

# Local Alcohol Policy Review

## Background Report for Waipā District

May 2023

All efforts have been made to have data current to May 2023. In many instances more recent data was not available.



## Contents

---

<b>Part 1 - EXECUTIVE SUMMARY .....</b>	<b>6</b>
<b>Part 2 - INTRODUCTION .....</b>	<b>9</b>
2.2..Purpose .....	9
2.3..What the report covers .....	9
2.4..How the report was written .....	10
<b>Part 3 - ALCOHOL AND US – ALCOHOL IN SOCIETY AND REGULATION IN AOTEAROA NEW ZEALAND .....</b>	<b>11</b>
3.2..Why is alcohol considered harmful? .....	14
3.2.3    Who is drinking Alcohol? .....	14
3.2.4    Acute alcohol effects .....	15
3.2.7    Foetal alcohol spectrum disorder (FASD) .....	16
3.2.11   Sexual and Physical Assault .....	17
3.2.13   Cancer .....	18
3.2.15   Disease .....	18
3.2.18   Mental health and neurological disorder .....	18
3.3..How Alcohol Regulation Works .....	19
3.3.2    Local Alcohol Policies – Providing the community a voice on alcohol regulation ..	19
3.3.7    Changes to the Local Alcohol Policy process .....	23
<b>ALCOHOL AND WAIPĀ .....</b>	<b>25</b>
3.3.12   On-licences .....	25
3.3.14   Off-licences .....	25
3.3.16   Club licences .....	25
3.3.18   Special licences .....	25
3.4..Waipā's Current Local Alcohol Policy .....	26
3.5..Waipā District Plan Objectives and Policies .....	31
3.6..Licences in Waipā .....	33
3.6.1    Number of licences of each kind in Waipā .....	33
3.6.5    The location of premises in Waipā .....	35
3.6.7    The opening hours of premises in Waipā .....	37
3.7..Bylaw .....	40
3.8..Demographic Profile .....	43

3.9..Tourists and Holidaymakers .....	45
3.10 Health Indicators .....	48
3.10.4 Hazardous drinking and hospitalisations connected to alcohol .....	49
3.10.9 Car crashes connected to alcohol .....	52
3.10.11 Density of places that sell alcohol .....	53
3.11 Nature and Severity of Alcohol Related Problems .....	56
<b>Part 4 - AREAS FOR WAIPĀ DISTRICT COUNCIL TO CONSIDER .....</b>	<b>59</b>
4.1..Key areas that reduce harm.....	59
4.2..Feedback from Police, Medical Officer of Health, and Licensing Inspectors .....	59
<b>Part 5 - BIBLIOGRAPHY .....</b>	<b>76</b>
<b>APPENDIX A – Definitions .....</b>	<b>83</b>
<b>APPENDIX B – Police feedback on 2016 LAP .....</b>	<b>87</b>
<b>APPENDIX c – Medical Officer of Health feedback on 2016 LAP .....</b>	<b>88</b>
<b>APPENDIX d – Licensing Inspector feedback on 2016 LAP .....</b>	<b>89</b>

## List of Figures

<b>Figure 1:</b> Alcohol consumption per capita.....	13
<b>Figure 2:</b> What is a Standard Drink? .....	14
<b>Figure 3:</b> Volume of beer available for consumption in Aotearoa New Zealand (2005-2021).....	15
<b>Figure 4:</b> The effects of alcohol on your health.....	18
<b>Figure 5:</b> National percentage of violent interpersonal offences involving alcohol (2013). .....	19
<b>Figure 6:</b> How alcohol sales are regulated.....	22
<b>Figure 7:</b> Comparison of LAP process before and after the adoption of the Community Participation Amendment. ....	26
<b>Figure 8:</b> Diagram of "directly border". ....	30
<b>Figure 9:</b> Number of premises in Waipā District by type of licence (January 2023).....	35
<b>Figure 10:</b> Number of premises in Waipā comparing Cambridge (light colours, left) and Te Awamutu (dark colours, right) (January 2023). ....	36
<b>Figure 11:</b> Alcohol licence applications received for premises in Waipā (2011-2021). ....	36
<b>Figure 12:</b> Location of licensed premises in Waipā (May 2023). ....	37
<b>Figure 13:</b> Location of licensed premises in northwestern Waipā (May 2023). ....	38
<b>Figure 14:</b> Location of licensed premises in northeastern Waipā (May 2023). ....	38

<b>Figure 15:</b> Location of licensed premises in southwestern Waipā (May 2023).....	39
<b>Figure 16:</b> Estimated national alcohol spending – On-licence vs. Off-Licence (2014).....	40
<b>Figure 17:</b> Hours when on-licence premises are licenced to open during all days in the week in Waipā (March 2023).....	40
<b>Figure 18:</b> Hours when club licence premises are licenced to open during all days in the week in Waipā (March 2023).....	41
<b>Figure 19:</b> Hours when off-licence premises are licensed to open during all days in the week in Waipā (March 2023).....	42
<b>Figure 20:</b> Te Awamutu Liquor Ban Areas.....	43
<b>Figure 21:</b> Cambridge Liquor Ban Areas.....	44
<b>Figure 22:</b> Leamington Liquor Ban Areas.....	44
<b>Figure 23:</b> Kihikihi Liquor Ban Areas.....	45
<b>Figure 24:</b> Comparison in alcohol use between groups in Aotearoa New Zealand.....	46
<b>Figure 25:</b> Proportion of alcohol related ED presentations from Waipā district by gender (2020-2022).....	47
<b>Figure 26:</b> Number of alcohol related ED presentations from Waipā district by age group (2020-2022).....	47
<b>Figure 27:</b> Visitor spend in Waipā 2022.....	48
<b>Figure 28:</b> September 2022 Visitor Spend by Country/ Region of Origin.....	49
<b>Figure 29:</b> Domestic Tourism Electronic Card Transactions spend per industry in Waikato 2019 – 2023.....	49
<b>Figure 30:</b> International Tourism Electronic Card Transactions spend per industry in Waikato 2019 – 2023.....	50
<b>Figure 31:</b> Alcohol related ED presentations from Waipā District by prioritised ethnicity. Reference population was the 2018 usual place of residence.....	51
<b>Figure 32:</b> Alcohol related presentation by month as a proportion of all alcohol related presentations, Waikato Region (2020-2022).....	52
<b>Figure 33:</b> Alcohol related presentations by night of the week as a proportion of all alcohol related presentations, Waikato Region (2020-2022).....	53
<b>Figure 34:</b> Alcohol related presentations by arrival time as a proportion of all alcohol related presentations, Waikato Region (2020-2022).....	53
<b>Figure 35:</b> Number of alcohol related presentations on Crate Day compared to the next day, Waikato Region (2019-2020).....	54
<b>Figure 36:</b> Average number of all driving offences related to alcohol in Waipā District. This typically involves Driving with Excess Breath or Blood Alcohol.....	55
<b>Figure 37:</b> Location of alcohol licences in relation to deprivation levels – Waipā and Cambridge.....	57
<b>Figure 38:</b> Location of alcohol licences in relation to deprivation levels – Kihikihi and Te Awamutu.....	58
<b>Figure 39:</b> Alcohol related offences in Waipā District (2016-2021).....	59
<b>Figure 40:</b> Alcohol offences in Waipā District (2016-2021).....	59
<b>Figure 41:</b> All alcohol offences in Waipā District by time of day.....	60
<b>Figure 42:</b> All alcohol offences (alcohol and alcohol related) in Waipā District by day of the week.....	60
<b>Figure 43:</b> Diagram of "directly border".....	67



## List of Tables

---

<b>Table 1:</b> Regulatory Authority Roles.....	21
<b>Table 2:</b> The 2016 Waipa District Council LAP.....	25
<b>Table 3:</b> Waipa District Plan Zone Objectives and Policies Summary.....	29
<b>Table 4:</b> Liquor ban areas within Waipā District in April 2023. ....	39
<b>Table 5:</b> Population Profile – Waipā and comparable districts. ....	43
<b>Table 6:</b> Density of Alcohol licences in Waipā and comparative districts (population as at 2018 census).....	52
<b>Table 7:</b> Summary of Police, Medical Officers of Health (Te Whatu Ora) and Alcohol Licensing Inspectors initial feedback on Waipā District Council's 2016 LAP. ....	60

Version	Reason for Update	Date
1	Providing background information for Local Alcohol Policy review	May 2023
2	Updated to include changes to legislation	September 2023
3	Updated to include changes to legislation	February 2024

## PART 1 - EXECUTIVE SUMMARY

---

Alcohol is generally a socially accepted drug in Aotearoa New Zealand society. Sports games, celebrations, commiserations, a quiet night at home, and a night out with friends are all common life events where a drink of alcohol would not go amiss. However, industry professionals have various degrees of what they believe is a safe amount of alcohol consumption. The Ministry of Health Manatū Hauora recommends limiting the amount of alcohol consumed<sup>1</sup>, while the alcohol industry promotes drinking in moderation<sup>2</sup>. Despite this, the World Health Organization recommends that drinking no amount of alcohol is best<sup>3</sup>. Drinking alcohol can lead to poor judgement, foetal alcohol spectrum disorder, physical or sexual assault, cancer, disease, and mental and neurological disorders. People also do not experience these risks equally, with people more likely to suffer alcohol related health and harm if they are male, Māori, Pacific, non-Asian, disabled, or more socio-economically deprived.

### How Alcohol Regulation Works

The Sale and Supply of Alcohol Act 2012 (Act) is the primary form of alcohol regulation in Aotearoa New Zealand. The Act allows for territorial authorities (councils) to manage the sale, supply, and consumption of alcohol, as well as minimise alcohol related harm through a Local Alcohol Policy (LAP). LAPs are created by councils through consultation with the community, Police, Alcohol Licensing Inspectors and Medical Officers of Health. A LAP can only cover the following areas:

- The location of licensed premises by reference to broad areas.
- The location of licensed premises by reference to proximity to premises of a particular kind or kinds.
- The location of licensed premises by reference to proximity to facilities of a particular kind or kinds.
- Whether further licences (or licences of a particular kind or kinds) should be issued for premises in the district concerned, or any stated part of the district.
- The maximum trading hours.
- The issue of licences, or licences of a particular kind or kinds, subject to discretionary conditions.
- One-way door restrictions (after a certain time, patrons are allowed to stay on the premises or leave the premises but not re-enter).

Waipā District Council's current LAP came into effect in 2016. It is required to be reviewed every 6 years in accordance with the special consultative procedure. Any amendments to a LAP may only be made after having regard to the objectives and policies of the district plan, the number and type of licences, the location of licenced premises, opening hours, alcohol bylaws, demography of residents and visitors, health indicators, and the nature and severity of alcohol related problems.

---

<sup>1</sup> (Ministry of Health Manatū Hauora, 2022d)

<sup>2</sup> (Life Education Trust, n.d.; Lion, n.d.; The Tomorrow Project, n.d.)

<sup>3</sup> (World Health Organization, 2023)

## Waipā and Alcohol – licenses and harm

Waipā District currently has:

- **73 on-licences** (alcohol is allowed to be sold and supplied for consumption on the premises)
- **38 off-licences** (alcohol is allowed to be sold for consumption somewhere else)
- **29 club licences** (alcohol is allowed to be sold and supplied for consumption on the premises to a member of the club, a member's guest or an authorised visitor)

Nationally it is estimated that the most spending on alcohol is done at off-licence premises (approximately 75%)<sup>4</sup>, with most of that spending done on Fridays and Saturdays<sup>5</sup>. Data at a district level shows that most of the spending on alcohol in the district is by people from Waikato, with alcohol being available for purchase mostly between 9am to 10pm for off-licences, 10am to 11pm for on-licences, and club licence hours varying substantially depending on the nature of the club.

There are parts of the community who are more at risk of alcohol harm due to their likelihood of drinking hazardously or due to their current situation. The small amount of district level data makes it difficult to establish trends but national level trends appear showing that males, Māori, Pacific, non-Asian, disabled, or more socio-economically deprived people are more likely to be harmed by alcohol, appear to be present in Waipā. This is seen in the number of Emergency Department (ED) presentations. The ED presentation times also generally match the timings of alcohol and alcohol related crime incidents, with the amount increasing gradually in the evening and spiking in the late evening/early morning and Fridays, Saturdays and Sundays being the most common days.

### Feedback from Police, Medical Officer of Health, and Licensing Inspectors

Police, Medical Officer of Health and Alcohol Licensing Inspectors have been asked for their initial thoughts on how the current LAP is working. Council is required by the Act to consult with the three regulating parties as their frontline knowledge of applying the regulations of the LAP provides useful insight into whether the current LAP is fit for purpose. The overall consensus among the three regulatory authorities is that the current LAP is not fit for purpose and that changes need to be made.

---

<sup>4</sup> (Action Point, 2021)

<sup>5</sup> (M.E Consulting, 2018)

## VISION



## COMMUNITY OUTCOMES



**SOCIALLY  
RESILIENT**



**CULTURAL  
CHAMPIONS**



**ENVIRONMENTAL  
CHAMPIONS**



**ECONOMICALLY  
PROGRESSIVE**

## EXTERNAL STRATEGIC PRIORITIES

Our focus for the next three years



**CREATING  
VIBRANT  
COMMUNITIES**



**NURTURING AND  
RESPECTING  
OUR UNIQUE  
CULTURE AND  
HERITAGE**



**EFFECTIVELY  
PLANNING AND  
PROVIDING  
FOR GROWING  
COMMUNITIES**



**PREPARING  
FOR CLIMATE  
CHANGE**



**LEADING THE  
RECOVERY OF  
WAIPĀ**

## PART 2 - INTRODUCTION

---

- 2.1.1 Local Alcohol Policies (LAPs) are the primary way local communities can have input into the alcohol landscape in their area. LAPs are optional through the Sale and Supply of Alcohol Act 2012 (Act). Territorial authorities (councils) who choose to have a LAP must review it every 6 years, with input on draft policies from the Police, Alcohol Licensing Inspectors and Medical Officers of Health.
- 2.1.2 Waipā District Council's LAP is due for review. This report has been compiled to help provide decision makers with a better understanding of regulations and attitudes towards alcohol and what this looks like in Waipā district. The report addresses points directly covered by the LAP but also touches on areas not directly within scope of the LAP to help provide context and understanding.
- 2.1.3 It is recommended to use the headings as guides and to read the reports provided by Police, Alcohol Licensing Inspectors and Medical Officers of Health attached as Appendixes B, C, and D.
- 2.1.4 Please see [Appendix A for Definitions](#).

### 2.2 Purpose

- 2.2.1 The purpose of this report is to provide background information on the current alcohol landscape in Waipā District and to meet the requirements of the Sale and Supply of Alcohol Act 2012 Section 78(2) – (4).

### 2.3 What the report covers

- 2.3.1 To help give a clear picture of the alcohol landscape in Waipā District and nationally, the report gives a brief explanation of the alcohol legislative system and industry. The explanation is followed by a look at the areas that Section 78(2) – (4) of the Act asks councils to have regard to when creating a draft LAP. These areas are:
- The Waipā District Council **District Plan** objectives and policies; and
  - The **number and type of licences**; and
  - **Location** of licenced premises;
  - **Opening hours** of licensed premises; and
  - Waipā District Council's Public Places Alcohol Control **Bylaw**; and
  - **Demography** of Waipā's residents and visitors; and
  - **Health indicators**; and
  - Nature and severity of **alcohol related problems**.

- 2.3.2 The final section provides information on key areas that should be considered within the Waipā situation and provides a summary of the initial feedback from Police, Medical Officers of Health and Alcohol Licensing Inspectors.

## 2.4 How the report was written

- 2.4.1 This report has been prepared using the following methods:

- Review and analysis of secondary data;
- Literature review and analysis; and
- Data and feedback from Police, Alcohol Licensing Inspectors, and Medical Officer of Health.

- 2.4.2 The primary sources of data for this report were:

- Police
- Medical Officers of Health for Waikato (Te Whatu Ora)
- Alcohol Licensing Inspectors
- Alcohol Healthwatch
- World Health Organization
- Ministry of Health Manatū Hauora

- 2.4.3 **All efforts have been made to have data current to May 2023. In many instances more recent data was not available. The current report reflects the information that Elected Members had available when making the decision to amend the Local Alcohol Policy in November 2023. The report has been updated as indicated below:**

- **September 2023** - to reflect the changes made by the Sale and Supply of Alcohol (Community Participation) Amendment Act 2023 and the Natural and Built Environment Act 2023.
- **February 2023** – to reflect the repeal of the Natural and Built Environment Act 2023

## PART 3 - ALCOHOL AND US – ALCOHOL IN SOCIETY AND REGULATION IN AOTEAROA NEW ZEALAND

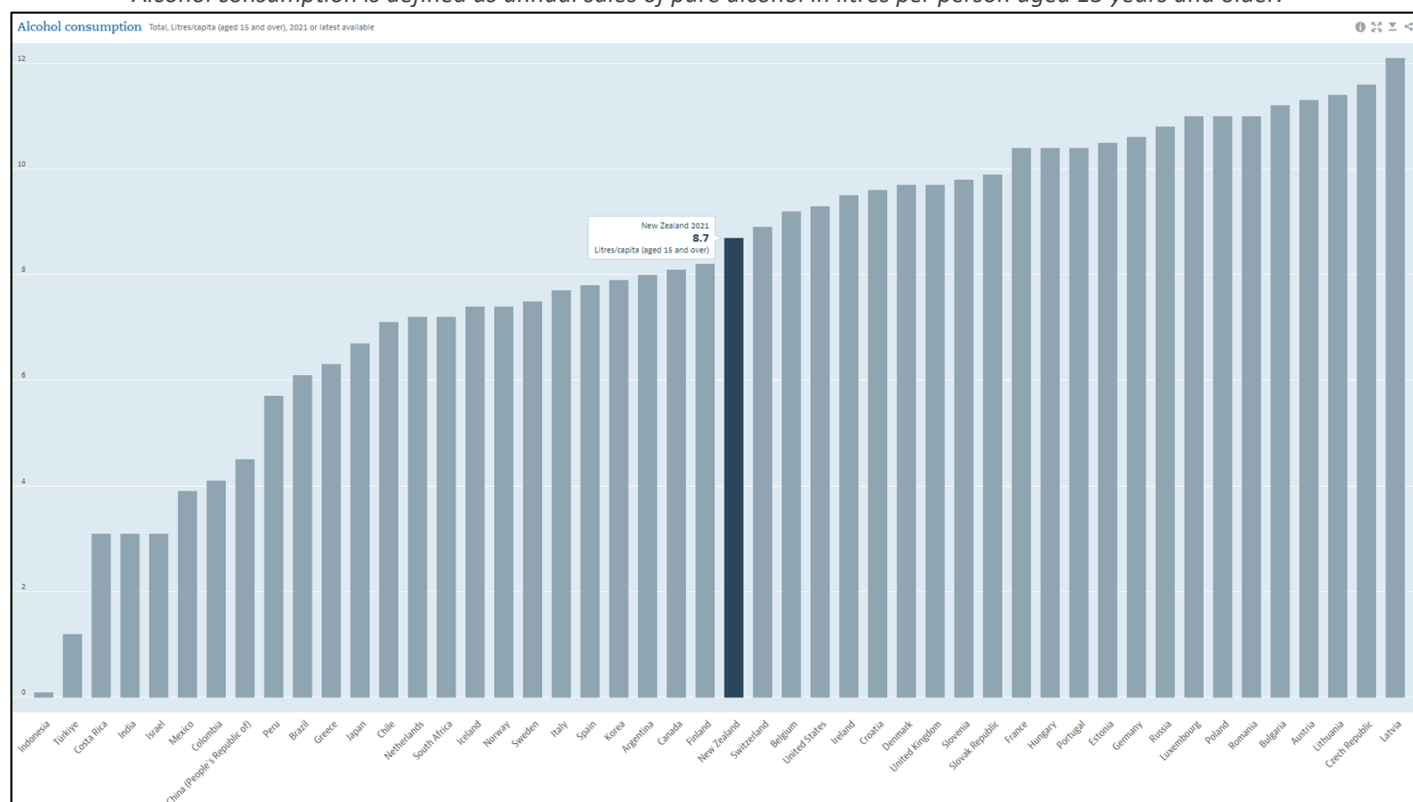
3.1.1 *The very first bill passed by New Zealand Parliament was aimed at, “Setting up a grog-shop for members”, as Legislative Councillor Frederick Whitaker called it. It was the 'Bellamy's Bill', the Licensing Amendment Act, that permitted the sale of alcohol within Parliament<sup>6</sup>.*

3.1.2 To understand where the LAP fits in the alcohol landscape in 2023 in Aotearoa New Zealand, it is important to understand the surrounding influences, such as how the country thinks about alcohol. The first bill passed by Parliament is an illustration of alcohol's position in Aotearoa New Zealand society and the politics that help shape it. Alcohol is accepted in Aotearoa New Zealand society much more than any other drug. Many people see alcohol as a requirement of a good night out and social participation, with the associated harm caused by alcohol a tolerated by product<sup>7</sup>.

3.1.3 The normalisation of alcohol and the associated harms should be kept in the forefront of the mind when reading this report as it helps explain why the current situation is what it is.

**Figure 1: Alcohol consumption per capita<sup>8</sup>.**

*Alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and older.*



<sup>6</sup> (Martin, 2014)

<sup>7</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>8</sup> (OECD, 2023)

3.1.4 Alcohol is pervasive in Aotearoa New Zealand society. Sports games, celebrations, commiserations, a quiet night at home, a night out with friends are all common life events where a drink of alcohol would not go amiss. In 2021/22, 79.1 % of New Zealanders aged over 15 had at least one drink<sup>9</sup>. Among the OECD countries, Aotearoa New Zealand consumes 8.7 litres of pure alcohol per person every year, sitting between Finland (8.2 litres) and Switzerland (8.9 litres) (Figure 1).

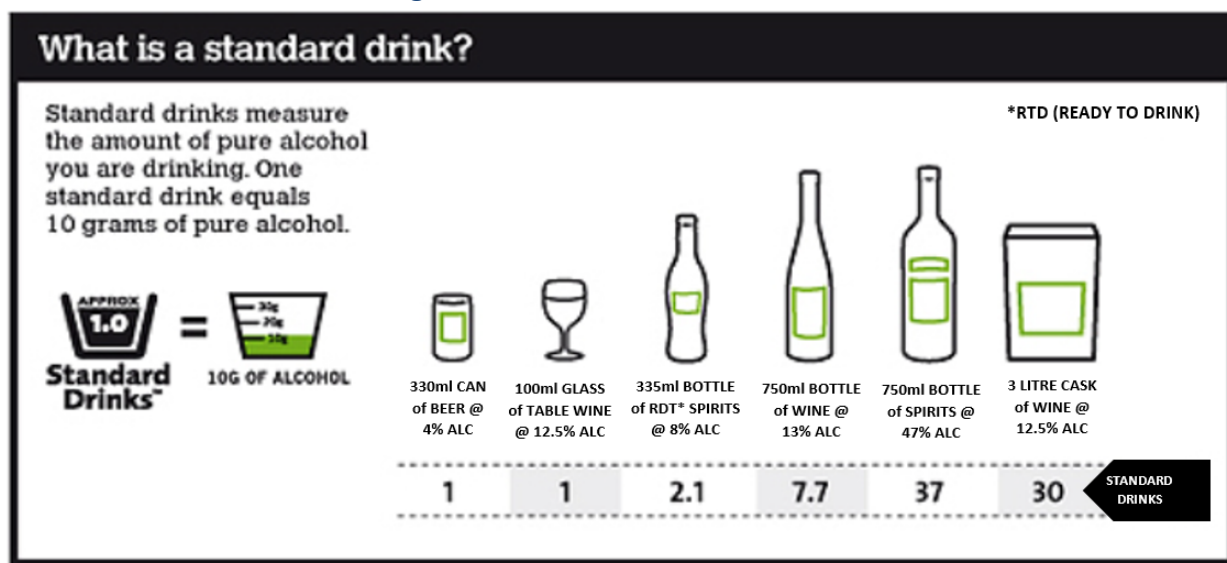
3.1.5 Ethyl alcohol (ethanol) is the part of alcoholic beverages that acts as a sedative and psychoactive drug<sup>10</sup>, which can cause people to feel more confident or relaxed<sup>11</sup> and can generally explain why some people drink. Ethanol is also classed as a Group 1 carcinogen<sup>12</sup>, making alcohol a harmful drug. The Ministry of Health Manatū Hauora<sup>13</sup> says long-term health risks from drinking alcohol reduce when:

**Women** drink no more than 2 standard drinks a day and no more than 10 standard drinks (see Figure 2) a week and at least 2 alcohol-free days every week.

**Men** drink no more than 3 standard drinks a day and no more than 15 standard drinks a week and at least 2 alcohol-free days every week.

**Pregnant** persons should not drink any alcohol.

Figure 2: What is a Standard Drink?<sup>14</sup>



Cocktails can contain as much alcohol as 5 or 6 standard drinks, depending on the recipe.

<sup>9</sup> (Ministry of Health Manatū Hauora, 2022c)

<sup>10</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>11</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>12</sup> (World Health Organization, 2023)

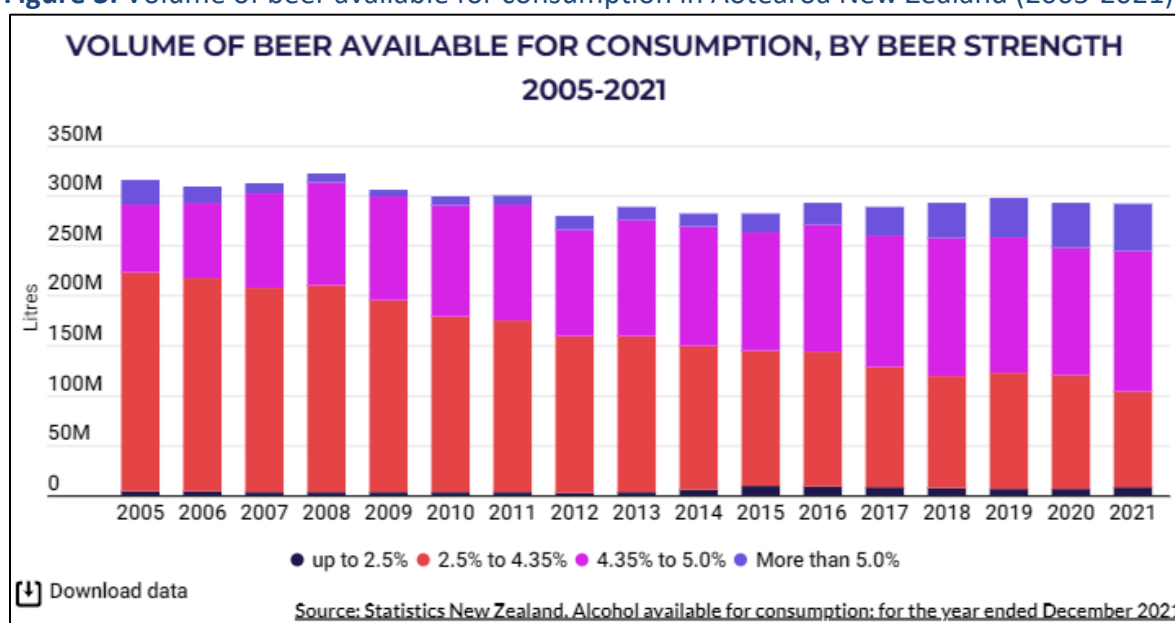
<sup>13</sup> (Ministry of Health Manatū Hauora, 2022d)

<sup>14</sup> (Ministry of Health Manatū Hauora, 2022d)



- 3.1.6 The alcohol industry also promotes drinking in moderation through initiatives such as Lion's Alcohol & Me<sup>15</sup> and Life Education Trust NZ's Cheers!<sup>16</sup> and Smashed ("workshops to engage students on the dangers of underage drinking")<sup>17</sup>. Currently, the alcohol industry is shifting towards producing high-quality products and the, "Development of no- and low-alcohol product ranges in response to consumer demand means New Zealanders have more options to meet their needs as part of the global shift toward moderation and what is termed 'better for me' beverages with preferences for lower alcohol, sugars and carbohydrates"<sup>18</sup>. Despite this move, the strength of beer being sold on average in Aotearoa New Zealand has increased (Figure 3).

**Figure 3: Volume of beer available for consumption in Aotearoa New Zealand (2005-2021)<sup>19</sup>.**



- 3.1.7 Many countries, like Aotearoa New Zealand, set these low-risk guidelines. However, the World Health Organization (WHO) does not set these limits<sup>20</sup>.
- 3.1.8 ***WHO provides the advice that “drinking less alcohol is better for your health, but none is best”<sup>21</sup> because evidence shows that drinking any alcohol is associated with risk such as alcohol dependence, breast cancer (which has a direct link for women) or injury<sup>22</sup>.***

<sup>15</sup> (Lion, n.d.)

<sup>16</sup> (The Tomorrow Project, n.d.)

<sup>17</sup> (Life Education Trust, n.d.)

<sup>18</sup> (NZIER, 2022)

<sup>19</sup> (Action Point, 2021)

<sup>20</sup> (World Health Organization, 2023)

<sup>21</sup> (World Health Organization, 2023)

<sup>22</sup> (World Health Organization, 2023,4)

- 3.1.9 The combination of alcohol being a sedative and psychoactive drug, as well as a Group 1 carcinogen means that drinking alcohol not only impacts the individuals' health but can have wider impacts on family, friends, community or complete strangers.

## 3.2 Why is alcohol considered harmful?

- 3.2.1 The following section outlines the connection between drinking alcohol and health and harm problems. Despite the connections discussed in this section, the alcohol industry can be considered to be self-regulated to a degree. Alcohol products are one of the few food products not required to show ingredients on packaging (except when making a specific claim)<sup>23</sup> and the alcohol industry pushed back against labels indicating that alcohol should not be consumed during pregnancy<sup>24</sup>. Central Government considered setting a limit of 6% alcohol content for RTDs (ready-to-drink) but instead switched to allowing the industry to set their own limits<sup>25</sup> through the Voluntary Industry Code for RTDs. The Code limits the alcohol content to 7% or two standard drinks per single serve<sup>26</sup>. Alcohol sponsorship and advertising is regulated in part by the Sale and Supply of Alcohol Act 2012, labelling and nutritional health regulations and partly by the voluntary Alcohol Advertising and Promotion Code<sup>27</sup>.
- 3.2.2 The alcohol related health problems and harm discussed in this section show why drinking alcohol can be considered harmful. It is also noted that everyone does not experience these problems and harms equally. Some of these points are well known, and even commonly associated with having a good time.

### 3.2.3 Who is drinking Alcohol?

- **Males** are 1.1 times as likely as females to have consumed alcohol in the past 12 months<sup>28</sup>.
- 23% of women consume alcohol during **pregnancy**<sup>29</sup>.
- A survey of **youth** found that 22% consumed five or more drinks within 4 hours within the last 4 weeks. Binge drinking also increased with age as this percentage increased to 42% in the 17+ age group<sup>30</sup>.
- **People who live in areas of high deprivation** are less likely to have consumed alcohol in the past 12 months<sup>31</sup>; however, they are 1.05 times more likely to consume in a hazardous fashion, and 1.15 times more likely to have consumed 6 or more drinks on a single occasion on a weekly basis<sup>32</sup>.

---

<sup>23</sup> (food Standards Australia and New Zealand, n.d.)

<sup>24</sup> (New Zealand Food & Grocery Council, 2019)

<sup>25</sup> (Hartvelt, 2012)

<sup>26</sup> (Distilled Spirits Association of New Zealand, n.d.)

<sup>27</sup> (Advertising Standards Authority, 2021)

<sup>28</sup> (Ministry of Health Manatū Hauora, 2022c)

<sup>29</sup> (Rossen et al., 2018)

<sup>30</sup> (Fleming et al., 2020)

<sup>31</sup> (Ministry of Health Manatū Hauora, 2022c)

<sup>32</sup> (Ministry of Health Manatū Hauora, 2022a)

- A similar pattern of drinking is observed in **Māori and Pasifika** communities, likely resulting from their minority and marginalised status and subsequent exposure to socioeconomic deprivation. Māori are more likely to suffer from alcohol related harm than non-Māori including 2.5 times the age-standardised mortality rate<sup>33</sup>.
- Though alcohol consumption is spread diffusely across society the volume and related harms are more concentrated in certain groups such as **lower socioeconomic groups and ethnic minorities** internationally<sup>34</sup>.

### 3.2.4 *Acute alcohol effects*

- 3.2.5 In the short term, drinking alcohol at low doses can act as a stimulant (which is one of the appeals of drinking for many). Low doses of alcohol in the short term can result in a shortened attention span, impaired judgement and increase self-confidence while at the same time decreasing fine motor skills and balance. This can result in a higher chance of certain injuries and illnesses. Implications of this could include distraction while driving leading to a crash or an individual making a poor judgement while drunk, for example, getting into a car with a drunk driver, or overreacting to a perceived insult, which results in a physical altercation<sup>35</sup>.
- 3.2.6 Drinking alcohol at high doses in the short term can lead to impaired memory and senses, delayed reaction time, difficulty balancing, nausea, and vomiting. This can cause a person to be at a higher risk of injuring themselves and those around them. Even if an individual makes it to bed without injury, when severely intoxicated they are at risk of vomiting in their sleep and aspirating their vomit. Effects from drinking alcohol at higher doses can continue after the drinking has stopped with hangovers, which can result in poor reactions, attention and motor skills, and an ongoing increased risk of injury. Productivity in the workplace is also decreased<sup>36</sup>.

---

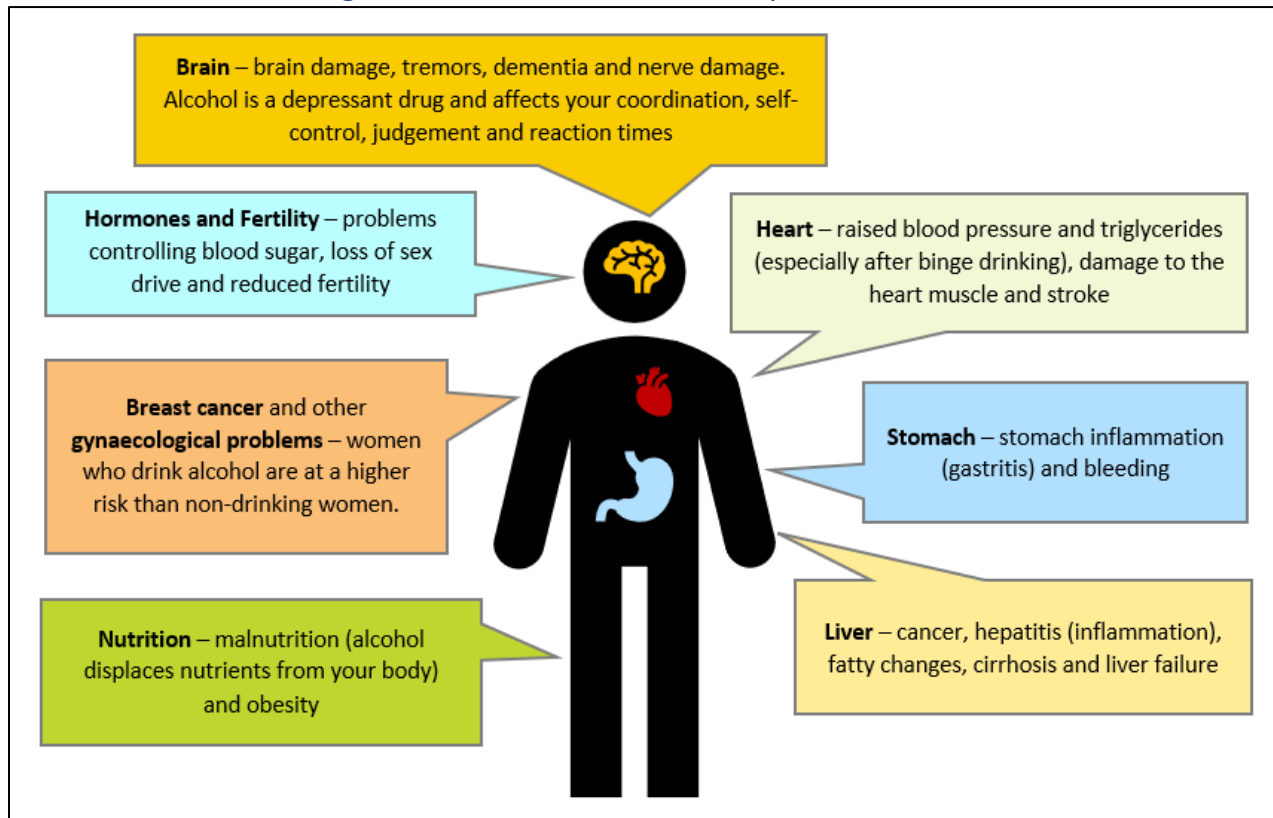
<sup>33</sup> (J. Connor et al., 2015)

<sup>34</sup> (*Global Status Report on Alcohol 2004*, 2004)

<sup>35</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>36</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

**Figure 4: The effects of alcohol on your health<sup>37</sup>.**



### 3.2.7 Foetal alcohol spectrum disorder (FASD)

3.2.8 When a pregnant woman drinks alcohol, the alcohol can pass directly to the foetus. This can lead to miscarriage or spontaneous abortion, stillbirth, low birth weight and FASD. Children and adults with FASD can have physical, behavioural and cognitive abnormalities<sup>38</sup>, which can cause behavioural problems, a low IQ and learning difficulties<sup>39</sup>.

3.2.9 According to Penfold and Cleave (2022), there has never been a study conducted in Aotearoa New Zealand but studies from overseas suggest that 17 to 25% of prisoners could have FASD. The Ministry of Health Manatū Hauora estimates that the cost of prosecution, imprisonment, poor educational outcomes, mental health and substance abuse issues, benefit dependence and premature mortality as a result of FASD “is at least \$450 million, with up to a further \$200 million per year in lost productivity”<sup>40</sup>.

<sup>37</sup> (Ministry of Health Manatū Hauora, 2022e)

<sup>38</sup> (Committee on Substance Abuse and Committee on Children With Disabilities, 2000)

<sup>39</sup> (Global Status Report on Alcohol 2004, 2004)

<sup>40</sup> (Penfold & Cleave, 2022)

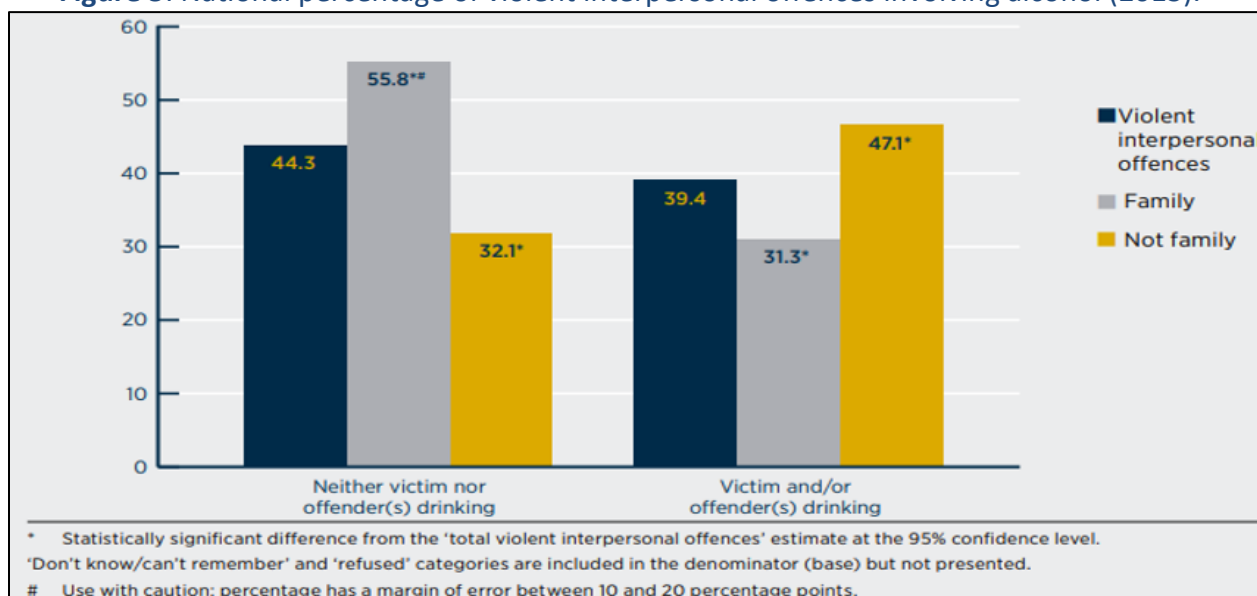
3.2.10 Māori appear to be particularly over represented when it comes to suffering from FASD. While Māori only make up 16% of Aotearoa New Zealand’s population, 60% of children in state care are Māori, with half the children who go into Oranga Tamariki care estimated to have FASD, mostly undiagnosed and untreated, an issue that appears to be intergenerational<sup>41</sup>.

### 3.2.11 Sexual and Physical Assault

3.2.12 According to Police statistics:

- Alcohol is the most common drug used to assist sexual assault<sup>42</sup>. This can also result in sexually transmitted disease in both men and women, with women having the added risk of an unwanted pregnancy<sup>43</sup>.
- Nearly 40% of violent offences between people in 2013 were known to involve alcohol, with the offender being more likely to offend against non-family members (Figure 5, note that this is the most recent survey as of June 2023)<sup>44</sup>.
- Half of family violence incidents in 2018 involved alcohol and/or other drugs<sup>45</sup>.

**Figure 5: National percentage of violent interpersonal offences involving alcohol (2013).**



<sup>41</sup> (Penfold & Cleave, 2022)

<sup>42</sup> (New Zealand Police, n.d.)

<sup>43</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>44</sup> (Ministry of Justice, 2014)

<sup>45</sup> (Ministry of Justice, 2022)

### 3.2.13 *Cancer*

3.2.14 Alcohol is a group one carcinogen, meaning that the association between alcohol and cancer is strongly supported by evidence<sup>46</sup>. Drinking alcohol raises the chance of developing cancer in 27 different areas of the body, including cancer of the mouth, oesophagus, stomach, liver and colon and rectum<sup>47</sup>. Perhaps not as commonly known is that there is a direct link between women drinking alcohol and developing breast cancer<sup>48</sup>.

### 3.2.15 *Disease*

3.2.16 Heart disease causes 19.8% of all alcohol caused deaths. Heart disease (cardiovascular disease) can present in a variety of ways, including heart attacks, strokes, hypertension, heart failure and cardiac arrhythmias such as atrial fibrillation<sup>49</sup>.

3.2.17 Drinking alcohol over the long term or drinking heavily can cause liver and heart disease and inflammation of the pancreas. Almost all heavy drinkers will have a degree of fatty liver disease, which is usually reversible unless heavy drinking continues. If heavy drinking continues it can lead to inflammation of the liver and eventually scarring of the liver (cirrhosis). Alcohol is one of the leading causes of liver cirrhosis in developed countries<sup>50</sup>.

### 3.2.18 *Mental health and neurological disorder*<sup>51</sup>

3.2.19 Alcohol can reduce stress and tension in low dose, and indeed this is one of its attractions to many. However, in higher doses it can create, rather than relieve, stress, and can make people sad, aggressive or prone to mood swings. Alcohol is commonly consumed by people before they self-harm or attempt suicide<sup>52</sup>. Heavy alcohol use is associated with a 37-fold increased risk of suicide<sup>53</sup>. Alcohol use can lead to dependence, with withdrawal symptoms (including delirium tremens) in people who abruptly abstain, and difficulties maintaining a job or social relationships in people who are addicted.

3.2.20 Alcohol dependent individuals have been shown to have a two-fold increased risk of depressive disorders<sup>54</sup>. Alcohol use is not only a cause of depression, but it also worsens symptoms in depressed people, demonstrated by an improvement of symptoms with abstinence and worsening of symptoms with increased consumption.

---

<sup>46</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>47</sup> (Baan et al., 2007)

<sup>48</sup> (Baan et al., 2007; World Health Organization, 2023)

<sup>49</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>50</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>51</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>52</sup> (*Global Status Report on Alcohol 2004*, 2004)

<sup>53</sup> (World Health Organization, 2018)

<sup>54</sup> (World Health Organization, 2018)

- 3.2.21 Alcohol use is also linked to poorer control of psychiatric conditions such as anxiety and schizophrenia and neurological conditions such as epilepsy. Chronic alcohol abuse can lead to peripheral neuropathy (loss of feeling in hands and feet) and damage to areas of the brain, which are responsible for speech generation, vision, memory and balance (Wernicke-Korsakoff syndrome).

### 3.3 How Alcohol Regulation Works

- 3.3.1 The main form of alcohol regulation in Aotearoa New Zealand is the Sale and Supply of Alcohol Act 2012 (Act). Amongst other things, the Act sets the rules around the sale, supply and consumption of alcohol, with the object of the Act being -

- (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 harm caused by the excessive or inappropriate consumption of alcohol in this case includes —

- (a) any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by the excessive or inappropriate consumption of alcohol; and
- (b) any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury of a kind described in paragraph (a).

#### 3.3.2 Local Alcohol Policies – Providing the community a voice on alcohol regulation

##### *Section 75 of the Sale and Supply of Alcohol Act 2012*

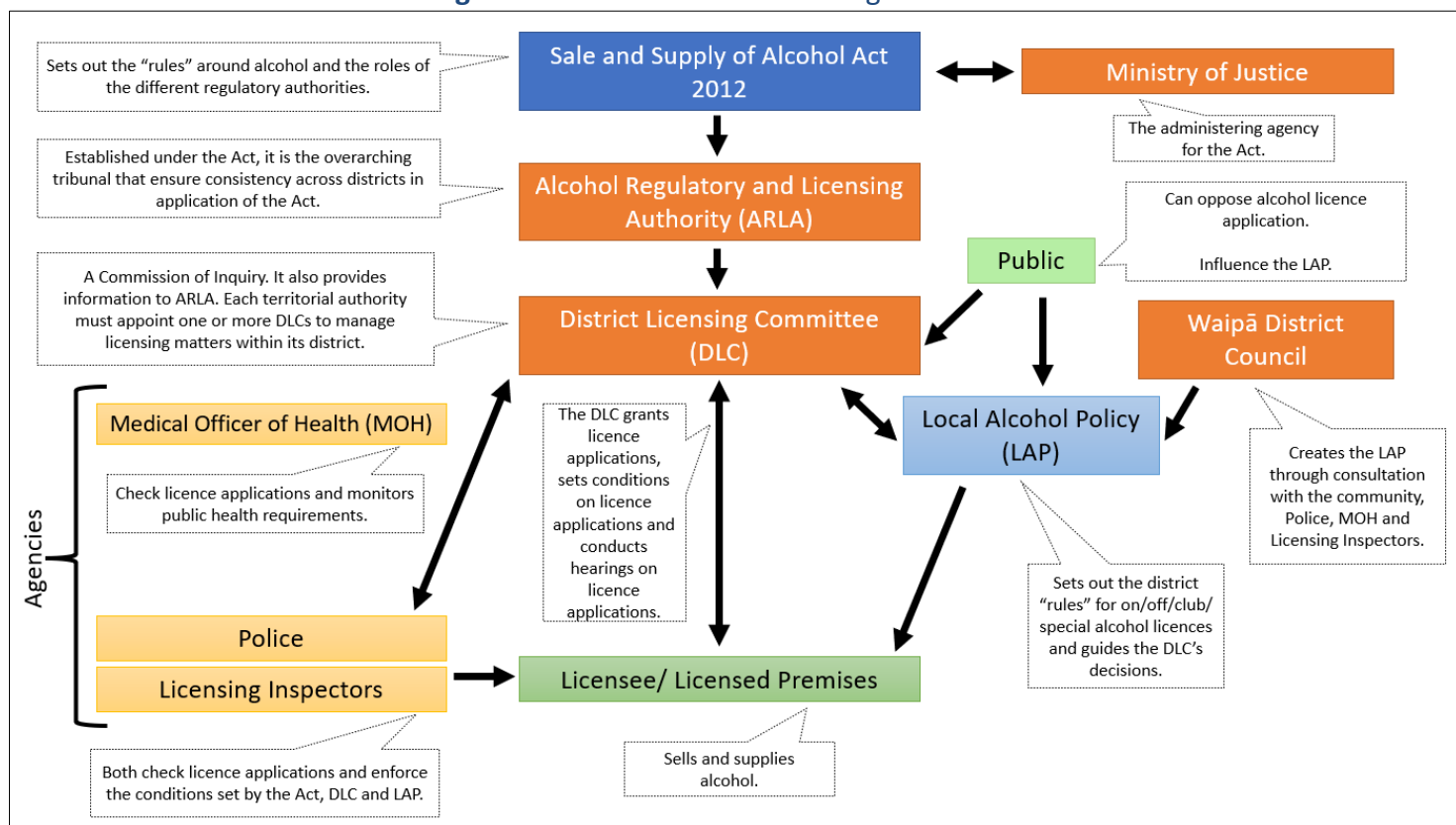
- (1) Any territorial authority may have a policy relating to the sale, supply, or consumption of alcohol within its district (or to 2 or all of those matters).*
- (2) A local alcohol policy—*
  - (a) may provide differently for different parts of its district; and*
  - (b) may apply to only part (or 2 or more parts) of its district; and*
  - (c) may apply differently to premises for which licences of different kinds are held or have been applied for.*
- (3) A local alcohol policy must be produced, adopted, and brought into force, in accordance with this subpart.*
- (4) No territorial authority is required to have a local alcohol policy.*

3.3.3 The Act gives territorial authorities (councils) the option to have a Local Alcohol Policy (LAP) and sets the system around how these will be implemented and enforced (Figure 6). LAPs are created by councils through consultation with the community, Police, Alcohol Licensing Inspectors and Medical Officers of Health. The three regulatory entities each have their own roles in the regulation of alcohol which are explained in Table 1.

