time. They then became trapped in a vicious cycle of addiction, and in the distribution of drugs and alcohol to their peers, and to others in the community (Wairoa Safe Communities, 2016).

Solutions to various alcohol-related problems were discussed by participants. Some of the problems were as follows:

- People from a variety of age groups and genders mixed in social settings where alcohol was consumed. If someone was not drinking, they were expected to be using other forms of stimulation like drugs. Social out-casting was common and strengthened by social media. This could be damaging for all individuals who used it to communicate.
- The group identified certain periods where society promoted alcohol use as an activity, during long weekends, public holidays, and at social events that were restricted to the 18+ age group. Surprisingly, participants also identified that whānau celebrations such as Matariki and the Wairoa A & P Show Day were also seen as occasions to drink. They commented that it was at these occasions when drinking became more hazardous. It appeared that many local activities had a big focus on alcohol – for example hunting competitions were common during these long weekends and always ended up with a prize giving at a local pub.
- Alcohol consumption was seen as a normal activity in Wairoa. It was one that spread across all ages, genders and ethnicities. It was a culture that we as a community accepted. It was a pastime that was passed on through generations, especially in rural areas where hard agricultural work and beer were perceived to go hand in hand.
- Attitudes of younger drinkers were described as being the same as those of older drinkers: drink fast, drink a lot and drink for as long as you can. The palates of younger drinkers however were very different and their preference was to consume alcoholic beverages that were over 5 percent alcohol.

The scoping report also presented feedback from local stakeholders in Wairoa who had a focus on alcohol use as part of their work. These stakeholders included Wairoa Police, Manaaki House staff, and Mental

Health workers at the DHB. Staff from these organisations talked about their experiences of working with people impacted by alcohol.

- Police discussed many local alcohol-related issues, ranging from road fatalities to alcoholism. Their main concern was the increase in family and domestic violence that occurred as a result of alcohol consumption. They explained that the number of people reoffending was a real problem. Their lack of ability to intervene and support these people proved difficult. They described the problem with situations in which it was difficult to get persons who constantly reoffended (with alcohol as a contributing factor) to engage in a support programme.
- Manaaki House staff spoke about issues of social responsibility, and how in reality the ‘contracts’ fell short to meeting such commitments. The Manager used an example in which people were supported to obtain a drivers licence after they’d received an infringement for excessive breath alcohol reading. It was common for people to be assisted 6-8 times to get these special licences to enable them to resume driving to work. These efforts helped people after the fact, yet these efforts were described as “an ambulance under the cliff” scenario⁶.
- The Hawke’s Bay DHB’s Mental Health Clinician had similar analogies from his alcohol-related experiences. He explained that when he was called to the Police cells to make a diagnosis of an inmate under the influence, he was obliged to give a detoxification timeframe before doing this. As this person entered their sober state they became very compliant and their mind stabilised so there was no need for him to undertake a mental health assessment.

DISTRICT PLAN

The District Plan sets out the framework for the sustainable management of natural and physical resources in the Wairoa District. There are no explicit rules in the Wairoa District Plan regarding the regulation of liquor licensing premises. However, the district plan does restrict the sale of liquor from a licensed premise within the Residential (Mahia) and Coastal (Mahia) zones (resource consent required). The sale of liquor in all other district planning zones is regarded as a permitted activity if all of the performance standards for the relevant zone are complied with.

LIQUOR BAN AREAS

It is prohibited to consume alcohol in public areas in any of the Liquor Ban areas. Members of the public are still able to transport or carry containers of alcohol through the area (for example from a bottle store to their car) but not allowed to drink, hold or store liquor in any liquor ban area.

The Liquor Control bylaw is enforced by the police who have authority to search, detain and request details. The liquor ban applies as follows:

WAIROA (24 hours per day 365 days of the year) bounded by:

- Marine Parade from Murrae Street to King Street.
- Queen Street from Murrae Street to King Street.

⁶ Manaaki house services were closed during late-2015 and are now delivered from the Wairoa Integrated Healthcare Centre at the Wairoa Hospital.

- Riverbank from Murrae Street to King Street and all associated alleyways and car parks.

MAHIA (24 hours a day from December 20th to January 20th every year):

- The whole of the Mahia Peninsula and surrounding area encompassed within the coastline from Nuhaka to Paritu.

Police have voiced their support for an alcohol ban outside the Ferry Hotel. This is in response to the problems which have arisen when members of the community sit in their cars outside the premises and consume alcohol. Once patrons and visitors walk outside, they are subjected to abuse by these individuals, and this often results in violent behaviour.

COMMUNITY OUTCOMES

The Wairoa District Council has adopted nine community outcomes, which were derived from a regional-wide approach to work collectively with the community to identify community outcomes and determine a long-term vision for the future of our region. These relate to the activities that Council has responsibility for and has direct control over, in order to promote the economic, social, cultural and environmental wellbeing of the District in the present and for the future.

A LAP contributes to the following three community outcomes:

- A safe and secure community.
- A lifetime of good health and well-being.
- An environment that is appreciated, protected and sustained for future generations.

Specifically, the LAP has the potential to:

- Promote safe consumption of alcohol
- Minimise alcohol-related harm

CONSOLIDATED BYLAW 2007

Bylaws help to ensure that the community is safe and healthy. They are a useful way to protect the environment, as well as protecting the public from nuisance and minimising the potential for offensive behaviour.

The purpose of Part 3, Section 4 of the Consolidated Bylaw is to regulate the consumption and bringing into and possession of liquor in specified public places, and for specified days, times and events including the related presence or use of a vehicle.