3.3.4 A LAP can only cover the following areas:

- The location of licensed premises by reference to broad areas.
- The location of licensed premises by reference to proximity to premises of a particular kind or kinds.
- The location of licensed premises by reference to proximity to facilities of a particular kind or kinds.
- Whether further licences (or licences of a particular kind or kinds) should be issued for premises in the district concerned, or any stated part of the district
- The maximum trading hours.
- The issue of licences, or licences of a particular kind or kinds, subject to discretionary conditions.
- One-way door restrictions (after a certain time, patrons are allowed to stay on the premises or leave the premises but not re-enter).

**Figure 6: How alcohol sales are regulated.**





**Table 1: Regulatory Authority Roles<sup>55</sup>.**

<b>Regulatory Agency</b>	<b>Role</b>
<b>Alcohol Regulatory and Licensing Authority (ARLA)</b>	<p>ARLA acts as a “court” for matters relating to the Act, much as the Environment Court is for matters relating to the Resource Management Act 1991. It has up to three district court judges (one of whom will be the Chair) and any number of other members.</p> <p><b>Functions for ARLA include:</b></p> <ul style="list-style-type: none"> <li>• Determining applications for new and renewed licences and Manager’s Certificates that have been referred to it by DLCs.</li> <li>• Determining appeals against decisions of DLCs.</li> <li>• Draft local alcohol policies.</li> <li>• Giving direction or statements to DLCs.</li> <li>• Advising people of the appropriate DLC to go to.</li> <li>• Referring matters to DLCs for enquiry and report.</li> <li>• Determining enforcement applications - variation, suspension or cancellation of licences and Managers’ Certificates.</li> </ul>
<b>District Licensing Committee (DLC)</b>	<p>The DLC consists of three members. Each territorial authority (council) must appoint one or more DLCs to manage licensing matters within its district.</p> <p><b>Functions of the DLC include:</b></p> <ul style="list-style-type: none"> <li>• Determining applications for licences, managers’ certificates and renewals.</li> <li>• Determining temporary authority applications (on/off-licences).</li> <li>• Varying, suspending or cancelling special licences.</li> <li>• Referring applications to ARLA.</li> <li>• Conducting inquiries and making reports as required by ARLA.</li> </ul>
<b>Police</b>	<p>Police have power of entry to any licensed premises at any reasonable time and may require to see the licence or any records required to establish compliance with the Act. They may also seize alcohol and containers without a warrant for the purpose of analysis.</p> <p><b>Functions of the police include:</b></p> <ul style="list-style-type: none"> <li>• enquiring into all applications for licences, manager’s certificates and renewals;</li> <li>• monitoring licensed premises’ compliance with the Act</li> <li>• reporting to the DLC or ARLA where there are matters in opposition;</li> <li>• ordering the closure of a licensed premises in the case of rioting, fighting or serious disorder, a threat to public health, public nuisance or for certain criminal offences;</li> </ul>

<sup>55</sup> (Te Hiringa Hauora/ Health Promotion Agency, n.d.)

	<ul style="list-style-type: none"> <li>• applying to ARLA for the variation, suspension or cancellation of a licence;</li> <li>• advising ARLA when a licensee or manager has been convicted of an offence relating to the sale and supply of alcohol to minors, unauthorised sale or supply, sale or supply to intoxicated persons, or allowing persons to become intoxicated;</li> <li>• issuing infringement notices;</li> <li>• prosecuting breaches of the law.</li> </ul>
<b>Medical Officer of Health (MOH)</b>	<p>The Medical Officer of Health is a medical practitioner suitably qualified and experienced in public health medicine and reports directly to the Director-General of Health<sup>56</sup>.</p> <p><b>Functions of the Medical Officer of Health include:</b></p> <ul style="list-style-type: none"> <li>• enquiring into all applications for licences and renewals;</li> <li>• making reports to DLC or ARLA where there are matters in opposition;</li> <li>• providing information for development of LAPs;</li> <li>• applying to DLC for suspension of an on-licence or a club licence where there is evidence of non-compliance with public health requirements.</li> </ul>
<b>Alcohol Licensing Inspector</b>	<p>The chief executive of each council must appoint one or more Licensing Inspectors within its district. Inspectors have power of entry to any licensed premises at any reasonable time and may require to see the licence or any records to establish compliance with the Act.</p> <p><b>Functions of the Licensing Inspector include:</b></p> <ul style="list-style-type: none"> <li>• enquiring into all applications for licences, managers' certificates and renewals;</li> <li>• monitoring licensed premises' compliance with the Act reporting to the DLC or ARLA;</li> <li>• appearing and being heard at ARLA and DLC hearings, appeals and other matters;</li> <li>• applying to ARLA for variation, suspension and cancellation of licences and Managers' Certificates;</li> <li>• making appeals to ARLA issuing infringement offence notices;</li> <li>• providing information for development of local alcohol policies;</li> <li>• exercising the power to seize alcohol and containers without a warrant for the purpose of analysis.</li> </ul>

<sup>56</sup> Section 7A of the Health Act 1956

3.3.5 In October 2022, 41 of the 67 councils have LAPs, accounting for 35% of the country's population. Of the 67 councils:

- 15 have not developed a LAP to a draft or provisional stage
- Six have developed a LAP to a draft or provisional stage
- Five have halted or abandoned provisional LAPs following appeal<sup>57</sup>.

3.3.6 It is possible that the reason not all councils have developed a LAP is due to the appeals process, which has now been repealed.

### 3.3.7 *Changes to the Local Alcohol Policy process*

3.3.8 A landmark decision was made in early May 2023, with the Supreme Court ruling against Woolworths and Foodstuffs' appeal of the Auckland Provisional LAP. The Auckland Provisional LAP was held up for six years following an appeal by Woolworths and Foodstuffs on the ground that the proposed maximum trading hours and restrictions on new off-licences were unreasonable in light of the object of the Act. This has wider implications for providing evidence during the LAP process as the Supreme Court clarified several aspects of the process, possibly resulting in a streamlined LAP process in the future<sup>58</sup>.

3.3.9 Another change was made in August 2023, with the Sale and Supply of Alcohol (Community Participation) Amendment Act 2023 being adopted and making several changes to the LAP process.

3.3.10 Changes in force from 31 August 2023:

- remove the ability for people to appeal provisional local alcohol policies (LAPs) to the Alcohol Regulatory and Licensing Authority (ARLA)
- enable district licensing committees (DLCs) and ARLA to decline to renew a licence if the licence would be inconsistent with conditions on location or licence density in the relevant LAP, and
- allow any person to object to licence applications, whether as an individual or a representative of a group or an organisation, with narrow exceptions for trade competitors and their surrogates.

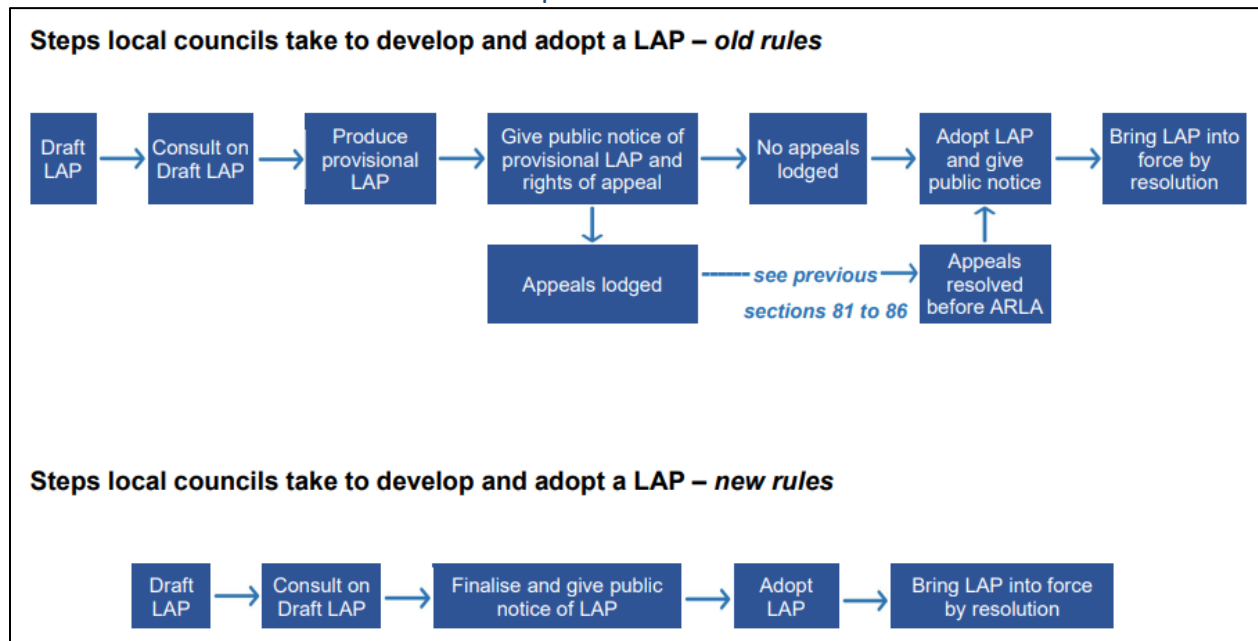
3.3.11 Changes in force from 30 May 2024:

- The second set of changes impact licensing hearings and do not impact the LAP process.

---

<sup>57</sup> (Beehive, 2022)

**Figure 7:** Comparison of LAP process before and after the adoption of the Community Participation Amendment.



## ALCOHOL AND WAIPĀ

---

*The following section provides information as required by the Act in Sections 75 – 78 and related sections.*

The Act divides alcohol licences into different types, which is the primary way licences are distinguished and regulated. The four different licences are as follows:

### 3.3.12 On-licences

3.3.13 An on-licence allows the licensee to sell and supply alcohol for consumption on the premises as well as let people consume alcohol on the premises which applies to, for example, BYO (bring your own) restaurants and caterers.

There are currently 73 On-Licences held in the Waipā district.

### 3.3.14 Off-licences

3.3.15 On the premises an off-licence is held for, the licensee can sell alcohol for consumption somewhere else. An off-licence can also apply to situations where

- Alcohol is being delivered.
- The distributor, importer, manufacturer, or wholesaler of any alcohol can deliver the alcohol from its own premises.
- When selling alcohol as an auctioneer.

There are currently 38 Off-Licences held in the Waipā district.

### 3.3.16 Club licences

3.3.17 On the premises a club licence is held for, the licensee can sell and supply alcohol for consumption there to a member of the club, a visitor there at the invitation of a member, or an authorised visitor<sup>59</sup>. Examples of situations where a club licence is used is at an RSA or rugby club.

There are currently 29 Club Licences held in the Waipā district.

### 3.3.18 Special licences

3.3.19 Special licences are held for specific events described in the licence. There are 2 kinds of special licence: on-site special licences and off-site special licences. Examples of situations where special licences apply are a food and wine festival, or a concert.

---

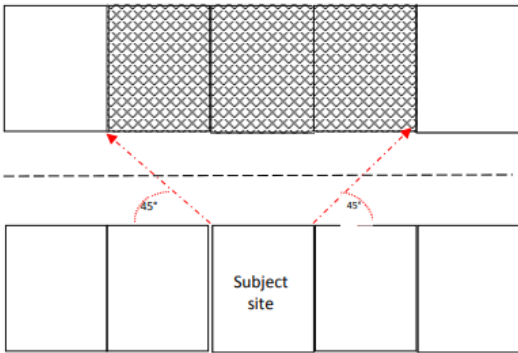
<sup>59</sup> **Authorised visitor**, in relation to premises a club licence is held for, means a member of some other club with which the club concerned has an arrangement for reciprocal visiting rights for members.

### 3.4 Waipā's Current Local Alcohol Policy

**Table 2: The 2016 Waipa District Council LAP.**

Policy Condition – Section 77	Default Conditions as set by the Act	Waipā 2016 LAP Conditions
Location of licensed premises by reference to broad areas	No default conditions	<i>Off-licence</i> New off-licence premises are limited to areas zoned to allow commercial activities as permitted activities, unless authorised by resource consent.
	No default conditions	<i>On-licence</i> New on-licence premises are limited to areas zoned to allow commercial activities as permitted activities.
	No default conditions	<i>Club licence</i> Premises should be located at, or in close proximity to, the sports grounds or other facilities used by the club, if relevant.
Location of licensed premises by reference to proximity to premises of a particular kind or kinds	No default conditions	<i>Off-licence</i> The District Licensing Committee has regard to the proximity to other off-licensed premises when considered relevant.  Premises being licensed for the first time, holding <b>both an on and off licence</b> <ul style="list-style-type: none"> <li>• separate point of sale and supply for the off licence if a totally separate area or premises is not practical.</li> </ul>
	No default conditions	<i>On-licence</i> The District Licensing Committee has regard to the proximity to other licensed premises when considered relevant.
	No default conditions	<i>Club licence</i> The District Licensing Committee has regard to the proximity to other licensed premises when considered relevant.
Location of licensed premises by reference to proximity to facilities of a particular kind or kinds	No default conditions	<i>Off-licence</i> <ul style="list-style-type: none"> <li>• No <u>new off-licence</u> within commercial areas on any site where the site frontage directly borders (at the time of application) any: <ul style="list-style-type: none"> <li>○ school</li> <li>○ early childcare facility</li> <li>○ place of worship</li> </ul> </li> </ul>

		<p>Unless demonstrated that the hours, external alcohol related signage or operation of the premises will have no significant impact on facilities and/ or persons using those facilities.</p> <ul style="list-style-type: none"> <li>In cases where a <u>resource consent</u> is required to locate premises outside of commercially zoned areas, the boundary of the site shall be a minimum of 40 metres from the boundary of any existing <ul style="list-style-type: none"> <li>school,</li> <li>early childcare facility</li> <li>or place of worship</li> </ul> </li> </ul> <p>Unless demonstrated that the hours, external signage or operation of the premises will have no significant impact on facilities and/ or persons using those facilities.</p> <ul style="list-style-type: none"> <li>the District Licensing Committee shall have regard to the proximity to <ul style="list-style-type: none"> <li>public park,</li> <li>car park</li> <li>reserve</li> </ul> </li> </ul> <p>particularly where that park, car park or reserve is within a restricted place prescribed by the Public Places Alcohol Control Bylaw.</p>
	No default conditions	<p><i>On-licence</i></p> <ul style="list-style-type: none"> <li>No new on-licence issued on any site where the site directly borders any existing; <ul style="list-style-type: none"> <li>school</li> <li>early childcare facility</li> <li>place of worship</li> </ul> </li> </ul> <p>unless no significant impact on those facilities</p>

		<p><b>Figure 8: Diagram of "directly border".</b></p>  <ul style="list-style-type: none"> <li>Boundary of the site shall be a minimum of 40 metres from the boundary of any school, early childcare facility, or place of worship existing at the time unless no significant impact on those facilities</li> </ul>
	No default conditions	<p><i>Club licence</i></p> <p>The District Licensing Committee shall have regard to the proximity of any proposed new club premises to any:</p> <ul style="list-style-type: none"> <li>○ school</li> <li>○ early childcare facility</li> <li>○ place of worship</li> <li>○ residential area.</li> </ul>
Whether <b>further licences</b> (or licences of a particular kind or kinds) should be issued for premises in the district concerned, or any stated part of the district	No default conditions	No limit on number of licences.
<b>Maximum trading hours</b>	<p><i>Off-licence</i></p> <p>Between 7am and 11pm on any day</p>	<p><i>Off-licence</i></p> <p>Monday to Sunday 7.00am to 10.00pm</p>
	<p><i>On-licence</i></p> <p>8am on any day and 4am on the next day</p>	<p><i>On-licence</i></p> <p><b>Hotel, tavern</b></p> <ul style="list-style-type: none"> <li>Monday to Sunday 9.00am to 2:00am the following day.</li> <li><b>Hotels</b> - alcohol may be sold or supplied at anytime to any guest residing on the premises.</li> </ul>



		<p><b>Hotel, tavern or other premises</b> where principle activity is provision of alcohol is proposed <b>within 100 meters of Residential Zone:</b></p> <ul style="list-style-type: none"> <li>• Sunday to Thursday 9:00am to 10.30pm</li> <li>• Friday and Saturday 9.00am to 12.00 midnight.</li> <li>• <b>Hotels</b> - alcohol may be sold or supplied at anytime to any guest residing on the premises.</li> </ul> <p><b>Restaurant, café or function centre</b></p> <ul style="list-style-type: none"> <li>• Monday to Sunday 7.00am to 1.00am the following day.</li> </ul> <p><b>Any outdoor dining area:</b></p> <ul style="list-style-type: none"> <li>• 9.00am to 11.00pm on any day.</li> <li>• Outside of these hours the Public Places Alcohol Control Bylaw restrictions shall apply to any premises within a restricted place.</li> </ul> <p><b>Any other premises</b> not defined above:</p> <ul style="list-style-type: none"> <li>• Monday to Sunday 9:00am to 1.00am the following day.</li> </ul>
	<p><i>Club licence</i> 8am on any day and 4am on the next day</p>	<p><i>Club licence</i></p> <ul style="list-style-type: none"> <li>• Monday to Sunday 9.00am to 1.00am the following day</li> <li>• The District Licensing Committee will have regard to the days and hours of operation, and the type of activities undertaken by the club, in setting club hours.</li> </ul>
The issue of licences, or licences of a particular kind or kinds, subject to <b>discretionary conditions</b>	No default conditions	<p><i>Off-licence</i></p> <p>District Licensing Committee may impose discretionary conditions related to the following:</p> <ul style="list-style-type: none"> <li>• Prohibited persons</li> <li>• People or kinds of people to be served</li> <li>• Kinds of alcohol to be sold</li> <li>• Display of nationally consistent safe drinking messages and material</li> <li>• Application of Crime Prevention Through Environmental Design (CPTED) principles: <ul style="list-style-type: none"> <li>○ CCTV</li> <li>○ Lighting</li> <li>○ Internal layout</li> <li>○ Staff</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• 50% of any store front glazing shall be transparent and no more than 30% of the external area of any side of the premises may contain alcohol related signage or advertising, excluding the company name.</li> <li>• External signage must comply with the signage requirements outlined in the Waipa District Council District Plan.</li> </ul>
	No default conditions	<i>On-licence</i> District Licensing Committee may impose discretionary conditions related to the following: <ul style="list-style-type: none"> <li>• Prohibited persons</li> <li>• Management of premises</li> <li>• People or kinds of people to be served</li> <li>• Low and non-alcoholic beverages</li> <li>• Transport options</li> <li>• Exclusion of the public</li> </ul>
	No default conditions	<i>Club licence</i> District Licensing Committee may impose discretionary conditions related to the following: <ul style="list-style-type: none"> <li>• Prohibited persons</li> <li>• Management of premises</li> <li>• People or kinds of people to be served</li> <li>• Low and non-alcoholic beverages</li> <li>• Transport options</li> <li>• Exclusion of the public</li> </ul>
One-way door restrictions	No default conditions	<i>Off-licence</i>
	No default conditions	<i>On-licence</i> <b>Hotel or tavern premises</b> with a closing time later than midnight <ul style="list-style-type: none"> <li>• one-hour prior to maximum closing time may be applied on Thursday, Friday and Saturday nights.</li> </ul>
	No default conditions	<i>Club licence</i> No earlier than two hours before the normal closing time of the premises.

### 3.5 Waipā District Plan Objectives and Policies

*Section 78(2)(a) of the Sale and Supply of Alcohol Act 2012*

- (2) When producing a draft policy, a territorial authority must have regard to—  
(a) the objectives and policies of its district plan.*

*Section 93(1) – (2) of the Sale and Supply of Alcohol Act 2012*

- (1) A local alcohol policy may contain a policy more restrictive than the relevant plan district plan.  
(2) A local alcohol policy does not authorise any thing forbidden by the relevant plan district plan.*

- 3.5.1 The Waipa District Plan is a key document for the district. It contains policy guidance and rules on development and subdivision and also seeks to protect important buildings, landscapes and natural areas. A summary of the District Plan objectives and policies for each zone is provided in Table 3.
- 3.5.2 Currently, new licence premises are limited to areas zoned to allow commercial activities as permitted activities, unless authorised elsewhere by resource consent under the Waipa District Plan and if the premises meets the location requirements under the LAP.
- 3.5.3 Alcohol consumption is permitted anywhere in the district with the exception of those areas identified in the Waipa District Council Public Places Alcohol Control Bylaw 2015 (Section 3.7) and some reserve management plans. Where alcohol is consumed as per the conditions of a licence in a public place (such as a sidewalk), this area must be indicated through the use of barriers.

**Table 3: Waipa District Plan Zone Objectives and Policies Summary.**

Zone	Summary of Relevant Objectives and Policies
Residential	To maintain and enhance existing character and amenity of the Residential Zone through: <ul style="list-style-type: none"> <li>• restricting noise; and</li> <li>• restricting non-residential activities; and</li> <li>• Encouraging amenity and safety through design; and</li> <li>• Enable the health and wellbeing of the community.</li> </ul> There is the provision in the Residential zones for commercial activities, including retail activities, café, dining and ancillary activities.
Large Lot Residential	To maintain and enhance the character and safety of the Large Lot Residential Zone through: <ul style="list-style-type: none"> <li>• Encouraging amenity and safety through design; and</li> <li>• restricting non-residential activities; and</li> <li>• recognise the potential for new local shops and café and dining activities within specific structure plan areas.</li> </ul>
Rural Zone	To enable rural based industry while maintaining rural character and amenity. The zone provides for retail activity only associated with the goods or services produced on a site. Temporary events and activities that contribute to the

	community's social and cultural well-being may occur within the rural zone on an irregular basis.
Reserves Zone	To enable a range of recreational and social uses on reserve land that takes into account the specific values attributed to a reserve. Temporary events are enabled on those reserves which are located, and of a sufficient size to ensure adverse effects are avoided, remedied or mitigated.
Commercial Zone	To provide for commercial development with vibrant and distinctive characters in designated areas by giving consideration to: <ul style="list-style-type: none"> <li>• active frontages; and</li> <li>• appropriate signage.</li> </ul> The zone provides for a range of commercial activities including licensed premises, cafes, restaurants and wholesale shops.
Industrial Zone	To provide land for industrial development that avoids reverse sensitivities and provides a level of amenity. Cafes are permitted in certain locations and a licensed premise is provided for within the Bardowie Industrial Precinct.
Lake Karapiro Events Zone	To enable the ongoing development and use of the Lake Karāpiro Events Zone for recreational facilities through: <ul style="list-style-type: none"> <li>• recognising and protecting the Waikato River valley surrounding environment; and</li> <li>• avoiding reverse sensitivity impacts on surrounding areas and amenity values.</li> </ul> The zone enables temporary events for up to three days excluding the set up period required and up to ten temporary events within a calendar year that exceed eight days in duration.
Mystery Creek Events Zone	To enable the operation and further development of the zone as a major events, exhibitions and recreation area.
Airport Business Zone	To support the economic and social well-being of the Waikato Region through providing for industrial and business activities, including offices and limited retail activities in an integrated mixed use business park within a defined area.

### 3.6 Licences in Waipā

#### *Section 78(2)(b) of the Sale and Supply of Alcohol Act 2012*

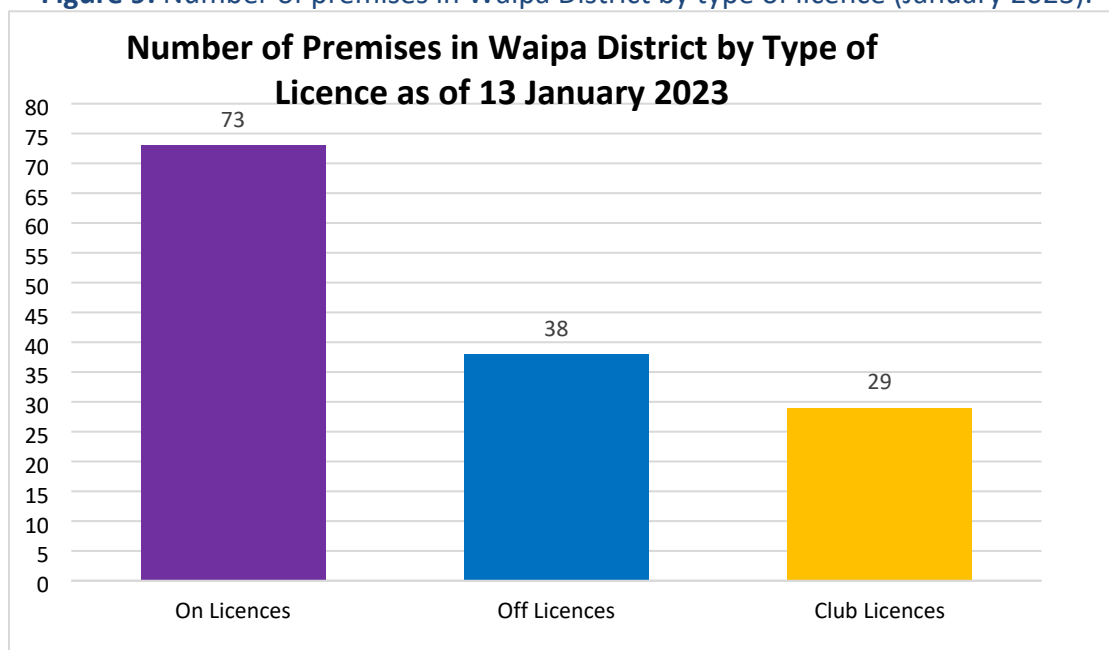
- (2) When producing a draft policy, a territorial authority must have regard to—  
(b) the number of licences of each kind held for premises in its district, and the location and opening hours of each of the premises.

### 3.6.1 Number of licences of each kind in Waipā

3.6.2 There are currently a total of 140 licensed premises in Waipā District. Of these, 73 are on-licences, 38 are off-licences, and 29 are club licences (Figures 8 and 9).

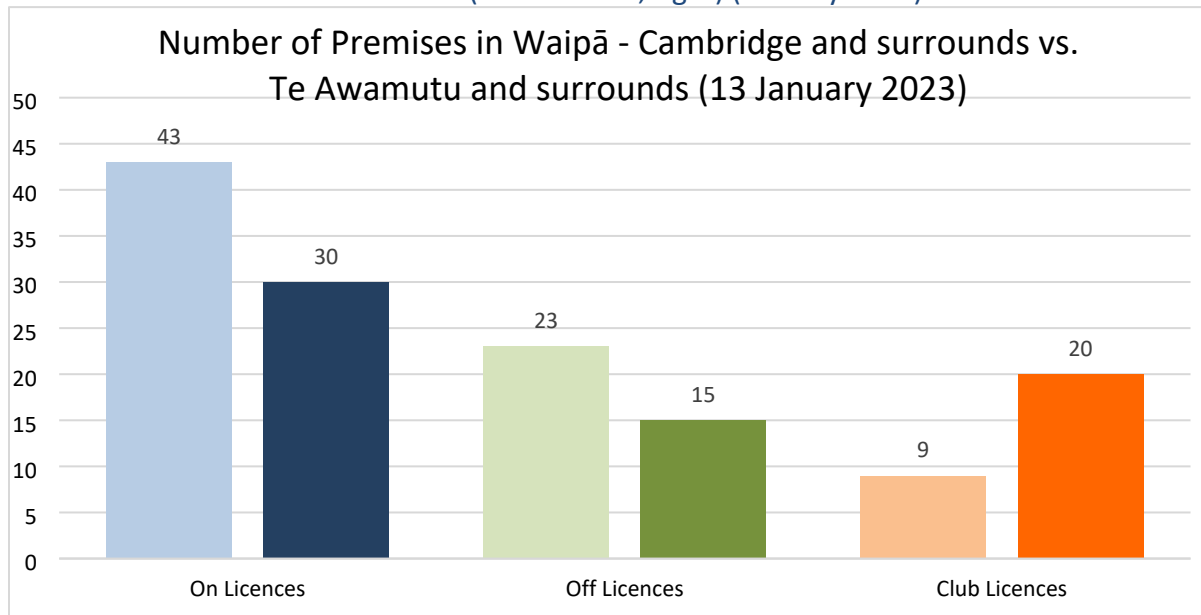
3.6.3 ***Off-licences are by far the leaders in proportion of alcohol sold, selling approximately 75% of alcohol nationally. Supermarkets (which can only sell beer, wine (includes cider) and mead) are the most commonly used off-licence location for buying alcohol***<sup>60</sup>.

**Figure 9:** Number of premises in Waipā District by type of licence (January 2023).



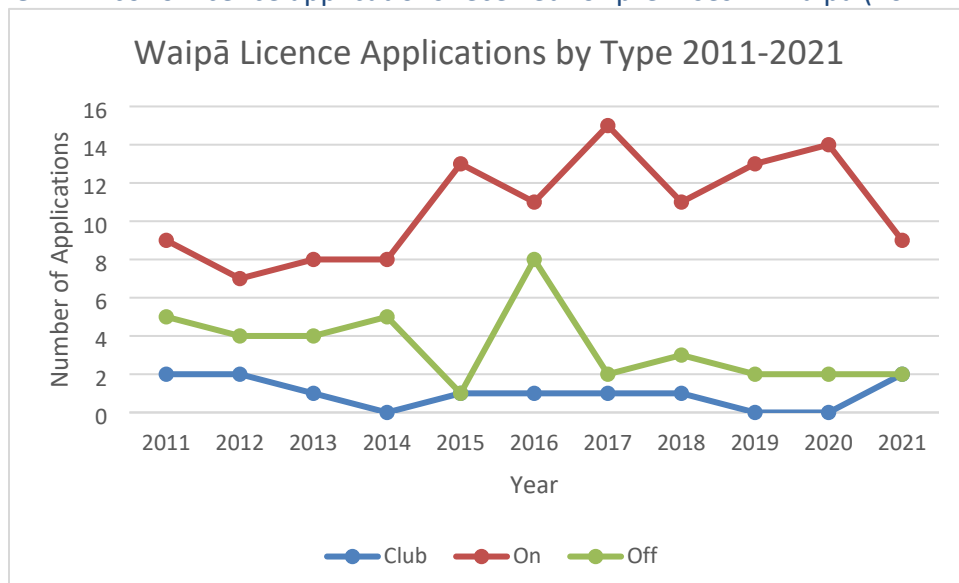
<sup>60</sup> (Action Point, 2021)

**Figure 10:** Number of premises in Waipā comparing Cambridge (light colours, left) and Te Awamutu (dark colours, right) (January 2023).



3.6.4 Figure 10 shows the trend in licence applications received (but not necessarily issued) by Waipā District Council between 2011 and 2021 (note that the Act came into effect in 2012). The COVID-19 lockdowns could also have potentially impacted the number of licence applications.

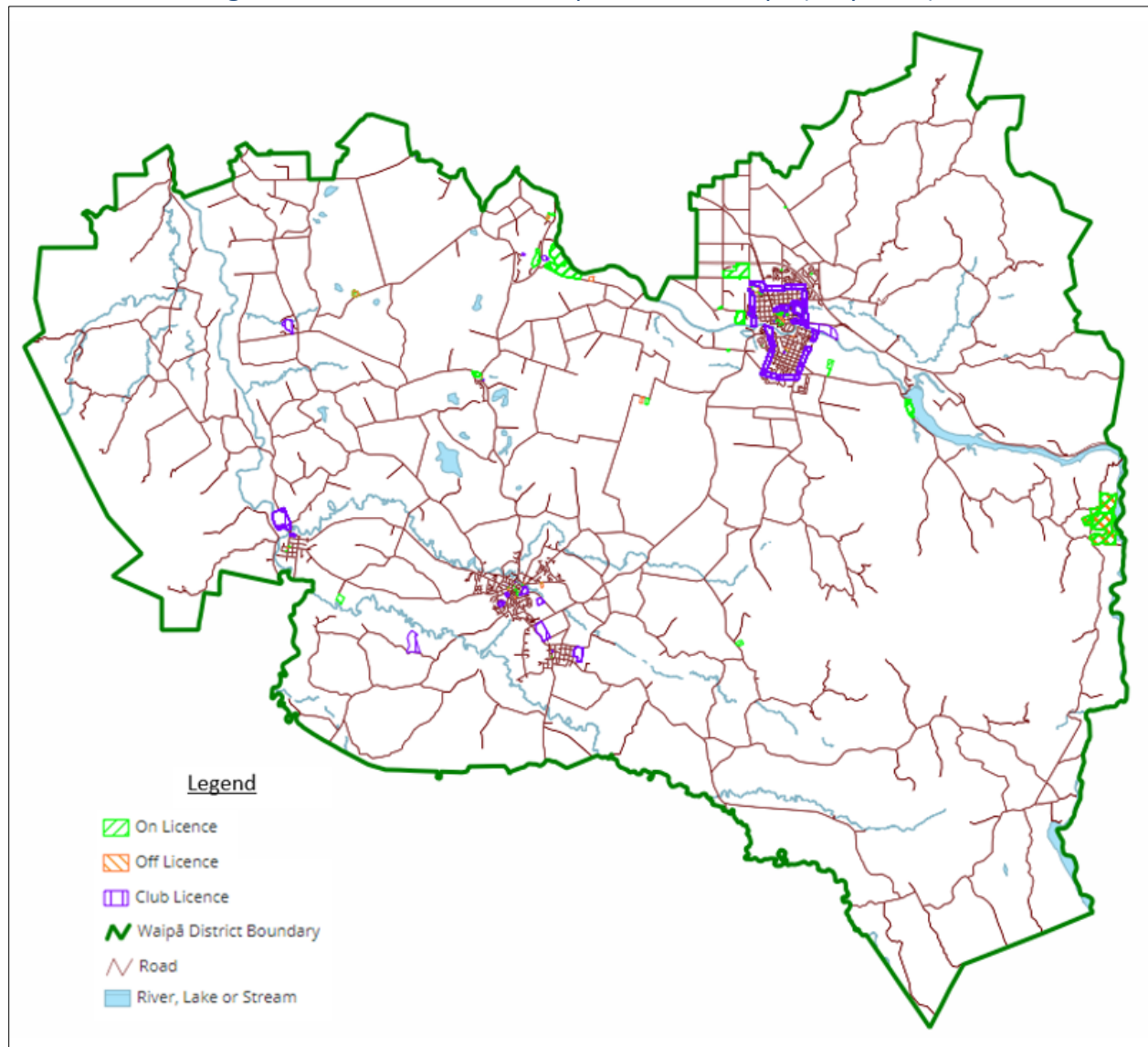
**Figure 11:** Alcohol licence applications received for premises in Waipā (2011-2021).



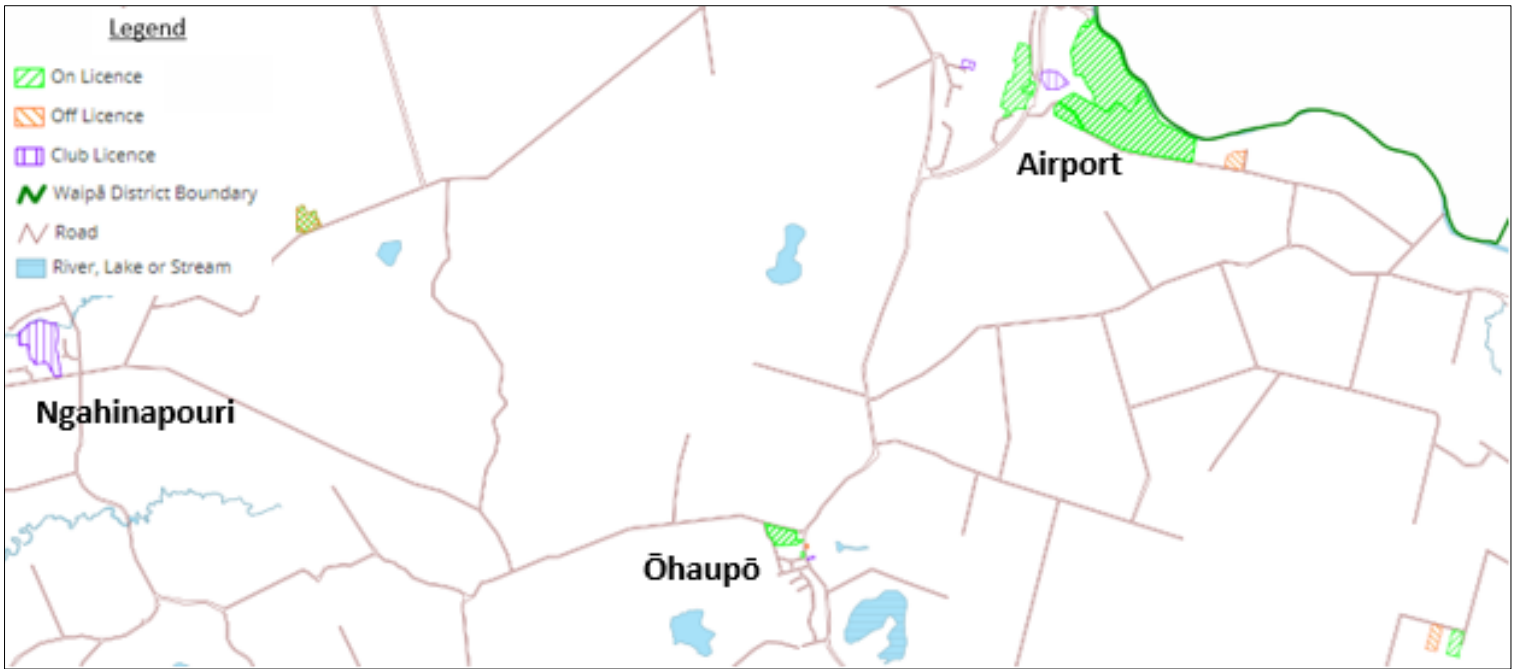
### 3.6.5 *The location of premises in Waipā*

3.6.6 Licenced premises are spread out throughout the Waipā district. There is some clustering of premises in townships but a sizable portion of premises are found outside town boundaries as shown in Figures 11-14.

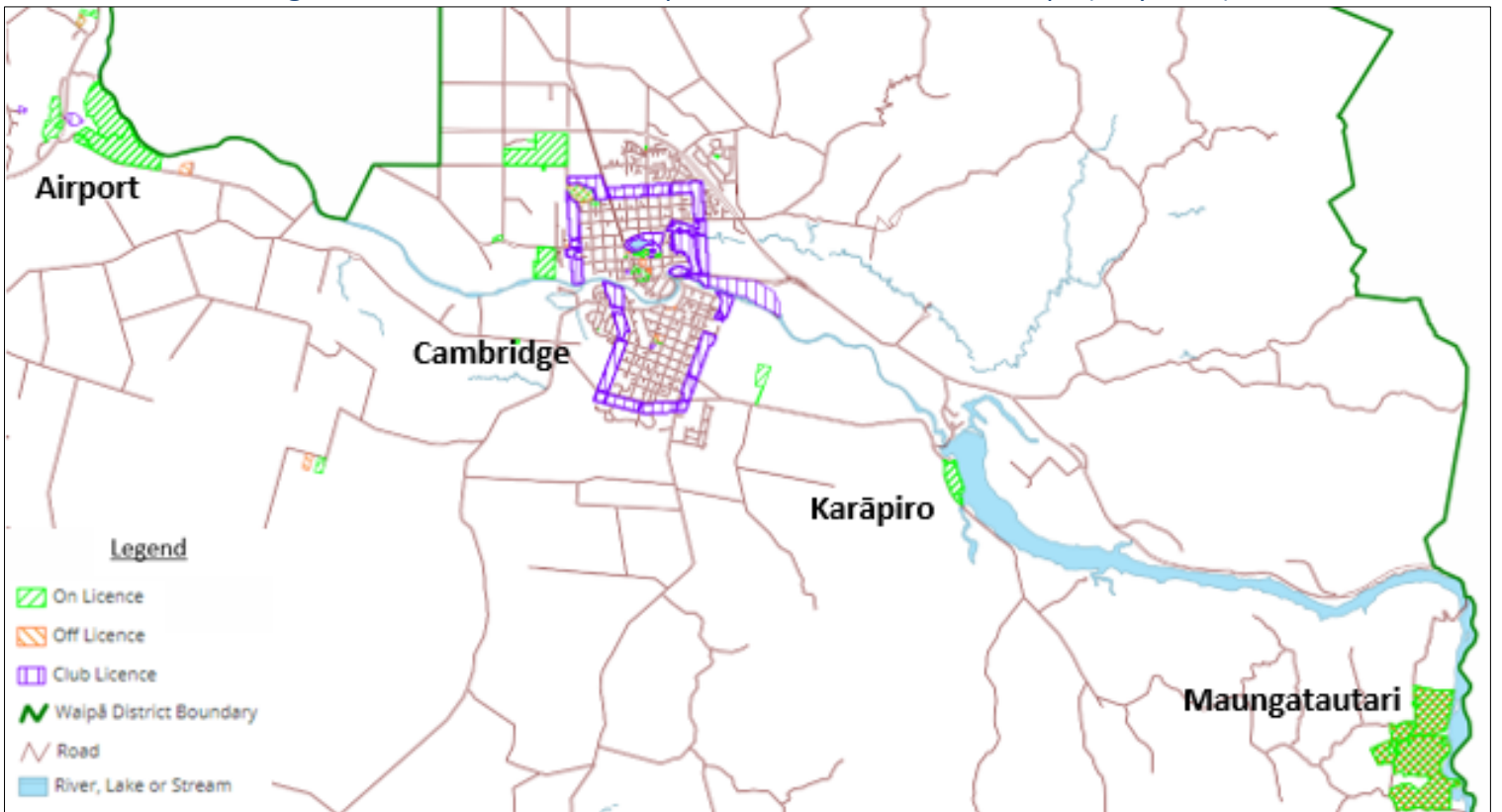
**Figure 12:** Location of licensed premises in Waipā (May 2023).



**Figure 13:** Location of licensed premises in northwestern Waipā (May 2023).

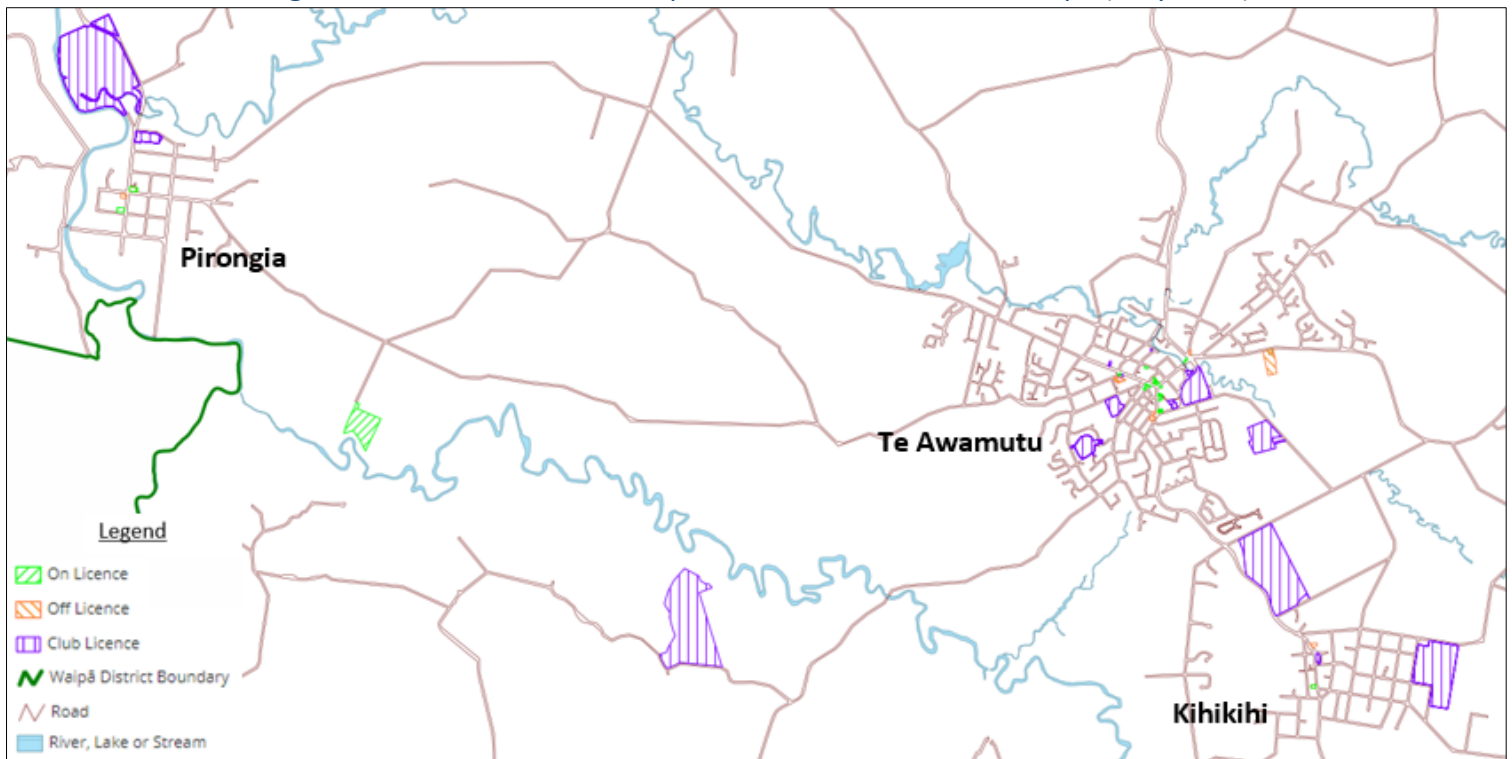


**Figure 14:** Location of licensed premises in northeastern Waipā (May 2023).





**Figure 15:** Location of licensed premises in southwestern Waipā (May 2023).



### 3.6.7 The opening hours of premises in Waipā

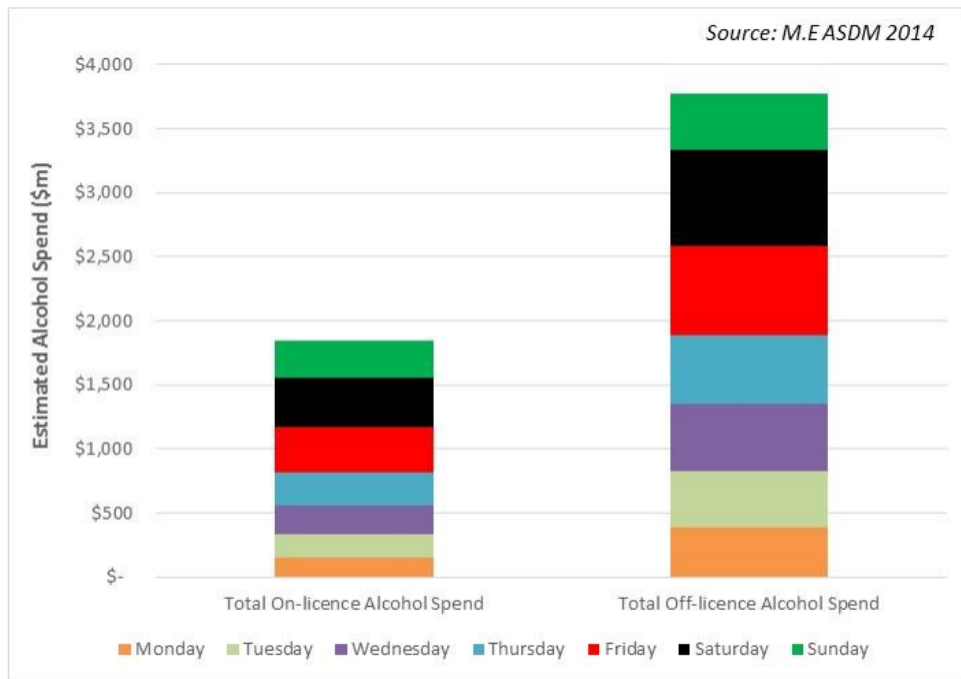
3.6.8 *Data from card spending shows that on-licences generally have a spike in spending during breakfast, lunch and dinner times. This is consistent with people going out for a meal (note this is all spending at on-licences, not only alcohol sales. Off-licences (which includes bottle stores and supermarkets) tend to have most spending occur in the late afternoon and evening, with the peak being early evening<sup>61</sup>.*

3.6.9 Nationally it is estimated that the most spending on alcohol is done at off-licence premises, with most of that spending done on Fridays and Saturdays (Figure 15).

3.6.10 There is no district level data on when people spend money on alcohol. The closest data to this is the opening hours of premises, indicating when people have access to alcohol. In Waipā district on and off-licence hours tend not to vary significantly during the week. Club licence hours vary substantially during the week, with most premises being open from 6pm to 9pm most days, with these hours extending Thursday to Sunday.

<sup>61</sup> (M.E Consulting, 2018)

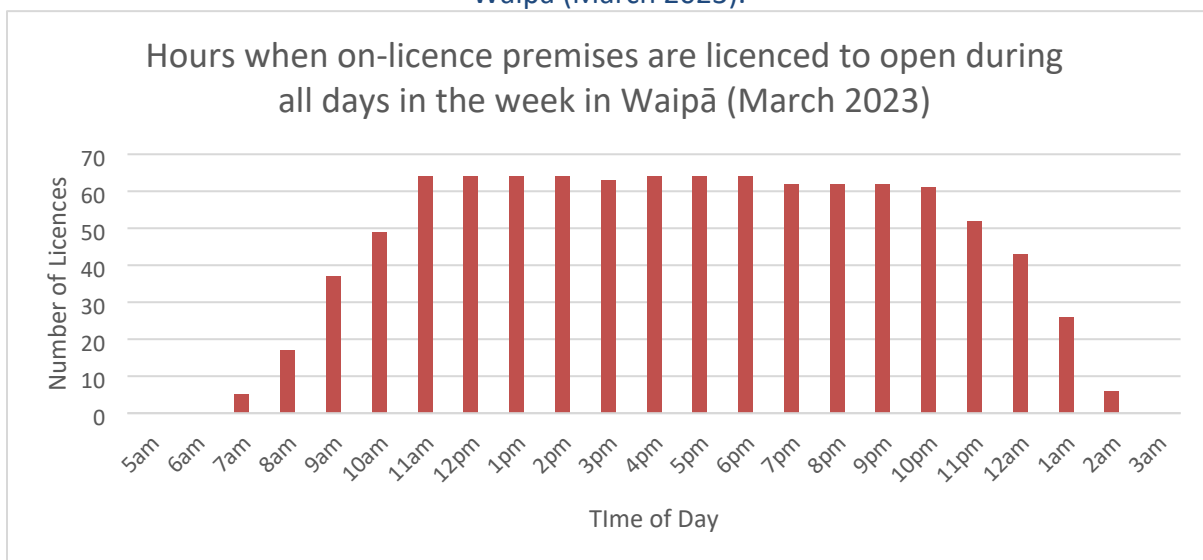
**Figure 16:** Estimated national alcohol spending – On-licence vs. Off-Licence (2014)<sup>62</sup>.



### 3.6.11 On-licences

Figure 16 shows the hours during which on-licences are licenced to operate in Waipā. Note this does not include eight of the licences as they operate different times on different days. Of the eight licences not included in Figure 16, none include opening before 9am and four include staying open till 2am. Half hours have been rounded to the full hour i.e. 8:30am was included as 8:00am and 4:30pm was included as 5:00pm.

**Figure 17:** Hours when on-licence premises are licenced to open during all days in the week in Waipā (March 2023).

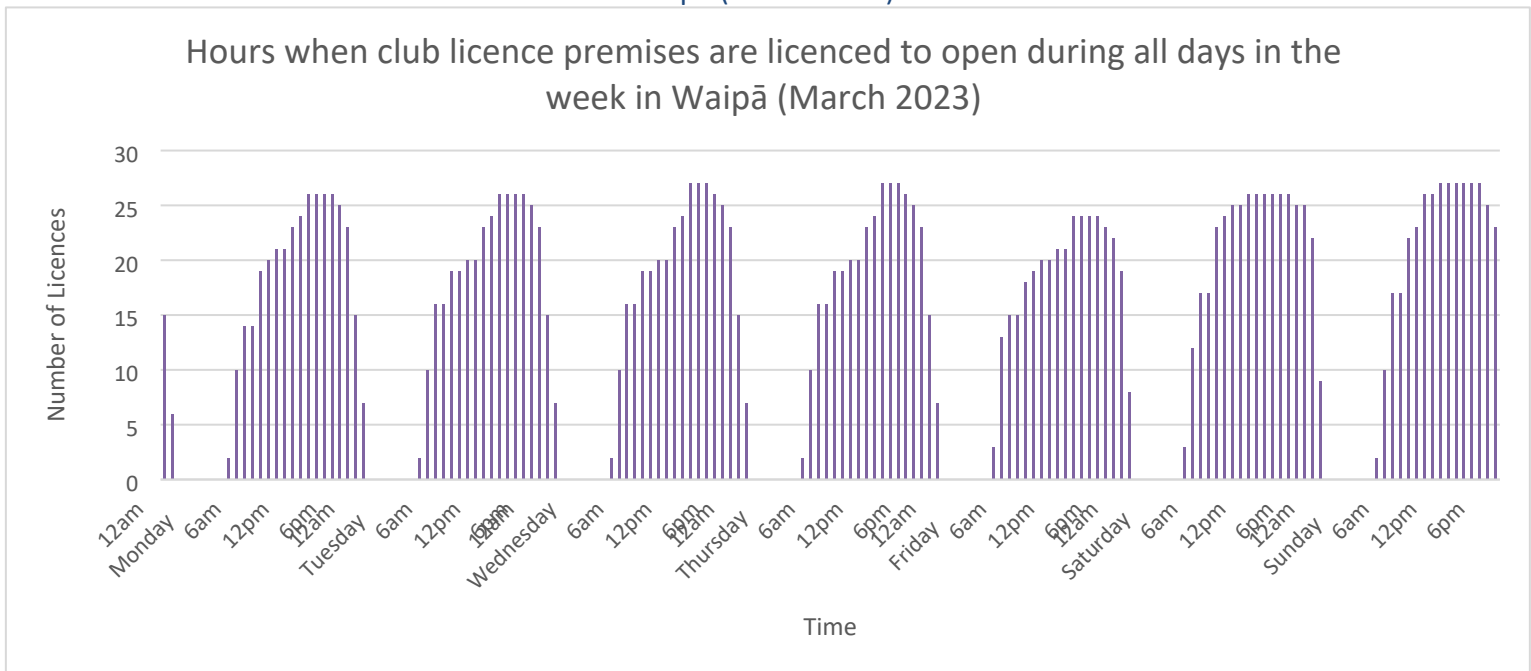


<sup>62</sup> (M.E Consulting, 2018)

### 3.6.12 Club Licences

Club licence opening hours vary considerably by day. Some clubs extend their hours during daylight savings. Figure 17 does not include two licences as their hours were too varied to plot accurately. Half hours have been rounded to the full hour.

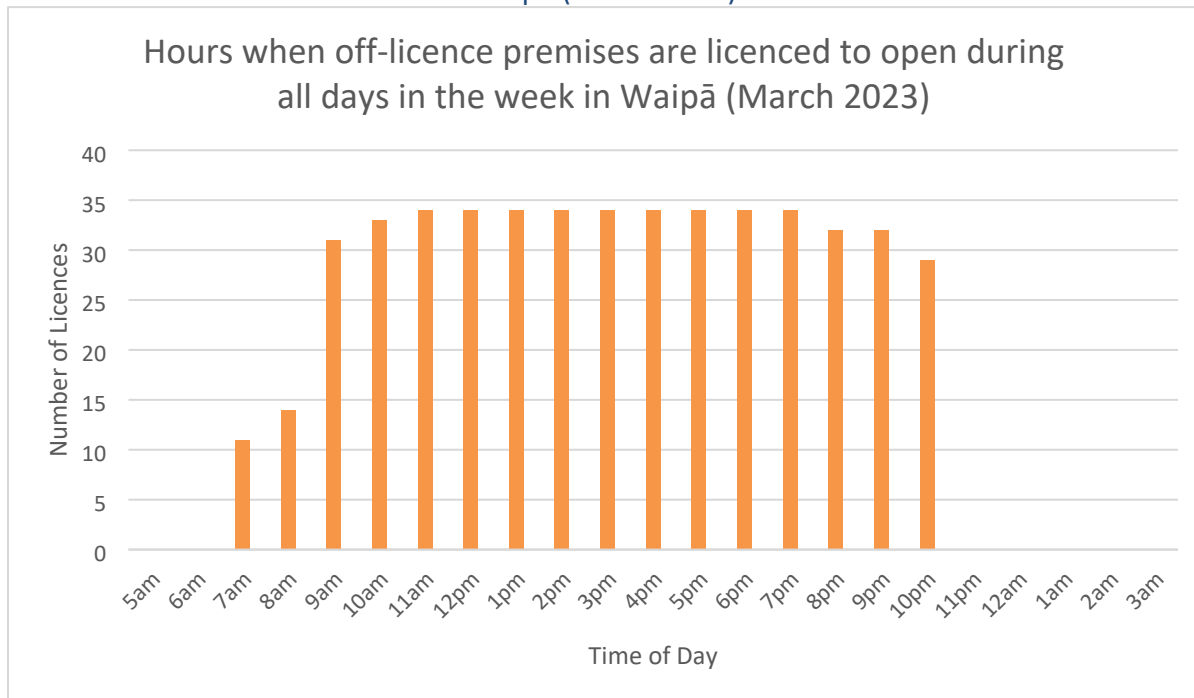
**Figure 18:** Hours when club licence premises are licenced to open during all days in the week in Waipā (March 2023).



### 3.6.13 Off-Licences

Figure 18 shows the hours during which off-licences are licenced to operate in Waipā. Note this does not include four licences, two of which are licences for remote sale and so are able to operate 24/7 and two of which have different hours on different days not extending past 9am – 10pm.

**Figure 19:** Hours when off-licence premises are licensed to open during all days in the week in Waipā (March 2023).



### 3.7 Bylaw

#### Section 78(2)(c) of the Sale and Supply of Alcohol Act 2012

(2) When producing a draft policy, a territorial authority must have regard to—

(c) any areas in which bylaws prohibiting alcohol in public places are in force.

- 3.7.1 The Waipā District Council Public Places Alcohol Control Bylaw 2015 (Bylaw) prohibits and controls the consumption of, bringing into and possession of alcohol in restricted places. There are four permanent alcohol bans in restricted places located in the Waipā District. The Bylaw also provides for temporary alcohol bans and exemptions for possession and/or consumption of alcohol.

**Table 4:** Liquor ban areas within Waipā District in April 2023.

Permanent Areas	Ban	Approximate Boundary Location	Map
Te Awamutu		Ohaupo Road, Albert Park Drive, Park Road, Sloane Street, Brady Street, Teasdale Street, Rewi Street, College Street, Tawhiao Street	Figure 19
Cambridge		Thornton Road, Albert Street, Waikato River, Dick Street, Victoria Street	Figure 3
Leamington		Cook Street, Wordsworth Street, Tennyson Street, Browning Street, Burns Street	Figure 4



Kihikihi	Linden Street, Galloway Street, Moule Street, Church Street, Lyon Street	Figure 2
<b>Exemptions</b>	<b>Location</b>	
Cambridge Town Hall	Queen Street Cambridge	
Te Awamutu Events Centre	Selwyn Lane Te Awamutu	
Waipa District Council Chambers and Committee Rooms	Bank Street Te Awamutu and Wilson Street Cambridge	

**Figure 20: Te Awamutu Liquor Ban Areas.**

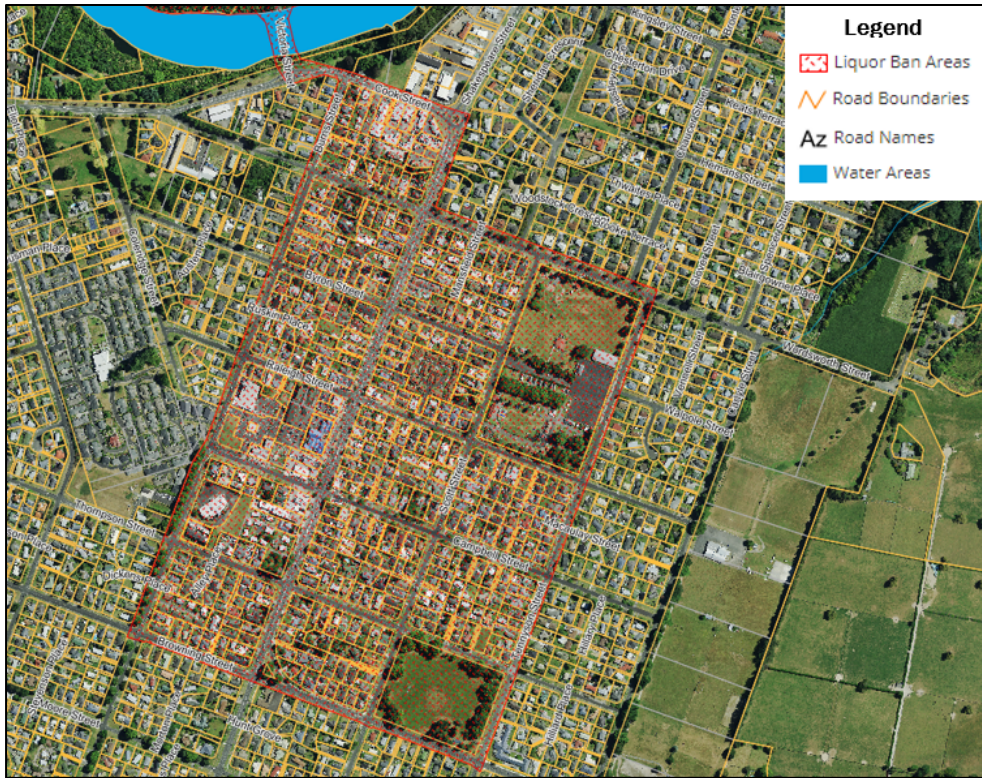




Figure 21: Cambridge Liquor Ban Areas.



Figure 22: Leamington Liquor Ban Areas.





**Figure 23: Kihikihi Liquor Ban Areas.**



### 3.8 Demographic Profile

*Section 78(2)(d) of the Sale and Supply of Alcohol Act 2012*

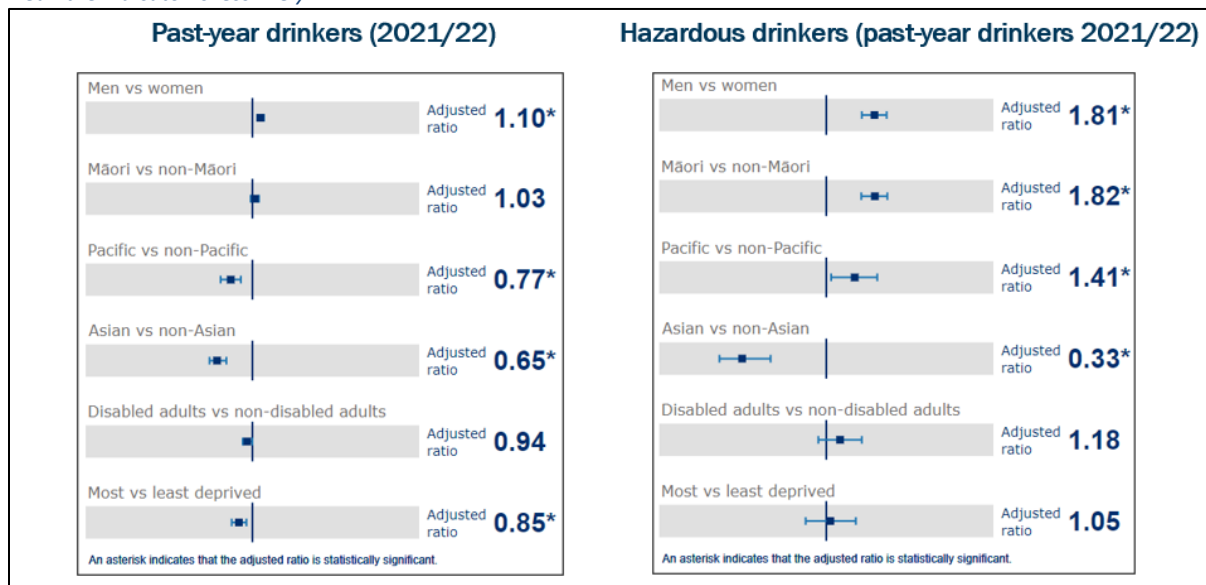
- (2) When producing a draft policy, a territorial authority must have regard to—  
 (d) the demography of the district's residents.

3.8.1 The demographics of an area help in the understanding of the alcohol landscape, as not all parts of society interact with alcohol the same. There are parts of the community who are more at risk of alcohol harm due to their likelihood of drinking hazardously or due to their current situation. To see trends in the data of who is more likely to be impacted by alcohol, national level data has to be considered as district level data does not provide enough data points to show trends for minority groups.

3.8.2 Figure 23 shows at a national level that people are more likely to have drunk hazardously in the year 2021/22 if they were male, Māori, Pacific, non-Asian, disabled, or more socio-economically deprived. Taking the national figures as an indication of who might be more at risk of hazardous drinking, Table 5 shows the proportions of Waipā's population that are statistically more likely to be past-year drinkers and hazardous drinkers.

**Figure 24: Comparison in alcohol use between groups in Aotearoa New Zealand<sup>63</sup>.**

Adjusted ratios above 1 mean the indicator is more likely in the group of interest than the comparison group; adjusted ratios below 1 mean the indicator is less likely.



**Table 5: Population Profile – Waipā and comparable districts<sup>64</sup>.**

Demographic Group	Waipā District	Waikato District	Western Bay of Plenty	Ōtorohanga District	New Zealand Population
Population	53,241	75,618	51,321	10,104	4,699,755
Median Age (years)	40.5	37.6	45.2	36.3	37.4
Māori Median Age (years)	25.2	25.3	28.0	27.8	25.4
European	87.7%	76.8%	81.4%	77.5%	70.2%
Māori	14.9%	26.4%	19.2%	30.0%	16.5%
Pacific peoples	1.8%	4.2%	2.7%	2.2%	8.1%
Asian peoples	4.3%	5.8%	6.5%	4.0%	15.1%
Middle Eastern/Latin American/African	0.5%	0.6%	0.5%	0.3%	1.5%
Other ethnicity	1.4%	1.2%	1.2%	1.2%	1.2%
Population over 65	~20%	~13%	~21%	~15%	~15%

<sup>63</sup> (Ministry of Health Manatū Hauora, 2022a)

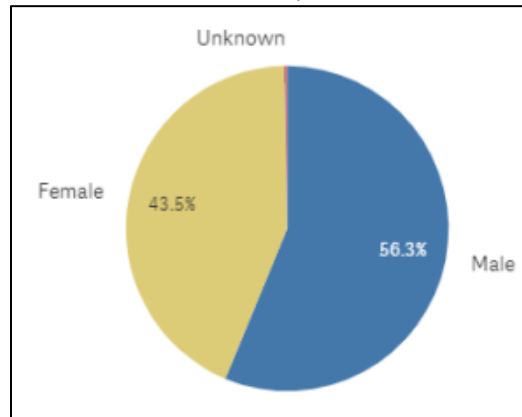
<sup>64</sup> (Stats NZ, 2018b)



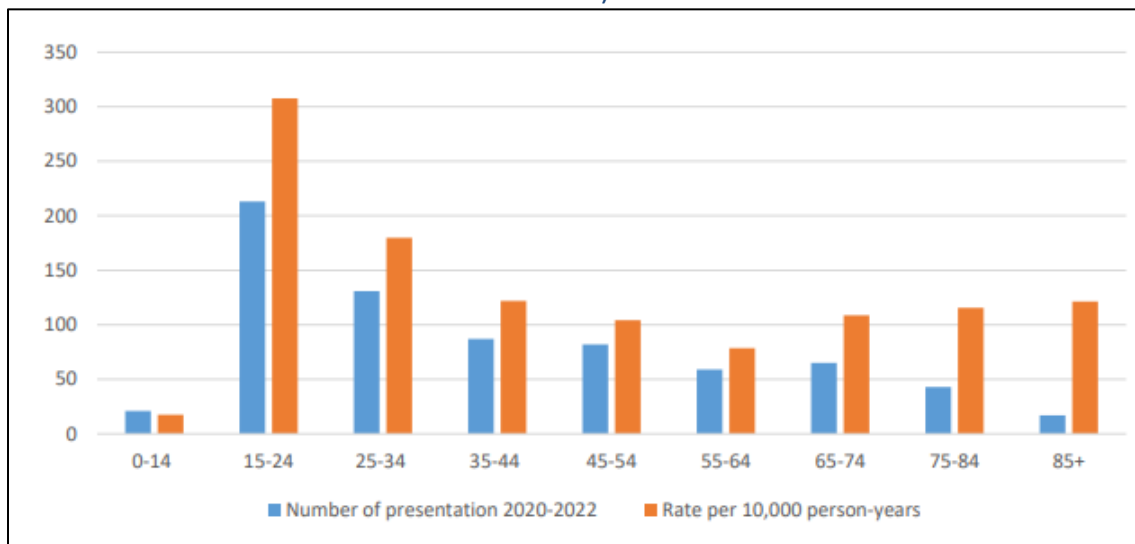
Population under 15	~21%	~23%	~19%	~23%	~20%
---------------------	------	------	------	------	------

3.8.3 Data from Te Whatu Ora shows that for people who usually live in Waipā, alcohol harm is more likely to lead to hospitalisation for those who are male (Figure 24) and those between the age of 15 – 24 (Figure 25).

**Figure 25:** Proportion of alcohol related ED presentations from Waipā district by gender (2020-2022).



**Figure 26:** Number of alcohol related ED presentations from Waipā district by age group (2020-2022).



### 3.9 Tourists and Holidaymakers

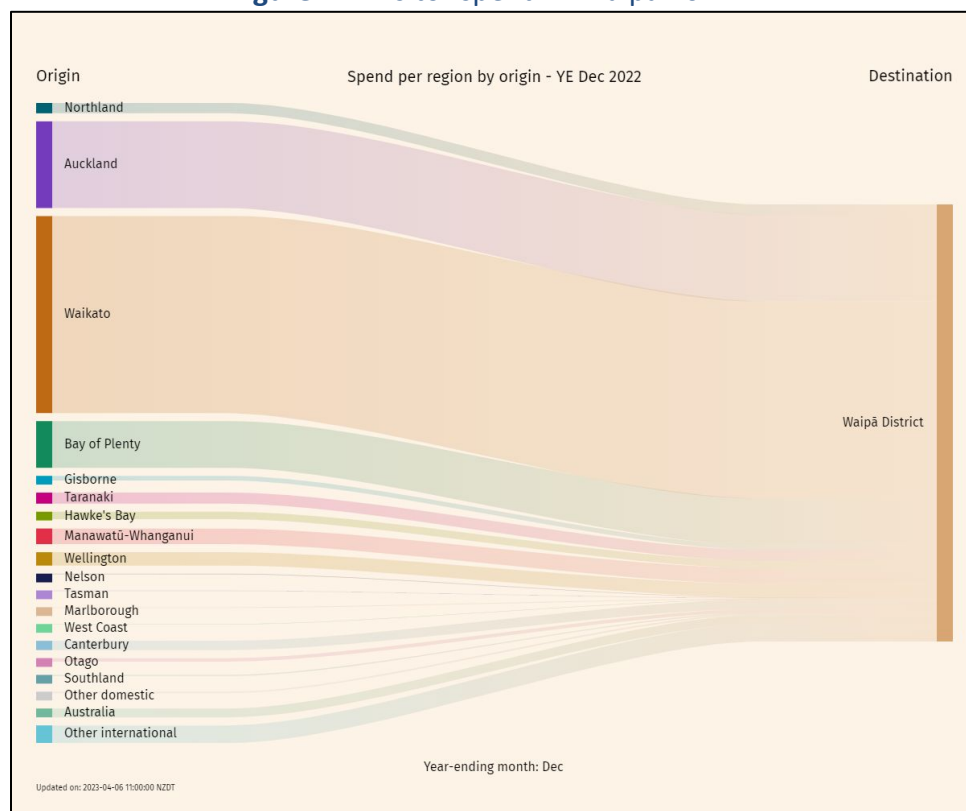
*Section 78(2)(e) of the Sale and Supply of Alcohol Act 2012*

*(2) When producing a draft policy, a territorial authority must have regard to—*

*(e) the demography of people who visit the district as tourists or holidaymakers.*

3.9.1 Waipā is known as the Home of Champions, a playground for elite sporting events such as cycling at the Velodrome, rowing at Lake Karāpiro, or horse racing at the Cambridge Raceway. The sporting events, along with the local cultural and natural attractions means there are a steady stream of visitors to the district year-round. Data on the demography of visitors to Waipā is scarce, however, Hīkina Whakatutuki / Ministry of Business, Innovation & Employment gathers data on visitor spend. Nationally, international visitors accounted for 11% of alcohol sales from on-licences and 2% for off-licences and club-licences respectively in 2014<sup>65</sup>. Figure 26 shows that most visitors spending in the Waipā district comes from domestic visitors, with these being mainly from the surrounding Waikato region<sup>66</sup>. Nationally, 96% of alcohol purchases across all three licence types in 2014 were made by New Zealand bank and credit card holders<sup>67</sup>.

**Figure 27: Visitor spend in Waipā 2022<sup>68</sup>.**



<sup>65</sup> (M.E Consulting, 2018)

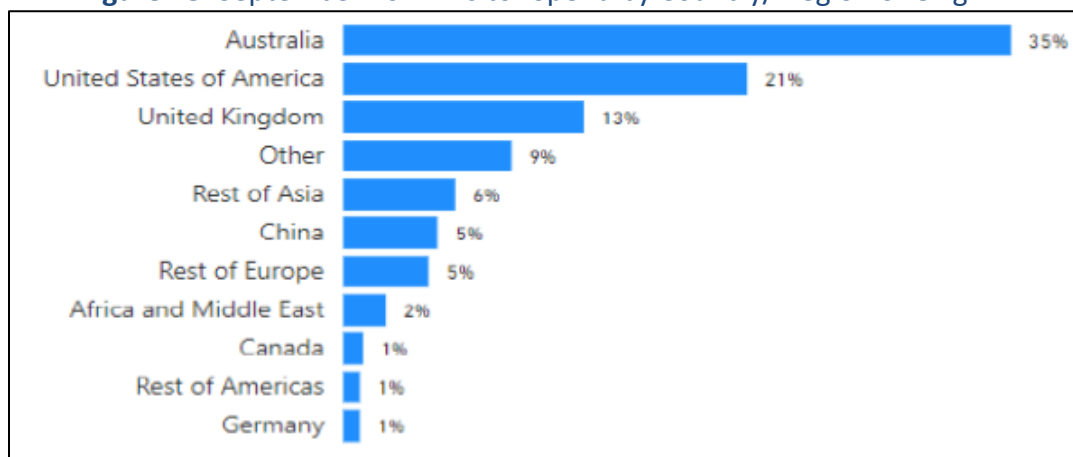
<sup>66</sup> (Ministry of Business, Innovation & Employment | Hīkina Whakatutuki, 2023)

<sup>67</sup> (M.E Consulting, 2018)

<sup>68</sup> (Ministry of Business, Innovation & Employment | Hīkina Whakatutuki, 2023)

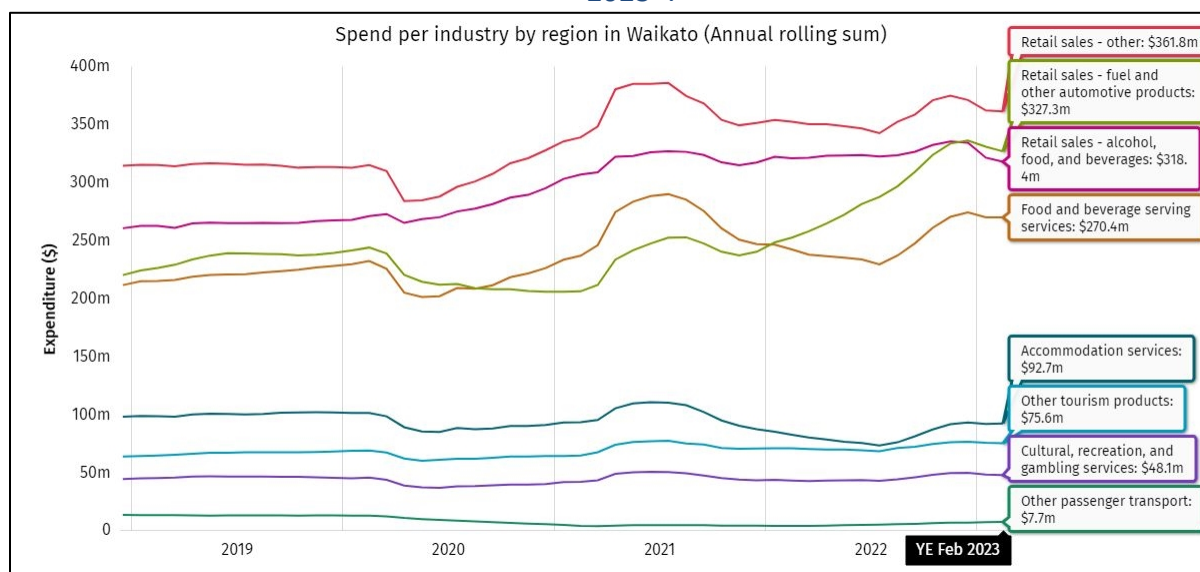
3.9.2 International visitors to the Waikato region in September 2022 (which can be expected to be roughly the same as Waipā) mainly consists of Australian visitors, followed by visitors from the United States of America and United Kingdom (Figure 27).

**Figure 28: September 2022 Visitor Spend by Country/ Region of Origin<sup>69</sup>.**



3.9.3 Figures 28 and 29 show what visitors spend their money on while in the Waikato region. Domestic Tourism Electronic Card Transactions spending on Retail sales – alcohol, food, and beverages being the third highest category at \$318.4m behind Retail sales – other (\$361.8m) and Retail sales – fuel and other automotive products (\$327.3m) (Figure 28). For international visitors Retail sales – alcohol, food, and beverages is also the third highest category (Figure 29).

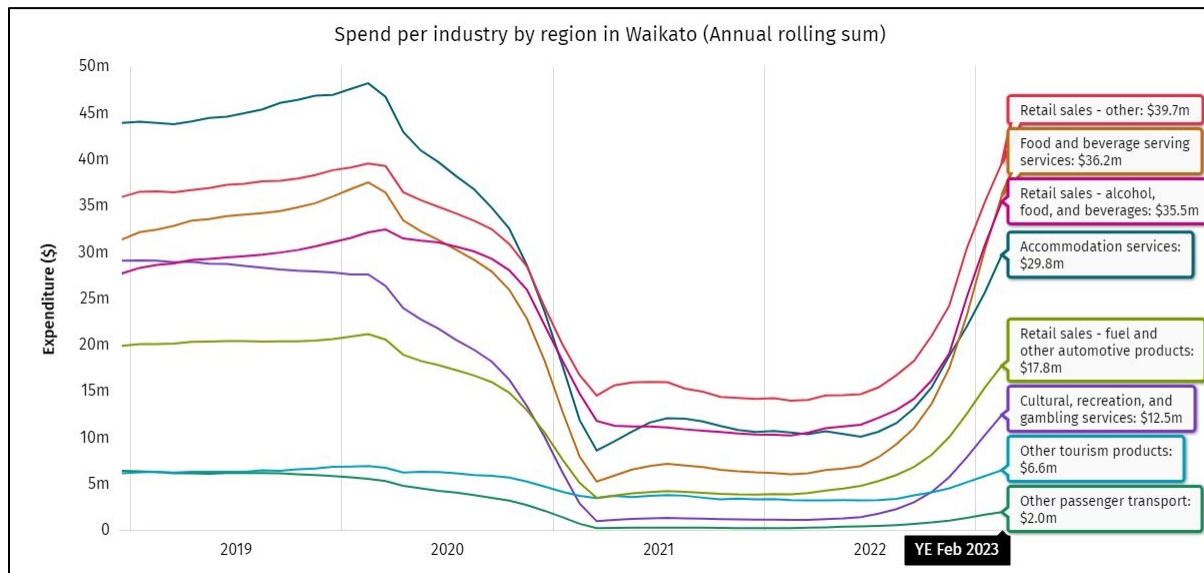
**Figure 29: Domestic Tourism Electronic Card Transactions spend per industry in Waikato 2019 – 2023<sup>70</sup>.**



<sup>69</sup> (Hamilton & Waikato Tourism, 2022)

<sup>70</sup> (Ministry of Business, Innovation & Employment | Hīkina Whakatutuki, 2023)

**Figure 30: International Tourism Electronic Card Transactions spend per industry in Waikato 2019 – 2023<sup>71</sup>.**



### 3.10 Health Indicators

*Section 78(2)(f) of the Sale and Supply of Alcohol Act 2012*

- (2) When producing a draft policy, a territorial authority must have regard to—  
(f) the overall health indicators of the district's residents.

3.10.1 According to Environmental Health Intelligence New Zealand (EHINZ), health indicators related to alcohol are the statistics on how common hazardous drinking is, hospitalisations connected to alcohol, car crashes connected to alcohol and the density of places that sell alcohol<sup>72</sup>. These statistics (apart from density of places that sell alcohol) are gathered by Police and Te Whatu Ora (formerly the District Health Board).

3.10.2 According to Te Whatu Ora Waikato<sup>73</sup>, in November 2019 it became a compulsory entry field in Waikato Emergency Departments' ("ED") patient discharge summary to identify whether alcohol was involved in each person's attendance at ED. Alcohol involvement is recorded in to the following categories:

- **Primary**, alcohol consumption is directly associated with this presentation.
- **Secondary**, where the presentation was related to alcohol consumption of a person other than the patient. For example, an alcohol related assault or car crash involving a drunk driver.
- **Unknown**, could not determine if alcohol is associated with this presentation.
- **No**, Alcohol consumption is NOT directly associated with this presentation.

<sup>71</sup> (Ministry of Business, Innovation & Employment | Hīkina Whakatutuki, 2023)

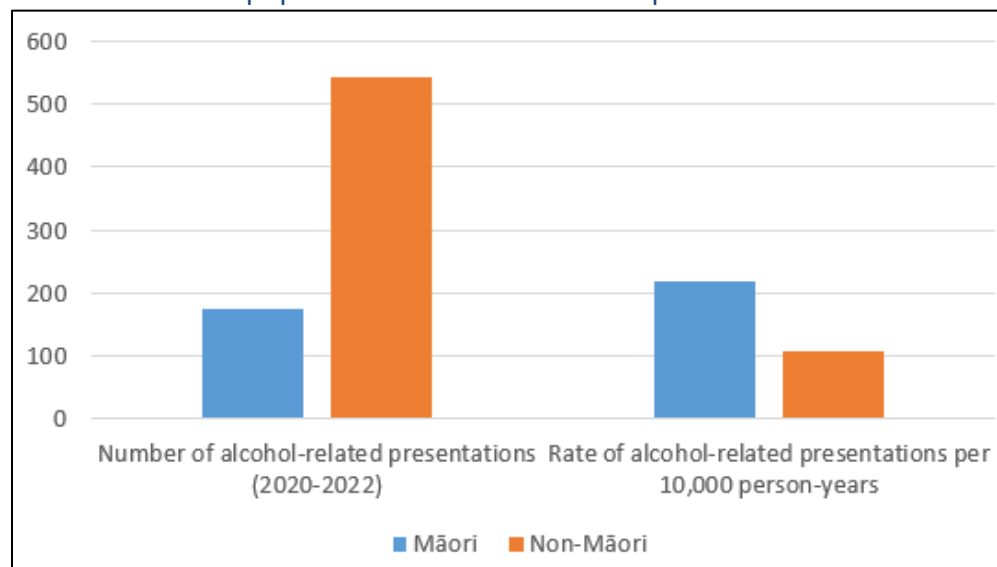
<sup>72</sup> (EHINZ, n.a.)

<sup>73</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

Police have a similar system of recording alcohol related incidents including car crashes, with the two categories being **alcohol** crimes and **alcohol related** crimes.

- 3.10.3 As mentioned previously in this report, not everyone experiences alcohol related harm equally, with males, Māori, Pacifica peoples, non-Asian, disabled, or more socio-economically deprived individuals being more at risk. This trend is also seen at a Waipā level with Māori being more likely to make alcohol related presentations to the ED (Figure 30). This indicates that the national level trends are likely to be present in Waipā.

**Figure 31: Alcohol related ED presentations from Waipā District by prioritised ethnicity.**  
Reference population was the 2018 usual place of residence<sup>74</sup>.



#### 3.10.4 Hazardous drinking and hospitalisations connected to alcohol

- 3.10.5 Alcohol is commonly consumed in Aotearoa New Zealand, with 79% of adults having drunk alcohol in the year 2021/22<sup>75</sup>. Hazardous drinking (measured through a World Health Organization 10-item questionnaire) is identified in nearly 19% of the country's adult population, with 25% of people consume 6 or more alcoholic drinks on one occasion on a monthly basis (in the year 2021/22)<sup>76</sup>. As indicated earlier in this report, hazardous drinking and heavy episodic drinking (heavy drinking during one sitting) is more common in certain groups.

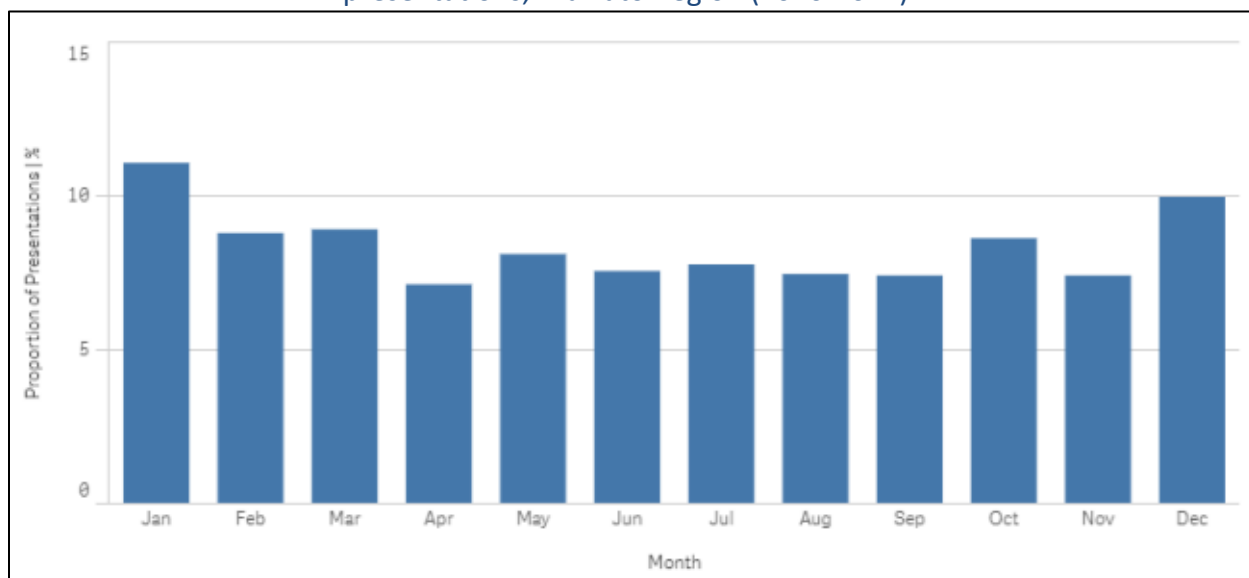
<sup>74</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>75</sup> (Ministry of Health Manatū Hauora, 2022c)

<sup>76</sup> (Ministry of Health Manatū Hauora, 2022b)

3.10.6 Hazardous drinking and heavy episodic drinking and related health issues or injuries are also more common at certain times. Trends for the Waikato region (which would not be expected to be substantially different from Waipā) shows that the period of December to March is the most common time for alcohol related ED presentations<sup>77</sup>. Thirty-nine per cent of alcohol related presentations fall within this period (Figure 31)<sup>78</sup>.

**Figure 32:** Alcohol related presentation by month as a proportion of all alcohol related presentations, Waikato Region (2020-2022).



3.10.7 The majority (57%) of alcohol related presentations occur in the period from Friday night to Monday morning. The peak burden of ED is on Saturday night (including Sunday morning) when a quarter of alcohol related ED presentations happen (Figure 32)<sup>79</sup>. In terms of the time of day of alcohol related ED presentations, there is a small peak at 11:00am and 12:00pm, with a gradual increase in presentations starting at 18:00pm leading to a big peak between 23:00pm and 1:00am (Figure 33)<sup>80</sup>.

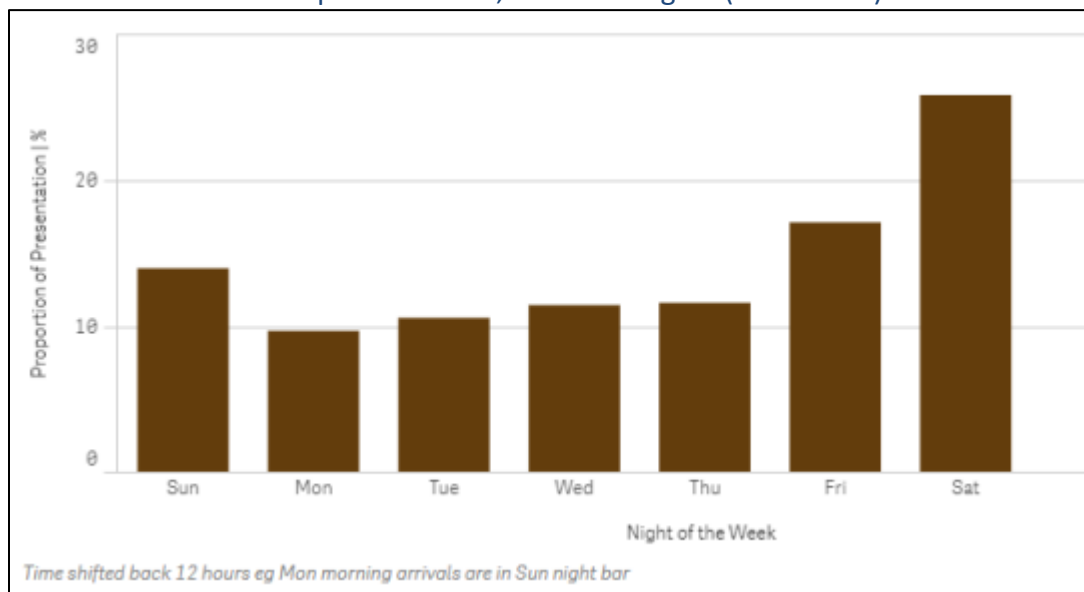
<sup>77</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>78</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

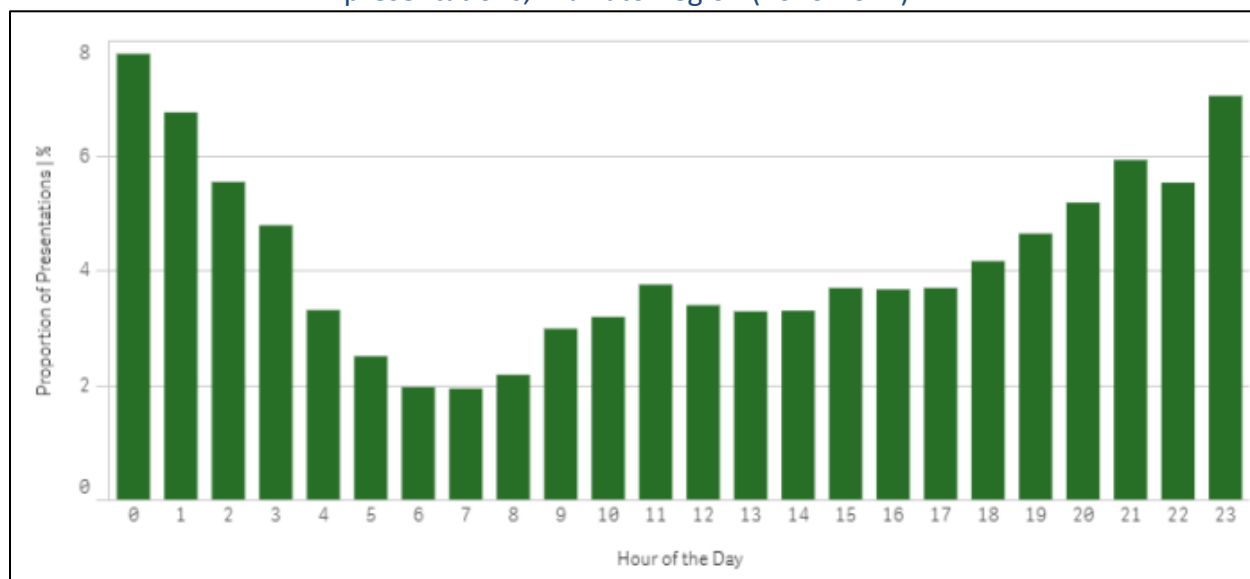
<sup>79</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>80</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

**Figure 33:** Alcohol related presentations by night of the week as a proportion of all alcohol related presentations, Waikato Region (2020-2022).