TOURISM AND VISITORS

The Wairoa District covers a total area of about 4,118 square kilometres with approximately 130 kilometres of coastline. The majority of the region is hill country, merging with mountains in the west and often deeply dissected with gorges. Within the district there are high quality trout-fishing areas and coastal lagoons that are important for providing waterfowl habitat and game-bird hunting opportunities.

The total number of nights spent by overnight visitors in commercial accommodation in the district generally fell over 2003-2012 but has stabilised since. There were 26,125 visitors in total to the Wairoa i-SITE in 2016/17 which is a large increase from 18,832 visitors in 2015/16. About 62 per cent were local visitors, 21 per cent were domestic tourists and 17 per cent were international visitors.

Over the year ended September 2017, the total number of commercial accommodation visitor arrivals recorded for the Wairoa district was 31,211 and visitor-nights 60,944; an average visitor length of stay of 1.95 nights. The peak figures for these indicators over the past decade were the 44,163 arrivals recorded in the year ended September 2004 and 95,190 visitor-nights for the same period. The Wairoa i-Site has recorded a sharp 60% increase in 'foot-traffic' through its doors over the past 3-4 years.

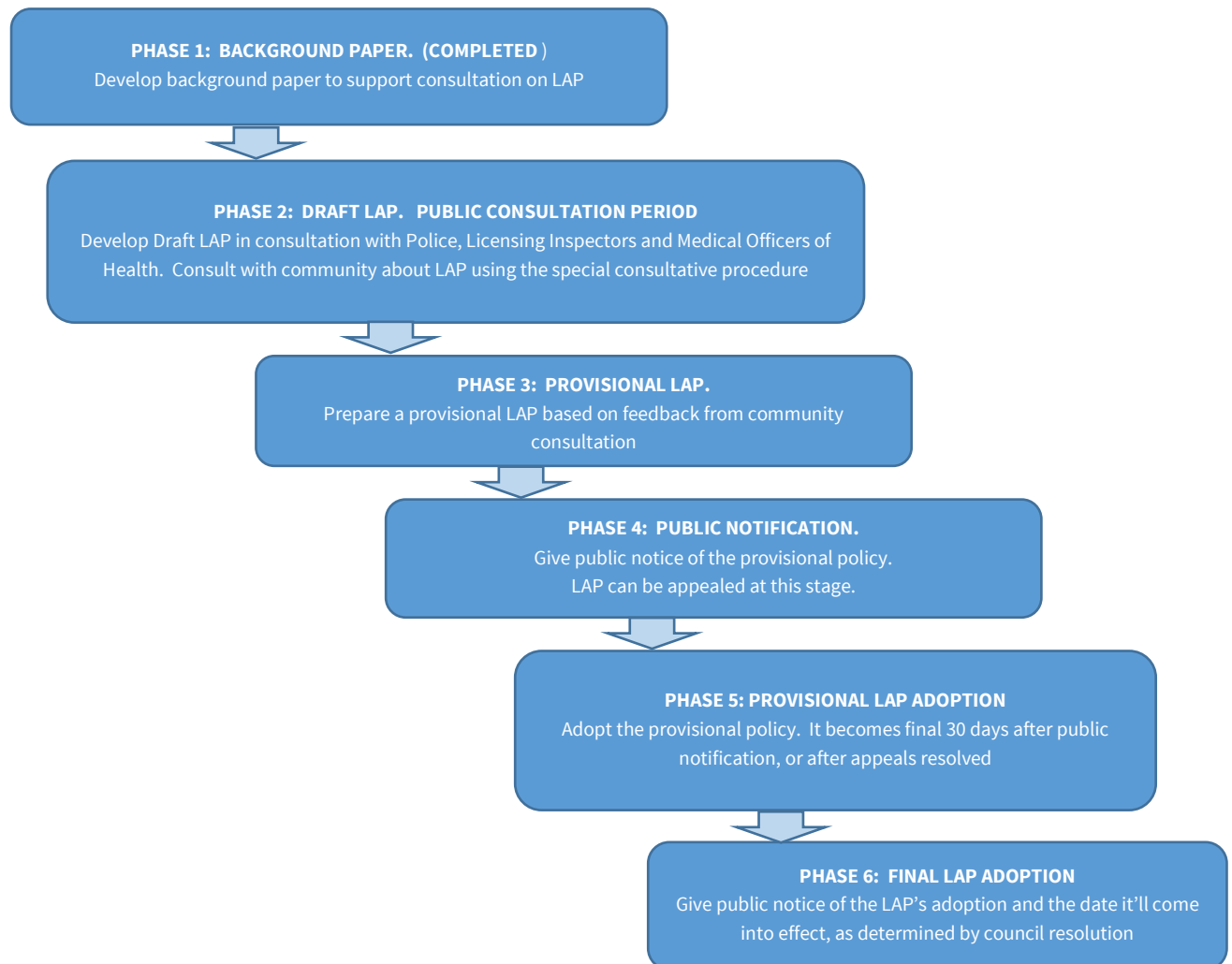
Since year 2010, visitor spending data indicates total annual visitor spending in Wairoa district varying in the range \$15 million to \$18 million. Visitor spending for the year ended September 2017 was recorded at \$17 million, up 13% on the previous year. Estimates of total overnight visitor numbers for the Wairoa district currently stand at an annual 75,000. This covers visitors staying in commercial accommodation, holiday home visitors, other overnight visitors and day visitors.

Total annual visitor spend in the Wairoa district currently stands at \$17 million. This is forecast to increase to approximately \$25 million, by year 2028. The district presently accounts for just 2.8% of total direct Hawke's Bay visitor spend.

5.0 DEVELOPING THE LAP

Figure 19 provides a brief summary of these six phases of development, and presents approximate timeframes for their completion.

Figure 19: Process of LAP development



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