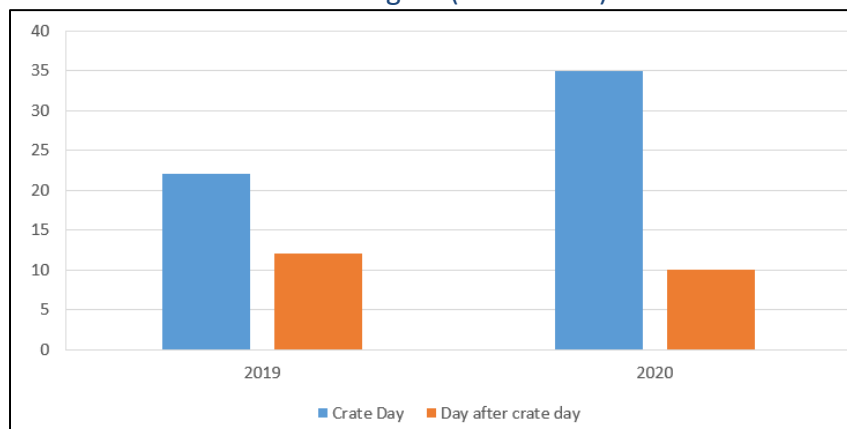


**Figure 34:** Alcohol related presentations by arrival time as a proportion of all alcohol related presentations, Waikato Region (2020-2022).



3.10.8 Events that promote drinking alcohol can also cause hazardous drinking, heavy episodic drinking and related health issues or injuries. Crate Day is an obvious example of this as seen in Figure 34. Crate Day takes place on the first Saturday of December with the commonly accepted aim being to drink an entire crate of beer (9 litres or close to 30 standard drinks).

**Figure 35:** Number of alcohol related presentations on Crate Day compared to the next day, Waikato Region (2019-2020)<sup>81</sup>.

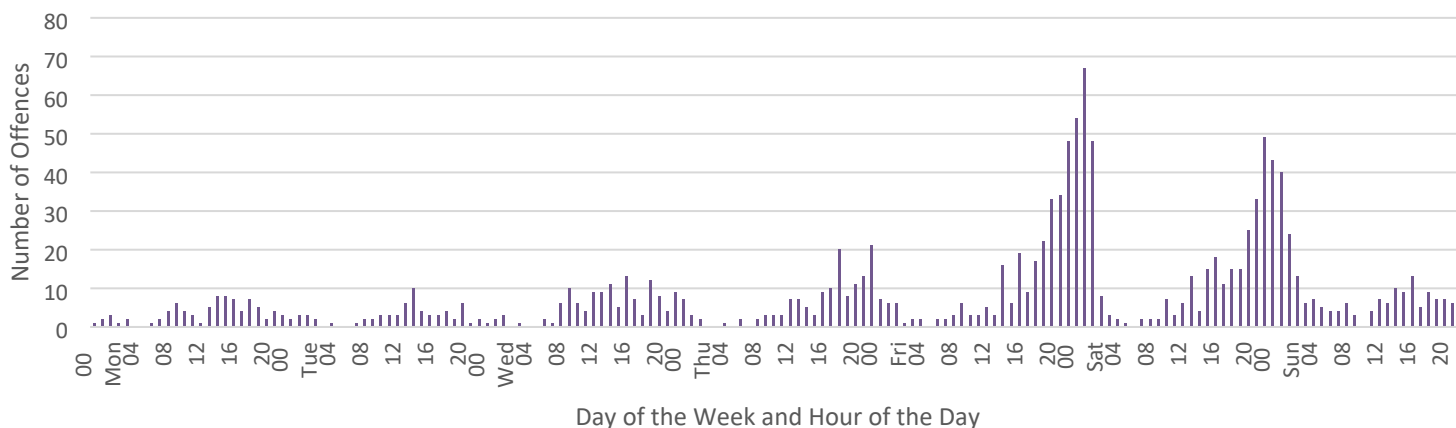


### 3.10.9 Car crashes connected to alcohol

3.10.10 Alcohol can cause or be a contributing factor to car crashes because drinking alcohol can lead to drowsiness, decrease in fine motor skills and balance and an increase in self-confidence. The amount and frequency of alcohol related crashes can also show if people in the district are drinking more or less hazardously than other areas. Figure 35 shows that the times when alcohol related driving offences occur generally line up with ED presentations, alcohol related crimes and alcohol sales, with Friday and Saturday nights having the largest amount of occurrences.

**Figure 36:** Average number of all driving offences related to alcohol in Waipā District. This typically involves Driving with Excess Breath or Blood Alcohol<sup>82</sup>.

### Average Number of All Driving Offences Related to Alcohol in Waipā District (Jan 2016-Oct 2021)



<sup>81</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

<sup>82</sup> Source: Personal correspondence with Police.



### 3.10.11 *Density of places that sell alcohol*<sup>83</sup>

3.10.12 In Aotearoa New Zealand an association has been found between hazardous alcohol consumption and availability of alcohol retailers for the following groups: younger Māori and Pacifica males; younger European females; middle-aged European men; and older men<sup>84</sup>. Another study found an association between outlet density and alcohol related harm and off-licence outlet density and binge drinking<sup>85</sup>. An association between off-licence outlet density and social harms, but a mixed relationship with on-licence stores has also been found<sup>86</sup> as well as an association between off-licence outlets and motor vehicle accidents and police events<sup>87</sup>.

3.10.13 Table 6 shows the number of people for every licensed premises by type in Waipā and comparable district.

**Table 6:** Density of Alcohol licences in Waipā and comparative districts (population as at 2018 census).

Demographic Group	Waipā District	Waikato District	Western Bay of Plenty	Ōtorohanga District	New Zealand Population 2014
Population <sup>88</sup>	53,241	75,618	51,321	10,104	4,242,048*
# People per <b>off-licences</b>	1,401	1,758	1,466	2,020	3,442*
# People per <b>on-licences</b>	729	1,181	1,091	1,443	613*
# People per <b>club licences</b>	1,835	1,643	2,052	1,122	2,242*

\*This data is from 2014 when the Aotearoa New Zealand population was approximately 4,242,048<sup>89</sup>

<sup>83</sup> This section is based on and extracted from information provided to Waipā District Council by Te Whatu Ora as part of the *Alcohol related health information pack, 2023; For the review of the Waipa District Local Alcohol Policy*. See Appendix 4 for the full report.

<sup>84</sup> (Ayuka et al., 2014)

<sup>85</sup> (J. L. Connor et al., 2011)

<sup>86</sup> (Cameron et al., 2016)

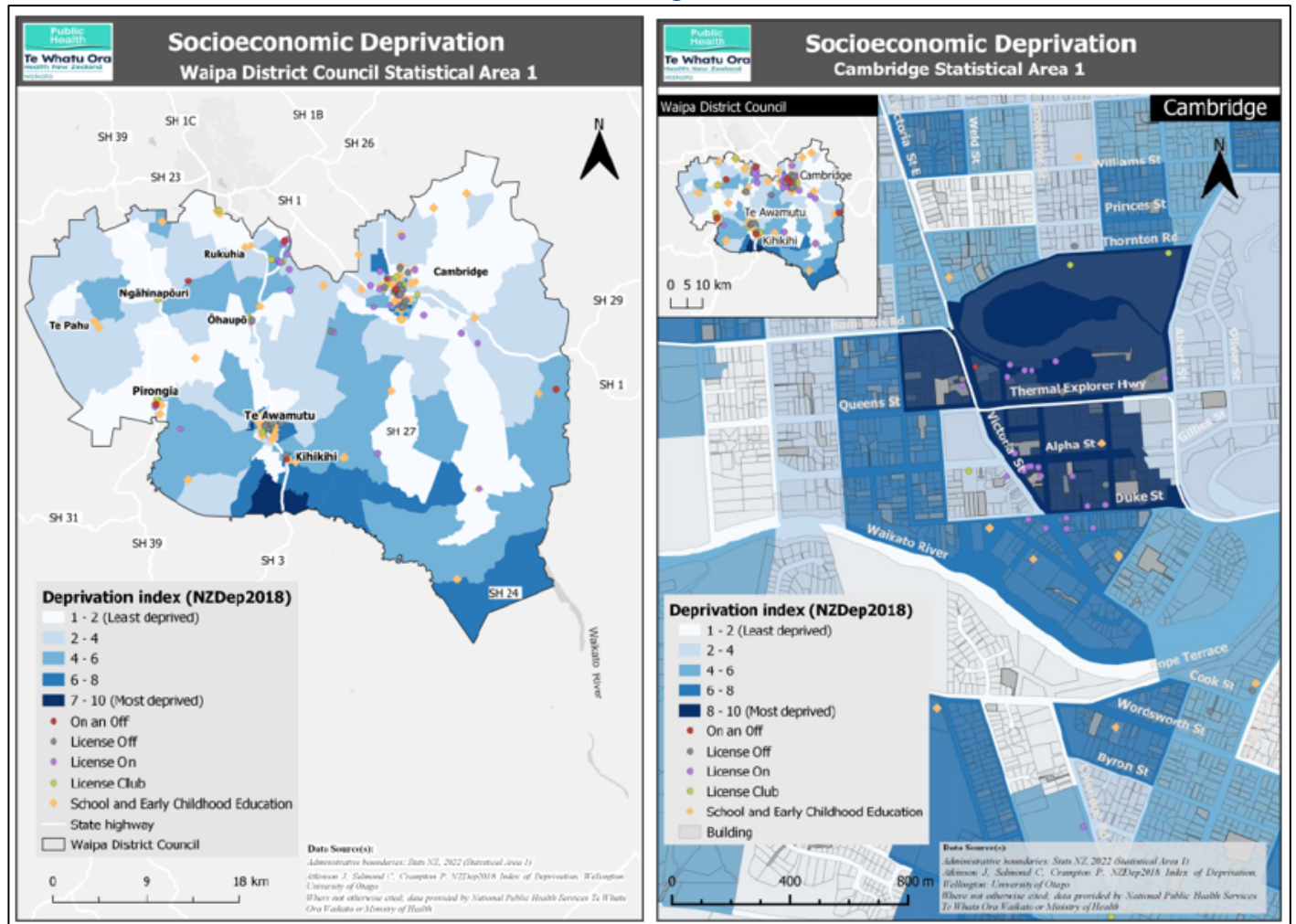
<sup>87</sup> (Cameron et al., 2012)

<sup>88</sup> (Stats NZ, 2018a)

<sup>89</sup> (M.E Consulting, 2018)

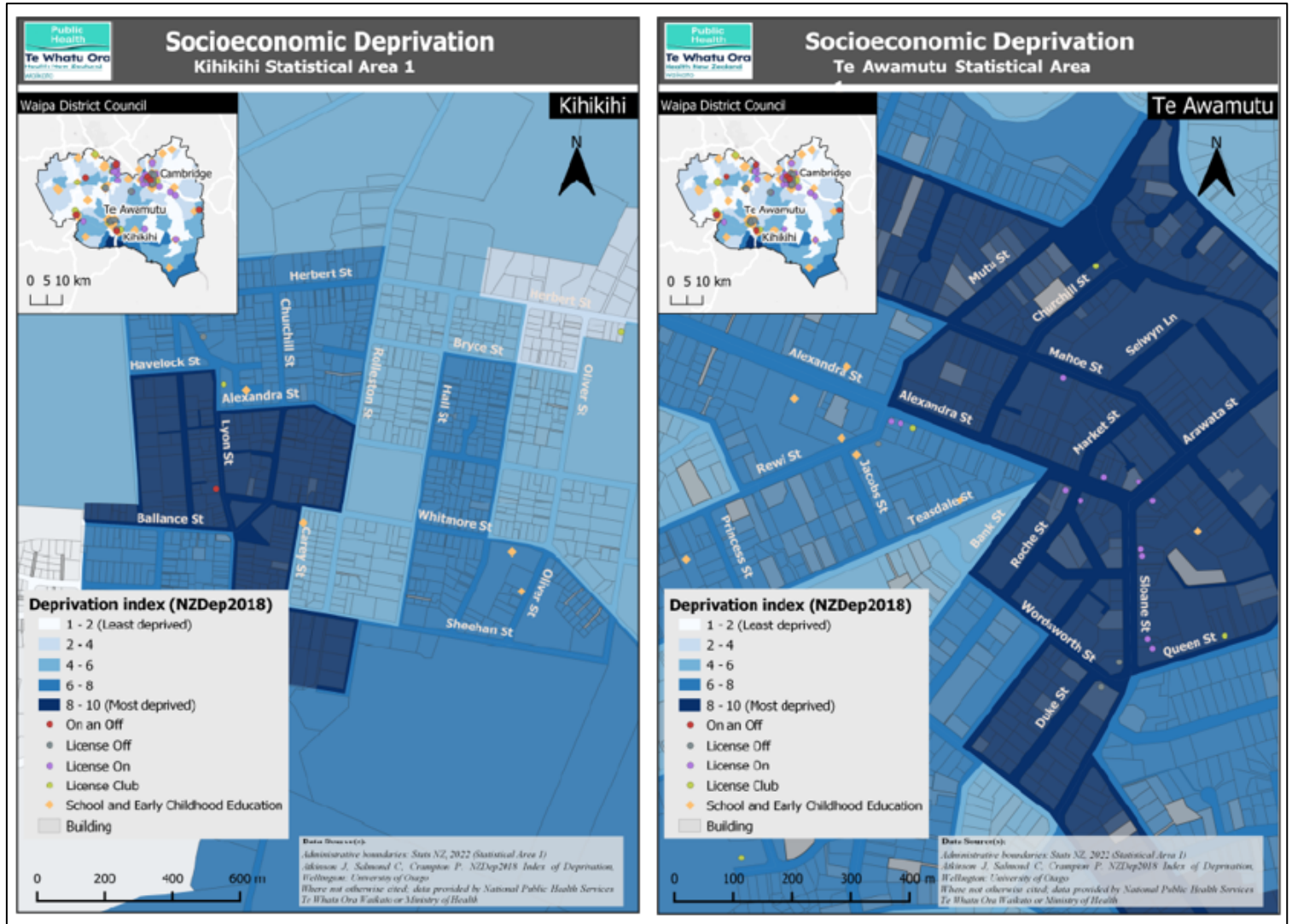
- 3.10.14 What should also be addressed in respect to density of places that sell alcohol is who are the people that are living in the areas with the most licensed premises. This can be done by looking at the deprivation level of different areas. The deprivation level of a community is calculated using the 2018 New Zealand Index of Multiple Deprivation (NZDep 2018), which is a set of tools for identifying concentrations of deprivation in Aotearoa New Zealand. The NZDep 2018 comprises 29 indicators grouped into seven domains of deprivation: Employment, Income, Crime, Housing, Health, Education and Access to services. NZDep 2018 is the combination of these seven domains, which may be used individually or combined. The output is a decile score with 10 being most deprived and 1 being least deprived. The areas units are standardised units with standardised boundaries, based on the number of people living within an area, generally 1,000 – 3,000 residents per unit in a district council. In urban areas where there is significant business activity, for example retail areas, the number of residents per unit is usually fewer than 1,000 residents. Discrepancies in data in business areas can sometimes lead to a skewed deprivation score in these areas.
- 3.10.15 As seen in Figures 36 and 37, licensed premises in Waipā tend to be located in the more deprived areas of communities. What this means is that the most vulnerable communities are put at further risk by adding in higher density access to alcohol. A study by Day et al., 2012 found that the more access there is to licensed outlets, the higher likelihood there is of serious violent crime. Hobbs et al., 2020 found a similar correlation between close proximity to alcohol outlets and an increase in crime and hazardous drinking.

**Figure 37:** Location of alcohol licences in relation to deprivation levels – Waipā and Cambridge<sup>90</sup>.



<sup>90</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

**Figure 38:** Location of alcohol licences in relation to deprivation levels – Kihikihi and Te Awamutu<sup>91</sup>.



### 3.11 Nature and Severity of Alcohol Related Problems

*Section 78(2)(g) of the Sale and Supply of Alcohol Act 2012*

*(2) When producing a draft policy, a territorial authority must have regard to—*

*(g) the nature and severity of the alcohol related problems arising in the district.*

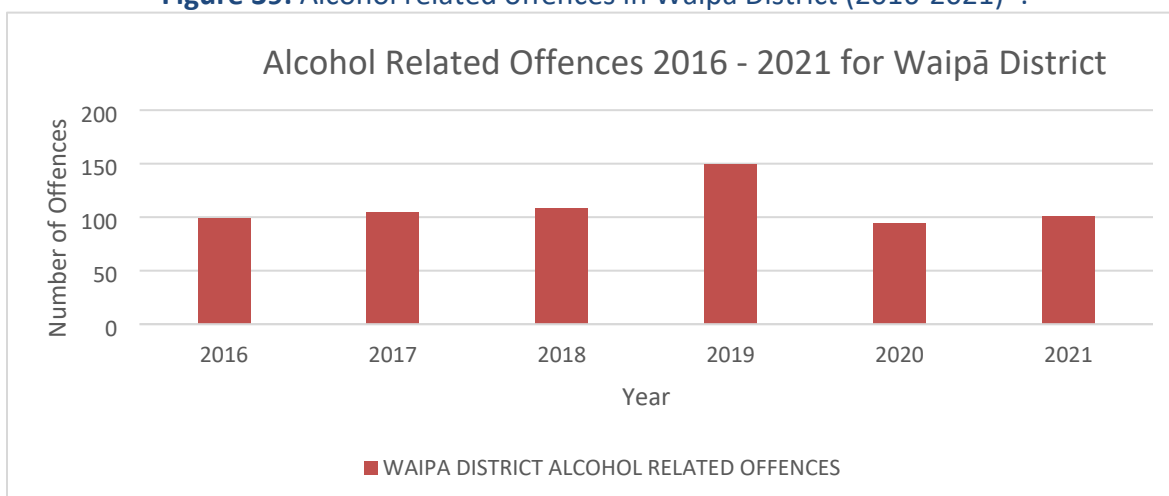
3.11.1 Alcohol related problems can include health related problems which are covered elsewhere in this report (see sections 3.2 *Why is alcohol considered harmful* and 3.10 *Health Indicators*). Other alcohol related problems It has also been shown that alcohol has a connection to crime<sup>92</sup>.

<sup>91</sup> (Public Health Service, Te Whatu Ora – Waikato, 2023)

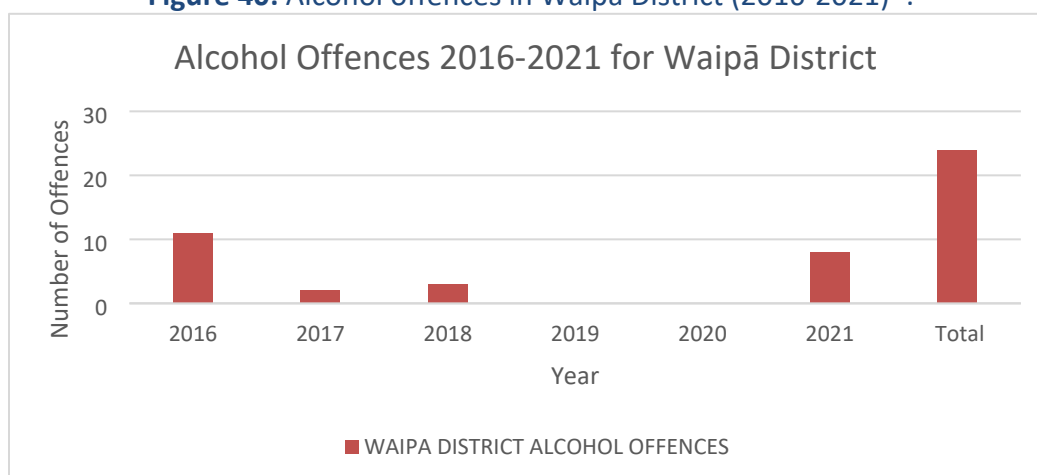
<sup>92</sup> (Cameron et al., 2012)

3.11.2 Police record data on alcohol related offences and alcohol offences. Alcohol related offences are offences where alcohol was a factor such as drink driving, family harm, violence offences such as assault, disorderly behaviour, theft, robbery, and sexual offending. Alcohol offences are offences where the Act was directly infringed on such as liquor ban breaches or selling to minors. The data for Waipā District shows that the times when these offences occur generally align with ED presentations, with offences gradually increasing during the evening and spiking between 11pm and 1am. Offences generally occur more frequently on Fridays, Saturdays Sundays.

**Figure 39: Alcohol related offences in Waipā District (2016-2021)<sup>93</sup>.**



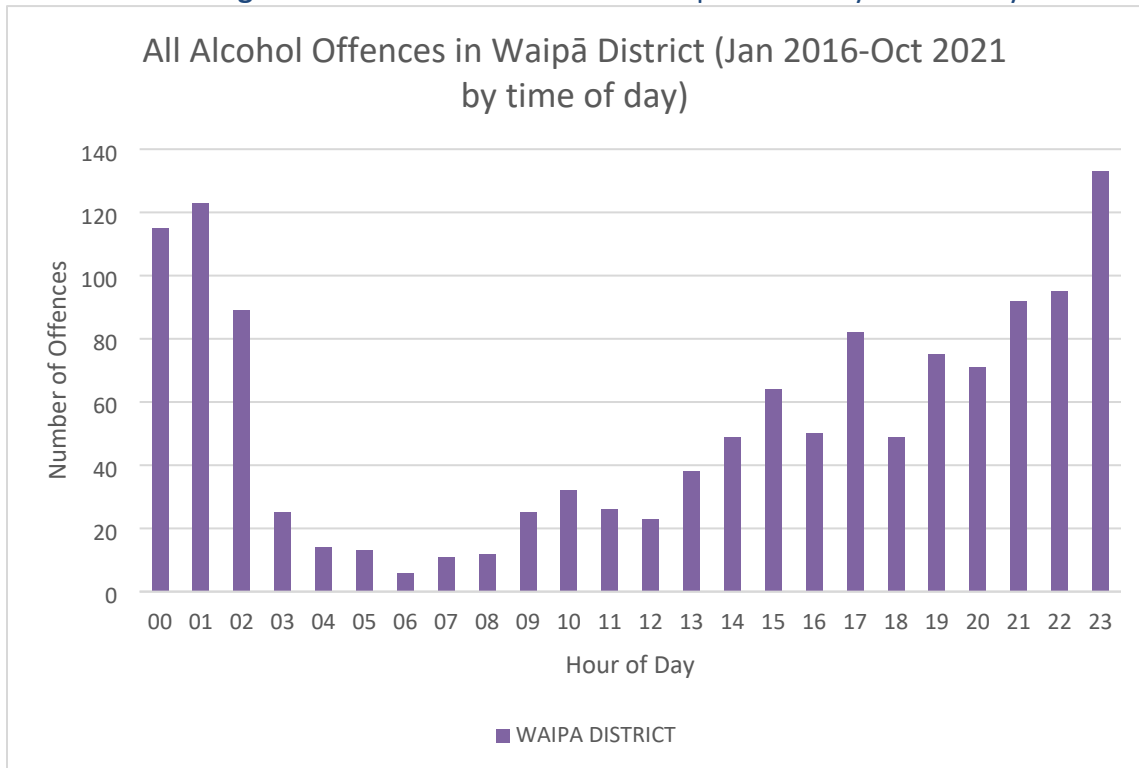
**Figure 40: Alcohol offences in Waipā District (2016-2021)<sup>94</sup>.**



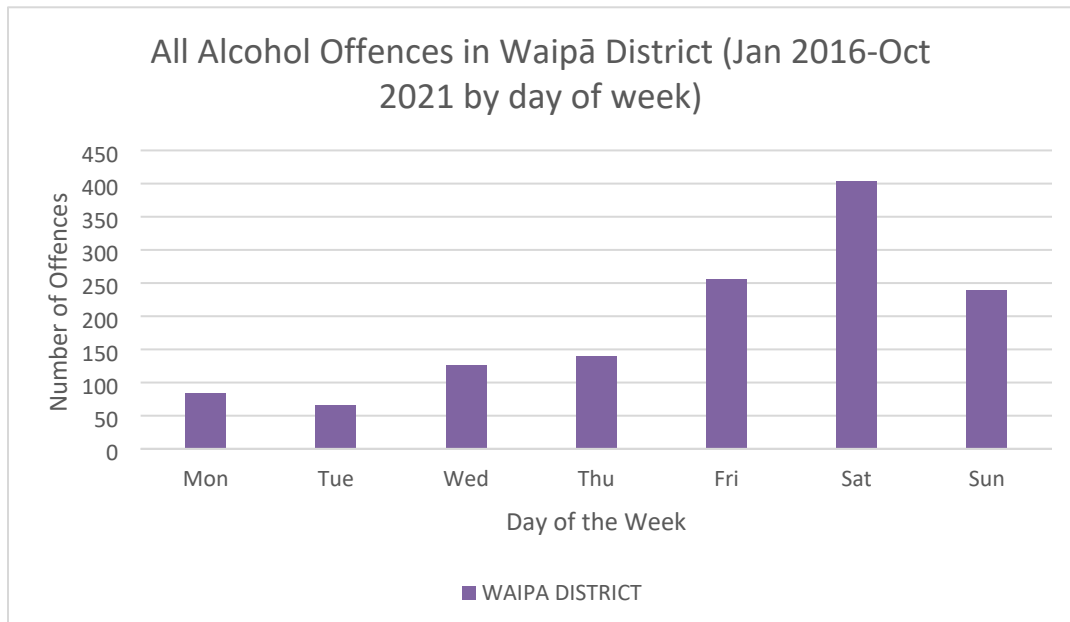
<sup>93</sup> Source: Personal correspondence with Police.

<sup>94</sup> Source: Personal correspondence with Police.

**Figure 41:** All alcohol offences in Waipā District by time of day<sup>95</sup>.



**Figure 42:** All alcohol offences (alcohol and alcohol related) in Waipā District by day of the week



<sup>95</sup> Source: Personal correspondence with Police.

<sup>96</sup> Source: Personal correspondence with Police.



## PART 4 - AREAS FOR WAIPĀ DISTRICT COUNCIL TO CONSIDER

---

### 4.1 Key areas that reduce harm

4.1.1 Various organisations and studies have found that there are three key areas that are effective in reducing alcohol related harm<sup>97</sup>. These areas being:

- Increasing the price of alcohol
- Legislating around alcohol advertising
- Reducing the availability of alcohol

4.1.2 Councils have the ability, through Local Alcohol Policies, to address the area of alcohol availability. Availability of alcohol can be managed through the location of premises, number of premises, hours of operation, and one-way door restrictions.

### 4.2 Feedback from Police, Medical Officer of Health, and Licensing Inspectors

*Section 78(4) of the Sale and Supply of Alcohol Act 2012*

*(4) The authority must not produce a draft policy without having consulted the Police, inspectors, and Medical Officers of Health, each of whom must, if asked by the authority to do so, make reasonable efforts to give the authority any information they hold relating to any of the matters stated in subsection (2)(c) to (g).*

4.2.1 Police, Medical Officer of Health and Licencing Inspectors have been asked for their initial thoughts on how the current LAP is working. Council is required by the Act to consult with the three regulating parties as their frontline knowledge of applying the regulations of the LAP provides useful insight into whether the current LAP is fit for purpose. The roles of the three parties in the LAP process are outlined in Table 1 on page 21.

4.2.2 The Police, Medical Officer of Health, and Licensing Inspectors have each provided Council with an initial report . These are contained in Appendices B – D . Extracts from the reports are contained throughout this report and summarised in Table 7 below , however, it is **strongly recommended that each of the reports be read in their entirety.**

4.2.3 Table 7 below aims to summarise the current policy and the remarks of the three regulating authorities, it is by no means a comprehensive analysis of the issues contained. Please refer to the full reports for a detailed analysis.

4.2.4 Table 7 provides the following information:

- Reference to Section 77 of the Sale and Supply of Alcohol Act, indicating what the LAP has control over.
- Reference to the current (2016) Waipa District Council Local Alcohol Policy and what the current regulations are.
- Police recommendations.

---

<sup>97</sup> (Alcohol Healthwatch, 2020; Law Commission, 2010; Ministry of Social Development, n.d.; World Health Organization, 2018)

- Medical Officers of Health (MOH) recommendations.
- Alcohol Licensing Inspector recommendations.

4.2.5 The overall consensus among the three regulatory authorities is that the current LAP is not fit for purpose and that changes need to be made.



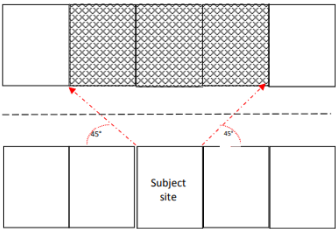
**Table 7:** Summary of Police, Medical Officers of Health (Te Whatu Ora) and Alcohol Licensing Inspectors initial feedback on Waipā District Council's 2016 LAP.

Policy Condition – Section 77 of the Act	Waipā 2016 LAP Conditions	Police	MOH	Inspectors
<b>Location of licensed premises by reference to broad areas.</b>  <i>Considering where licensed premises can be located in relation to broad areas. Broad areas can include (but are not limited to) areas that can be defined, such as, town boundaries, District Plan zones, and liquor ban areas.</i>		<b>No Change</b>	<b>Need for change</b>	<b>Need for change</b>
	<i>Off-licence</i> New off-licence premises are limited to areas zoned to allow commercial activities as permitted activities, unless authorised by resource consent.	<i>Off-licences</i> <b>No Change</b>	<i>Off-licences</i> Cap number of licences per town/ area.	<i>Off-licences</i> <b>Within Alcohol Ban Area</b> Cap on number of premises (at the number existing on the date the LAP comes into force) in the areas identified as Liquor Ban areas for Cambridge, Leamington, Te Awamutu and Kihikihi areas. <b>Outside the alcohol ban area</b> No new licensed premises being licensed for the first time on any site where the application site is located within a 500 metre radius from the proposed site to the boundary of an existing off-licensed premises and any sensitive site existing at the time the application is made. <b>Unless</b> the applicant provides evidence that demonstrates to the DLC or ARLA through a Local Impact Report that: <ul style="list-style-type: none"> <li>the proposed licensed premises will have <b>no more than minor effects</b>; and</li> <li>it is in the <b>public interest</b> to issue the licence.</li> </ul> Exempt from the Local Impact Report* process are: <ul style="list-style-type: none"> <li>(a) Remote Sellers; and</li> <li>(b) Manufacturers of alcohol, if alcohol sales from the premises are limited to</li> </ul>

				those products manufactured on the premises  *See <a href="#">Appendix D – Licensing Inspector Feedback On 2016 LAP</a> for what is included in a Local Impact Report.
	<i>On-licence</i> New on-licence premises are limited to areas zoned to allow commercial activities as permitted activities.	<i>On-licences</i> <b>No Change</b>	<i>On-licences</i> <b>No Change</b>	<i>On-licences</i> <b>No Change</b>
	<i>Club licence</i> Premises should be located at, or in close proximity to, the sports grounds or other facilities used by the club, if relevant.	<i>Club Licences</i> <b>No Change</b>	<i>Club Licences</i> <b>No Change</b>	<i>Club Licences</i> <b>No Change</b>
<b>Location of licensed premises by reference to proximity to premises of a particular kind or kinds</b>  <i>Considering where licensed premises can be located in relation to other licensed premises.</i>	<i>Off-licence</i> The District Licensing Committee has regard to the proximity to other off-licensed premises when considered relevant.  Premises being licensed for the first time, holding <b>both an on and off licence</b> shall ensure a separate point of sale and supply for the off licence if a totally separate area or premises is not practical.	<i>Off-licences</i> <b>No Change</b>	<i>Off-licences</i> Setting a radius around all licensed premises excluding any new licensed premises from being established within the radius.	<i>Off-licences</i> <b>Outside the alcohol ban area</b> No new licensed premises being licensed for the first time on any site where the application site is located within a 500 metre radius from the proposed site to the boundary of an existing off-licensed premises. <b>Unless</b> the applicant provides evidence that demonstrates to the DLC or ARLA through a Local Impact Report that: <ul style="list-style-type: none"> <li>the proposed licensed premises will have <b>no more than minor effects</b>; and</li> <li>it is in the <b>public interest</b> to issue the licence.</li> </ul>

				Exempt from the Local Impact Report* process are: (c) Remote Sellers; and (d) Manufacturers of alcohol, if alcohol sales from the premises are limited to those products manufactured on the premises
	<i>On-licence</i> The District Licensing Committee has regard to the proximity to other licensed premises when considered relevant.	<i>On-licences</i> <b>No Change</b>	<i>On-licences</i> Setting a radius around all licensed premises excluding any new licensed premises from being established within the radius.	<i>On-licences</i> <b>No Change</b>
	<i>Club licence</i> The District Licensing Committee has regard to the proximity to other licensed premises when considered relevant.	<i>Club Licences</i> <b>No Change</b>	<i>Club Licences</i> <b>No Change</b>	<i>Club Licences</i> <b>No Change</b>
<b>Location</b> of licensed premises by reference to proximity to facilities of a particular kind or kinds  <i>Considering where licensed premises can be located in relation to facilities. Facilities are buildings,</i>	<i>Off-licence</i> <ul style="list-style-type: none"><li>No <u>new off-licence</u> within commercial areas on any site where the site frontage directly borders (at the time of application) any:<ul style="list-style-type: none"><li>school</li><li>early childcare facility</li><li>place of worship</li></ul></li></ul>	<i>Off-licences</i> <b>No Change</b>	<i>Off-licences</i> Within commercial areas an off-licence will not be issued, in respect of any new premises being licensed for the first time, on any site within 200 metres of the legal boundary of any school, early childcare facility, or place of worship existing at the time the licence application.	<i>Off-licences</i> <b>Outside the alcohol ban area</b> No new licensed premises being licensed for the first time on any site where the application site is located within a 500 metre radius from the proposed site to the boundary of any sensitive site that includes, but is not limited to any rehabilitation treatment centre, school, early childcare facility, place of worship, Marae, community facility or medical facility, recreational facilities (including but not limited to children's play

<p><i>equipment, and services provided for a particular purpose. Sensitive facilities/sites are buildings, equipment, and services that can cater to vulnerable individuals.</i></p>	<p>Unless demonstrated that the hours, external alcohol related signage or operation of the premises will have no significant impact on facilities and/ or persons using those facilities.</p> <ul style="list-style-type: none"> <li>In cases where a <u>resource consent</u> is required to locate premises outside of commercially zoned areas, the boundary of the site shall be a minimum of 40 metres from the boundary of any existing <ul style="list-style-type: none"> <li>school,</li> <li>early childcare facility</li> <li>or place of worship</li> </ul> </li> </ul> <p>Unless demonstrated that the hours, external signage or operation of the premises will have no significant impact on facilities and/ or persons using those facilities.</p> <ul style="list-style-type: none"> <li>the District Licensing Committee shall have regard to the proximity to <ul style="list-style-type: none"> <li>public park,</li> <li>car park</li> <li>reserve</li> </ul> </li> </ul>		<p>To be included as sensitive facilities:</p> <ul style="list-style-type: none"> <li>Public parks</li> <li>Libraries</li> <li>Marae</li> <li>Medical/ health facilities</li> <li>Alcohol treatment centres.</li> </ul>	<p>areas or sports grounds) existing at the time the licence application is made.</p> <p><b>Unless</b> the applicant provides evidence that demonstrates to the DLC or ARLA through a Local Impact Report that:</p> <ul style="list-style-type: none"> <li>the proposed licensed premises will have <b>no more than minor effects</b>; and</li> <li>it is in the <b>public interest</b> to issue the licence.</li> </ul> <p>Exempt from the Local Impact Report* process are:</p> <ul style="list-style-type: none"> <li>(e) Remote Sellers; and</li> <li>(f) Manufacturers of alcohol, if alcohol sales from the premises are limited to those products manufactured on the premises</li> </ul>
--	---	--	---	--

	particularly where that park, car park or reserve is within a restricted place prescribed by the Public Places Alcohol Control Bylaw.			
	<p><i>On-licence</i></p> <ul style="list-style-type: none"> <li>No new on-licence issued on any site where the site directly borders any existing; <ul style="list-style-type: none"> <li>school</li> <li>early childcare facility</li> <li>place of worship</li> </ul> </li> </ul> <p><b>unless no significant impact on those facilities</b></p> <p><b>Figure 43:</b> Diagram of "directly border".</p>  <ul style="list-style-type: none"> <li>Boundary of the site shall be a minimum of 40 metres from the boundary of any school, early childcare facility, or place of worship existing at the time unless no</li> </ul>	<p><i>On-licences</i></p> <p><b>No Change</b></p>	<p><i>On-licences</i></p> <p>No new licences within 200 metre radius of boundary of sensitive facilities, including but not limited to school, early childcare facility, place of worship, Marae, community facility or public park existing at the time. Licence can be granted subject to demonstration of minor effects.</p> <p>To be included as sensitive facilities:</p> <ul style="list-style-type: none"> <li>Public parks</li> <li>Libraries</li> <li>Marae</li> <li>Medical/ health facilities</li> <li>Alcohol treatment centres.</li> </ul>	<p><i>On-licences</i></p> <p>No new licences within 200 metre radius of boundary of sensitive facilities, including but not limited to any rehabilitation treatment centre, school, early childcare facility, place of worship, Marae, community facility, medical facility, and recreational facility existing at the time. Licence can be granted subject to demonstration of <b>no more than minor effects</b> on facilities and/or persons using facilities.</p> <p>To be included as sensitive facilities:</p> <ul style="list-style-type: none"> <li><b>Rehabilitation treatment centre</b> - includes residential support houses and inpatient or outpatient units that provide support or treatment of alcohol, drug or substance abuse or addiction.</li> <li><b>Marae</b> - includes a communal or sacred place that serves religious and social purposes in Māori societies that provides everything from eating and sleeping space to religious and educational facilities.</li> <li><b>Community Facility</b> - includes cultural or administrative facilities such as libraries,</li> </ul>

	significant impact on those facilities			<p>museums, community halls, public parks and reserves.</p> <ul style="list-style-type: none"> <li>• <b>Medical Facility</b> - includes any location where healthcare is provided such as medical centres and facilities, hospitals, clinics, birthing centres and dental clinics.</li> <li>• <b>Recreational facilities</b> - (including but not limited to children's play areas, sports ground)</li> </ul> <p>The word <b>significant impact</b> be change to more than minor extent. It is important DLC or ARLA must evaluate whether effects are greater than de minimis and what are their impacts on the various affected parties, receptors, community, achieving object of the act to reduce alcohol harm rather than comparing to significant issue.</p>
	<p><i>Club licence</i> The District Licensing Committee shall have regard to the proximity of any proposed new club premises to any:</p> <ul style="list-style-type: none"> <li>○ school</li> <li>○ early childcare facility</li> <li>○ place of worship</li> <li>○ residential area.</li> </ul>	<p><i>Club Licences</i> <b>No Change</b></p>	<p><i>Club Licences</i> No new licences within 200 metre radius of boundary of sensitive facilities, including but not limited to school, early childcare facility, place of worship, Marae, community facility or public park existing at the time. Licence can be granted subject to demonstration of minor effects.</p> <p>To be included as sensitive facilities:</p>	<p><i>Club Licences</i> No new licences within 200 metre radius of boundary of sensitive facilities, including but not limited to any rehabilitation treatment centre, school, early childcare facility, place of worship, Marae, community facility, medical facility, and recreational facility existing at the time. Licence can be granted subject to demonstration of <b>no more than minor effects</b> on facilities and/or persons using facilities.</p> <p>To be included as sensitive facilities (see explanations above):</p> <ul style="list-style-type: none"> <li>• Rehabilitation treatment centre -</li> </ul>

			<ul style="list-style-type: none"> <li>Public parks</li> <li>Libraries</li> <li>Marae</li> <li>Medical/ health facilities</li> <li>Alcohol treatment centres.</li> </ul>	<ul style="list-style-type: none"> <li>Marae</li> <li>Community Facility</li> <li>Medical Facility</li> <li>Recreational facilities</li> </ul> <p>The word <b>significant impact</b> be change to more than minor extent. It is important DLC or ARLA must evaluate whether effects are greater than de minimis and what are their impacts on the various affected parties, receptors, community, achieving object of the act to reduce alcohol harm rather than comparing to significant issue.</p>
<p>Whether further licences (or licences of a particular kind or kinds) should be issued for premises in the district concerned, or any stated part of the district</p> <p><i>Considering if any new licences should be issued in Waipā District or any part of Waipā District.</i></p>	No limit on number of licences	No Change	Need for change	Need for change
		<i>Off-licences</i> <b>No Change</b>	<i>Off-licences</i> <ul style="list-style-type: none"> <li>Setting a radius around all licensed premises excluding any new licensed premises from being established within the radius.</li> <li>Cap number of licences per town/ area.</li> </ul>	<i>Off-licences</i> <p>Cap on off-licence outlets in the areas identified as Liquor Ban areas for Cambridge, Leamington, Te Awamutu and Kihikihi areas. The proposal for the revised LAP is:</p> <p><i>The number of off-licences issued within the Liquor Ban areas in the Cambridge, Leamington, Te Awamutu and Kihikihi shall not exceed the number existing at the date this LAP comes into force.</i></p>
		<i>On-licences</i> <b>No Change</b>	<i>On-licences</i> <p>Cap number of licences per town/ area.</p>	<i>On-licences</i> <p>New on-licences will not be issued in respect to any new premises being licenced for the first time on any site where the application site is located within a 200 metre radius from the proposed site to the boundary of any sensitive site that includes, but is not limited to any rehabilitation treatment centre, school,</p>

				<p>early childcare facility, place of worship, Marae, community facility and medical facility existing at the time the licence application is made, unless it can be demonstrated to the DLC that the hours, signage or operation of the premises, design and layout of premises and nature of operations will have <b>no more than minor effects</b> on those facilities and/or persons using those facilities</p> <p>It is also recommended Policy 2.1 Definitions is extended to include:</p> <ul style="list-style-type: none"> <li>(a) Rehabilitation treatment centre</li> <li>(b) Marae</li> <li>(c) Community Facility</li> <li>(d) Medical Facility</li> <li>(e) Recreational facilities</li> </ul> <p>It is recommend also the word <b>significant impact</b> be change to <b>more than minor extent</b>. It is important DLC or ARLA must evaluate whether effects are greater than de minimis and what are their impacts on the various affected parties, receptors, community, achieving object of the act to reduce alcohol harm.</p>
		<p><i>Club Licences</i> <b>No Change</b></p>	<p><i>Club Licences</i> <b>No Change</b></p>	<p><i>Club Licences</i> New club will not be issued in respect to any new premises being licenced for the first time on any site where the application site is located within a 200 metre radius from the proposed site to the boundary of any sensitive site that includes, but is not limited to any rehabilitation treatment centre, school, early</p>



				<p>childcare facility, place of worship, Marae, community facility and medical facility existing at the time the licence application is made, unless it can be demonstrated to the DLC that the hours, signage or operation of the premises, design and layout of premises and nature of operations will have <b>no more than minor effects</b> on those facilities and/or persons using those facilities</p> <p>It is also recommended Policy 2.1 Definitions is extended to include:</p> <ul style="list-style-type: none"> <li>(a) Rehabilitation treatment centre</li> <li>(b) Marae</li> <li>(c) Community Facility</li> <li>(d) Medical Facility</li> </ul> <p>It is recommend also the word <b>significant impact</b> be change to <b>more than minor extent</b>. It is important DLC or ARLA must evaluate whether effects are greater than de minimis and what are their impacts on the various affected parties, receptors, community, achieving object of the act to reduce alcohol harm.</p>
<b>Maximum trading hours</b>	<i>Off-licence</i> Monday to Sunday 7.00am to 10.00pm	<b>Need for change</b>  <i>Off-licences</i> 9:00am to 9:00pm trading hours	<b>Need for change</b>  <i>Off-licences</i> Trading hours between 07:00am – 09:00pm for bottle stores, tavern off-licences, and manufacturers.	<b>Need for change</b>  <i>Off-licences</i> Monday to Sunday 7.00am to 9.00pm (subject to holiday restrictions)

	<p><i>On-licence</i> <b>Hotel, tavern</b></p> <ul style="list-style-type: none"> <li>Monday to Sunday 9.00am to 2:00am the following day.</li> <li><b>Hotels</b> - alcohol may be sold or supplied at anytime to any guest residing on the premises.</li> </ul> <p><b>Hotel, tavern or other premises</b> where principle activity is provision of alcohol is proposed <b>within 100 meters of Residential Zone:</b></p> <ul style="list-style-type: none"> <li>Sunday to Thursday 9:00am to 10.30pm</li> <li>Friday and Saturday 9.00am to 12.00 midnight.</li> <li><b>Hotels</b> - alcohol may be sold or supplied at anytime to any guest residing on the premises.</li> </ul> <p><b>Restaurant, café or function centre</b></p> <ul style="list-style-type: none"> <li>Monday to Sunday 7.00am to 1.00am the following day.</li> </ul> <p>Any <b>outdoor dining area:</b></p> <ul style="list-style-type: none"> <li>9.00am to 11.00pm on any day.</li> </ul>	<p><i>On-licences</i> Not to be extended beyond 2:00am.</p>	<p><i>On-licences</i> Review actual (rather than licensed) closing times of <b>hotels, taverns</b>. If none are actually operating past these times – change default closing time to <b>midnight or 1:00am</b> the following day.</p> <p>Review actual (rather than licensed) closing times of <b>restaurants</b>. If none are actually operating past this time – change to <b>midnight</b>.</p>	<p><i>On-licences</i> <b>Hotel, tavern</b> - Review actual operating hours (rather than hours licensed to operate). If none are operating past midnight or 1:00am the following day, change on-licence closing time to either midnight or 1:00am.</p> <p><b>Restaurant, café or function centre</b> - Review actual operating hours (rather than hours licensed to operate). If none are operating past midnight change closing time to midnight.</p> <p><b>Tavern or other premises where selling alcohol is the principal activity within 200 meters of Residential Zone</b> – no new licence or renewal of licence unless demonstrated effects will be no more than minor.</p> <ul style="list-style-type: none"> <li>- <b>Hotels</b> can sell or supply alcohol to residing guests at any time.</li> <li>- <b>Outdoor areas:</b> 9.00am to 10.00pm.</li> </ul>
--	---	---	---	--

	<ul style="list-style-type: none"> <li>Outside of these hours the Public Places Alcohol Control Bylaw restrictions shall apply to any premises within a restricted place.</li> </ul> <p>Any <b>other premises</b> not defined above:</p> <ul style="list-style-type: none"> <li>Monday to Sunday 9:00am to 1.00am the following day.</li> </ul>			
	<p><i>Club licence</i></p> <ul style="list-style-type: none"> <li>Monday to Sunday 9.00am to 1.00am the following day</li> <li>The District Licensing Committee will have regard to the days and hours of operation, and the type of activities undertaken by the club, in setting club hours.</li> </ul>	<p><i>Club Licences</i> <b>No Change</b></p>	<p><i>Club Licences</i> Review actual (rather than licensed) closing times of <b>club licence premises</b>. If none are actually operating past this time – change to <b>midnight</b>.</p>	<p><i>Club Licences</i> <b>No Change</b></p>
The issue of licences, or licences of a particular kind or kinds, subject to <b>discretionary conditions</b>		<b>Need for change</b>	<b>Need for change</b>	<b>Need for change</b>
	<p><i>Off-licence</i></p> <p>District Licensing Committee may impose discretionary conditions related to the following:</p> <ul style="list-style-type: none"> <li>Prohibited persons</li> </ul>	<p><i>Off-licences</i></p> <p>Include compulsory CPTED requirements, including:</p>	<p><i>Off-licences</i></p> <p>Addition of discretionary conditions that relate to the following:</p> <ul style="list-style-type: none"> <li>Limiting display of certain alcohol product types.</li> </ul>	<p><u><i>All Licences</i></u></p> <p>The following conditions should be included by the DLC and ARLA for all new licences or licences that are being renewed:</p> <ul style="list-style-type: none"> <li><b>Licensee must observe rules</b> relating to intoxicated persons on the premises and</li> </ul>

	<ul style="list-style-type: none"> <li>• People or kinds of people to be served</li> <li>• Kinds of alcohol to be sold</li> <li>• Display of nationally consistent safe drinking messages and material</li> <li>• Application of Crime Prevention Through Environmental Design (CPTED) principles: <ul style="list-style-type: none"> <li>○ CCTV</li> <li>○ Lighting</li> <li>○ Internal layout</li> <li>○ Staff</li> </ul> </li> <li>• 50% of any store front glazing shall be transparent and no more than 30% of the external area of any side of the premises may contain alcohol related signage or advertising, excluding the company name.</li> </ul> <p>External signage must comply with the signage requirements outlined in the Waipa District Council District Plan.</p>	<ul style="list-style-type: none"> <li>• Lighting requirements.</li> <li>• Line of site profile.</li> <li>• CCTV.</li> </ul>	<ul style="list-style-type: none"> <li>• Limiting the external advertising on a premises.</li> <li>• Limiting sale of alcohol products that pose high risk of harm due to price and packaging (e.g. single shots, single unit sale, RTDs priced \$6 or less per unit).</li> <li>• Banning sale of non-alcoholic products (e.g. nitrous oxide) that pose a high risk of harm.</li> <li>• Remote sale of alcohol (e.g. ID requirements, packaging warning courier of requirements).</li> </ul>	<p>signage associated with intoxicated and selling alcohol to minors.</p> <ul style="list-style-type: none"> <li>• The licensee must at all times have in place a <b>Host Responsibilities Policy</b>.</li> <li>• The licensee must maintain a <b>register of material alcohol related incidents</b>, noting the date, time and details of each incident, and the steps taken by the licensee in response to the incident. This register must be available for inspection.</li> <li>• The licensee must operate <b>CCTV</b> on the premises identified as Class 1 restaurant, class 1 club and bottle stores premises deemed as tavern.</li> <li>• The licensee must display <b>information about safe transport availability</b> and in a set format.</li> <li>• <b>Off-licences</b> to follow set format for <b>external advertising</b>.</li> <li>• Where an area is used principally for drinking alcohol, the premises (or at least one part of the premises) shall be <b>designated</b> (Section 119 of the Act – Restricted and Supervised Areas).</li> </ul>
	<p><i>On-licence</i> District Licensing Committee may impose discretionary conditions related to the following:</p> <ul style="list-style-type: none"> <li>• Prohibited persons</li> </ul>	<p><i>On-licences</i> Include compulsory CPTED requirements, including:</p>	<p><i>On-licences</i> <b>No Change</b></p>	<p>Discretionary Conditions on a case by case basis:</p> <ul style="list-style-type: none"> <li>• Conditions relating to <b>minimum numbers of certificated managers and staff</b>.</li> </ul>

	<ul style="list-style-type: none"> <li>• Management of premises</li> <li>• People or kinds of people to be served</li> <li>• Low and non-alcoholic beverages</li> <li>• Transport options</li> <li>• Exclusion of the public</li> </ul>	<ul style="list-style-type: none"> <li>• Lighting requirements.</li> <li>• Line of site profile.</li> <li>• CCTV.</li> </ul>		<ul style="list-style-type: none"> <li>• The licensee of a <b>Club licence</b> to ensure that the duty manager is present at designated time.</li> <li>• All areas of a <b>tavern style licence to be designated</b>, except for any areas principally used for dining or could be used by minors which can be undesignated where visibility of tavern-style drinking areas is minimised.</li> <li>• Conditions relating to <b>exterior lighting</b>.</li> <li>• Condition relating to the closing of premises near schools.</li> <li>• A limitation of the <b>sale of single units</b> of low cost high strength alcohol products from their premises.</li> <li>• Conditions restricting <b>the number of alcoholic beverages and kinds of alcohol</b> that can be sold and supplied per patron per transaction.</li> <li>• Conditions restricting <b>types of vessel</b> that alcohol can be sold or supplied.</li> <li>• Conditions relating to <b>Queue Management and staggered closing times</b>.</li> <li>• Condition relating to steps to be taken by the licensee to <b>engage with Police, MOH and the Inspector</b>.</li> <li>• Conditions relating to Security.</li> <li>• Conditions relating to <b>remote sale</b> (Off Licence).</li> </ul>
	<p><i>Club licence</i> District Licensing Committee may impose discretionary conditions related to the following:</p> <ul style="list-style-type: none"> <li>• Prohibited persons</li> <li>• Management of premises</li> <li>• People or kinds of people to be served</li> <li>• Low and non-alcoholic beverages</li> <li>• Transport options</li> <li>• Exclusion of the public</li> </ul>	<p><i>Club Licences</i> Include compulsory CPTED requirements, including:</p> <ul style="list-style-type: none"> <li>• Lighting requirements.</li> <li>• Line of site profile.</li> <li>• CCTV.</li> </ul>	<p><i>Club Licences</i> Duty manager be present during large events or if the club is open during high risk times.</p>	
	<p><i>Special Licences</i></p>	<p><i>Special Licences</i> <b>No Change</b></p>	<p><i>Special Licences</i></p> <ul style="list-style-type: none"> <li>• Alcohol Management Plans required for large-scale events (400 people or more).</li> <li>• The types of vessels that can be used at events to be specified (e.g. no glass vessels at high risk events).</li> </ul>	

			<ul style="list-style-type: none"> <li>Restrictions on the number of alcoholic beverages and kinds of alcohol that can be sold and supplied per patron per transaction This condition could be applied for the entire duration of the event, or after a certain time, as appropriate.</li> <li>For large scale events - licensee to engage with Police, MOH and the Inspector in relation to a special licence application or after the event if requested by the agency.</li> </ul>	<ul style="list-style-type: none"> <li>Conditions relating to <b>Method of payment (buy now pay later) (Off licence).</b></li> </ul>
<b>One-way door restrictions</b>	<i>On-licence</i> <b>Hotel or tavern premises</b> with a closing time later than midnight one-hour prior to maximum closing time may be applied on Thursday, Friday and Saturday nights.	<b>Need for change</b> <i>On-licences</i> Implement a one-way door restriction that stops staggered closing times of premises.	<b>No Change</b> <i>On-licences</i> <b>No Change</b>	<b>Need for change</b> <i>On-licences</i> Implement a one-way door restriction starting at 12:00 midnight for premises which are identified as a Class 1 club, class 1 restaurant and tavern.



	<i>Club licence</i> No earlier than two hours before the normal closing time of the premises.	<i>Club licence</i> <b>No Change</b>	<i>Club licence</i> <b>No Change</b>	<i>Club licence</i> <b>No Change</b>
<b>Recommended changes to LAP due to inconsistencies and clarification</b>	<ul style="list-style-type: none"> <li>• <b>Temporary Authority</b> - It is suggested that the role of the Secretary is reviewed.</li> <li>• <b>Remote Sales</b> - Bring conditions associated with remote sales in line with the Act.</li> <li>• <b>Definitions</b> – alter “out door dining area” and include “sensitive site”.</li> </ul>			

## PART 5 - BIBLIOGRAPHY

---

Action Point. (2021). *The alcohol industry in New Zealand*. ActionPoint.

<https://www.actionpoint.org.nz/the-alcohol-industry-in-new-zealand>

Advertising Standards Authority. (2021, July 1). *Alcohol Advertising and Promotion Code*.

Advertising Standards Authority. <https://www.asa.co.nz/codes/codes/alcohol-advertising-and-promotion-code/>

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

<https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

Ayuka, F., Barnett, R., & Pearce, J. (2014). Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand. *Health & Place*, 29, 186–199.

<https://doi.org/10.1016/j.healthplace.2014.07.002>

Baan, R., Straif, K., Grosse, Y., Secretan, B., Ghissassi, F. E., Bouvard, V., Altieri, A., & Coglian, V. (2007). Carcinogenicity of alcoholic beverages. *The Lancet Oncology*, 8(4), 292–293.

[https://doi.org/10.1016/S1470-2045\(07\)70099-2](https://doi.org/10.1016/S1470-2045(07)70099-2)

Beehive. (2022, October 30). *Communities given greater powers to reduce alcohol harm*. The

Beehive. <https://www.beehive.govt.nz/release/communities-given-greater-powers-reduce-alcohol-harm>

Cameron, M. P., Cochrane, W., & Livingston, M. (2016). *The relationship between alcohol outlets and harm: A spatial panel analysis for New Zealand, 2007-2014*. Health Promotion

Agency.

<https://www.hpa.org.nz/sites/default/files/The%20relationship%20between%20alcohol%20outlets%20and%20harm.pdf>

- Cameron, M. P., Cochrane, W., McNeill, K., Melbourne, P., Morrison, S. L., & Robertson, N. (2012). Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand | Elsevier Enhanced Reader. *Australia and New Zealand Journal of Public Health*, 36(6), 537–542. <https://doi.org/doi: 10.1111/j.1753-6405.2012.00935.x>
- Committee on Substance Abuse and Committee on Children With Disabilities. (2000). Fetal Alcohol Syndrome and Alcohol-Related Neurodevelopmental Disorders. *Pediatrics*, 106(2), 358–361. <https://doi.org/10.1542/peds.106.2.358>
- Connor, J., Kydd, R., Shield, K., & Rehm, J. (2015). The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: Marked disparities by ethnicity and sex. *The New Zealand Medical Journal*, 128(1409), 15–28.
- Connor, J. L., Kypri, K., Bell, M. L., & Cousins, K. (2011). Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: A national study. *Journal of Epidemiology and Community Health*, 65(10), 841–846. <https://doi.org/10.1136/jech.2009.104935>
- Day, P., Breetzke, G., Kingham, S., & Campbell, M. (2012). Close proximity to alcohol outlets is associated with increased serious violent crime in New Zealand. *Australian and New Zealand Journal of Public Health*, 36(1), 48–54. <https://doi.org/10.1111/j.1753-6405.2012.00827.x>
- Distilled Spirits Association of New Zealand. (n.d.). *Voluntary Industry Code for RTDs*. <http://spiritsnz.org.nz/downloads/News/DSANZ-VIConRTDs.pdf>
- EHINZ. (n.a.). Alcohol-Related Harm Indicators. <https://www.ehinz.ac.nz/indicators/alcohol-related-harm/about-alcohol-related-harm/>

Fleming, T., Ball, J., Peiris-John, R., Crengle, S., Bavin, L., Tiatia-Seath, J., Archer, D., & Clark, T. (2020). *Youth19 Rangatahi Smart Survey Initial Findings: Substance Use*. Youth19 Research Group, The University of Auckland and Victoria University of Wellington. <https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/5f3396209830484e5a9b3a0d/1597216310364/Youth19+Substance+Use+Report.pdf>

Food Standards Australia and New Zealand. (n.d.). *Food Standards Code*. Food Standards Code. Retrieved 21 June 2023, from <https://www.foodstandards.gov.au/code/Pages/default.aspx>

*Global status report on alcohol 2004*. (2004). World Health Organization, Dept. of Mental Health and Substance Abuse. [https://apps.who.int/iris/bitstream/handle/10665/42971/9241562722\\_\(425KB\).pdf;jsessionid=F2B98F807C2BF06D5547C15EBF775B72?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/42971/9241562722_(425KB).pdf;jsessionid=F2B98F807C2BF06D5547C15EBF775B72?sequence=1)

Hamilton & Waikato Tourism. (2022). *Mighty Waikato: Visitor statistics & insights*.

Hartvelt, J. (2012, August 22). *6% alcohol limit for RTDs dumped*. Stuff. <https://www.stuff.co.nz/the-press/news/7532048/6-alcohol-limit-for-RTDs-dumped>

Hobbs, M., Marek, L., Wiki, J., Campbell, M., Deng, B. Y., Sharpe, H., McCarthy, J., & Kingham, S. (2020). Close proximity to alcohol outlets is associated with increased crime and hazardous drinking: Pooled nationally representative data from New Zealand. *Health & Place*, 65, 102397. <https://doi.org/10.1016/j.healthplace.2020.102397>

Law Commission. (2010). *Alcohol in Our Lives: Curbing the Harm* (No. 114). Law Commission. <https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20R114.pdf>

Life Education Trust. (n.d.). *Smashed*. Life Education Trust. <https://www.lifeeducation.org.nz/in-schools/smashed>

Lion. (n.d.). *Alcohol&Me*. Alcohol&Me. <https://www.alcoholandme.org.nz/>

Martin, J. E. (2014). *Parliament's people; Social life*. New Zealand History. <https://nzhistory.govt.nz/politics/parliaments-people/social-life>

M.E Consulting. (2018). *New Zealand alcohol supply and demand structures: Research report*. Health Promotion Agency. <https://www.hpa.org.nz/sites/default/files/NZ%20Alcohol%20Supply%20and%20Demand%20Structure%20Research%20Report%20FEB2018-Final.PDF>

Ministry of Business, Innovation & Employment | Hīkina Whakatutuki. (2023, April 6). *Reliance on tourism—Sustainable Tourism Explorer*. Regions Reliance on Tourism. [https://teic.mbie.govt.nz/ste/regions/relianceOnTourism/?utm\\_source=mbie&utm\\_medium=website&utm\\_campaign=tourism+data+releases&utm\\_term=origin+tect&\\_gl=1\\*2npft\\*\\_ga\\*MzAyOTMyNDg1LjE2ODE0MjA0Nzk.\\*\\_ga\\_QRPHK061NL\\*MTY4MTQzMzM5Mi4yLjAuMTY4MTQzMzM5Mi4wLjAuMA..#indicatorSection7](https://teic.mbie.govt.nz/ste/regions/relianceOnTourism/?utm_source=mbie&utm_medium=website&utm_campaign=tourism+data+releases&utm_term=origin+tect&_gl=1*2npft*_ga*MzAyOTMyNDg1LjE2ODE0MjA0Nzk.*_ga_QRPHK061NL*MTY4MTQzMzM5Mi4yLjAuMTY4MTQzMzM5Mi4wLjAuMA..#indicatorSection7)

Ministry of Health Manatū Hauora. (2022a). *Indicator: Hazardous drinkers (AUDIT score ≥8, among past-year drinkers)*. Explore Indicators. [https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/\\_w\\_021856d3/#!/explore-indicators](https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/_w_021856d3/#!/explore-indicators)

Ministry of Health Manatū Hauora. (2022b). *Indicator: Hazardous drinkers (AUDIT score ≥8, among total population)*. Explore Indicators. [https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/\\_w\\_021856d3/#!/explore-indicators](https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/_w_021856d3/#!/explore-indicators)

Ministry of Health Manatū Hauora. (2022c). *Indicator: Past-year drinkers (had alcoholic drink in the past 12 months)*. Indicator: Past-Year Drinkers (Had Alcoholic Drink in the Past 12

Months). [https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/\\_w\\_021856d3/#!/explore-indicators](https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/_w_021856d3/#!/explore-indicators)

Ministry of Health Manatū Hauora. (2022d, July). *Alcohol*. Ministry of Health NZ. <https://www.health.govt.nz/your-health/healthy-living/addictions/alcohol-and-drug-abuse/alcohol>

Ministry of Health Manatū Hauora. (2022e, July). *The effects of alcohol*. Ministry of Health NZ. <https://www.health.govt.nz/your-health/healthy-living/addictions/alcohol-and-drug-abuse/alcohol/effects-alcohol>

Ministry of Justice. (2014). *2014 New Zealand Crime And Safety Survey / Te Rangahau O Aotearoa Mō Te Taihara Me Te Haumarutanga 2014: Main Findings* (ISBN 978-0-478-32450-; p. 150). <https://www.justice.govt.nz/assets/NZCASS-201602-Main-Findings-Report-Updated.pdf>

Ministry of Justice. (2022). *New Zealand Crime and Victims Survey. Cycle 4 survey findings. Descriptive statistics*. (ISSN 2744-3981; p. 227). <https://www.justice.govt.nz/justice-sector-policy/research-data/nzcvs/resources-and-results/>

Ministry of Social Development. (n.d.). *What Works to Reduce Alcohol-Related Harm And Why Aren't The Policies More Popular? - Ministry of Social Development*. Ministry of Social Development. Retrieved 26 June 2023, from <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj25/what-works-reduce-alcohol-related-harm-25-pages-118-141.html>

New Zealand Food & Grocery Council. (2019). *Call for submissions – Proposal P1050: Pregnancy warning labels on alcoholic beverages: Submission by the New Zealand Food & Grocery*



Council. <https://www.fgc.org.nz/wp-content/uploads/2019/10/NZFGC-Submission-Pregnancy-warning-labels.pdf>

New Zealand Police. (n.d.). *Alcohol – stay safe when going out*. New Zealand Police. <https://www.police.govt.nz/advice/drugs-and-alcohol/alcohol-stay-safe-when-going-out>

NZIER. (2022). *Alcohol beverages industry: A thriving, durable industry adding value to New Zealand's financial, environmental and social economies* (p. 38). [https://nzabc.org.nz/wp-content/uploads/2022/03/NZIER\\_Alcohol-Beverages-Industry-Economic-Impact-Report\\_220322\\_compressed-file.pdf](https://nzabc.org.nz/wp-content/uploads/2022/03/NZIER_Alcohol-Beverages-Industry-Economic-Impact-Report_220322_compressed-file.pdf)

OECD. (2023). *Alcohol consumption (indicator)*. OECD Data. <http://data.oecd.org/healthrisk/alcohol-consumption.htm>

Penfold, P., & Cleave, L. (2022, March 6). *Forsaken: New Zealand's shameful mismanagement of FASD*. Stuff Circuit. <https://interactives.stuff.co.nz/2022/03/circuit/fetal-alcohol-spectrum-disorder-mismanagement-new-zealand/>

Public Health Service, Te Whatu Ora – Waikato. (2023). *Alcohol-related health information pack, 2023: For the review of the Waipa District Local Alcohol Policy*.

Rossen, F., Newcombe, D., Parag, V., Underwood, L., Marsh, S., Berry, S., Grant, C., Morton, S., & Bullen, C. (2018). Alcohol consumption in New Zealand women before and during pregnancy: Findings from the Growing Up in New Zealand study. *The New Zealand Medical Journal*, 131(1479), 24–34.

Simpson Grierson. (2023, May 8). *Landmark alcohol decision has national implications*. Simpson Grierson. <https://www.simpsongrierson.com/insights-news/legal-updates/landmark-alcohol-decision-has-national-implications>

Stats NZ. (2018a). *Place Summaries | New Zealand | Stats NZ.*

<https://www.stats.govt.nz/tools/2018-census-place-summaries/new-zealand>

Stats NZ. (2018b). *Waipa District.* Stats NZ. <https://www.stats.govt.nz/tools/2018-census-place-summaries/waipa-district>

Te Hīringa Hauora/ Health Promotion Agency. (n.d.). *Alcohol Resources—Licensing bodies and regulatory agencies.* Amohia Te Waiora. <https://resources.alcohol.org.nz/alcohol-management-laws/licensing-local-policies/regulatory-bodies/>

The Tomorrow Project. (n.d.). *Cheers! - Home.* Cheers! <https://cheers.org.nz/>

World Health Organization. (2018). *Global status report on alcohol and health 2018* (p. 450). <https://www.who.int/publications-detail-redirect/9789241565639>

World Health Organization. (2023, April 15). *Reporting about alcohol: A guide for journalists.* World Health Organization. <https://www.who.int/publications-detail-redirect/9789240071490>

## APPENDIX A – DEFINITIONS

<b>‘Alcohol’</b>	means a substance that is or contains a fermented, distilled or spirituous liquor; and at 20°C is found on analysis to contain 1.15% or more ethanol by volume; or that is a frozen liquid, or a mixture of a frozen liquid and another substance or substances; and is alcohol when completely thawed to 20°C; or that, whatever its form, is found on analysis to contain 1.15% or more ethanol by weight in a form that can be assimilated by people.
<b>‘Alcohol related harm’</b>	has the same definition as given in the Act. Means the harm caused by the excessive or inappropriate consumption of alcohol; and includes any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by the excessive or inappropriate consumption of alcohol. It also includes any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury of a kind described above.
<b>‘Authorised customer’</b>	in relation to premises a club licence is held for, means a person who— is a member of the club concerned; or is on the premises at the invitation of, and is accompanied by, a member of the club concerned; or is an authorised visitor
<b>‘Authorised visitor’</b>	in relation to premises a club licence is held for, means a member of some other club with which the club concerned has an arrangement for reciprocal visiting rights for members.
<b>‘Café’</b>	shall have the same meaning as ‘restaurant’
<b>‘Cellar door’</b>	means that same as in the Act and includes tasting rooms at a Brewery or distillery. It excludes the sale of alcohol not brewed, distilled or made by that licence holder.
<b>‘Club’</b>	means a body that— is a body corporate having as its object (or as one of its objects) participating in or promoting a sport or

	other recreational activity, otherwise than for gain; or is a body corporate whose object is not (or none of whose objects is) gain; or holds permanent club charter
<b>‘CPTED’ or ‘Crime Prevention through Environmental Design’</b>	CPTED is a crime prevention philosophy based on proper design and effective use of the built environment. The use of CPTED is intended to reduce crime and fear of crime by reducing criminal opportunity and fostering positive social interaction among legitimate users of space.
<b>‘District Licensing Committee’</b>	means the Waipā District Licensing Committee appointed pursuant to section 186 of the Act
<b>‘Early childcare facility’</b>	includes any crèche, childcare centre, kindergarten, kohanga reo play centre or plunket rooms, and any other place (excluding a school) where five or more children receive care or education on a commercial basis
<b>‘Facility’</b>	includes a place of worship, school or early childcare facility
<b>‘Function centre’</b>	premises in which the principal business is pre-booked private functions where alcohol is sold or supplied in conjunction with those functions
<b>‘Grocery store’</b>	means a shop that – has the characteristics normally associated with shops of the kind commonly thought of as grocery shops; and comprises premises where— a range of food products and other household items is sold; but the principal business carried on is or will be the sale of food products
<b>‘Hotel’</b>	means premises used or intended to be used in the course of business principally for providing to the public— lodging; and alcohol, meals, and refreshments for consumption on the premises
<b>‘Large scale event’</b>	means an event to which section 143 of the Act applies
<b>‘Licensed premises’</b>	means any premises for which a licence is held
<b>‘Medical Officers of Health’</b>	means the medical officer of health appointed under the Health Act 1956 for a health district, and includes any deputy medical officer of health; and, can

	include any medical practitioner acting under the direction of the medical officer of health
<b>‘Off-licence’</b>	on the premises an off-licence is held for, the licensee can sell alcohol for consumption somewhere else
<b>‘One-way door restriction’</b>	in relation to a licence, is a requirement that, during the hours stated in the restriction,— no person is to be admitted (or re-admitted) into the premises unless he or she is an exempt person; and no person who has been admitted (or re-admitted) into the premises while the restriction applies to the licence is to be sold or supplied with alcohol
<b>‘On-licence’</b>	on any premises an on-licence (other than an on-licence endorsed under section 37) is held for, the licensee— can sell and supply alcohol for consumption there; and can let people consume alcohol
<b>‘Out door dining area’</b>	means an area of a premises holding an on-licence or club licence that is outside of the building which includes any part of a public footpath, pavement or other public place, and is used principally for dining.
<b>‘Place of worship’</b>	includes any church, mosque or other facility designed primarily for worship and related religious activities
<b>‘Police’</b>	means the New Zealand Police
<b>‘Premises’</b>	includes a conveyance; and includes part of any premises; and in relation to a licence, means the premises it was issued for
<b>‘Principal entrance’</b>	in relation to licensed premises, means an entrance to the premises designated as the principal entrance by the licensing authority or licensing committee concerned when the licence was issued
<b>‘Product’</b>	includes a substance that is not manufactured, but arises naturally
<b>‘Prohibited persons’</b>	are persons to whom alcohol cannot be served including minors and intoxicated persons and in the case of clubs any person who is not an authorised customer
<b>‘Public park’</b>	means any park, reserve, playground, garden or similar public place maintained by the Local Authority for recreation purposes

<b>'Remote sale'</b>	in relation to alcohol, means a sale pursuant to a contract that— (a) has been entered into (using the Internet, by telephone or mail order, or in any other way) between— (i) a seller who holds an off-licence; and (ii) a person (whether the buyer or a person acting on the buyer's behalf) who is at a distance from the premises where the seller entered into the contract; and (b) contains a term providing for the alcohol to be delivered to the buyer (or to a person or place nominated by the buyer) by or on behalf of the seller
<b>'Restaurant'</b>	means premises that— are not a conveyance; and are used or intended to be used in the course of business principally for supplying meals to the public for eating on the premises
<b>'School'</b>	includes any primary, intermediate or secondary school and any kura kaupapa
<b>'Special Consultative Procedure'</b>	Means the procedure as set out in section 83 of the Local Government Act 2002
<b>'Special Licence'</b>	means the type of licence detailed in section 22 of the Act
<b>'Tavern'</b>	means premises used or intended to be used in the course of business principally for providing alcohol and other refreshments to the public; but does not include an airport bar
<b>'Temporary Authority'</b>	means a temporary authority order issued and in force under section 136 of the Act
<b>'The Act'</b>	means the Sale and Supply of Alcohol Act 2012
<b>'Wine'</b>	means a product that is grape wine or fruit or vegetable wine within the meaning of section 58(3)



## APPENDIX B – POLICE FEEDBACK ON 2016 LAP

---



28 April 2023

**To: The Liquor Licencing Committee  
Waipa District Council**

**Re: Report from Police regarding the review of the Local Alcohol Policy (LAP)  
for Waipa District TLA**

## Introduction

Liquor license regulation and guidelines such as those contained in the LAP for Waipa DC play a crucial role in regulating the sale and consumption of alcohol and have a direct impact on police enforcement efforts. This report aims to provide an overview of why it is essential to maintain existing liquor license conditions in the context of police enforcement. By examining the role of these conditions in preventing alcohol-related crime, promoting responsible alcohol consumption, and supporting effective law enforcement strategies, it becomes clear that preserving current liquor license conditions is vital for public safety.

## Prevention of Alcohol-Related Crime

Maintaining current liquor license conditions is critical for preventing alcohol-related crime. These conditions include requirements such as security measures, monitoring and reporting of incidents, and cooperation with law enforcement. By enforcing these conditions, licensed premises create an environment that deters criminal activities such as violence, disorderly conduct, and drug-related offenses. The presence of well-defined license conditions facilitates proactive police enforcement efforts and enables law enforcement agencies to focus their resources on other pressing matters.

## Promotion of Responsible Alcohol Consumption

Current liquor license conditions also contribute to promoting responsible alcohol consumption, which is essential for maintaining public safety. Conditions such as limiting hours of operation, enforcing responsible service of alcohol, preventing the sale to underage persons and monitoring intoxicated individuals help prevent incidents arising from excessive drinking. Managing the number of serves per person at Special License Events should be included and the applicant must provide assurances and a plan of how persons attending such events won't be adversely affected by purchasing multiple serves of alcohol at one time. By aligning with responsible drinking practices, establishments reduce the risk of alcohol-related disturbances and minimize the strain on police resources. This cooperation allows law enforcement agencies to allocate their efforts more effectively towards addressing other public safety concerns.

## Support for Effective Law Enforcement Strategies

Liquor license conditions provide valuable support for effective law enforcement strategies. By requiring establishments to maintain comprehensive records of incidents, collaborate with law enforcement investigations, and promptly report any violations, these conditions facilitate the gathering of evidence and the identification of individuals involved in criminal activities. The availability of accurate and timely information enhances the efficiency and effectiveness of police enforcement efforts, enabling them to respond proactively to potential threats and maintain community safety.

## Alcohol Harm Issues within the Waipa TLA

Police have observed and recorded issues with regard to alcohol harm in the Waipa TLA that include the sale of alcohol to underage persons, intoxicated persons observed in and around licensed premises and events of a nature that would cause alarm and/or harm to persons in the community.

Controlled Purchase Operations involving underage volunteers have been executed each year since 2019 to 2022 visiting Licensed Premises across the Waipa TLA to

test training and policy processes at various establishments. On nine occasions alcohol was sold or supplied to the underage volunteers. This is concerning for Police and other agencies as it demonstrates that sales and supply of alcohol to underage persons are taking place in Waipa and Licensee's need to do better to reduce the risks of alcohol harm to younger persons in our communities.

Intoxicated persons leaving Licensed Premises and then becoming offenders or victims of violence type offences have been noted by Police staff on numerous occasions across the Waipa TLA. On 4 September 2022 at about 11:30pm I conducted a hotel visit at the [REDACTED]. There were approximately 80 persons inside the premises at the time. I noted a group of six people sitting at a table in the outside area. One female in the group was sitting slouched in a seat with her head resting on a table and eyes closed. When she awoke she appeared dazed, confused, struggled to open her eyes, and was unsteady on her feet once she tried to stand up. While dealing with another patron at the entrance to the premises three person walked past Police guiding a female out of the premises and helping her to walk as she couldn't stand by herself. Her speech was slurred, eye lids were droopy, and she smelt strongly of alcohol. A third female patron was escorted out of the premises by Police and then fell on the footpath after standing up and leaning against a wall. She was unable to lift herself and three officers had to help her to get into a patrol car to take her home. Her speech was incoherent, coordination poor and vomited and defecated herself inside the Police patrol vehicle on the short journey to her home address in Cambridge. Other examples of late night intoxication include;

Police Record number 221002/1068: 01:00hrs on 1 October 2022

*Description:.*

*Circumstances:*

*On the 01/10/2022 [REDACTED] was removed from the [REDACTED], due to his level of intoxication.*

*After being removed [REDACTED] then refused to leave and began arguing with staff. Management requested a trespass notice for both [REDACTED] and [REDACTED] in [REDACTED] be served on [REDACTED] as he was refusing to leave and causing a big scene outside the bar.*

*[REDACTED] also tried to jump in the window near the smokers area to gain entry and was trying to drink peoples drinks on the street.*

*Staff are sick of this antisocial behaviour*

Police Record 220903/2924: 01:40hrs 3 September 2022

*EBA Narrative*

Female seen leaving [REDACTED] bar stumbling then roughly 10 minutes later seen driving a vehicle.

Traffic stop conducted and the driver identified herself as [REDACTED]. The driver showed signs of intoxication and admitted to drinking beer at [REDACTED].

BST completed with a result of over 400.

Evidential breath test completed at TA base with a result of 1010mcgs.

Blood declined.

Driver consented to AWHI referral for drinking problem.

Police Record 230404/4925: 00:52hrs 1 April 2023

*Further details:*

Police attended the premise because of a DJ promotion for the night.

Upon arrival police observed intoxicated patrons and we got complaints of a person sexually touching females in the premises.

Further investigation also revealed that there were 4 underage patrons on the premises.

The state of the male bathrooms was poor, containing vomit and bodily fluids throughout.

Due to everything that had occurred police requested that the bar be closed for the night and the duty manager agreed, so the bar closed half an hour early.

On numerous occasions Police have attended reported events of violence in or near to Licensed Premises. Some examples of the calls for Police service are here below;

Police Record 221023/0847: 18:46hrs 21 October 2022

*Circumstances:*

Police were called to a disorder at the [REDACTED]. 2 males were playing pool and having a few beers. One was identified as [REDACTED]. They seem aggressive to other patrons. They finished the game of pool said that cue sticks were dodge and smashed 3 pool cue sticks on a shelf that they broke as well as denting the wall. They continued to walk out and another patron challenged them on the damage. They then took the tops off ready for a fight and started yelling out mongrel mob will get them. They said they will be back with numbers to deal with them. They then drove off.

Police Record 220705/0746: 21:05hrs 23 June 2022

#### *Circumstances:*

*This job was reported by the informant as approximately 12 people fighting using pool cues and balls and a glass was also thrown.*

*There were also punches thrown by some parties. The dispute was between a group playing pool and a group on the pokies. Police were not able to immediately attend due to being at other priority jobs however on attendance a short time later, all parties had dispersed and left the bar.*

*The bar manager was spoken to and confirms a fight took place however there was no damage to his bar and he did not want to take matters any further. He was instructed to save any CCTV footage of the incident to provide to police when able in order to try and identify any suspects involved in this fight.*

*No persons involved in the fight phoned police and as such there were no complaints by any party.*

Police Record 190608/2835: 18:00hrs 8 June 2019

#### *Circumstances:*

*At approximately 18:00 [REDACTED] was at the [REDACTED] bar, [REDACTED] and threatened to hit the duty manager over the head with a bottle.*

*The duty manager declined to make a statement but requested Police to trespass [REDACTED]. [REDACTED] was taken back to the [REDACTED] Station due to his high level of intoxication and Trespassed by LHFR81.*

*[REDACTED] was picked up by his wife from the [REDACTED] Station to take [REDACTED] home.*

*Approximately 10 minutes later police received another phone call from the Duty manager saying that [REDACTED] had returned to the [REDACTED] bar.*

*Duty Manager [REDACTED] provided a statement to police for trespass and threatening behaviour.*

#### Recommendations

There are several matters that could help reduce alcohol harm further in the Waipa TLA and should be considered to adopt into the LAP such as more emphasis on Crime Prevention Through Environmental Design (CPTED), a one-way door policy applied to all premises from midnight, and a reduction of the hours that alcohol can be sold at ON and OFF Licences.

Currently Licence Applications are encouraged to consider aspects of CPTED for their respective premises. More could be done to ensure that lighting, line of site profile and use of CCTV are compulsory factors for premises to engage and



implement as part of their operation. This would provide a two-fold benefit of discouraging crime and providing better evidence for investigations.

Police staff have observed the practice of ON Licences closing in a staggered manner on busy nights such as Friday and Saturday that leads persons, who may have already been drinking, to seek out the next establishment that is open in order to carry on drinking. The risk here is that persons already influenced by alcohol will become more influenced to the point of intoxication and then become victims or offenders of crime, or persons already intoxicated will move to another premises and cause issues at that premises. A one-way door system would easily eliminate this issue and help Licensees to better manage their premises to reduce harm.

Trading hours of premises could be better applied to ON and OFF Licences in a manner that reduces the potential harm to the community. There seems no reasonable argument to having alcohol available to sell prior to 9:00am on any day of the week. Anecdotal evidence of Police observations of OFF Licence venues such as Bottle Stores suggests that foot traffic after 9:00pm is negligible and therefore if persons are making a choice to purchase alcohol they are doing so earlier in the day or evening. A 9:00am to 9:00pm trading hours regime for OFF Licences would be preferable. ON Licence trading hours do not need to be extended beyond 2:00am as is currently the case with the LAP. Several of the example of Police reports provided above demonstrate that there is already concern for the behaviour of patrons who may begin drinking early in the evening and carry on doing so into the early hours of the morning at any ON Licensed premises if given the opportunity to do so.

## Conclusion

The maintenance of current liquor license conditions is vital for police enforcement in ensuring public safety and reducing alcohol-related crime. These conditions help prevent alcohol-related offenses, promote responsible alcohol consumption, and support effective law enforcement strategies. By enforcing liquor license conditions, establishments create a safer environment, reduce the burden on police resources, and facilitate proactive policing efforts. It is imperative to preserve and uphold these conditions to foster a secure and orderly society.

Kind regards,



**David Hall**  
Area Prevention Manager  
Waikato West Area  
Waikato District

**M** +64 21 192 3715

**E** [david.hall@police.govt.nz](mailto:david.hall@police.govt.nz)



## APPENDIX C – MEDICAL OFFICER OF HEALTH FEEDBACK ON 2016 LAP

---

# Alcohol-related health information pack, 2023

For the review of the Waipa District Local Alcohol Policy

Prepared by Public Health Service, Te Whatu Ora – Waikato

March 2023

# Contents

Forward by John Bonning, Clinical Director, Waikato Emergency Department .....	3
Introduction .....	5
Literature review of alcohol use and associated harms .....	6
Who drinks alcohol? .....	6
Acute alcohol effects.....	6
Chronic alcohol effects .....	7
Chronic liver disease.....	7
Cancer.....	7
Cardiovascular disease .....	7
Mental health and neurological disorder.....	8
Foetal alcohol spectrum disorder and pregnancy .....	8
Sexually transmitted diseases and fertility.....	8
Burden of disease.....	9
Cost burden of alcohol.....	9
Alcohol outlet density and opening hours .....	9
Alcohol pricing packaging .....	10
Visual impact of alcohol marketing .....	11
Hospitalisation data .....	11
Coding alcohol-related presentations in Waikato Emergency Departments .....	11
Overview .....	12
Timing of presentations .....	12
Demographic patterns .....	15
Alcohol-attributable hospitalisations .....	20
Conclusions from the data.....	21
Geographic distribution of alcohol outlets .....	21
Public Health recommendations.....	25
References .....	35

## Forward by John Bonning, Clinical Director, Waikato Emergency Department<sup>1</sup>

Emergency Departments (ED) are the first port of call for acute presentations to hospital. We receive patients from the youngest new born to the very old, and see a huge range of illnesses and injuries every week - from a child with meningitis or an elderly patient with a broken hip to motor vehicle crashes resulting in multiple injuries. ED staff have to be ready to receive, triage and treat these patients, and also collaborate with other hospital departments regarding admission, investigation or outpatient follow up.

Waikato Hospital's Emergency Department is the third busiest ED in the country. There are regularly more than 200 patient presentations per day and the majority arrive outside of 'business hours'. Our staff have to be highly organised and our processes structured, whilst still maintaining the level of flexibility necessary to appropriately respond to whatever comes through the door 24/7.

The burden of alcohol on ED presentations is substantial. The busiest time for EDs across New Zealand is after hours – evenings, overnight and on the weekends, when we often have to respond to patients who have injured themselves, been in fights and sometimes have consumed so much alcohol that they are unconscious and at risk of death without our care.

Drunken patients and their intoxicated associates are generally labour intensive and can prove very difficult to manage. Staff are at risk of verbal or physical abuse, other patients and their relatives are subjected to noise and disruption, and our department may be subject to drunken patients vomiting or making a mess in the department. Commonly security staff or the police have to be called to control patients or associates who are intoxicated and a danger to themselves or others. Other (non-intoxicated) patients not infrequently complain about the disruption that intoxicated patients cause during their treatment.

Another impact of alcohol that is not accurately measured is those non-intoxicated patients who are assaulted or involved in car crashes with intoxicated third parties.

It is important to note that patients with problems related to alcohol consumption take time to look after, denying resources from other patients with medical emergencies and tying up staff and beds. This contributes to difficulties reaching Ministry of Health targets and good patient care. They represent significant costs for the Te Whatu Ora – Waikato District and for providers such as the Accident Compensation Corporation. Alcohol-related injury and illness is a type of self-inflicted injury that can be avoided by using alcohol in moderation.

New Zealand's legal blood alcohol level for drivers is too high and society have a message that is ok to drink one or more drinks an hour and still stay under our too high limit. This sends the wrong message, that driving drunk is ok, and also contributes significantly to the impact on road trauma.

---

<sup>1</sup> The forward was written for the original information pack supplied in 2013 and has not been updated for the current revision.

The majority of weekend ED presentations relating to alcohol consumption involve young people. This is of concern, as their drinking habits leave them at risk of becoming alcohol dependent, of injuring themselves to a degree that causes long term disability, or of harassment or physical abuse. Our department, along with many others in the hospital, is also involved in providing care for those impacted by the longer term effects of alcohol misuse, for example people with alcohol-related liver disease.

The Sale and Supply of Alcohol Act (2012) is an opportunity for local governments to address some of the issues relating to alcohol abuse in our community. There is strong evidence which shows that reducing access to alcohol in the community results in fewer alcohol-related injuries and presentations to hospital. This would allow our department to function more effectively and allocate our time and resources more efficiently. I encourage the council to utilise its powers to address alcohol harm, and reduce its burden on the Emergency Department and wider health care system.

Yours sincerely,

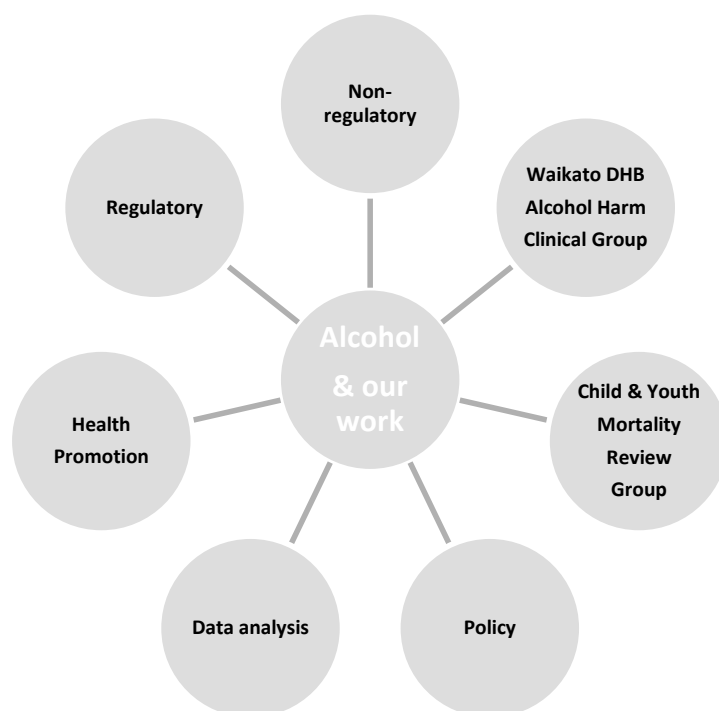
A handwritten signature in blue ink, appearing to read 'John Bonning', followed by a vertical line.

Dr John Bonning,  
Clinical Director, Emergency Department.  
Waikato Hospital  
Te Whatu Ora – Waikato



## Introduction

Public Health has a significant interest in how alcohol impacts the health and wellbeing of communities. Public Health is involved in a number of different fields, from health promotion through to regulatory work (Figure 1).



**FIGURE 1: PUBLIC HEALTH’S ALCOHOL-RELATED WORK.**

This document provides information on the harms associated with alcohol consumption from a health perspective. Local data has been used where available. This document has three main parts: firstly, international literature pertaining to the harms of alcohol is reviewed; secondly, local alcohol-related health data is presented; thirdly, recommended changes to the current Waipa District Local Alcohol Policy are discussed.

This document was originally created in 2013 and had been updated with data relevant to 2022 upon request from the Waipa District Council to assist with a review of their Local Alcohol Policy.

# Literature review of alcohol use and associated harms

Alcohol use is associated with a wide range of physical, mental and social harms. Its consumption can affect many organs in the human body and is linked to more than 60 diseases and 3 million deaths globally per annum (1). This accounts for 5.3% of all deaths, which is greater than the number caused by HIV/AIDS, tuberculosis and diabetes (1). In New Zealand, about 800 people under 80 years die because of alcohol annually (2). Of these, 43% are due to injury and 30% are due to cancer (2). The link between alcohol and health is dependant both on the volume of alcoholic units consumed and the pattern of consumption, with binge drinking being particularly dangerous (3). Alcohol has the potential to harm individuals acutely by means of intoxication, alcohol poisoning or accidental harm while drunk, and chronically by means of long-term damage to organ systems.

## Who drinks alcohol?

Alcohol is consumed liberally in New Zealand. Seventy-nine percent of New Zealand adults have drunk alcohol in the previous year (4). Heavy drinking patterns are all too common with nearly 19% of adults considered to have a potentially hazardous drinking pattern, and 20% of people consume 6 or more alcoholic drinks on one occasion on a monthly bases (4). Though alcohol consumption is spread diffusely across society the volume and related harms are more concentrated in certain groups such as lower socioeconomic groups and ethnic minorities internationally (3). Males are 1.1 times as likely as females to have consumed alcohol in the past 12 months (4). Twenty-three percent of women consume alcohol during pregnancy (5). Young people also drinking dangerously, with over 70% of secondary school students having drunk alcohol, and 46% of student drinkers consuming over five units the last time they drank (6). People who live in areas of high deprivation are less likely to have consumed alcohol in the past 12 months; however, they are 1.05 times more likely to consume in a hazardous fashion, and 1.15 times more likely to have consumed 6 or more drinks on a single occasion on a weekly basis (4). A similar pattern of drinking is observed in Māori and Pacifica communities, likely resulting from their minority and marginalised status and subsequent exposure to socioeconomic deprivation (4). Māori are more likely to suffer from alcohol-related harm than non-Māori including 2.5 times the age-standardised mortality rate (2).

## Acute alcohol effects

Alcohol is classed as a sedative and hypnotic drug. In low doses it acts as a stimulant (which is why many people drink); however, in larger doses alcohol leads to drowsiness, central nervous system depression, and, in severe cases, coma and respiratory suppression (3). Even in low doses, consumption of alcohol increases the probability of certain injuries and illnesses. Alcohol increases self-confidence, while at the same time decreases fine motor skills and balance. This can lead to an individual attempting a physical activity that is beyond their ability, resulting in a fall or crash and physical injury. Other acute alcohol effects include a shortened attention span, and impaired judgement. Implications of this could include distraction while driving leading to a crash or an individual making a poor judgement while drunk, for example, getting into a car with a drunk driver, or overreacting to a perceived insult, which results in a physical altercation. As alcohol intake increases, an individual suffers impaired memory, delayed reaction time and difficulty balancing. Nausea, vomiting and impaired senses can also become a problem. The end result is a person who is not able to react normally, makes poor judgments and has poor balance and coordination. This leaves the individual at risk of injuring themselves and those around them (6).

If an individual makes it to bed without injury, when severely intoxicated they are at risk of vomiting in their sleep and aspirating their vomit. Alcohol disrupts normal sleep cycles resulting in poor sleep quality (3). Hangovers results in poor reactions, attention and motor skills, and an ongoing increased risk of injury. Productivity in the workplace is also decreased (6).

Many people associate the acute effects of alcohol with a good night out. Indeed alcohol is often seen as a requirement for social participation and enjoyment. Alcohol-related harm is anticipated and there is a degree of tolerance to it which is not extended to other drugs. Temporal dissociation between acute alcohol consumption and chronic disease from alcohol contributes to the establishment of regular drinking patterns in young people, which continue into adulthood. For many people, alcohol consumption will never cause any serious harm. For others addiction or dependence will develop, which can have social, economic and health effects. For many more longer term alcohol consumption will lead to one of the many health problems associated with sustained alcohol intake, a few of which are discussed in the following sections.

## Chronic alcohol effects

### Chronic liver disease

Consumption of alcohol can lead to a fatty liver, hepatitis and cirrhosis. It can also cause pancreatitis (inflammation of the pancreas). Alcohol is one of the leading cause of liver cirrhosis in developed countries (7). The first stage of alcohol-related liver disease is a fatty liver, a build-up of fat cells. Almost all heavy drinkers will have a degree of fatty liver disease. This does not normally cause any symptoms, and if a person stops drinking, it usually reversible. If heavy drinking continues, it can progress to alcoholic hepatitis, an inflammation of the liver. Mild hepatitis causes problems such as weight loss, nausea and vomiting. Hepatitis causes an increase liver enzymes in the blood because of damaged liver cells. Severe hepatitis can cause symptoms of abdominal pain, fevers and jaundice. It can lead to liver failure. Cirrhosis is scarring of the liver and is a result of prolonged or severe hepatitis. It is irreversible and reduces the livers ability to function normally. Ten to twenty percent of heavy drinkers get cirrhosis (3). Complications of cirrhosis include bleeding abnormalities, accumulation of fluid in the abdomen, bleeding from veins in the stomach and liver cancer or liver failure requiring transplant.

### Cancer

Alcohol consumption is associated with malignancies at 27 anatomical sites, including cancer of the mouth, oesophagus, stomach, liver and colon and rectum. It is also associated with female breast cancer (8). Daily consumption of alcohol raises the likelihood of cancer by two to three times, an affect that is augmented by smoking (9). Alcohol is a group one carcinogen, meaning that the association between alcohol and cancer strongly supported by evidence.

### Cardiovascular disease

Cardiovascular disease causes 19.8% of all deaths attributable to alcohol (1). Despite some evidence that low-to-moderate alcohol consumption can have beneficial effects on the cardiovascular system, the harms outweigh the benefits (10). For instance, in Europe 10.5% of all cardiovascular disease deaths were attributable to alcohol (1). A myriad of cardiovascular diseases can be caused by alcohol, including heart attacks, strokes, hypertension, heart failure and cardiac arrhythmias such as atrial fibrillation.

### Mental health and neurological disorder

Alcohol can reduce stress and tension in low dose, and indeed this is one of its attractions to many. However, in higher doses it can create, rather than relieve, stress, and can make people sad, aggressive or prone to mood swings. Alcohol is commonly consumed by people before they self-harm or attempt suicide (3). Heavy alcohol use is associated with a 37-fold increase risk of suicide (1). Alcohol use can lead to dependence, with withdrawal symptoms (including delirium tremens) in people who abruptly abstain, and difficulties maintaining a job or social relationships in people who are addicted.

Alcohol dependent individuals have been shown to have a two-fold increased risk of depressive disorders (1). Alcohol use is not only a cause of depression, but it also worsens symptoms in depressed people, demonstrated by an improvement of symptoms with abstinence and worsening of symptoms with increased consumption. Alcohol use is also linked to poorer control of psychiatric conditions such as anxiety and schizophrenia and neurological conditions such as epilepsy. Chronic alcohol abuse can lead to peripheral neuropathy (loss of feeling in hands and feet) and damage to areas of the brain, which are responsible for speech generation, vision, memory and balance (Wernicke-Korsakoff syndrome).

### Foetal alcohol spectrum disorder and pregnancy

Alcohol consumption during pregnancy can have negative health effects for both the mother and the developing foetus. Alcohol passes freely to the foetus across the placenta, and can lead to miscarriage or spontaneous abortion, stillbirth, low birth weight and Foetal Alcohol Spectrum Disorder (FASD) (1). FASD is characterised by physical, behavioural and cognitive abnormalities (11). In addition to dysmorphic facial features, children with FASD suffer prenatal and/or postnatal growth retardation, and structural brain abnormalities which can lead to behavioural problems, a low IQ and learning difficulties. Consequences are life long, and are not always evident at birth (3).

The volume of alcohol consumption which is required to cause these problems is unclear due to multiple confounding factors, although damage to the foetus is more likely if the mother consumes large amounts of alcohol in one sitting, or consumes alcohol regularly throughout pregnancy (12). Drinking alcohol during the first trimester can be particularly dangerous. The Ministry of Health (MoH) acknowledges that there is no known “safe” level of alcohol use at any stage of pregnancy (12). The MoH and the Alcohol Advisory Council of New Zealand (ALAC) recommend that alcohol be avoided while pregnant or when planning a pregnancy. Following this advice could be difficult if a pregnancy is unplanned, if a woman does not know she is pregnant for some weeks following conception, or if she feels compelled by societal norms to drink alcohol at social events. A study in Canada estimated that health care costs related to FASD were \$6.7 million in 2008/09, and considers this to be an underestimate (13).

### Sexually transmitted diseases and fertility

Alcohol consumption has been shown to be associated with the spread of sexually transmitted diseases in both men and women (14). Being drunk lowers one's sexual inhibitions making one more likely to engage in sexual activity, and to engage in risky sexual activity, e.g. having unprotected sex or having sex with strangers. Women also have the risk of unplanned pregnancies.

Long-term heavy alcohol use can lead to impotence, loss of sex drive, wasting of testicles and reduced fertility in men as it affects testosterone levels. In women, alcohol use can cause reduced fertility, heavy irregular periods or

amenorrhea (6). Chronic infections with sexually transmitted diseases such as chlamydia or gonorrhoea can also affect fertility.

## Burden of disease

It has been estimated that alcohol causes the most harm of all recreational drugs in the United Kingdom (15). In 2016, 5.3% of deaths were a result of harmful alcohol use globally (1). This burden falls disproportionately on males, for instance, 7.7% of male deaths are attributable to alcohol, compared to 2.6% for females (1). Not only do males consume more alcohol, they do so in a riskier way by binge drinking and concurrent smoking (1). Mortality rates are higher in younger age groups, particularly those aged 20 to 39 years (1). The burden of disease in terms of morbidity and mortality is greatest in lower-middle income countries; however, the burden of alcohol attributable cancer is higher in upper-middle-income countries such as New Zealand (1).

In New Zealand, a study in Auckland found that alcohol was consumed in the 6 hours prior to injury in 35% of injured people who presented to an emergency department (16). This is high in comparison to international studies which report that 10-18% of injury presentations to EDs involved alcohol. Youths and males are over-represented in essentially all studies. Furthermore, violence was the cause of 17% of injury cases, and alcohol was involved (victim and/or perpetrator) in 79% of these cases.

## Cost burden of alcohol

Quantifying the costs relating to alcohol use on society is complex. Alcohol misuse has costs to many areas of government and health provision including law enforcement, CYFS, St John, and the health care system – both primary and secondary care. As discussed alcohol may often play a part in any given problem or disease, but determining its attributable fraction is complex. However, there is no denying that social costs of alcohol are significant. A 2009 study undertaken by Business and Economic Research Limited (BERL) estimated that alcohol use cost New Zealand society \$4.9 billion in 2005/6 and up to 50% of these costs were avoidable (17). A subsequent report found that alcohol-related injuries and illnesses are costing Canterbury healthcare \$63 million in 2011, and this is a conservative estimate (18). This was a significant and rapid increase from the 2006 estimate of \$38.8 million (18).

Costs to the health care system from alcohol use are not merely limited to particular conditions, but also have knock on effects. For example, the time and resources involved with looking after an intoxicated person in ED denies the health system funds for other services, such as elective surgery. These represent opportunity costs. Reining in costs associated with alcohol would free up resources for use elsewhere.

## Alcohol outlet density and opening hours

Evidence suggests that there is a strong link between the availability of alcohol and alcohol-related harm. Most studies consider *availability theory* when examining the relationship between alcohol outlet density and alcohol-related harm, i.e. greater availability of alcohol leads to greater consumption of alcohol which leads to negative social outcomes (19). Studies have generally found that in areas where there is greater availability of alcohol

through a high density of outlets, there is a higher level of alcohol consumption (20). This often leads to higher levels of alcohol harm, antisocial behaviour and alcohol-related offences. People who drink alcohol later into the night (into the next morning) are both more likely to consume 6+ drinks on a typical occasion and to drink alcohol daily (21). Indeed, in New Zealand an association has been found between hazardous alcohol consumption and availability of alcohol retailers for the following groups: younger Māori and Pacifica males; younger European females; middle-aged European men; and older men (22). Another study found an association between outlet density and alcohol-related harm and off-licence outlet density and binge drinking (23). An association between off-licence outlet density and social harms, but a mixed relationship with on-licence stores has also been found (24) as well as an association between off-licence outlets and motor vehicle accidents and police events (25).

International evidence suggests that high outlet density in areas of high deprivation is disproportionately harmful, compared to areas of low deprivation (26, 27). A New Zealand study showed a relationship between the harm from on-licence outlets density and social deprivation in addition to a relationship between rurality and harm from off-licence outlet density (24).

There are several studies that link opening hours to consumption and alcohol-related harm (28). Studies from several countries concluded that extensions in opening hours for alcohol stores resulted in increased alcohol-related injuries, chiefly vehicle related injuries and assaults. Studies looking at the effect of a reduction in opening hours have shown a significant decrease in alcohol-related harm (29). Local data from the Police following a reduction in opening hours in Timaru showed a reduction in violent offending, not just a change in the time these occurred (30). Furthermore, the introduction of national trading restrictions in 2013 resulted in an 11% reduction in weekend hospitalisations for assault and 9.7 fewer police documented night-time assaults per week (31). People aged 15 to 29 years saw the greatest benefit with an 18% reduction in weekend hospitalisations for assault. The effect of closing hours on alcohol sales appears to be greater than opening hours; however, earlier opening hours are associated with greater amount of alcohol sales (32).

Notably, 73% of alcohol is consumed in private homes, suggesting that policy that affects off-licences has the greatest potential to reduce alcohol consumption (33).

## Alcohol pricing packaging

The price of alcohol is inversely proportional to consumption and harm. For instance, a 10% increase in the price of alcohol is estimated to reduce consumption by 5% (34). Data from New Zealand suggests that there is an association between lower priced alcohol and drinking 6+ drinks on a typical occasion (21). This effect is observed in both on- and off-licenced premises. There is also an association between the low price of alcohol and daily drinking; however, this is only observed in off-licences premises.

The quantity of alcohol sold per package can affect harm. A study from the USA found an association between single serve alcoholic beverages and violent crime (35). Furthermore, the implementation of restrictions on single-sale beverages in inner city, urban minority communities in the USA resulted in a decrease in the rates of ambulance pickups for intentional injuries in 15 to 24 year olds (36).



## Visual impact of alcohol marketing

Whilst there are many factors that may contribute to an individual's decision to consume alcohol, the impact of marketing is considerable. Marketing plays a significant role in the normalisation of alcohol as part of everyday life. At a community level, this is seen most clearly through the visual impact of off-licence stores, where advertising features heavily on the outside of the building. There is increasing evidence that alcohol advertising can impact on an individual's decision to take up drinking, or to increase consumption if they are already drinking (37). Studies in the United States have shown that young people in areas with higher levels of expenditure on alcohol advertising drank more than areas of lower spending (37). Studies into the effects of long-term exposure have also shown a change in beliefs towards alcohol and increased self-reported consumption (37). Alcohol advertising has been linked with identity formation in young people, which may have an impact on decisions to drink. In addition to young age, people with incomplete neurocognitive development or a history of alcohol dependence may also be more vulnerable to alcohol marketing (38). Research has suggested that the effects of marketing on beliefs about alcohol counteract possible effect from health promotion messages (37).

In New Zealand, children aged 11 to 13 years are exposed to alcohol marketing 4.5 times per day (39). Of these, 31% are shop front signage, 19% on-licence retailers and 16% off-licence retailers. Tamariki Māori have a 5.4 times greater exposure to alcohol advertising compared to European children.

## Hospitalisation data

### Coding alcohol-related presentations in Waikato Emergency Departments

Emergency Departments were mandated to record whether alcohol was involved in each presentation (attendance at an ED whether admitted to hospital or not) since July 2017 nationally; however, the data quality was low in the Waikato until November 2019 when the electronic field became a compulsory entry field on each patient's discharge summary.

Alcohol involvement is recorded in to the following categories:

- Primary, alcohol consumption is directly associated with this presentation.
- Secondary, where the presentation was related to alcohol consumption of a person other than the patient. For example, an alcohol-related assault or car crash involving a drunk driver.
- Unknown, could not determine if alcohol is associated with this presentation.
- No, Alcohol consumption is NOT directly associated with this presentation.

Coding of presentation is still limited in that the involvement of alcohol is unknown in 18% of ED presentation. It is likely that a significant portion of this represents poor data entry by over-stretched staff, rather than cases where alcohol involvement could not be obtained. For this analysis we assume that unknown is not alcohol-related. Furthermore, it is currently unknown if this process is consistent across all facilities collecting these data.

The data collected with this method is very useful in terms of identifying the burden of alcohol on acute presentations (e.g. presentations that are at least in part attributable to alcohol consumption), it still fails to identify



the myriad of chronic conditions in which alcohol is a risk factor. An example of this is oral cancer, which is linked to alcohol abuse, but also has other risk factors, e.g. smoking.

The following data pertains to ED presentations from 01/01/2021 to 31/12/2022 unless otherwise specified, and from all hospitals in the Waikato region (Waikato Hospital, Thames Hospital, Te Kuiti Hospital, Tokoroa Hospital and Taumarunui Hospital). It does not include data about A&Es, GP, or ambulance attendances.

## Overview

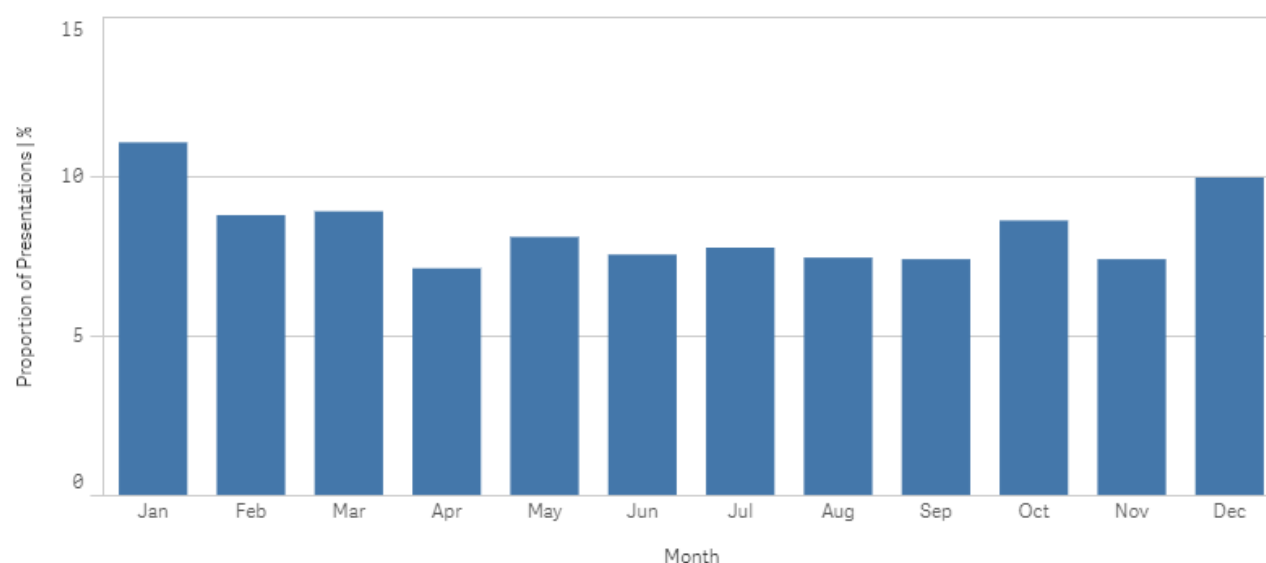
In the three-year period 01/01/2020 to 31/12/2022, 8330 (2.3%) of the 367,200 ED presentation in the Waikato region were flagged as alcohol-related. These presentations cost the Waikato District Health Board nearly 25,200 bed hours and \$2.76 million. Ninety-seven percent of alcohol-related presentations are in people who are the primary consumers of alcohol. Sadly, 190 people died during their presentation. It is worth reiterating that these presentations predominantly represent acute presentations, where alcohol can be confidently identified as a causal factor, and does not capture the many cases of chronic disease for whom alcohol is a contributing factor.

Seven hundred and eighteen (8.6%) alcohol-related ED presentations during this period were of people with a usual place of residence in the Waipa District. This is smaller than the 13.4% of the Waikato District Health Board population that resides in the Waipa District as estimated by Statistics New Zealand population estimates (40). Fifteen (7.9%) of the alcohol-related hospital deaths were of people who resided in the Waipa District.

Patients receive a triage code when they present to ED. This code ranges from 1 to 5 with 1 being emergencies who required immediate attention due to imminently life-threatening conditions, and 5 being the least urgent cases. Of the 718 alcohol-related ED presentations from Waipa District from 2020 to 2022 536 (75%) had a triage code of 1 (immediately life threatening), 2 (imminently life-threatening, or important time-critical >10 minutes) or 3 (potentially life-threatening, potential adverse outcomes from delay > 30 minutes, or severe discomfort or distress) indicating moderate to high acuity. Not only does this reflect potential harm to the patients, but also the significant burden on ED staff who may be drawn away from other patients to address high acuity issues. Waipa District residents took up over 2500 ED bed hours during these three years, each averaging 399 minutes (6.6 hours). Eight of these patients presented to Thames Hospital, four to Tokoroa Hospital, three to Te Kuiti and the rest (703) to Waikato Hospital.

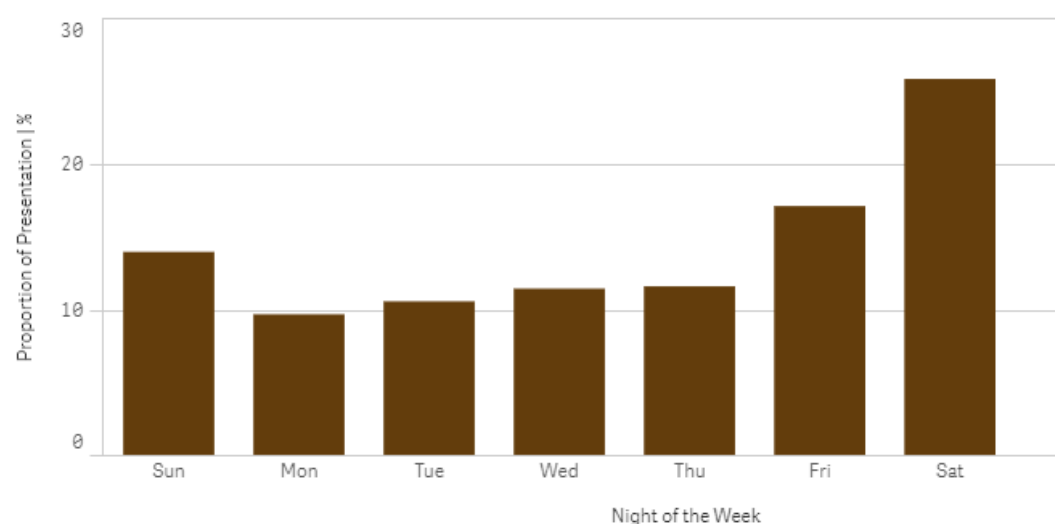
## Timing of presentations

Due to the small amount of available data, this section uses data for the Waikato region, allowing for a better assessment of patterns. Trends for Waipa would not be expected to be substantially different from what is reported. Summer is a particularly busy time for EDs with respect to alcohol-related presentations. The months from December to March are the four months where the proportion of presentation that are alcohol-related are at their highest (Figure 2: Alcohol-related presentation by month). Thirty nine percent of alcohol-related presentation fall within that four-month period.



**FIGURE 2: ALCOHOL-RELATED PRESENTATION BY MONTH AS A PROPORTION OF ALL ALCOHOL-RELATED PRESENTATIONS, WAIKATO REGION 2020-2022.**

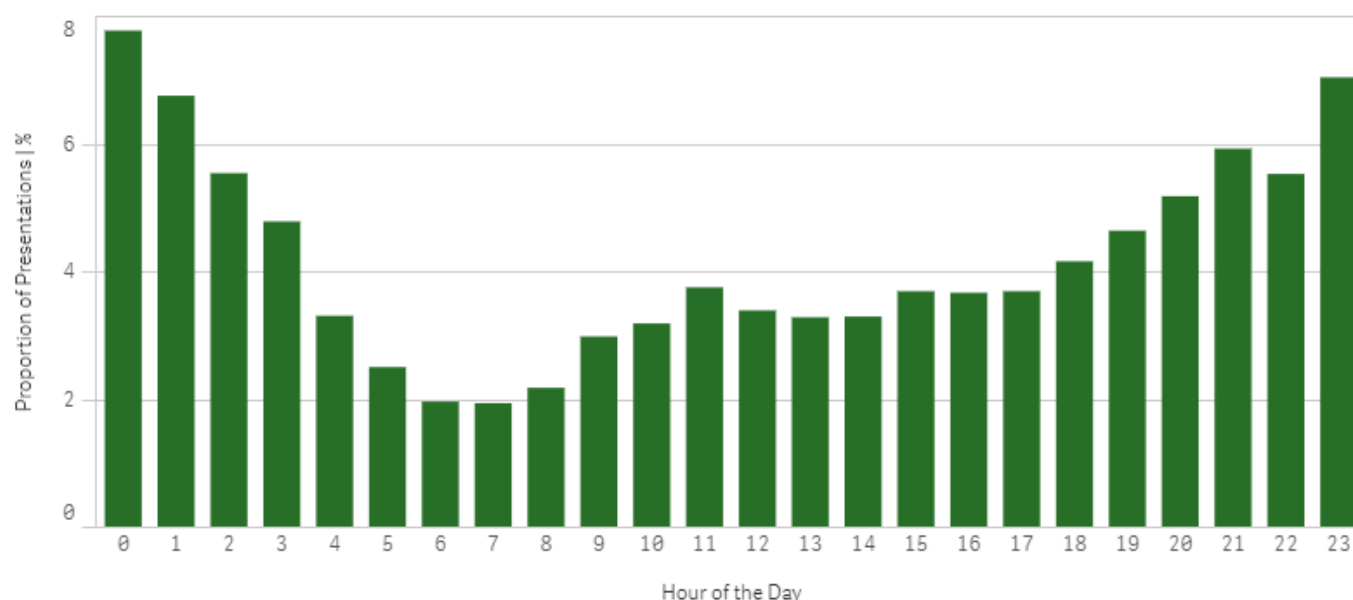
As might be expected, the majority (57%) of alcohol-related presentations occur in the period from Friday night to Monday morning. The peak burden of ED is on Saturday night (including Sunday morning) when a quarter of alcohol-related cases occur (Figure 3).



*Time shifted back 12 hours eg Mon morning arrivals are in Sun night bar*

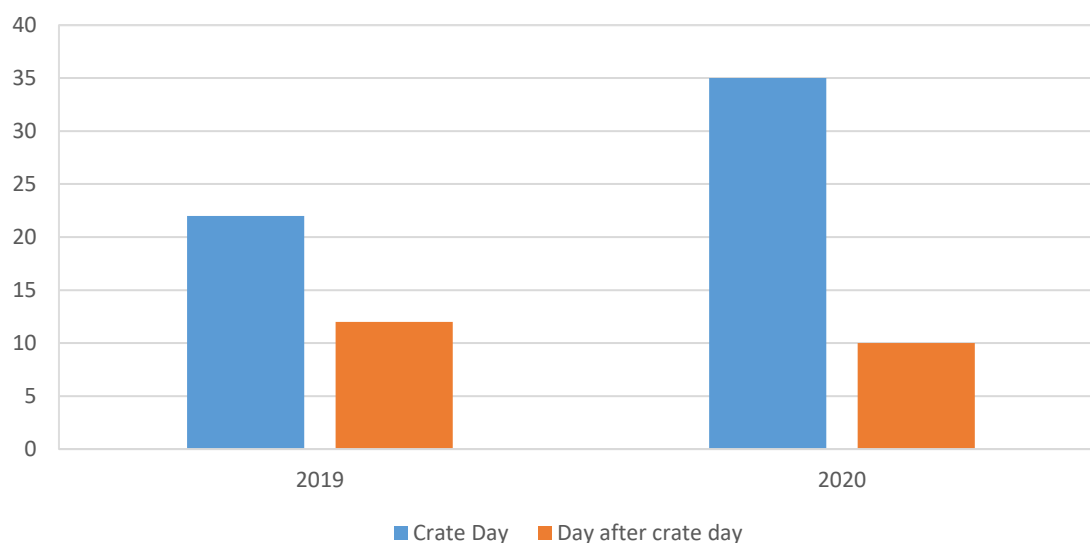
**FIGURE 3: ALCOHOL-RELATED PRESENTATIONS BY NIGHT OF THE WEEK AS A PROPORTION OF ALL ALCOHOL-RELATED PRESENTATIONS, WAIKATO REGION 2020-2022.**

The ED arrival time of alcohol-related presentations is bimodal, with a large peak between 23:00 and 01:00 and a smaller peak between 11:00 and 12:00 (Figure 4). Alcohol-related presentations start to increase from 18:00 in the evening and increase steadily until the midnight peak.



**FIGURE 4: ALCOHOL-RELATED PRESENTATIONS BY ARRIVAL TIME AS A PROPORTION OF ALL ALCOHOL-RELATED PRESENTATIONS, WAIKATO REGION 2020-2022.**

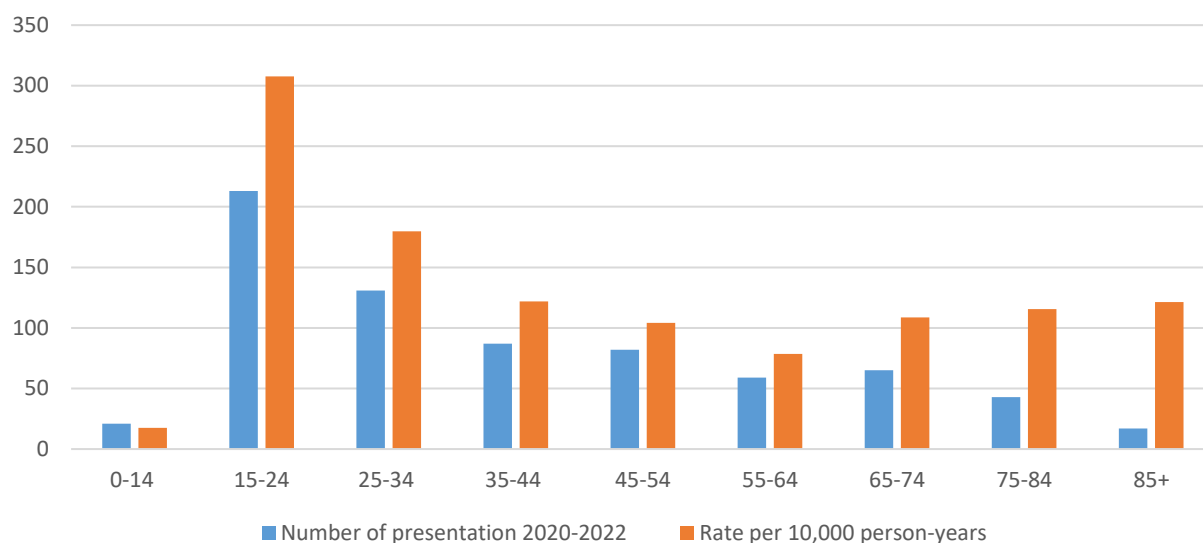
Events with alcohol consumption increase harm. For instance, crate day is an unofficial observance in which participants attempt to consume an entire “swappa crate” of beer, taking place on the first Saturday of December. Crate day was conceived and promoted by The Rock radio station in 2009 with subsequent advertising produced by the alcohol industry (41). In 2019 and 2020 (2021 was interrupted with COVID-19 lockdowns) the number of alcohol-related ED presentations was two- to three-times greater on crate day compared to the following day (Figure 5). The rate of alcohol-related presentations across the weekend on which crate day falls is twice that of adjacent weekends. Crate day demonstrates how alcohol promotion can have a significant and sustained harmful effect on health.



**FIGURE 5: NUMBER OF ALCOHOL-RELATED PRESENTATIONS ON CRATE DAY AS COMPARED TO THE NEXT DAY, WAIKATO REGION.**

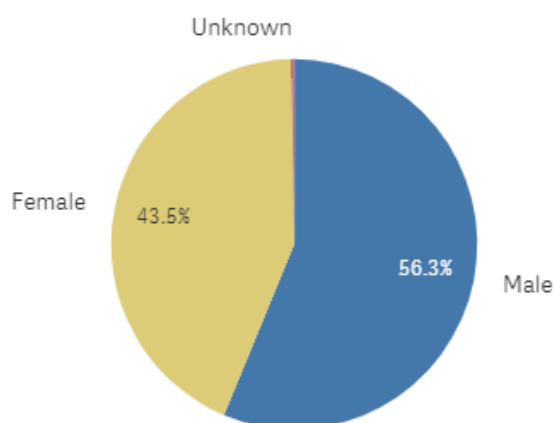
### Demographic patterns

The following data pertains to people who presented to a Waikato Region hospital and had a usual place of residence listed as Waipa District. The number of alcohol-related presentations are highest in the 15- to 24-year-old age group, and then decreases steadily as age increases (Figure 6). Although the absolute number of presentations decreases, so too does the population; therefore, the rate of alcohol-related ED presentations is more or less stable after the age of 55.



**FIGURE 6: NUMBER OF ALCOHOL-RELATED ED PRESENTATIONS FROM WAIPA DISTRICT BY AGE GROUP, 2020-2022.**

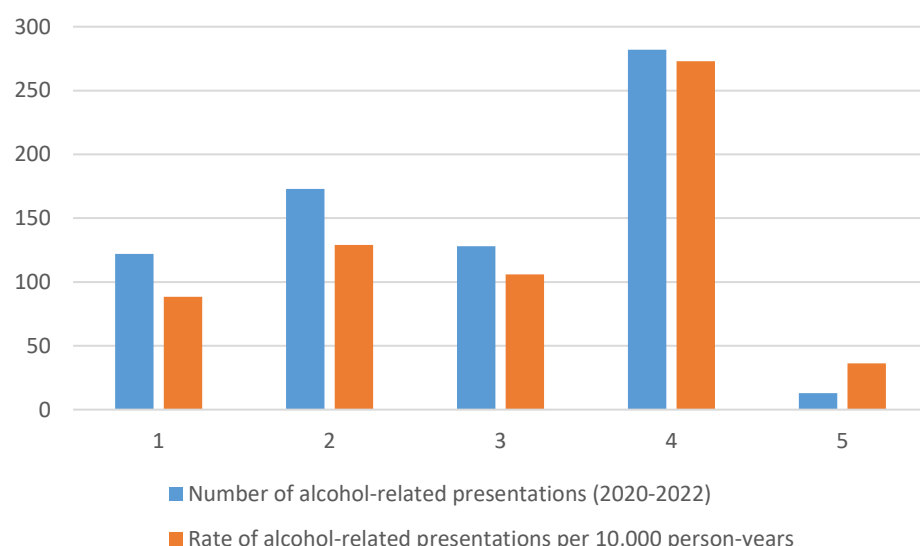
Males are more likely to present to ED's within the Waikato catchment with an alcohol-related presentation in a 1.3-to-1 ratio (Figure 7). This is consistent with international data suggesting that the harms from alcohol falls disproportionately on males.



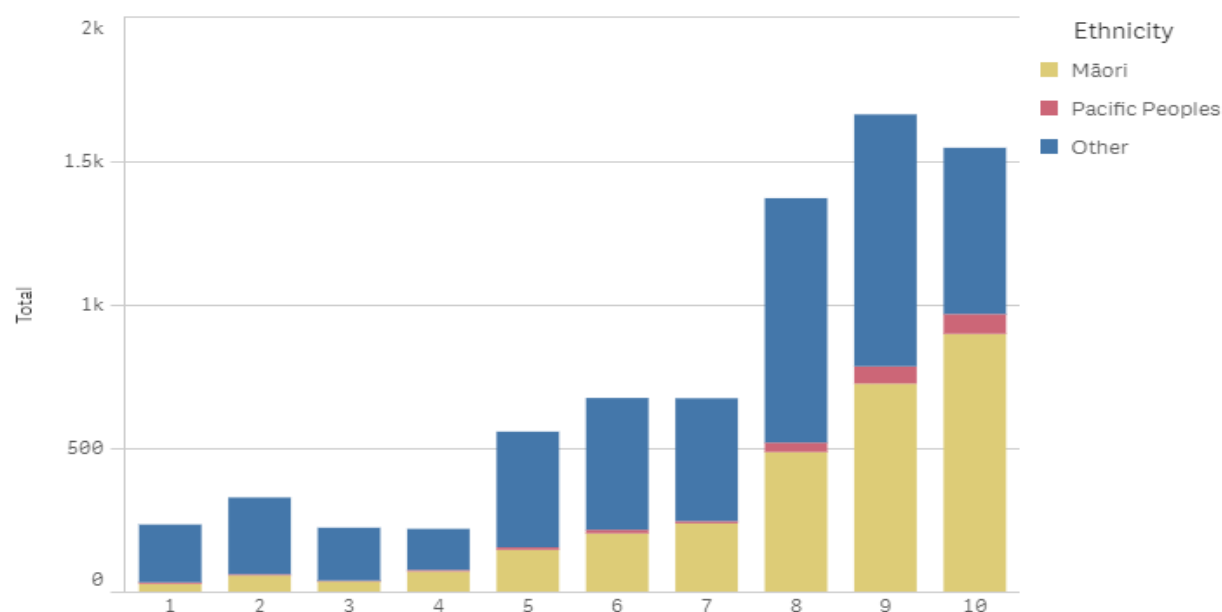
**FIGURE 7: PROPORTION OF ALCOHOL-RELATED ED PRESENTATIONS FROM WAIPA DISTRICT BY GENDER, 2020-2022.**

Typically, there is a linear relationship between socioeconomic status and alcohol harm, the higher the deprivation (e.g. quintiles 4 & 5) the higher the rates of alcohol harm. In the Waipa District, the number and rate

of alcohol-related ED presentations are from people in high-deprivation areas (quintile 4), there are low numbers of presentations from people in quintile 5 (highest dep) however there are few people in this quintile in Waipa District (Figure 8). A count of alcohol-related ED presentations for Waikato as a whole in 2020-2022 has been provided for comparison (Figure 9).



**FIGURE 8: ALCOHOL-RELATED PRESENTATIONS FROM WAIPA DISTRICT BY DEPRIVATION AREA (QUINTILES NZDEP13), 2020-2022. THE POPULATION USED AS A DENOMINATOR FOR RATES WAS USUAL RESIDENT POPULATION 2018.**

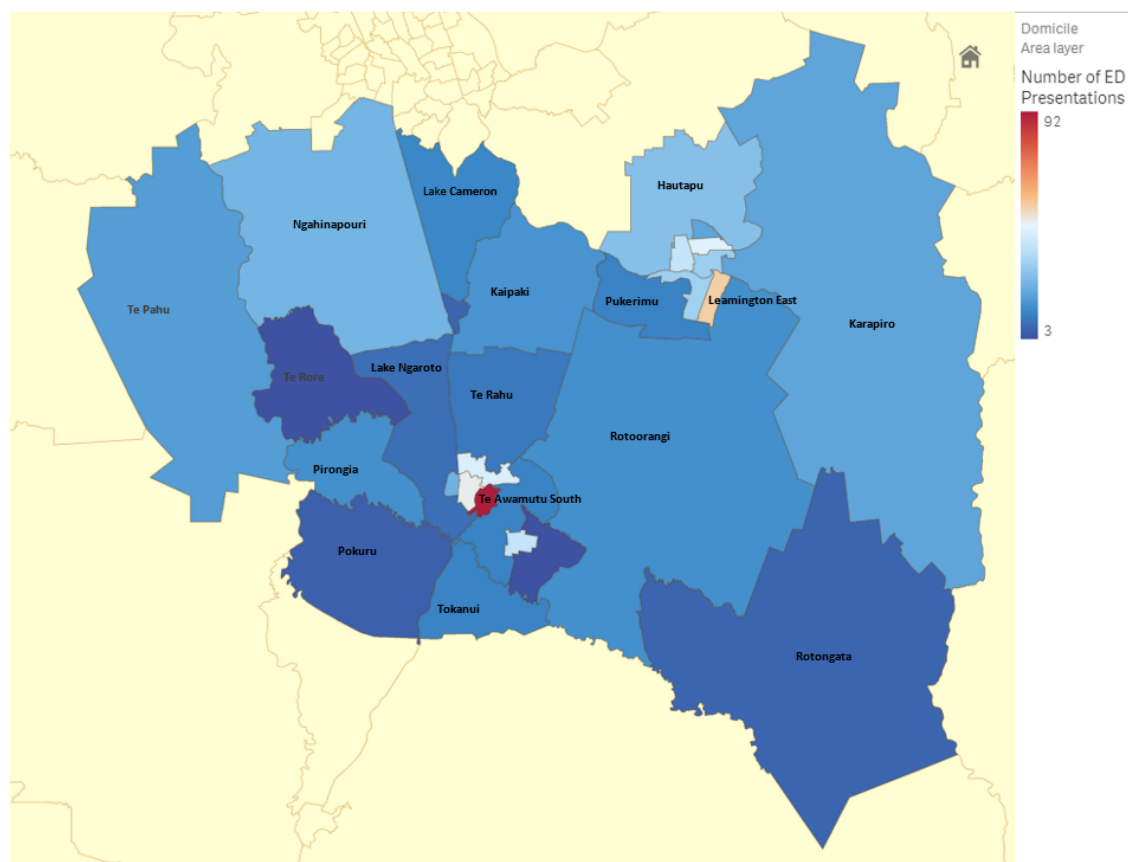


**FIGURE 9: ALCOHOL-RELATED ED PRESENTATIONS FOR WAIKATO REGION 2020-2022 BY DEPRIVATION AREA (DECILE NZDEP13) AND PRIORITISED ETHNICITY**

Alcohol-related ED presentations tend to come from people who reside in a town (Te Awamutu South and Leamington East, Figure 10). Te Awamutu South had the highest absolute number of presentations.

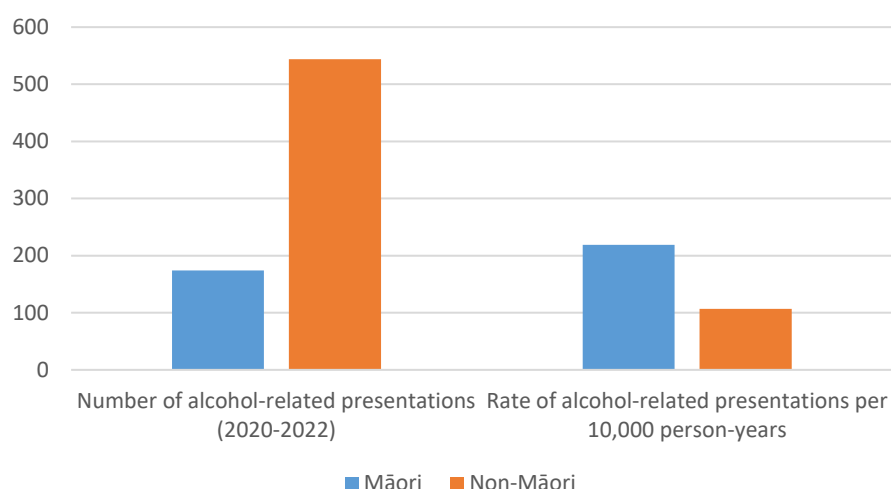


Number of ED related Presentations by Patient Domicile



**FIGURE 10: CHOROPLETH OF NUMBER OF ALCOHOL-RELATED ED PRESENTATIONS BY PATIENT DOMICILE 2020-2022.**

A greater number of alcohol-related ED presentations from Waipa District are in non-Māori (75.1%); however, when considering population size Māori had a higher rate of alcohol-related ED presentations in 2020-2022 (Figure 11). This is likely driven largely by the disproportionate amount of socioeconomic deprivation in Māori communities, emerging from historical injustices.



**FIGURE 11: ALCOHOL-RELATED ED PRESENTATIONS FROM WAIPA DISTRICT BY PRIORITISED ETHNICITY. REFERENCE POPULATION WAS THE 2018 USUAL PLACE OF RESIDENCE.**

## Alcohol-attributable hospitalisations

Estimating the burden of alcohol on health using the above methodology is informative; however, it will inevitably miss a large cohort of harm caused by alcohol, when the link between alcohol and disease is subtle, therefore, not immediately identifiable at the bedside. This is likely to be the case for conditions like cancer and heart attacks, where there is temporal dissociation between disease and consumption and the cause of disease is multifactorial.

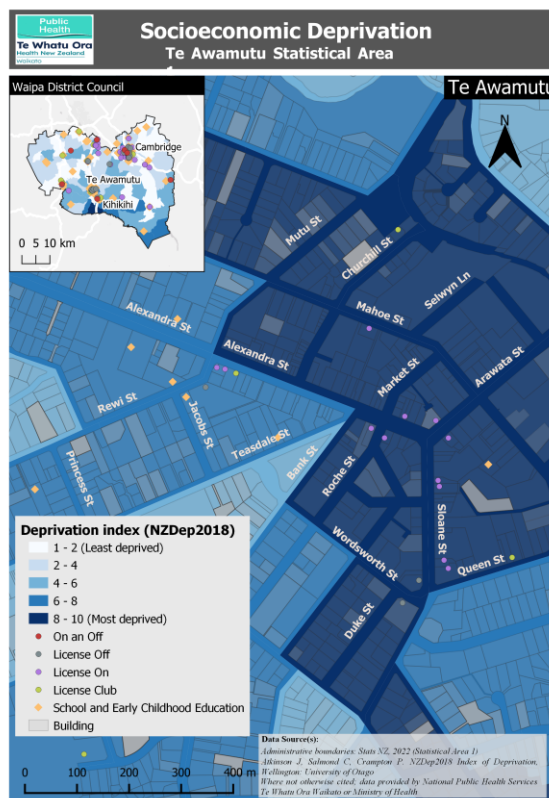
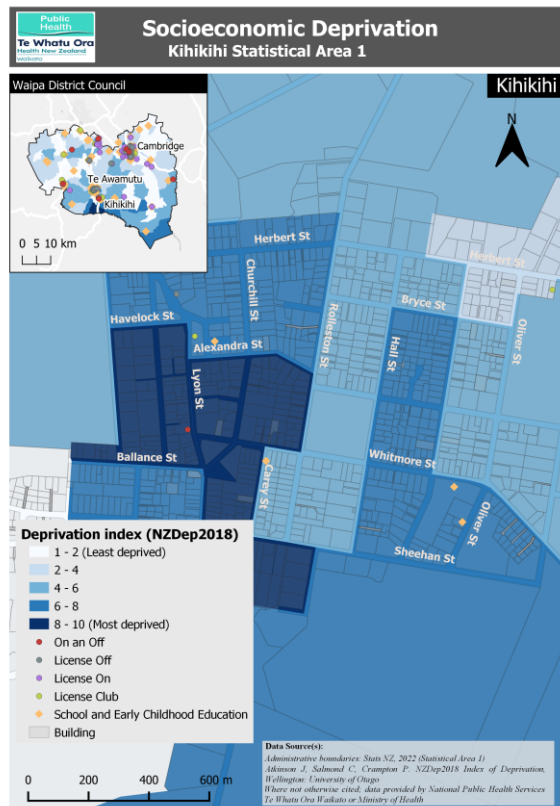
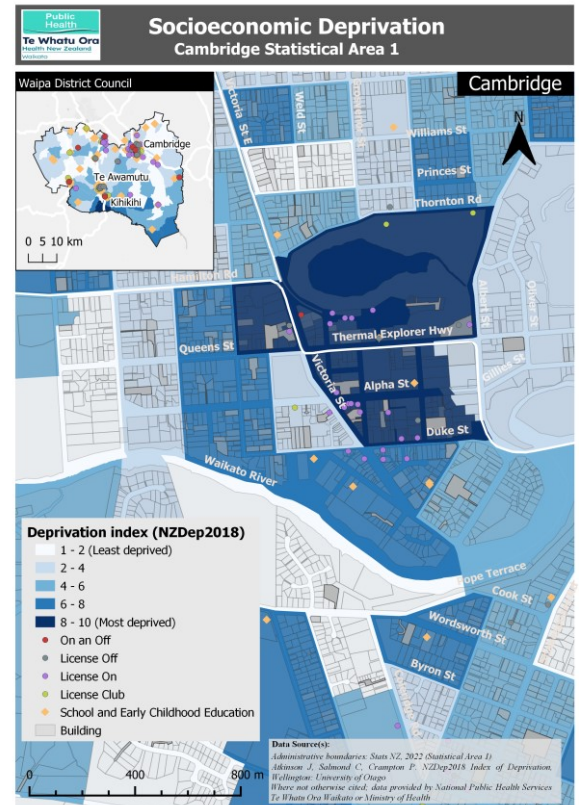
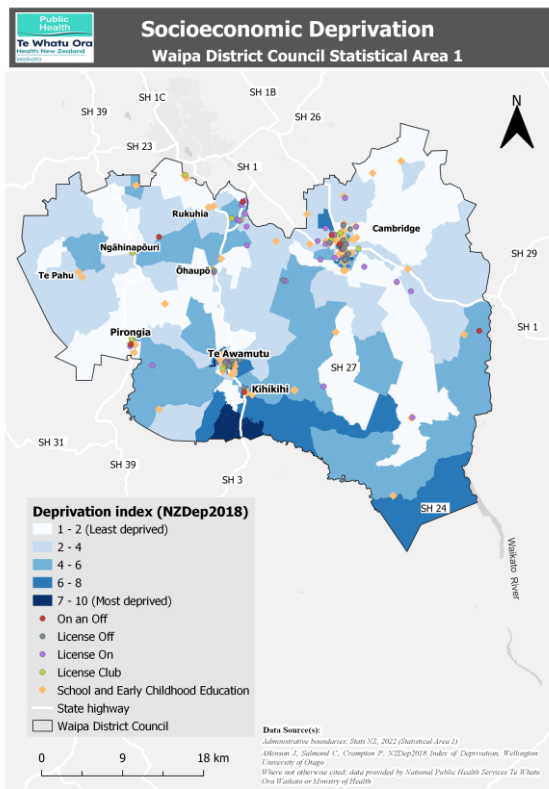
Fortunately, there are statistical methods available to estimate this burden, which combine information about the cause of hospitalisations (or deaths), drinking patterns in the population, and the expected added risk of disease due to alcohol. For example, a study estimated that 5.4% of deaths in 2007 in New Zealand in people aged under 80 years were attributable to alcohol (2). It has also been estimated that 4.3% of deaths from cancer in that group were attributed to alcohol (42). The Waikato Public Health Service is currently working on a project that utilises these methods to estimate the amount of hospitalisations that are attributable to alcohol. The estimates for the proportion of cases of a particular disease or injury that are caused by alcohol consumption are known as alcohol-attributable fractions or AAFs. For some conditions, alcohol consumption causes all cases (wholly) and so all admissions for these conditions are included e.g. alcoholic liver disease. Other conditions are partially attributed to alcohol, meaning that only a fraction of these cases can be attributed to alcohol consumption e.g. cancer of the oesophagus or assault. Together, the two make up all alcohol-related hospital admissions. The alcohol-attributable fractions used to estimate alcohol-related admissions here were produced by the Department of Health Western Australia (43). AAFs for non-Aboriginal people were used as AAFs for both Māori and non-Māori. Using a narrow definition of hospital admissions (i.e. primary diagnoses only) shows that there are over 538 alcohol-related admissions to Waikato hospitals for Waipa people, of which 90 are wholly attributable. The highest number of admissions are from Te Awamutu South.

## Conclusions from the data

Alcohol places a significant burden on hospitals in the Waikato Region with 2.3% of Emergency Department presentations being identifiable as alcohol-related. This is an underestimate of the total burden as it only counts cases where alcohol was identifiable as a cause at the bedside, missing the multitude of illness for which alcohol is a hidden causal factor. This burden varies over time with the greatest burden falling in summer, over the weekend, midnight and on days with events that promote alcohol consumption. Local Alcohol Policies should be designed to mitigate harm during these high-risk periods. Some demographic groups are more vulnerable to the harms of alcohol than others. Those at greatest risk are young adults from the age of 15 to 24 years (though harm remains relatively high through to the age of 44), males, those of medium and high socioeconomic deprivation and Māori. Notably, areas of high deprivation as well as low deprivation in Waipa District appear to have been of particularly high risk in 2020 to 2022.

## Geographic distribution of alcohol outlets

It can be helpful to visualise the distribution of alcohol outlets in relation to other entities of interest in order to identify risks and opportunities to improve policy. To these ends, we have created maps of alcohol outlets with deprivation and education centres. Please note that these data are from Public Health Unit records, which may differ slightly to WDC records.



shows maps of  
Page 22 of 36

alcohol outlets in Waipa District in relation to area level deprivation (statistical area 1 level), school, and early childhood education centres. The figure includes close in views of Te Awamutu, Cambridge and Kihikihi. In Cambridge and Te Awamutu, the alcohol outlets are concentrated in deprivation quintile 5 (decile 9 and 10) areas. In Kihikihi, alcohol outlets are concentrated in quintile 4 (decile 7 and 8) areas. This means that alcohol outlets are concentrated in high deprivation areas, which contain communities that experience more alcohol related harm.

In Cambridge, there is good separation between education centres and alcohol outlets. In Te Awamutu, education centres tend to be separated from alcohol outlets; however, there is one education centre with an off-licenced premise in the adjacent block. In Kihikihi, there is one education centre, which is around 100m away from a licenced club.



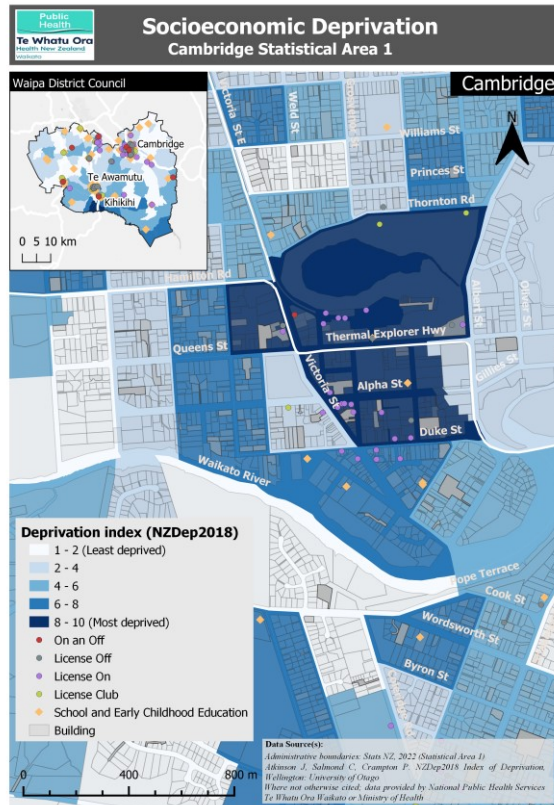
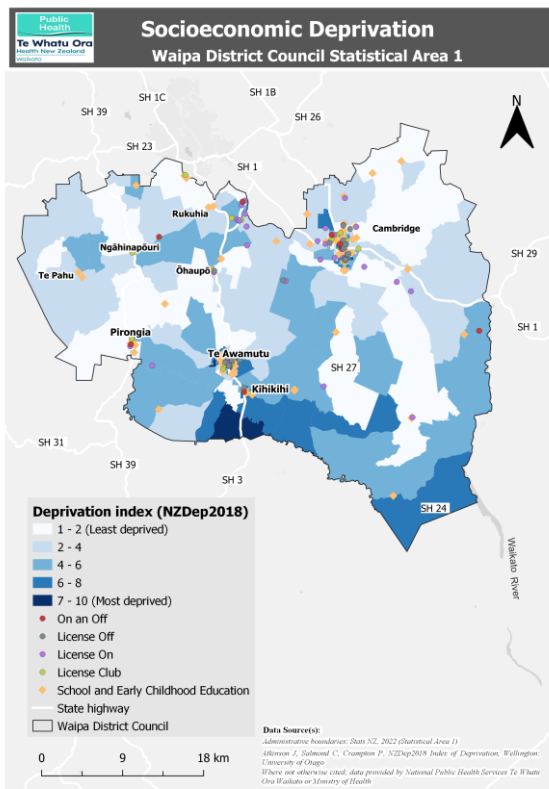
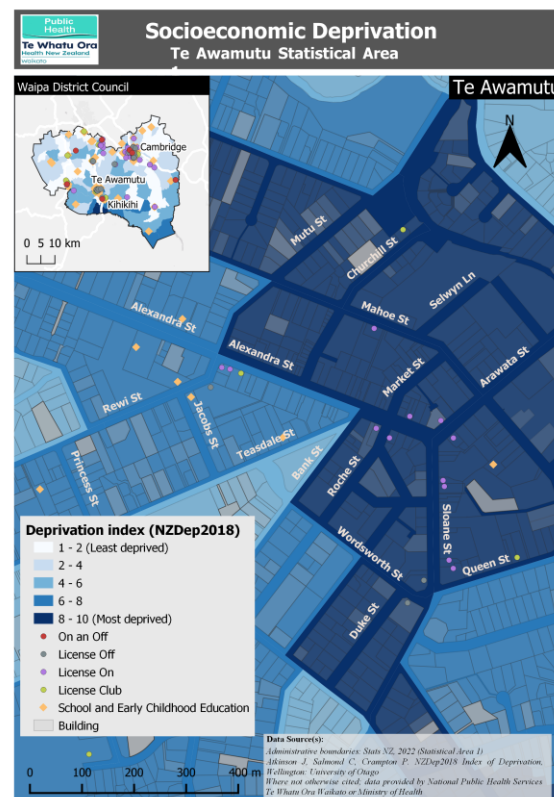
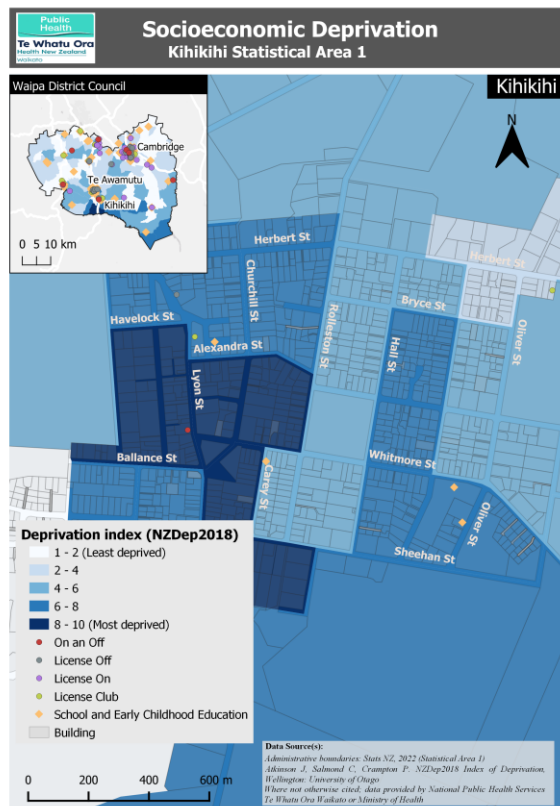


FIGURE 12. MAPS OF ALCOHOL OUTLETS IN WAIPA DISTRICT WITH AREA LEVEL DEPRIVATION, SCHOOLS, AND EARLY CHILDHOOD EDUCATION CENTRES. TOP LEFT IS OF WAIPA DISTRICT. TOP RIGHT SHOWS CAMBRIDGE. BOTTOM LEFT SHOWS KIHIKIHI. BOTTOM RIGHT SHOWS TE AWAMUTU.



# Applications sought for bottle stores within 200 metres of sensitive sites

## Liquorland Cambridge (2019)

Best start Cambridge opened in 2019 at 55 Shakespeare Street Leamington. In July 2019 a new off licence for a bottle store was sought at 57 Shakespeare Street Leamington. The application stated they did not directly border any childcare centre. The new off licence was granted in November 2019.

In this instance and as can be seen by the site plan and proposed signage below, the shop frontage does not directly border the childcare facility. Further to this:

- The two premises have their own entrances: the applicant's from Cook Street, and the childcare facility from Shakespeare Street.
- The two premises have their own car parking facilities;
- The main signage fronts on to Cook Street with a relatively small sign visible from Shakespeare Street. No signage will be visible from the childcare facility.
- The external play area for the children borders the applicant's loading and refuse area. This will be screened by a close board fence 1.8m high.

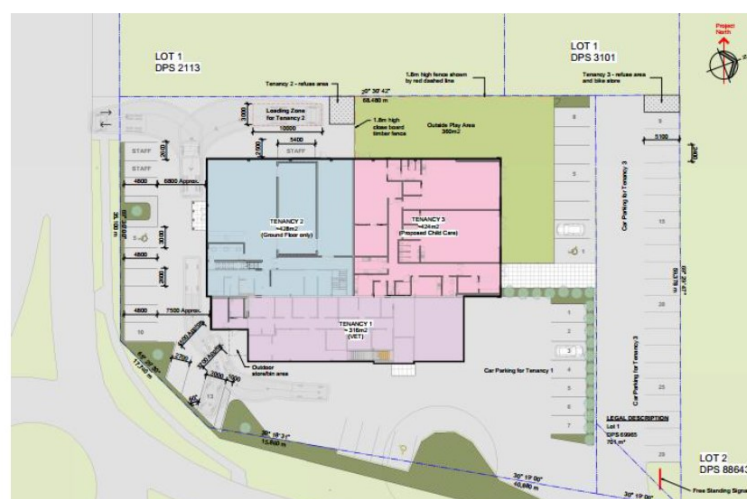


Figure 13. Excerpt from new off licence application form Liquorland Cambridge (9 July 2019)

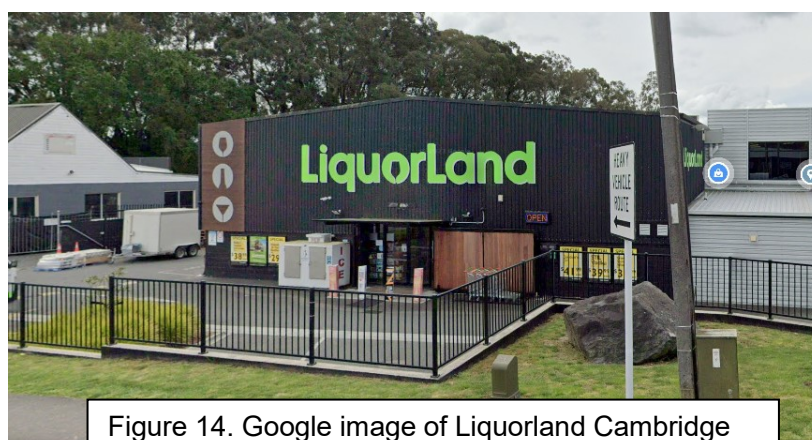


Figure 14. Google image of Liquorland Cambridge



## 451 Alexandra Street, Te Awamutu (2020)

In 2020 a new bottle store off licence was sought for a premises at 451 Alexandra Street, Te Awamutu. The site was previously a service station. This premises is situated less than 100 metres from Central Kids, Rewi Street Kindergarten and Learning Links 486 Alexandra Street. Fifteen public objections were received including from Central Kids Kindergarten. The applicant from the bottle store assessed the provisions of the Waipa Local Alcohol Policy and determined the premises does not directly border any existing school, early childcare facility, or place of worship. Fortunately, the applicant withdrew the application and it was not granted.

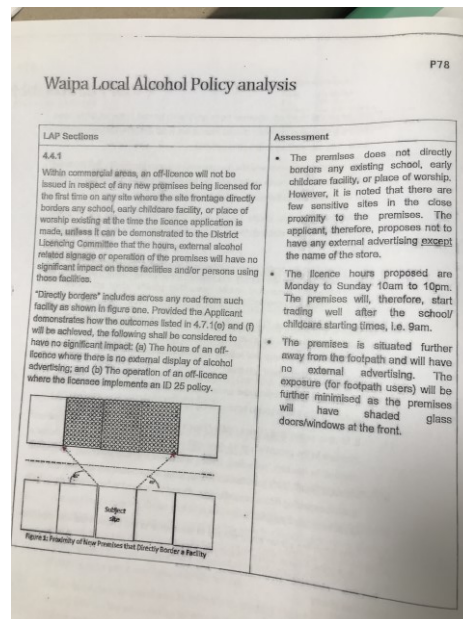


Figure 15. Excerpt from new off licence application Alexandra Street Liquor Plaza (22 June 2020)



Figure 16. Excerpt from the new off licence application Alexandra Street Liquor Plaza (22 June 2020)

**Ohaupo Drinks Station (2021)**

In 2021 a new bottle store off licence was sought to be located at 126 Great South Road. Eight public objections were received including from the Principal of Ohaupo School and the chair person of the board of trustees. No provisions of the LAP were considered relevant to this application. The store was granted an off licence in 2022.

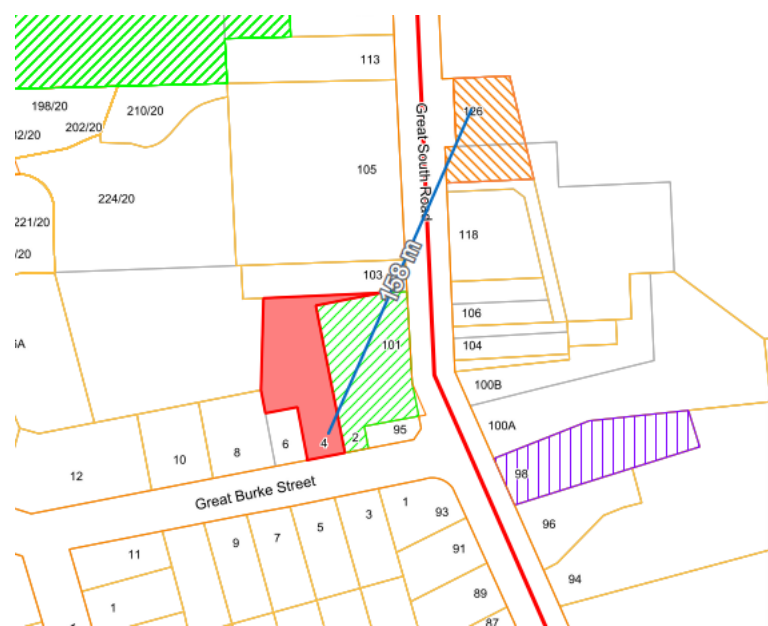


Figure 17. Map showing the distance between Grasshoppers Early Childcare Centre and Ohaupo Drinks Station



Figure 18. Photo showing Ohaupo Drinks Station from the main road



Figure 19. Photo showing Ohaupo Drinks Station from the main road



Figure 20. Photo showing Ohaupo Drinks Station from the main road



### Blue Drops Cambridge (2021)

In 2021 a new off licence was sought to be located at 91 Victoria Street, Cambridge. Cambridge Baptist Church is located 140 metres from the proposed site. A number of public objections were received after the cut off date. These included from the Selwyn Retirement Village, and the Motel. No provisions of the local alcohol policy were deemed relevant and the new off licence was granted in December 2021.

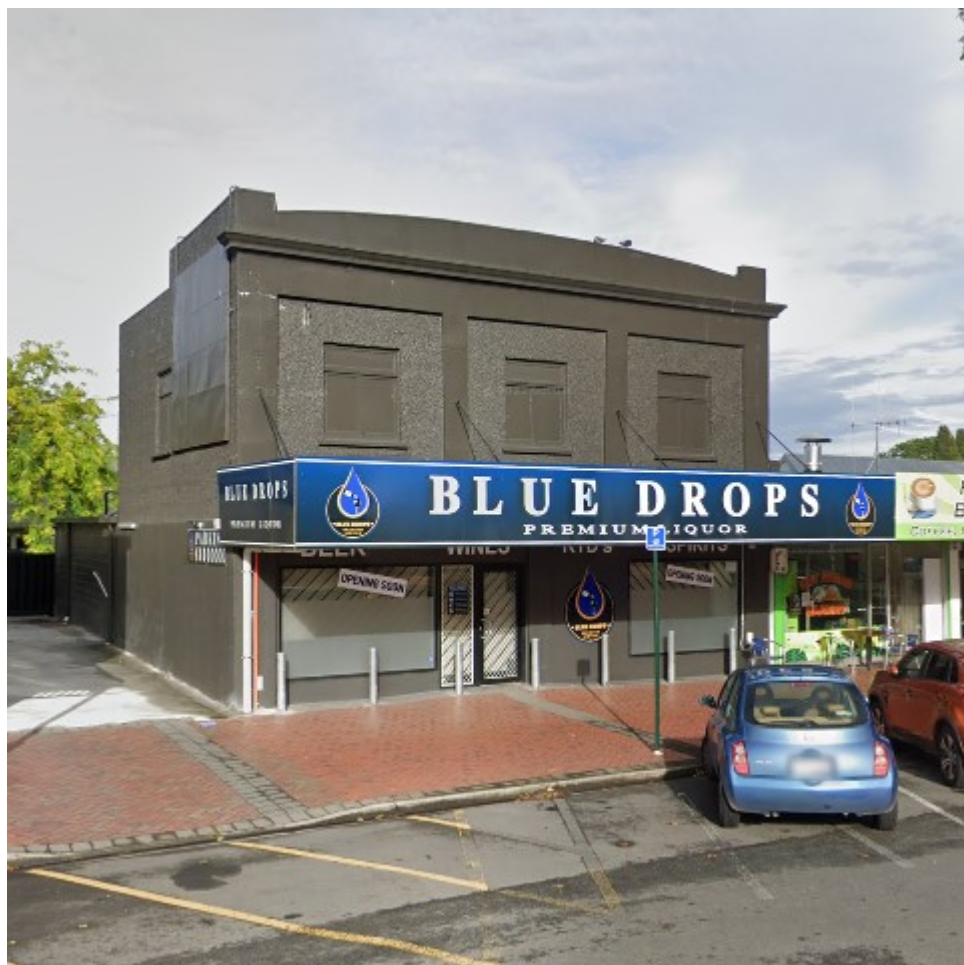


Figure 21. Google images showing Blue Drops from the main road

## Public Health recommendations

The following table contains Public Health recommendations for changes to the current Waipa District Council's Local Alcohol Policy updated following the Supreme Court Decision on the Auckland Local Alcohol Policy. This includes responses to an email request from the Waipa District Council to advise and provide information on alcohol related harm and the current LAP. Unless otherwise specified we recommend no change to other sections of the current Waipa District Council's Local Alcohol Policy.

Current policy	Recommendations and rationale
<b>Off-licences</b>	
<b>Number and density of outlets</b>	
<p>4.3 Location of premises holding off-licences by reference to proximity to premises of a particular kind or kinds</p> <p>4.3.1 When considering a new licence application for a new premises being licensed for the first time, the DLC will have regard to the proximity of the proposed premises to other off-licensed premises where it considers this relevant.</p> <p>4.5. Further issuing of off-licences in the District</p> <p>4.5.1. This policy does not limit the number of off licence premises or restrict the issue of new licences, provided the other policy criteria are met.</p>	<p>Higher density of alcohol outlets results in greater accessibility, sales, consumption and harm. Setting limits on the density of outlets can reduce this harm. We recommend strengthening the current policy addressing off-licence density. We recommend creating limits within the policy rather than leave discretion to the District Licensing Committee. For instance:</p> <ol style="list-style-type: none"> <li>1. Setting a radius of consideration, for example "No new off-licence in respect of a bottle store shall be issued for any premises located within one (1) kilometre of the legal site boundary of any existing bottle store, licensed supermarket or grocery store".</li> <li>2. Setting a cap to the number of available off licences per town. For example "The number of standalone bottle store off-licences issued in the urban areas of Cambridge, Leamington, Te Awamutu and Kihikihi shall not exceed the number existing at the date this LAP comes into force)".</li> </ol> <p>Such policies should consider the density of all types of off-licence premises such as bottle stores, supermarkets, grocery stores, taverns and hotels.</p>
<b>Proximity to community facilities</b>	
<p>4.4 Location of premises holding off-licences by reference to proximity to facilities of a particular kind or kinds</p> <p>4.4.1 Within commercial areas, an off-licence will not be issued in respect of any new premises being licensed for the first time on any site where the site frontage directly borders any school, early childcare facility, or place of worship existing at the time the licence application is made, unless it can be</p>	<p>The current wording of the LAP should be amended as follows:</p> <p>Within commercial areas an off-licence will not be issued, in respect of any new premises being licensed for the first time, on any site within 200 metres of the legal boundary of any school, early childcare facility, or place of worship existing at the time the licence application.</p>

<p>demonstrated to the District Licencing Committee that the hours, external alcohol related signage or operation of the premises will have no significant impact on those facilities and/or persons using those facilities. "Directly borders" includes across any road from such facility as shown in figure one. Provided the Applicant demonstrates how the outcomes listed in 4.7.1(e) and (f) will be achieved, the following shall be considered to have no significant impact:</p> <p>(a) The hours of an off-licence where there is no external display of alcohol advertising; and</p> <p>(b) The operation of an off-licence where the licensee implements an ID 25 policy.</p>	<p>We recommend public parks and libraries (due to their use as shelters for the homeless) to list of sensitive sites. Furthermore, we recommend adding and adding marae (due to inequitable burden of alcohol harm on Māori), medial facilities, and alcohol treatment centres to the list of sensitive sites.</p>
<p><b>Hours of trade</b></p>	
<p>4.6 Maximum trading hours for premises holding off-licences</p> <p>4.6.1 No off licence shall be issued or renewed with trading hours that exceed Monday to Sunday 7.00am to 0.00pm (subject to section 48).</p>	<p>Subsequent to the outcome of the Auckland LAP Supreme Court appeal we recommend an earlier closing time 07:00am – 09:00pm for bottle stores, tavern off licences, and manufacturers</p>
<p><b>Discretionary conditions</b></p>	
<p>4.7 Discretionary conditions</p>	<p>We recommend addition of discretionary conditions that relate to the following:</p> <ul style="list-style-type: none"> <li>- Limiting display of certain alcohol product types. This may help address the display of particularly appealing products such as RTD within the view of the front entrance and windows of the premise.</li> <li>- limiting the external advertising on a premises.</li> <li>- Limiting sale of alcohol products that pose high risk of harm due to price and packaging. For example, conditions relating to the sale of single shots and single sale of beer, cider, or RTDs priced at, or less than, \$6 per unit. Such a policy was implemented by ARLA on a bottle store in Pleasant Point ([2021] NZARLA 123).</li> <li>- Banning sale of non-alcoholic products that pose a high risk of harm. Such a condition should aim to prevent the sale of risky legal high type products such a nitrous oxide.</li> <li>- Remote sale of alcohol. Such conditions should aim to address the delivery of alcohol without proof of delivery, and delivery to intoxicated persons or under aged persons. A condition implemented by the Hamilton City Council DLC ([2021] NZDLCHAM 574) contained the following restriction - "The outside of the delivery package must contain the following words: COURIER WARNING</li> </ul>

	<ul style="list-style-type: none"> <li>- Do not leave at destination without proof of delivery.</li> <li>- Do not leave with persons under 18 years of age. If the receiver appears to be under the age of 25 years check valid identification such as current passport, NZ drivers 2 licence or Hospitality NZ 18+ Card/Kiwi Access Card, to ensure the receiver is 18 years of age or over.</li> <li>- Do not leave with intoxicated persons.</li> <li>- Contains alcoholic product."</li> </ul>
<b>On-licences</b>	
<b>Hours of trade</b>	
<p>3.6 Maximum trading hours for premises holding on-licences</p> <p>3.6.1. No on licence shall be issued or renewed for any hotel or tavern premises with trading hours that exceed the following (subject to sections 46 and 47 of the Act):</p> <p>(a) Monday to Sunday 9.00am to 2:00am the following day</p> <p>3.6.3 No on-licence shall be issued or renewed in respect of any restaurant, café or function centre premises with trading hours that exceed the following (subject to sections 46 and 47 of the Act):</p> <p>(a) Monday to Sunday 7.00am to 1.00am the following day.</p>	<p>We recommend reviewing all hotel or tavern premises current on-licence actual closing times (rather than licenced) with a view to changing the on-licence closing time to midnight or 1:00am the following day if there are no on-licences currently actually operating beyond this time.</p> <p>As above for hotels and taverns if no restaurant, café or function centre premises is currently actually selling alcohol beyond midnight we recommend revising the default closing time to midnight.</p> <p>We recommend that the list of sensitive sites is extended and Policy 2.1 Definitions is updated to include other sensitive sites.</p> <p>We recommend public parks, Maraes, community facilities, school and rehabilitation treatment centre is added to list of sensitive sites. It is Inspectors submission that a new overall Policy is created that is common to all new on and club licenses premises as follows:</p> <p><b>Location of premises holding new on and club licences by reference to proximity to facilities of a particular kind or kinds.</b></p> <p>(a) <i>New On and Club licences will not be issued in respect to any new premises being licenced for the first time on any site where the application site is located within a 200 metre radius from the proposed site to the boundary of any sensitive site that includes, but is not limited to any rehabilitation treatment centre, school, early childcare facility, place of worship, Marae, community facility or public park existing at the time the licence application is made, unless it can be demonstrated to the District Licencing Committee that the hours, signage or operation of the premises will have no more than minor effects on</i></p>



	<p><i>those facilities and/or persons using those facilities</i></p> <p>It is also recommended sensitive sites are extended to include:</p> <ul style="list-style-type: none"> <li>(a) <b>Rehabilitation treatment centre</b> includes residential support houses and inpatient or outpatient units that provide support or treatment of alcohol, drug or substance abuse or addiction.</li> <li>(b) <b>Marae</b> includes a communal or sacred place that serves religious and social purposes in Māori societies that provides everything from eating and sleeping space to religious and educational facilities.</li> <li>(c) <b>Community Facility</b> includes medical or health related facilities, cultural or administrative facilities such as but not limited to libraries, museums, community halls,</li> <li>(d) <b>Health Facilities</b> such as but not limited to the medical centres, hospitals, birthing centre.</li> </ul>
<b>Club licence policies</b>	
<p>5.5 Maximum trading hours for premises holding club licences</p> <p>5.6.1 No club licence shall be issued or renewed with trading hours that exceed the following:</p> <p>(a) Monday to Sunday 9.00am to 1.00am the following day (Subject to section 46 of the Act).</p>	<p>As above for hotels and taverns if no premises holding club licence is currently actually selling alcohol beyond midnight we recommend revising the default closing time to midnight.</p> <p>As above we recommend the list of sensitive sites is expanded to include</p> <ul style="list-style-type: none"> <li>(a) <b>Rehabilitation treatment centre</b> includes residential support houses and inpatient or outpatient units that provide support or treatment of alcohol, drug or substance abuse or addiction.</li> <li>(b) <b>Marae</b> includes a communal or sacred place that serves religious and social purposes in Māori societies that provides everything from eating and sleeping space to religious and educational facilities.</li> <li>(c) <b>Community Facility</b> includes medical or health related facilities, cultural or administrative facilities such as but not limited to libraries, museums, community halls,</li> <li>(d) <b>Health Facilities</b> such as but not limited to the medical centres, hospitals, birthing centres.</li> </ul> <p>We recommend a duty manager be present during large events or if the club is open during high risk times. We recommend the following discretionary condition</p>

	<p>The licensee of a Club licence must ensure that the duty manager is present at the following times:</p> <ol style="list-style-type: none"> <li>On Fridays and Saturdays from 6pm, and</li> <li>At any other time when over 50 patrons can be reasonably expected to be present.</li> </ol>
<b>Special Licences</b>	
6.4 Discretionary conditions of special licences	<p>We recommend that Waipa DC specify a minimum threshold above which Alcohol Management Plans will be required for a large-scale event. We recommend a threshold of 400 people.</p>
	<p>We recommend there be a discretionary condition on the types of vessels that can be used at events e.g. no glass vessels at high risk events .</p>
	<p>We recommend Conditions restricting the number of alcoholic beverages and kinds of alcohol that can be sold and supplied per patron per transaction</p> <p>This condition could be applied for the entire duration of the event, or after a certain time, as appropriate.</p>
	<p><i>We recommend a condition relating to steps to be taken by the licensee to engage with Police, MOH and the Inspector in relation to a special licence application or after the event.</i></p> <p>This condition shall be implemented where DLC or ARLA considers such is necessary for a large scale event:</p> <ol style="list-style-type: none"> <li>consult these agencies prior to the event, where requested by the agencies; and</li> <li>meet/debrief with these agencies after the event, where requested by the agencies, and if the licensee will be holding future events of a comparable nature</li> </ol>

## References

1. Organization WH. Global status report on alcohol and health 2018: World Health Organization; 2019.
2. Connor J, Kydd R, Shield K, Rehm J. The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex. *cancer*. 2015;2(3).
3. Organization WH, Health DoM, Staff SA, Department WHOSA, Health WHODOM, Abuse S. Global status report on alcohol 2004: World Health Organization; 2004.
4. Health Mo. [Available from: [https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/\\_w\\_021856d3/#/explore-indicators](https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/_w_021856d3/#/explore-indicators).
5. Rossen F, Newcombe D, Parag V, Underwood L, Marsh S, Berry S, et al. Alcohol consumption in New Zealand women before and during pregnancy: findings from the Growing Up in New Zealand study. *Alcohol*. 2018;131(1479).
6. ALAC. Alcohol and your body 2012 [Available from: <http://www.alac.org.nz/alcohol-you/your-body-alcohol/body-effects>.
7. Heidebauch J, Bruderly M. Cirrhosis and chronic liver failure: Part I Diagnosis and evaluation. 2006.
8. Baan R, Straif K, Grosse Y, Secretan B, El Ghissassi F, Bouvard V, et al. Carcinogenicity of alcoholic beverages. *Lancet Oncol*. 2007;8(4):292-3.
9. Foundation AL. Alcohol related liver disease 2011 [Available from: <http://www.liverfoundation.org/abouttheliver/info/alcohol/>.
10. Toma A, Pare G, Leong DP. Alcohol and Cardiovascular Disease: How Much is Too Much? *Curr Atheroscler Rep*. 2017;19(3):13.
11. Foetal alcohol syndrome and alcohol-related neurodevelopmental disorders. *Paediatrics*. 2000;2(106).
12. Health Mo. Alcohol and pregnancy: a practical guide for health professionals. Wellington: Ministry of Health; 2010.
13. Popova S, Lange S, Burd L, Rehm J. Health care burden and cost associated with fetal alcohol syndrome: based on official Canadian data. *PLoS One*. 2012;7(8):e43024.
14. Cook RL, Clark DB. Is there an association between alcohol consumption and sexually transmitted diseases? A systematic review. *Sex Transm Dis*. 2005;32(3):156-64.
15. Nutt DJ, King LA, Phillips LD. Drug harms in the UK: a multicriteria decision analysis. *The Lancet*. 2010;376(9752):1558-65.
16. Humphrey G, Casswell S, Han DY. Alcohol and injury among attendees at a New Zealand emergency department. *N Z Med J*. 2003;116(1168):U298.
17. Slack AN, G. Webster, M. Costs of harmful alcohol and other drug use. Report to Ministry of Health and ACC. Wellington: Business and Economic Research Limited (BERL); 2009.
18. Slack A, Nan, G. Costs of harmful alcohol use in Canterbury DHB. Wellington: BERL; 2012.
19. Gruenwald P. J. MAB, Treno A.J. The Impacts of Liquor Outlets in Manukau City. Report No4. A spatial econometric analysis of selected impacts of liquor outlet density in Manukau City. Wellington: Alcohol Advisory Council of New Zealand; 2012.
20. Sherk A, Stockwell T, Chikritzhs T, Andréasson S, Angus C, Gripenberg J, et al. Alcohol consumption and the physical availability of take-away alcohol: systematic reviews and meta-analyses of the days and hours of sale and outlet density. *Journal of studies on alcohol and drugs*. 2018;79(1):58-67.
21. Casswell S, Huckle T, Wall M, Yeh LC. International alcohol control study: pricing data and hours of purchase predict heavier drinking. *Alcohol Clin Exp Res*. 2014;38(5):1425-31.
22. Ayuka F, Barnett R, Pearce J. Neighbourhood availability of alcohol outlets and hazardous alcohol consumption in New Zealand. *Health & place*. 2014;29:186-99.
23. Connor JL, Kypri K, Bell ML, Cousins K. Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: a national study. *J Epidemiol Community Health*. 2011;65(10):841-6.
24. Cameron MP, Cochrane WR, Livingston M. The relationship between alcohol outlets and harms: A spatial panel analysis for New Zealand, 2007-2014: Health Promotion Agency Wellington; 2016.

25. Cameron MP, Cochrane W, McNeill K, Melbourne P, Morrison SL, Robertson N. Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. *Australian and New Zealand journal of public health*. 2012;36(6):537-42.
26. Pridemore WA, Grubestic TH. Community organization moderates the effect of alcohol outlet density on violence. *The British journal of sociology*. 2012;63(4):680-703.
27. Mair C, Gruenewald PJ, Ponicki WR, Remer L. Varying impacts of alcohol outlet densities on violent assaults: explaining differences across neighborhoods. *Journal of studies on alcohol and drugs*. 2013;74(1):50-8.
28. Popova S, Giesbrecht N, Bekmuradov D, Patra J. Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. *Alcohol & Alcoholism*. 2009;44(5):500-16.
29. Wilkinson C, Livingston M, Room R. Impacts of changes to trading hours of liquor licences on alcohol-related harm: a systematic review 2005–2015. *Public Health Res Pract*. 2016;26(4):e2641644.
30. *Alcohol in Our Lives: curbing the Harm*. Wellington: Law Commission; 2010.
31. Connor J, Maclennan B, Huckle T, Romeo J, Davie G, Kypri K. Changes in the incidence of assault after restrictions on late-night alcohol sales in New Zealand: evaluation of a natural experiment using hospitalization and police data. *Addiction*. 2021;116(4):788-98.
32. Kolosnitsyna M, Sitdikov M, Khorkina N. Availability restrictions and alcohol consumption: A case of restricted hours of alcohol sales in Russian regions. *International Journal of Alcohol and Drug Research*. 2014;3(3):193–201-193–201.
33. Huckle T, Callinan S, Pham C, Chaiyasong S, Parker K, Casswell S. Harmful drinking occurs in private homes in some high-and middle-income alcohol markets: data from the international alcohol control study. *Drug and alcohol review*. 2020;39(6):616-23.
34. Wagenaar AC, Salois MJ, Komro KA. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction*. 2009;104(2):179-90.
35. Parker RN, McCaffree KJ, Skiles D. The impact of retail practices on violence: The case of single serve alcohol beverage containers. *Drug and alcohol review*. 2011;30(5):496-504.
36. Masho SW, Bishop DL, Edmonds T, Farrell AD. Using surveillance data to inform community action: the effect of alcohol sale restrictions on intentional injury-related ambulance pickups. *Prevention science*. 2014;15(1):22-30.
37. Babor TF, Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, et al. *Alcohol: no ordinary commodity: research and public policy*. 2010.
38. Babor TF, Robaina K, Noel JK, Ritson EB. Vulnerability to alcohol-related problems: a policy brief with implications for the regulation of alcohol marketing. *Addiction*. 2017;112:94-101.
39. Chambers T, Stanley J, Signal L, Pearson AL, Smith M, Barr M, et al. Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places. *Alcohol Alcohol*. 2018;53(5):626-33.
40. Subnational population estimates tables: Statistics New Zealand; [Available from: <https://nzdotstat.stats.govt.nz/wbos/Index.aspx>].
41. McConnell G. How New Zealand's national Crime Data came to be. *Stuff*. 2016.
42. Connor J, Kydd R, Maclennan B, Shield K, Rehm J. Alcohol-attributable cancer deaths under 80 years of age in New Zealand. *Drug and alcohol review*. 2017;36(3):415-23.
43. Van Diemen, A; Jian, L; Xiao, J and Somerford, P. (2017). *Methodology for Developing Western Australia Specific Alcohol-related Aetiological Fractions*

## APPENDIX D – LICENSING INSPECTOR FEEDBACK ON 2016 LAP

---

# INTERNAL MEMO

---

**To:** Manager Strategy **cc:** Karl Tutty, Manager Compliance

---

**From:** Anish Chand, Chief Licensing Inspector

---

**Date:** 30 May 2023

---

**Subject:** **LOCAL ALCOHOL POLICY – LICENSING INSPECTORS SUBMISSION**

---

## 1.0 Background

Alcohol harm is a significant issue in New Zealand. According to the Ministry of Health, on average 80% of New Zealanders drink alcohol, with around one in five people drinking at levels that increase their risk of harm.

The harm caused by excessive drinking is widespread and can impact individuals, families, and communities. Alcohol misuse can lead to a range of physical, mental, and social problems, including liver disease, cancer, heart disease, depression, anxiety, and suicide. It is also a significant contributor to road accidents, assaults, family violence, and crime. Alcohol harm affects everyone directly and indirectly

A Local Alcohol Policy (LAP) has the potential to reduce alcohol-related harm particularly violence, car accidents and other injuries through reducing accessibility and availability of alcohol. The purpose of a LAP is to give communities greater control over licensing of alcohol 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.

A LAP can effectively reduce alcohol related harm and help to achieve the object of the enabling legislation if it includes measures to reduce the number and density of alcohol outlets, reduce trading hours, having appropriate systems to manage licensed premises, ensure appropriate conditions are placed on licences and ensure compliance with licensing conditions. These measures intend help to reduce intoxication and the access to alcohol and exposure of children and young people to alcohol promotion, as well as risky drinking practices such as binge-drinking and drinking and driving.

There is a need for continuing development to address future challenges that may arise from excessive drinking and the availability of alcohol. This can be done by setting standards for alcohol licensing that are relevant to the needs for our community.

Section 93 of the Act allows a LAP to contain a policy more restrictive than the relevant District Plan. Section 77 of the Act outlines what policies a Council can include in its LAP. It cannot address matters unrelated to licensing such as price of alcohol, age limits for drinking, administration matters etc.

Local Alcohol Policies are not a mandatory requirement in the Act, and two or more territorial authorities can choose to adopt a single local alcohol policy for their wider district. It is important to note the weight of local alcohol policies in licensing decisions: LAPs are but one of 11 criteria that

# INTERNAL MEMO

must have regard to in decision-making (s.105 of the Act). As such, they are not a law or policy that will ultimately determine the decision whether or not to issue an alcohol license.

*Section 77 prescribes the contents of the policies which can be included:*

- a. location of licensed premises by reference to broad areas*
- b. location of licensed premises by reference to proximity to premises of a particular kind or kinds*
- c. location of licensed premises by reference to proximity to facilities of a particular kind or kinds*
- d. whether further licences (or licences of a particular kind or kinds) should be issued for premises in the district concerned, or any stated part of the district*
- e. maximum trading hours*
- f. the issue of licences, or licences of a particular kind or kinds, subject to discretionary conditions e.g. one-way door restrictions*

Some Councils seek the views of their residents and alcohol businesses before developing a draft policy by undertaking surveys which could provide a guideline to determine what actually is needed e.g. are there concerns regarding pre or side loading of customers before visiting On licenced premises, does the community want to seek restriction on the number of Off licences, identify alcohol related problems within the community, should there be more control on location of new business and what should be regarded as a sensitive site. This type of survey is a great opportunity to learn how alcohol is causing harm, from the perspective of the community. This method is highly recommended prior to adapting a provisional LAP as it may bring about issues communities are facing which we may not be aware of and could even help us identify problem areas or issues.

The current LAP is not restrictive for businesses and has continued to allow for economic growth, specifically facilitating new grocery stores, but it certainly needs improvement to control proliferation of licensed premises particularly Off licences within the CBD/alcohol ban areas and reducing licensed hours of all premises. Other improvements include broadening the definition of a sensitive site, adding measures so there can be greater control requiring new or renewed licences to have CCTV cameras and incident registers available.

## 2.0 Importance of LAP

A Local Alcohol Policy provides for communities to determine how licensing decisions are made in their locality, proliferation of alcohol outlets, the overabundance of alcohol supply and the harmful consequences of this. Removing the LAP could lead to an increase in alcohol related harm.

There are numerous advantages to maintain and strengthening the LAP such as:

1. Limiting the number of places that sell alcohol will reduce hazardous drinking, reduce alcohol-related harm, prevent price competition and increase the amenity and good order of the community giving a perception of safer towns.
2. Restricting location of new On and Off licences located near sensitive sites.
3. Further restricting the trading hours of On and Off licences which can help reduce the exposure of alcohol and it's advertising to children and other vulnerable persons.



4. Providing additional tools for the DLC and ARLA to implement measures in controlling alcohol harm.
5. Strengthening the one way door policy to reduce migration between premises and decrease people exiting licensed premises at the same time.

## 3.0 Types of Licences

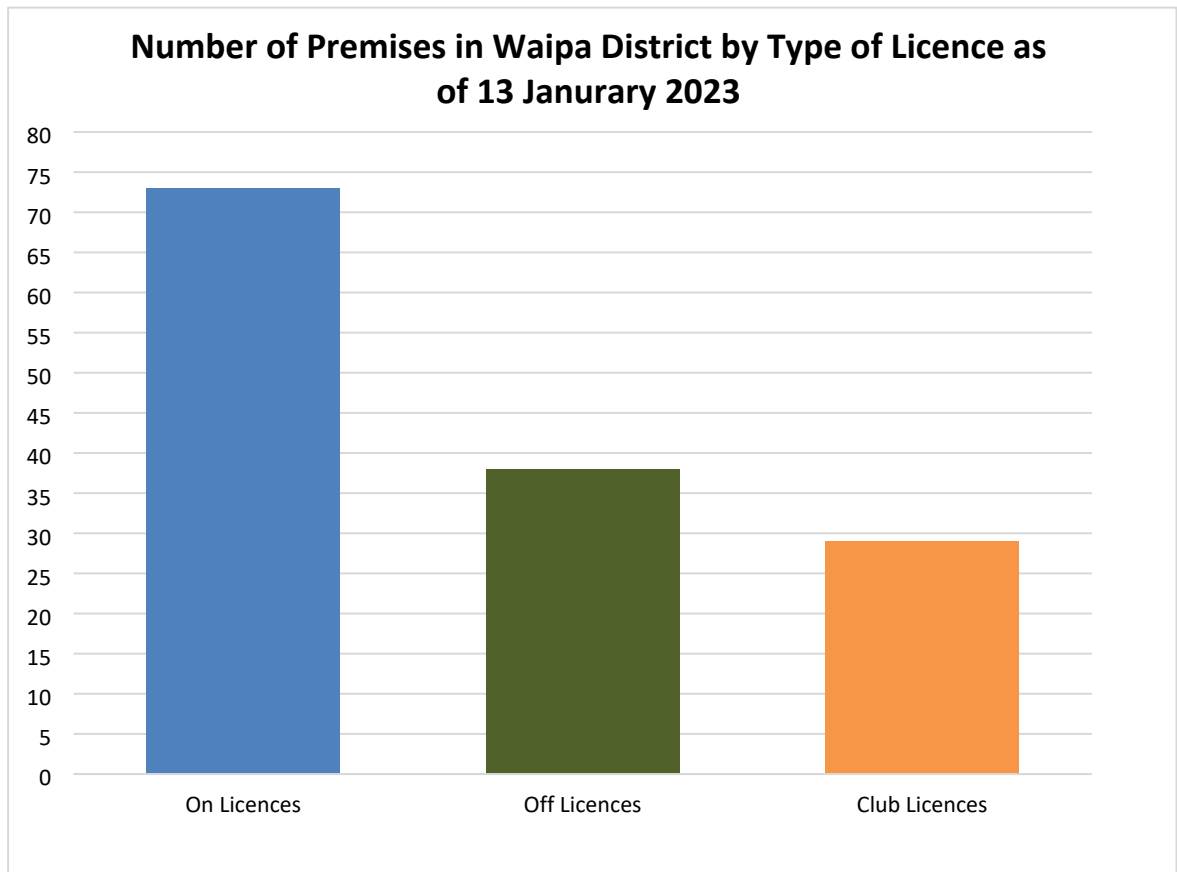


Figure 1: Number of Premises in Waipa District by Type of Licence

Table 1: Number of Premises in Waipa District by Type of Licence

	On Licences	Off Licences	Club Licences
<b>Number of Premises in Waipa District</b>	73	38	29

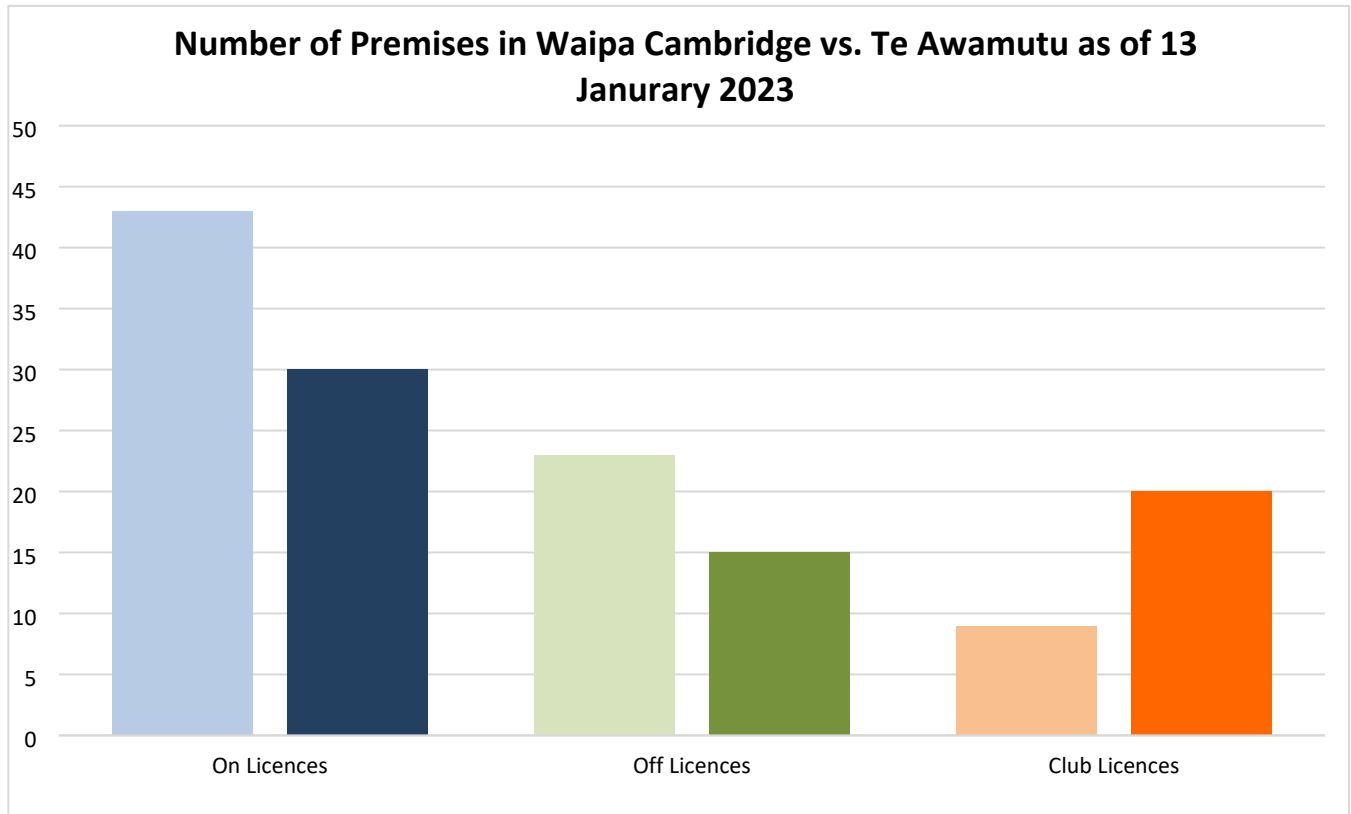


Figure 2: Number of Premises in Waipa Comparing Cambridge (light colours) and Te Awamutu (dark colours)

Table 2: Number of Premises Cambridge and Te Awamutu

	On Licence	Off Licence	Club Licence
<b>Cambridge and nearby areas</b>	43	23	9
<b>Te Awamutu and nearby areas</b>	30	15	20

## 4.0 Why Change?

A balance must be struck between the need to reduce alcohol-related harm and without the need to inconvenience consumers unreasonably.

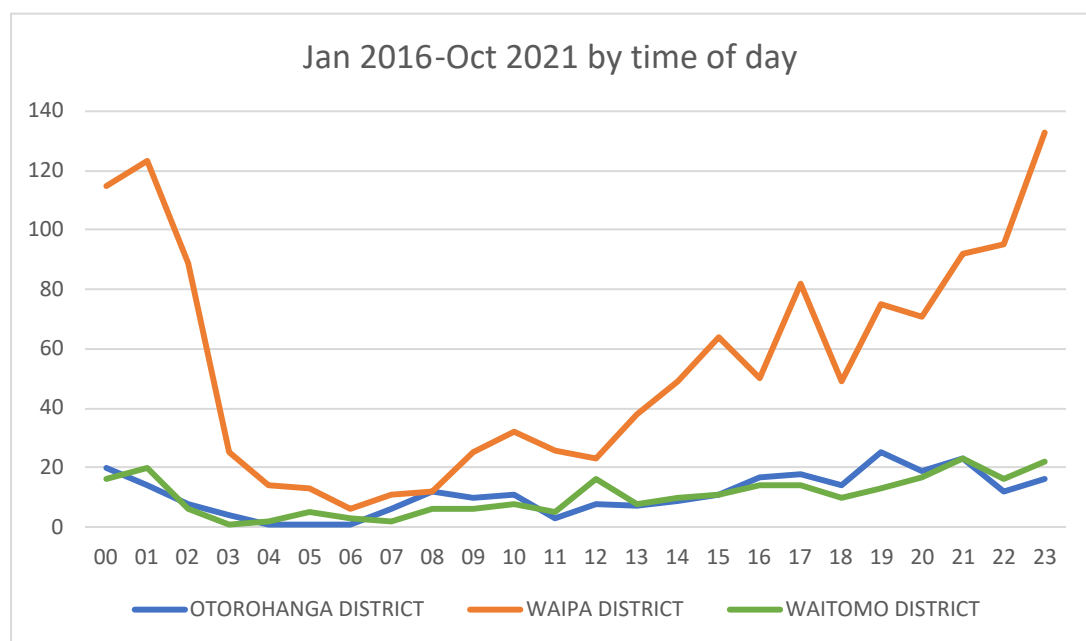
Meaningful changes to hours of trade and restriction of alcohol outlets in the Local Alcohol Policy will have the greatest impacts on the volume of alcohol consumed and on the rate of alcohol-related problems. These changes will mostly affect heavy drinkers. They will also help improve public safety, reduce violence, reduce road accidents, provide a perception to the public of safer towns, mitigate impacts arising from disorder, noise and disturbance from intoxicated people and reduce the opportunity for people to consume alcohol excessively.

# INTERNAL MEMO

Police data obtained from Te Awamutu Police indicates Waipa DC has greater alcohol related offences when compared to Waitomo and Otorohanga DC with cases almost fivefold greater when compared to neighbouring districts.

*Table 3: Crime Stats Comparing 3 Districts from the Te Awamutu Police*

City / Province	Class Code & Description	2016	2017	2018	2019	2020	2021	Total
<b>OTOROHANGA DISTRICT</b>	1400 - GRIEVOUS ASSAULTS		3	1		3	1	8
	1500 - SERIOUS ASSAULTS	4	4	5	5	5	2	25
	1600 - MINOR ASSAULTS	4	3	4	2	3	4	20
	1700 - INTIMIDATION AND THREATS	6	8	7	7	5	6	39
	3500 - DISORDER	4	12	5	4	11	4	40
	3900 - ALCOHOL OFFENCES		2					2
	A SERIES - ALCOHOL RELATED OFFENCES	30	22	19	24	22	19	136
<b>OTOROHANGA DISTRICT Total</b>		<b>48</b>	<b>54</b>	<b>41</b>	<b>42</b>	<b>49</b>	<b>36</b>	<b>270</b>
<b>WAIPA DISTRICT</b>	1400 - GRIEVOUS ASSAULTS	4	2	7	10	4	4	31
	1500 - SERIOUS ASSAULTS	11	18	18	39	23	18	127
	1600 - MINOR ASSAULTS	24	11	18	18	12	16	99
	1700 - INTIMIDATION AND THREATS	16	14	30	32	27	22	141
	3500 - DISORDER	31	36	54	36	54	23	234
	3900 - ALCOHOL OFFENCES	11	2	3			8	24
	A SERIES - ALCOHOL RELATED OFFENCES	99	105	108	149	94	101	656
<b>WAIPA DISTRICT Total</b>		<b>196</b>	<b>188</b>	<b>238</b>	<b>284</b>	<b>214</b>	<b>192</b>	<b>1312</b>
<b>WAITOMO DISTRICT</b>	1400 - GRIEVOUS ASSAULTS		2		2	1		5
	1500 - SERIOUS ASSAULTS	1	3	1	5	4	6	20
	1600 - MINOR ASSAULTS	4	3	1	2	3	2	15
	1700 - INTIMIDATION AND THREATS	1	6	4	8	3	4	26
	3500 - DISORDER	5	3	9	9	12	2	40
	3900 - ALCOHOL OFFENCES	1				1		2
	A SERIES - ALCOHOL RELATED OFFENCES	23	32	19	36	24	12	146



*Figure 3: Police callouts and crime increases between 6pm to 2pm*

## INTERNAL MEMO

Police have also attended to a number of incidents at or outside licensed premises which somewhat emphasises that fact that stricter controls are needed and that the current Policy could be improved.

### A tavern in Cambridge

Police attended the premises due to an increase of younger patrons attending for a DJ promotion event for the 31/03/23 and the 1/04/23, that was heavily promoted on social media.

Upon arrival police observed a large number of people in the court yard and inside the premises, approximately 80.

There were a number of slightly intoxicated patrons in the court yard area, who were spoken too, and police received 3 complaints of a male who was touching females in the premises, this male had been removed from the premises by the owner due to his high level of intoxication and behaviour, a separate file has been created for this incident, with further follow up required with the victims, as they were also intoxicated. Suspects details also obtained.

Further investigation of the premises, revealed that there were 4 unsupervised minors at the venue, who remained on the premises for around 1 hour.

These minors have stated, that they walked through the front door without being stopped for ID, as there was no security working the door.

### A tavern in Cambridge

Date 12/02/2022 - P049617547 – 1640 persons fighting outside the pub – informant thinks [REDACTED] Players are involved.

Date 20/02/2022 – P049697351 – assault/5F person punched inside the bar, one offender located and arrested – Common Assault, Resist Police, Breach of Bail

Date 26/02/2022 – P049762970 – intoxicated male customer refuses to leave and is throwing things across the bar. Male trespassed from the bar.

Date 13/03/2022 – P049899862 – intoxicated person seen driving away from the premise, Police called, driver stopped and blows 506 mgm, also found to be 17 years of age.

### A tavern in Te Awamutu

02.03.19

**Subject:**

[REDACTED]

**Circumstances:**

[REDACTED] had been at [REDACTED], when the bar closed the patrons all migrated to the road side. While on the foot path [REDACTED] got into a verbal argument with another male, this male kicked [REDACTED] in the leg.

Police arrived and the parties separated. The group of intoxicated patrons headed to Mc Donald's. While standing outside McDonalds [REDACTED] approached the male who he was arguing with earlier and head butted the male once in the head.

## INTERNAL MEMO

### A tavern in Te Awamutu

19.06.18 – 0030hrs

Police called to Mass disorder outside [REDACTED]

Approximately 50 people on the street fighting. One male on the ground with a bust nose. Duty Manager [REDACTED] said that he had been king hit from behind by a group of males.

Two groups yelling at each other squaring off. It was deemed too dangerous to obtain any particulars at that time as it was a hostile environment and the focus for Police was to disperse the parties. The male with the busted nose left the scene in a car.

Police finally calmed the situation and the groups slowly dispersed. Duty Manager [REDACTED] said that there was three different gangs in her establishment [REDACTED]

Security informed Police that one of the bar staff is dating a mongrel mob member hence why they have been at the establishment lately.

### A tavern in Te Awamutu

21.07.18 - 0059hrs

[REDACTED]

**Circumstances:**

[REDACTED] was on a night out with friends and was drinking in the [REDACTED] Bar staff noticed that he had become too intoxicated, he was asked to leave by one of the bouncers but became abusive and refused to leave. He escorted from the premise.

Licensing Inspectors believe that additional policies should be implemented that do not specifically relate to enforcement, but assist with monitoring of premises. Inspectors have come across problems such as not being able to obtain CCTV footage after incidents from the licensee and the licensee not keeping records of how incidents are managed.

Implementing additional policies into the LAP will assist in providing the necessary tools to reduce alcohol harm by reducing the availability of alcohol to ensure alcohol does not affect the communities perception of a safe community. Additional policies include:

1. Definition of a “Sensitive Site” is broadened to include any rehabilitation treatment centre, school, early childcare facility, place of worship, Marae, community facility and medical facility existing at the time the licence application is made, unless it can be demonstrated to the District Licencing Committee that the hours, signage or operation of the premises

## INTERNAL MEMO

will have no more than minor effects on those facilities and/or persons using those facilities within a 200m radius from the proposed site.

2. A cap is placed on new Off licences being issued within defined central business district areas.
3. Reducing licensed hours for all off-licences to 7.00am to 9.00pm.
4. A more restrictive One-way door restriction alcohol policy imposed at 12 midnight for taverns, Class 1 club and class 1 restaurants.
5. An additional discretionary condition is added for the DLC and ARLA to consider for licences such as those relating to the minimum number of certificated managers, exterior lighting, incidence register, CCTV etc.

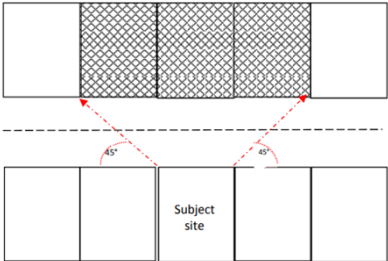
The Licensing Inspectors believe existing controls implemented are not sufficient to mitigate measures in reducing alcohol harm. In the Court of Appeal case between *AUCKLAND COUNCIL v WOOLWORTHS NZ LTD & OTHERS [2021] NZCA 484 [24 September 2021]*, it has established and confirmed that a Policy must aim to reduce harm, take a precautionary approach, one policy is exercised instead of having multiple overlays/ controls for different parts of the district and community perception can be included without a need for evidence.

The Decision of the Supreme Court has been released which has concurred with High Court findings as follows:

- i. LAPS can be based on or influenced by community preferences and do not have to be evidence based.
- ii. Shorter trading hours than maximum default hours do not need justification.
- iii. Any appeal could only be if it is unreasonable to the object of the Act. Object's aim is to have the safe and responsible sale, supply and consumption of alcohol, to minimise alcohol-related harm. Too much restriction could be perceived unreasonable particularly if restriction is not likely to have an impact
- iv. A precautionary approach restriction may be justified on the basis of there being a reasonable likelihood (rather than proof) to reduce alcohol-related harm;
- v. A reduced licensed hours for Off licence from 7am to 9pm is not unreasonable in light of the object of the act.

It is important to acknowledge there is no need to balance rights of an applicant to sell alcohol. Instead emphasis must be placed to minimise alcohol harm and there should be no reason to doubt that harm in one area could impact entire district. It is recommended that one policy is developed for the whole District. Creating map overlays will make a policy difficult and costly to develop and administer. Additionally, consideration needs to be given to the fact that people will travel to buy alcohol if required.

**5.0 Submission on Proposal and Change**

Current LAP and Issues	Proposed
<b>5.1 Location of Premises and Density</b>	
<b>5.1.1 On and Club Licence</b>	
<p><b>Policy 3.4.1</b> requires that an on licence being issued for the first time will not be issued in respect of any new premises being licensed for the first time on any site where the site directly borders any school, early childcare facility, or place of worship unless it can be demonstrated to the DLC that the hours, signage or operation of the premises will have <b>no significant impact</b> on those facilities. The term “directly borders” includes across the road and at an angle of 45 degrees to the left and right of the subject site illustrated in Figure 1.</p>  <p>Figure 1: Proximity of New Premises that Directly Border a Facility</p> <p>The sensitive sites listed in Policy 3.4.1 do not include marae, public parks, libraries, rehabilitation centres and medical centres. Policy 2.1 Definitions does not include rehabilitation treatment centres, marae or community facilities.</p> <p>There has been some ambiguity in some applications in considering if a childcare centre is directly bordering the subject site. In one case the childcare centre site entrance road was technically across the road from the subject site. However the childcare facility buildings are located remotely and out of site of the application site. In other application, the childcare centre sites were located across public car parks from the subject sites and it was not clear if they were captured by the term “directly borders”.</p>	<p>It is proposed that Policy 4.4.1 is re-worded to clarify the location of sensitive sites relative to the application site. It is also proposed that the list of sensitive sites is extended and Policy 2.1 Definitions is updated to include other sensitive sites.</p> <p>It is recommended that rehabilitation treatment centres, Maraes, community facilities and medical facilities is added to list of sensitive sites. It is Inspectors submission that a new overall Policy is created that is common to all new on and club licence premises as follows:</p> <p><b>Location of premises holding new on and club licences by reference to proximity to facilities of a particular kind or kinds.</b></p> <p><i>New On and Club licences will not be issued in respect to any new premises being licenced for the first time on any site where the application site is located within a 200 metre radius from the proposed site to the boundary of any sensitive site that includes, but is not limited to any rehabilitation treatment centre, school, early childcare facility, place of worship, Marae, community facility and medical facility existing at the time the licence application is made, unless it can be demonstrated to the District Licencing Committee that the hours, signage or operation of the premises, design and layout of premises and nature of operations will have <b>no more than minor effects</b> on those facilities and/or persons using those facilities</i></p> <p>It is also recommended Policy 2.1 Definitions is extended to include:</p> <p>(a) <b>Rehabilitation treatment centre</b> includes residential support houses and inpatient or outpatient units that provide support or treatment of alcohol, drug or substance abuse or addiction.</p>



# INTERNAL MEMO

	<p>(b) <b>Marae</b> includes a communal or sacred place that serves religious and social purposes in Māori societies that provides everything from eating and sleeping space to religious and educational facilities.</p> <p>(c) <b>Community Facility</b> includes cultural or administrative facilities such as libraries, museums, community halls, public parks and reserves.</p> <p>(d) <b>Medical Facility</b> includes any location where healthcare is provided such as medical centres and facilities, hospitals, clinics, birthing centres and dental clinics.</p> <p>It is recommend also the word <b>significant impact</b> be change to <b>more than minor extent</b>. It is important DLC or ARLA must evaluate whether effects are greater than de minimis and what are their impacts on the various affected parties, receptors, community, achieving object of the act to reduce alcohol harm.</p>
<p><b>5.1.2 Off Licence</b></p> <p>When considering a new off-licence application, the DLC will have regard to location of premises holding off licences by:</p> <ul style="list-style-type: none"><li>i. Reference to broad areas</li><li>ii. Reference to proximity to premises of a particular kind or kinds</li><li>iii. Reference to proximity to facilities of a particular kind or kinds.</li></ul> <p>There is no guidance in the current LAP for the DLC to consider the relevance of a new off-licence application, there is no policy on density of alcohol outlets and minimum separation distance from another off licence premises.</p> <p>The Police submission submitted on 18 April 2015 in response to review of Waipa Public Places Liquor Control Bylaw 2008 supports the protection of the Liquor Ban areas by capping additional off-licence outlets in these areas.</p> <p><i>The current liquor ban areas were identified to address the level of alcohol related crime, violence, disorder and nuisance behaviour etc. within Waipa area. Specifically the central public areas in each township where typically licensed premises are situated and large numbers of the general population congregate for business, shopping, tourism and hospitality. In principle, the bylaw is working as Waipa public place crime (violence and disorder) are significantly lower since the liquor ban was introduced by council and</i></p>	<p>The Inspector’s submission is that:</p> <p>(a) there should be a cap on Off licence outlets in the areas identified as Liquor Ban areas for Cambridge, Leamington, Te Awamutu and Kihikihi areas. The proposal for the revised LAP is:</p> <p><i>The number of off-licences issued within the Liquor Ban areas in the Cambridge, Leamington, Te Awamutu and Kihikihi shall not exceed the number existing at the date this LAP comes into force.</i></p> <p>(b) <i>Outside the Alcohol Ban Area, new Off licences will not be issued in respect to any new premises being licenced for the first time on any site where the application site is located within a 500 metre radius from the proposed site to the boundary of an existing Off licenced premises and any sensitive site that includes, but is not limited to any rehabilitation treatment centre, school, early childcare facility, place of worship, Marae, community facility or medical facility, recreational facilities (including but not limited to children’s play areas or sports grounds) existing at the time the licence application is made, unless it can be demonstrated to the District Licencing Committee or ARLA</i></p>

# INTERNAL MEMO

*enforced by Police. Removal of the liquor ban would almost certainly lead to crime increasing back to the pre-existing levels, unnecessarily putting the community at risk.*

It is Inspector’s submission that there is currently a sufficiently high number of off-licenced outlets to service each of the town centre areas. Therefore, there is no justification to allow any increase in the density of off-licensed outlets in these areas to minimise harm in the community.

**Cambridge**

Bottle Stores	Supermarkets	Grocery Stores	Tavern – Off-Licences
5	2	0	2

**Leamington**

Bottle Stores	Supermarkets	Grocery Stores	Tavern – Off-Licences
4	1	1	0

**Te Awamutu**

Bottle Stores	Supermarkets	Grocery Stores	Tavern – Off-Licences
5	3	0	2

**Kihikihi**

Bottle Stores	Supermarkets	Grocery Stores	Tavern – Off-Licences
1	0	0	1

Note: Numbers outlined above are only those within CBD areas and does not resemble total number for district.

Increase in Off Licence will add to increase in alcohol-related harm. High number of alcohol outlets particularly in Central Business Areas together with operation of the On licence premises can lead to increase in violence, drink driving, heavy drinking, side loading, pre-loading, breaches of liquor ban areas, increase numbers of intoxicated person afterhours leading to disorder/ damage to properties, increase in public perception of unsafe towns etc.

A study by Connor & Bell (2009) found significant associations between the density of the Off-licences, bars and clubs and prevalence of binge drinking, and further reported a 4% increase in binge drinking associated with each extra Off-licence within 1 km of home (<https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1753-6405.2012.00827.x>) .

Hence, it is recommended that cap be placed on Off licence within Alcohol Ban areas but premises outside the Alcohol Ban Area proximity of premises to sensitive sites,

*through a Local Impact Report that the proposed licensed premises will have **no more than minor effects** and it is in the public interest to issue the licence. The burden is placed on the applicant to provide sufficient evidence to meet this standard.*

*A Local Impact Report must be provided by the applicant and considered by the DLC or ARLA, for all new Off-licence applications (other than manufacturers and remote sales) proposed in any area of the Waipa District outside a Liquor Ban Area.*

*The following off-licences are exempt from this requirement:*

- I. Remote Sellers and*
- II. Manufacturers of alcohol, if alcohol sales from the premises are limited to those products manufactured on the premises.*

*(c) A Local Impact Report must consider the following:*

- (1) the existing licensed premises in the Reporting Area, the number, their locations relative to the proposed site, the kinds, mix of licences, type of premises*
- (2) proposed trading hours, and the products that being sold or supplied; and*
- (3) whether any of the following sensitive sites exist within the Reporting Area, and the proximity of these to the proposed site (including whether the relevance of the proximity is impacted upon by any significant physical barriers, such as a river or expressway):*
  - (i) Rehabilitation treatment centres and,*
  - (ii) Early childhood facility, and*
  - (iii) School, and*
  - (iv) Place of worship, and*
  - (v) Marae, and*
  - (vi) Community facility, and*

another premises for Off licence be subject to 500 meters separation unless DLC makes a finding that it is in the public interest to issue the licence.

**Medical Officer of Health submission** highlights the highest number of alcohol-related ED (Emergency Department) presentations in the Waipa District were located in Te Awamutu South and Leamington East and to a lesser extent on the towns of Cambridge and Te Awamutu.

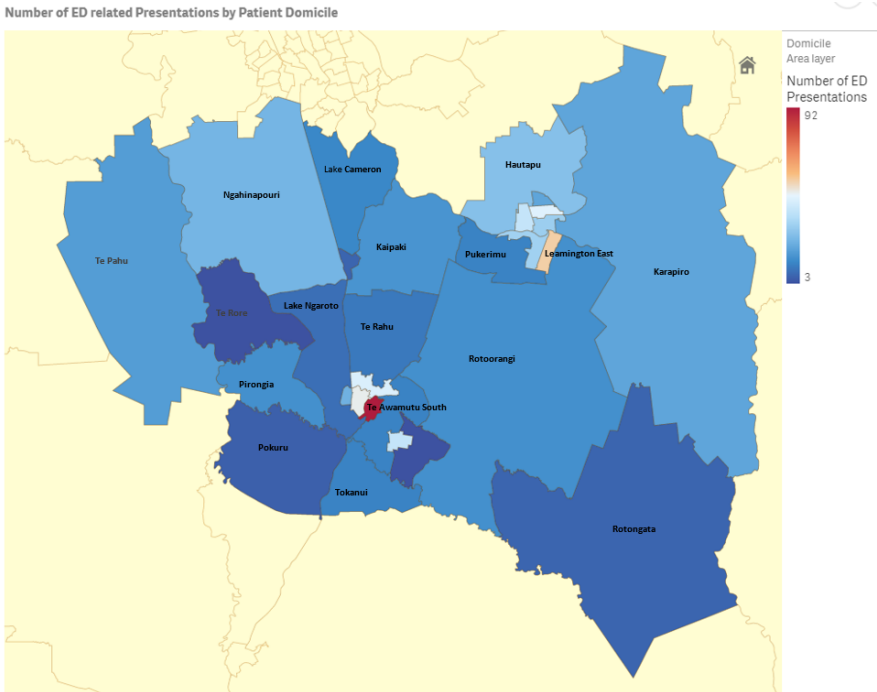


Figure 4: Choropleth Of Number Of Alcohol-Related Ed Presentations By Patient Domicile 2020-2022

The Public Health recommendations and rationale for number and density of outlets is that “the higher density of alcohol outlets results in greater accessibility, sales, consumption and harm. Setting limits on the density of outlets can reduce this harm”.

- (vii) Medical facility
- (viii) Recreational facilities (including but not limited to children’s play areas, sports ground)
- (4) the other types of land uses within the Reporting Area; and
- (5) the nature and severity of alcohol-related harm in the Reporting Area in last 2 years, including incidence of crime, incidence of alcohol-related crime, anti-social behaviour, alcohol related health issues, vandalism and any other information relevant to section 4(2) of the Act; and
- (6) the nature of the licence application being considered, including the kind of licence applied for, the type of premises, the patron capacity, the hours of operation sought, and the likely risk profile under the Sale and Supply of Alcohol (Fees) Regulations 2013; and
- (7) the steps the applicant will take to manage the premises so as to minimise alcohol related harm, as outlined in the application; and
- (8) provide a statement from nearby schools and organisations involved with supporting victims of alcohol harm confirming indirect or direct effects (if any) of alcohol harm that exist and potentially could be observed within their community.

Reporting Area means the land area within a 500 metre radius of the boundaries of the proposed application site.

The rationale for these recommendations is that:

- (1) There is a high density of off-licensed outlets and in particular Off licences in each of the four town Liquor Ban areas in the Waipa District. This density has reached a saturation point for off-licensed outlets.

# INTERNAL MEMO

<p>The Public Health Unit recommends “strengthening the current policy addressing off-licence density”. They recommend “creating limits within the policy rather than leave discretion to the District Licencing Committee. For instance:</p> <ol style="list-style-type: none"><li>1. Setting a radius of consideration, for example “No new off-licence shall be issued for any premises located within one (1) kilometre of the legal site boundary of any existing bottle store, licensed supermarket or grocery store”.</li><li>2. Setting a cap to the number of available off licences per town. For example “The number of standalone bottle store off-licences issued in the urban areas of Cambridge, Te Awamutu and Kihikihi shall not exceed the number existing at the date this LAP comes into force)”.</li></ol> <p>The data submitted by the Public Health Unit shows that the areas of greatest alcohol-related ED presentations also show correlation with the Liquor Ban areas.</p> <p>However, it is Inspectors view cap should be placed on Off licence within alcohol ban areas and instead of bottle stores as this will be unfair application of law on bottle store when alcohol from all Off licence is proven to cause harm in the community.</p>	<ol style="list-style-type: none"><li>(2) The proposal supports the purpose of The Public Places Alcohol Control Bylaw 2015. To allow an uncontrolled proliferation of bottle stores or other off-licensed outlets within an alcohol restricted area would be an anathema;</li><li>(3) To continue to reduce Waipa public place crime as reported by the Police;</li><li>(4) The proposal aligns with the second recommendation of the Public Health Unit in setting a cap on the number of standalone bottle stores in each of the urban areas, which they have shown to be based on Emergency Department statistics and social deprivation. The proposal also provides greater protection for high deprivation areas identified by the Otago University and Massey University (EHINZ) socio economic data; Policy and Guidance is provided for the DLC to consider any new off-licence applications located in any area of the District</li><li>(5) It has been recognised by Supreme Court decision <i>WOOLWORTHS NEW ZEALAND LIMITED v AUCKLAND COUNCIL</i> [2023] NZSC 45 [5 May 2023] that a Local Impact Report is not ultra vires and it was recognised that stricter controls to achieve the object of the act can be imposed.</li></ol>
<b>5.2 Hours of Operations</b>	
<b>5.2.1 On Licence and Club</b>	
<p>The maximum trading hours in the current LAP for On-licences as a whole are too permissive. There is also concerns in increase in number of incidence relating to crime, alcohol related offence particularly after 7pm until 1.30am, Emergency admissions at Waikato Hospital were highest from Te Awamutu South and Leamington East (lesser extent on the towns of Cambridge and Te Awamutu) and having Off licence premises trading later in the night allows for cheaper access of alcohol when compared to On licence premises.</p> <p>Total of 73 On Licenses has been issued which ranges from Function Centre, restaurant, bar, tavern, hotel and wineries. The premises are licensed from 7am to 2am.</p>	<p>It is recommended that a Precautionary Principle is adopted for the proposed reduction in availability of alcohol by reducing opening hours in a consistent way for all On and Club-licences to Monday to Sunday 9.00am to 2.00am and through implementation of one way door policy .</p> <p>This approach was supported by the decision of the Court of Appeal for <i>AUCKLAND COUNCIL v WOOLWORTHS NZ LTD &amp; OTHERS</i> [2021] NZCA 484 [24 September 2021]. The Decision of the Supreme Court has just been released which has concurred with Court of Appeal findings.</p> <p>The Inspector’s submission is that:</p>

# INTERNAL MEMO

<p>In addition, data presented by Te Awamutu Police shows there is high crime rate from 9pm to 2am which emphasis the need for greater controls.</p>	<div><div><div>a. A One Way Door Policy is implemented at 12.00 midnight for premises which are identified as Class 1 club, class 1 restaurant and tavern.</div><div>b. Policy 3.6.2 is reworded to exclude hotel and mitigate effects to residential properties.</div><div>c. Licensed hours are reduced to 9.00am to 2.00am.</div></div><div><p><b>Policy 3.6.2.</b></p><p>Where a new hotel, tavern or other premises where the principal activity is the provision of alcohol and other refreshments to the public is proposed within 100 meters of any area zoned residential in the Waipa District Plan, trading hours will not exceed the following:</p><div><div>(a) Sunday to Thursday 9:00am to 10.30pm,</div><div>(b) Friday and Saturday 9.00am to 12.00 midnight,</div><div>(c) In the case of hotels, alcohol may be sold or supplied at any time to any guest residing on the premises.</div></div><p>There is an advantage to maintain a control for this type of premises as residences nearby can greatly be impacted by antisocial behaviour, noise and sleep disturbance if no restrictions are implemented. Hence, it is recommended that the rule is amended to allow for assessments of risks from a wider area and to and ensure effects from the use of outdoor areas are mitigated as follows:</p><p>No tavern or other premises will be issued or renewed licence where the principal activity is the provision of alcohol and other refreshments to the public is proposed within 200 metres of any area zoned residential in the Waipa District Plan, unless it can be demonstrated to the District Licencing Committee through a Local Impact Report (must also include transport options and Noise Management Plan) that there will be no more than minor effect. However, in any case licensed hours should not exceed:</p><div><div>(d) Sunday to Thursday, 9.00am to 10.30pm,</div><div>(e) Friday and Saturday, 9.00am to 12.00 midnight,</div><div>(f) Outdoor area(s), Monday to Sunday 9.00am to 10.00pm,</div><div>(g) In the case of hotels, alcohol may be sold or supplied at any time to any guest residing on the premises.</div></div></div></div>
--	---

INTERNAL MEMO

<p><b>5.2.2 Off Licence</b></p> <p>The maximum trading hours in the current LAP for off-licences as a whole are too permissive and there is inconsistency between the hours of accessibility of alcohol sold by grocery stores and supermarkets compared with bottle stores.</p> <p>There is also concerns in increase in number of incidence relating to crime, alcohol related offence particularly after 7pm, Emergency admissions at Waikato Hospital were highest from Te Awamutu South and Leamington East (lesser extent on the towns of Cambridge and Te Awamutu) and having Off licence premises trading later in the night allows for cheaper access of alcohol when compared to On licence premises.</p> <p>Casswell et. Al (2014) in a study found that the earlier closing time may present one way of reducing the opportunity to consume excessive alcohol and confirmed evidence indicates that drinkers who purchase alcohol at later times are more likely to be heavy drinkers compared with those who purchase at earlier times.</p> <p>Reducing alcohol harm must take precedence, Supermarkets have always argued less harmful than bottle stores but Court of Appeal has said that any place that sells alcohol at a price less than an On licence is a risky business. Alcohol sales are banned in supermarkets in Australia (although the supermarket chains usually have a separate alcohol shop next door) and many states in the United States, and is not sold from supermarkets in parts of West Auckland and Invercargill.</p> <p>In 2000, the supermarket share of beer sales was 12% and for wine it was 43%. In 2008, they sold around 30% of all beer and just under 60% of all wine. In 2008 it was estimated that beer and wine sales in supermarkets were worth \$1 billion. (cited in p.59, <u>Law Commission Report (114)</u>). The <u>Law Commission</u> (p.43) also cited an in-house supermarket newsletter that wine and beer together bring in more revenue than any other category in the supermarket. In <u>Auckland</u>, approximately 75% of all alcohol sold is from off-licences; 53% of this is from bottle stores and 47% from supermarkets. In 2013, research found that the most common place for <u>Auckland drinkers</u> to purchase their alcohol in the last month were supermarkets. It is well-known that alcohol sold from supermarkets is, on average, <u>significantly cheaper</u> than the same alcohol purchased from bottle stores. The <u>Ministry of Justice</u> has stated that the price is so</p>	<p><i>The Council’s policy positions on maximum trading hours are not intended to set an expectation that the DLC and ARLA should issue every licence with the full extent of the maximum hours; the DLC and ARLA may issue licences with more restrictive hours than the maximum trading hours specified in the Policy.</i></p> <p>It is recommended that:</p> <p><b>Maximum trading hours for premises holding off-licences</b></p> <p>“No off licence shall be issued or renewed with trading hours that exceed Monday to Sunday 7.00am to 9.00pm (subject to section 48).</p> <p>The rationale for the recommendation is that:</p> <ol style="list-style-type: none"><li>(1) There is inconsistency between the hours of accessibility of alcohol sold by grocery stores and supermarkets compared with bottle stores.</li><li>(2) A reduction in trading hours will reduce alcohol related harm in the community.</li><li>(3) The proposal is consistent with other DLC Provisional and draft LAPs including the Auckland Council Provisional LAP that has been before the Court of Appeal and is awaiting decision by the Supreme Court.</li></ol> <p>It is recommended that a Precautionary Principle is adopted a proposed reduction in availability of alcohol by reducing opening hours in a consistent way for all off-licences to Monday to Sunday 7.00am to 9.00pm.</p> <p>This approach is supported by the decision of the Court of Appeal for <i>AUCKLAND COUNCIL v WOOLWORTHS NZ LTD &amp; OTHERS [2021] NZCA 484 [24 September 2021]</i> as follows:</p> <ol style="list-style-type: none"><li>(1) Paragraph 60 “The precautionary principle is usually traced in law to the Rio Declaration, Principle 15 of which provides that “[i]n order to protect the environment, the precautionary approach shall be widely applied ... [w]here there are threats of serious or irreversible damage, lack of full</li></ol>



# INTERNAL MEMO

<p>cheap that many smaller bottle stores buy their alcohol products from supermarkets. (<a href="https://www.actionpoint.org.nz/supermarkets_case_for_change">https://www.actionpoint.org.nz/supermarkets_case_for_change</a>)</p> <p>Hence, no special exception should be made when considering hours for Off licence for type of premises or the area, instead, same rule should apply throughout district. Whilst it is acknowledged, it may affect convenience of customers, the aim should always be to reduce alcohol harm. Spirits and RTD's can only be found in bottle stores which mostly open at 9am so it can be easily argued customers convenience is unlikely to be impacted.</p>	<p><i>scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation”.</i></p> <p>(2) Paragraph 61 <i>“this is consistent with the Act’s requirement that an element be “reasonable” in light of the Act’s object. This approach can be described as “precautionary”, in that it admits remedial measures to reduce harm although their effects are uncertain”.</i></p> <p>(3) Paragraph 63 <i>“It follows that we do not accept the submission for Woolworths that a precautionary approach is unavailable because the effects of alcohol on the body are well understood. The Act is concerned with the licensing of alcohol, and the effects of specific licensing measures on alcohol abuse are not easy to measure”.</i></p> <p>(4) Paragraph 64 <i>“to emphasise that harm reduction measures need not await proof but may be tested by imposing restriction”.</i></p> <p>(5) Paragraph 109 <i>“It was not necessary that ARLA reach a final view about the relationship between trading hours and harm. It sufficed, as we have explained, that there was a real and appreciable possibility that an earlier closing time would reduce alcohol-related harm”.</i></p> <p>The Decision of the Supreme Court has been released which has concurred with High Court findings.</p> <p><b>Bottle Stores</b></p> <p>It has become common for all bottle stores in the District, except for one, to have applied for and been licensed with hours of Monday to Sunday 9.00am to 10.00pm. Liquorland Cambridge is the only bottle store that has been granted licensed hours of Monday to Sunday 8.00am to 10.00pm. However, the maximum trading hours for bottle stores in the current LAP do not specifically prohibit bottle stores from applying to open Monday to Sunday 7.00am to 10.00pm.</p> <p>For bottle stores, the proposed trading hours Monday to Sunday 9.00am to 9.00pm would result in little change in opening hours and a one hour earlier closing time.</p> <p><b>Supermarkets</b></p>
---	---



# INTERNAL MEMO

Supermarkets and grocery stores in the District are currently licensed with hours of:

(1) Monday to Sunday 7.00am to 10.00pm – Countdown Cambridge and Countdown Te Awamutu, Cambridge New World, Cambridge Supervalu, Freshchoice Leamington and Freshchoice Te Awamutu, Red Berry Supermarket Leamington, Pak N Save Te Awamutu,

(2) Monday to Sunday 8.00am to 10.00pm

(3) Monday to Sunday 7.00am to 9.00pm – Four Square Cambridge

(4) Monday to Sunday 7.00am to 8.30pm – Grocery Barn Cambridge

Tavern Off Licence in the District have licensed hours of:

(1) Monday to Sunday 9.00am to 10.00pm - The Clubhouse Café and Sports Bar, Cambridge

(2) Monday to Sunday 9.00am to 10.00pm – Good Union, Cambridge

(3) Monday to Sunday 11.00am to 10.00pm - Five Stags Restaurant and Bar, Pirongia

(4) Monday to Sunday 10.00am to 10.00pm – The Star Tavern, Kihikihi

(5) Monday to Sunday 11.00am to 10.00pm - Five Stags Restaurant and Bar, Pirongia

(6) Thursday to Saturday 4.00pm to 8.00pm – The Woolshed – Te Awamutu rural

(7) Monday to Sunday 9.00am to 10.00pm – Joys Place, Te Awamutu

Maximum Trading Hours Already Imposed in Other Districts

DLA	Type	Max trading hours
Ashburton DC	Off-licence	Monday – Sunday, 7.00am – 9.30pm
Dunedin DC	Off-licence	Monday to Sunday, 7.00 am to 10.00 pm



INTERNAL MEMO

	<b>Waikato DC - Provisional</b>	Off-licence	Monday to Sunday 7.00am to 10.00pm
	<b>Wairoa DC Provisional</b>	Off Licence	10am to 9pm
	<b>Auckland – Provisional</b>	Off-licence	Monday to Sunday 7.00am to 9.00pm
<p>Auckland council’s decision to restrict hours was informed by feedback from submitters, who generally considered that off-licence hours that are more restrictive than the national default are an improvement and will help to address “pre-loading”, “sideloading”, and violence in the home, and that they will have little impact on organised shoppers”. “Submitters strongly supported all types of off-licences having the same maximum hours. A 9pm close for off-licences received more support from submitters than any other (later) closing time.</p> <p>It is recommended a community survey is undertaken to find out alcohol harm within community and their preferences.</p>			
<b>5.3 Errors and inconsistencies</b>			
<b>Outdoor Dining</b> <i>Policy 3.6.4</i> there is some confusion on interpretation of outdoor dining area. The LAP requires that outdoor dining areas will not have trading hours that exceed 9.00am to 11.00pm on any day. However, there is no definition of outdoor areas and it has been assumed that this was meant to apply just to public places such as footpath areas with a Tables and Chairs permit, rather than private outdoor areas.	<b>Outdoor Dining</b> It is suggested that outdoor area is defined and excludes area (s) located within a public place.		
<b>Temporary Authority</b> <b>Policy 7.1.2.</b> requires that no second or subsequent Temporary Authorities will be issued unless a full licence application has been received or, in exceptional circumstances, with the prior approval of the Secretary of the DLC. The DLC has since advised that they do not believe that the Secretary has the jurisdiction to advise the DLC in this way.	<b>Temporary Authority</b> It is suggested that the role of the Secretary is reviewed		

# INTERNAL MEMO

<p><b>Remote sales</b></p> <p>With regard to the trading hours of an off-licence issued for a premises being licensed for the first time, 4.6.1 of the LAP specifies that no off-licence shall be issued or renewed with trading hours that exceed Sunday to Monday 7.00am to 10.00pm (subject to section 48).</p> <p>In the case of trading hours, the LAP does not specifically provide an exemption for endorsed remote sales from the restricted trading hours. Therefore the LAP is in conflict with section 49 of the Act which specifically exempts the restrictions on sales imposed by sections 38 and 59(1), allowing sales at any time on any day.</p>	<p><b>Remote Sales</b></p> <p>It is unclear if there was an intended reason for imposing more restrictive hours in the LAP for remote sellers or, if it was perhaps, an unintentional omission to exclude remote sellers. It is noted that in paragraph 4.6.1. of the LAP considering the location of the premises of an off-licence issued for a premises being licensed for the first time, sub-paragraph 4.2.1. does exclude remote sellers endorsed pursuant to section 40 of the Act from the requirements for location. It might be anticipated therefore that this exclusion might also have been applied to paragraph 4.6 for hours of trading.</p>
<p><b>5.4 Discretionary Conditions</b></p> <p>The Act provides for the LAP to include policies to guide the District Licensing Committee and the Alcohol Regulatory and Licensing Authority as to discretionary conditions that are appropriate. This policy guidance is in addition to the particular provisions of the Act in relation to discretionary conditions including s117 of the Act which permits the Committee and Authority to issue any licence subject to “any reasonable conditions not inconsistent with this Act”</p> <p>During the time that the current LAP has been in force, additional discretionary conditions are now relevant to bring the revised LAP up to date with the change in times that has led to the ease of accessibility to single sales of low cost high strength alcohol, reduce external exposure and advertising, keeping a register of incidents, promote crime prevention and prohibited person checks for on-line deliveries.</p> <p>Inspectors have come across issues such as licensees failing to keep sufficient information on incidents onsite, CCTV footage not provided to Police on requests or on some occasions suggested was not working at the time, Off licence advertising outside premises which somewhat makes an appeal to minors and incidents causing disorder etc.</p>	<p>The Inspector’s submission is that:</p> <ul style="list-style-type: none"><li>(1) Similar discretionary conditions are added for all types of licence.</li><li>(2) Discretionary conditions are re-phrased, extended, clarified for implementation case by case.</li><li>(3) It is recommended that that the relevance of the LAP in this matter relating to remote sellers is reconsidered to determine if the Act can take precedence over the LAP trading hours for remote sales.</li></ul> <p><b>Discretionary Conditions to be Applied at renewal or issue</b></p> <p>Ensure when issuing or renewing licence, unless there is a good reason not to, the DLC and ARLA should include following conditions or give effect to the following policy:</p> <ul style="list-style-type: none"><li><b>1. Prohibited persons</b><ul style="list-style-type: none"><li>a. The licensee must take the following steps to ensure the provisions of the Act relating to the sale of alcohol to prohibited persons are observed:</li></ul></li></ul>

# INTERNAL MEMO

<p>To have incidents recorded immediately and availability of CCTV footage will provide opportunities for agencies to make an informed assessment/ decision, decide on further enforcement or implement further conditions at renewal.</p> <p>In addition, additional discretionary condition is recommended to be included so DLC and ARLA has the ability to make an assessment and implement if things such is reasonable to achieve object of the act.</p>	<div><div><div>b.</div><div>Ensure that no intoxicated persons are allowed to enter or to remain on the premises; and</div></div><div><div>c.</div><div>Ensure that signs are prominently displayed detailing the statutory restrictions on the sale of alcohol to minors and intoxicated persons adjacent to every point of sale</div></div></div> <div><div>2.</div><div><b>Host Responsibility Policy</b></div><div>The licensee must at all times have in place a Host Responsibilities Policy.</div></div> <div><div>3.</div><div><b>Register of alcohol related incidents</b></div><div><div><div>a.</div><div>The licensee must maintain a register of material alcohol-related incidents, noting the date, time and details of each incident, and the steps taken by the licensee in response to the incident.</div></div><div><div>b.</div><div>For the purposes of this condition, the term “material alcohol-related incidents” includes, but is not limited to the following situations:<div><div><div>i.</div><div>a patron or staff member is seriously threatened; or</div></div><div><div>ii.</div><div>fighting occurs on the premises; or</div></div><div><div>iii.</div><div>an external agency such as the Police, Wardens or emergency</div></div><div><div>iv.</div><div>services has been contacted; or</div></div><div><div>v.</div><div>a patron has been forcibly evicted and/or banned from the premises; or</div></div><div><div>vi.</div><div>property is wilfully damaged by a patron;</div></div><div><div>vii.</div><div>patrons are found to be involved in any illegal activities on the premises, including drink spiking.</div></div><div><div>viii.</div><div>where the excessive or inappropriate consumption of alcohol has been a contributing factor.</div></div></div></div></div><div><div>c.</div><div>The register of incidents must be available for inspection by the Police and Licensing Inspectors at any time that the premises is open to the public and incident should be recorded in the register within 2 hours of the incident occurring.</div></div></div></div>
--	--

	<p><b>4. CCTV</b></p> <p>The licensee must operate CCTV on the premises identified as Class 1 restaurant, class 1 club and bottle stores premises deemed as tavern. It may be useful for the DLC and ARLA to specify:</p> <ul style="list-style-type: none"><li>a. that recordings made should be provided to a Police Officer or Licensing Inspector if requested.</li><li>b. that recordings must be of a quality that would assist in the identification of alcohol-related offending;</li><li>c. the areas that must be covered by the CCTV must include entry and exit points, footpaths that are immediately adjacent to the premises, main body of the premises accessed by patrons.</li><li>d. Minimum days for which recordings must be kept should be 14 days</li></ul> <p><b>5. Display of Information about Safe Transport</b></p> <p>The licensee must display information about transport availability as follows:</p> <ul style="list-style-type: none"><li>a. an A4 poster must be clearly displayed in at least two of the following locations:<ul style="list-style-type: none"><li>• by the main counter or bar; or</li><li>• by the principal exit; or</li><li>• the bathrooms; or</li><li>• another location approved by the DLC or ARLA.</li></ul></li><li>b. The content of the poster must include the following:<ul style="list-style-type: none"><li>• anti-drink driving messaging; and</li><li>• where applicable, taxi contact details and the location of the nearest taxi rank; and</li><li>• advice that staff are available to give further information.</li></ul></li></ul> <p><b>6. One way door Policy</b></p> <p><i>A one way door restriction to be imposed for Class 1 restaurant, class 1 club and tavern from 12 midnight.</i></p>
--	---

	<p><b>7. External Advertising</b> <i>External advertising for all Off licences will be implemented as follows:</i></p> <ul style="list-style-type: none"><li>a. Signage shall be limited to displaying the store name and logo only.</li><li>b. No specific alcohol product by names or price specials shall be displayed externally</li><li>c. No external advertising shall be displayed by way of flags or sandwich boards outside the store depicting alcohol products or pricing.</li></ul> <p><b>8. Designation</b> Where appropriate, where an area is used principally for drinking alcohol, the premises (or at least one part of the premises) shall be designated, in accordance with section 119 of the Act.</p> <p><b>Discretionary Conditions which may be considered on a case by case basis by DLC or ARLA at renewal or issue of a licence</b></p> <p><b>1. Conditions relating to minimum numbers of certificated managers and staff</b> The minimum number of certified managers and staff to be present onsite. The exact number of managers and staff required will depend on the layout, use and capacity of the premises.</p> <p><b>2. Duty Manager for Club Licence</b> The licensee of a Club licence to ensure that the duty manager is present at the following times:</p> <ul style="list-style-type: none"><li>a. On Fridays and Saturdays from 6pm, and</li><li>b. At any other time when over 50 patrons can be reasonably expected to be present.</li></ul>
--	---

# INTERNAL MEMO

	<p><b>3. Designation of Taverns</b> All areas of a tavern style licence to be designated, except for any areas principally used for dining or could be used by minors which can be undesignated where visibility of tavern-style drinking areas is minimised, in accordance with section 119 of the Act.</p> <p><b>4. Exterior Lighting</b> Provision of additional lighting around entrances and exits to ensure the safety of patrons and passers-by.</p> <p><b>5. Condition relating to the closing of premises near schools</b> A licensee located near Education Facilities to be closed for the hour after school finishes, for example, between 3pm and 4pm.</p> <p><b>6. Single sales of alcohol</b> A limitation of the sale of single units of low cost high strength alcohol products from their premises.</p> <p><b>7. Conditions restricting the number of alcoholic beverages and kinds of alcohol that can be sold and supplied per patron per transaction</b> To be applied for the entire duration of the event, or after a certain time, as appropriate.</p> <p><b>8. Conditions restricting types of vessel that alcohol can be sold or supplied</b> Provision of toughened glass, plastics/polycarbonates, or official glasses depending on the type of event and the design and layout of the premises, in particular, for events being held primarily outdoors.</p> <p><b>9. Conditions relating to Queue Management and staggered closing times</b> a. Management of queues at the entrances to the event and/or queues for bar areas and b. Implementation of progressive closing times and staggering the closing times of different bar areas at the event.</p>
--	---



# INTERNAL MEMO

	<p><b>10. Condition relating to steps to be taken by the licensee to engage with Police, MOH and the Inspector</b></p> <p>Implemented as necessary for a large scale event:</p> <ul style="list-style-type: none"><li>a. consultation of the agencies prior to the event, where requested by the agencies; and or</li><li>b. meeting/debriefing with the agencies after the event, where requested by the agencies, and if the licensee will be holding future events of a comparable nature.</li></ul> <p><b>11. Conditions relating to Security</b></p> <ul style="list-style-type: none"><li>a. a minimum ratio of security staff to patrons and/or specification of a minimum number of security staff to be operating at certain areas of the event.</li><li>b. a security plan will detail provision of security staff, identify risks and risk management, emergency response, appointment of a responsible person, identification of security by patrons, security at access points, security at perimeter, signs and notices placed for reporting issues and steps to be taken for monitoring.</li></ul> <p><b>12. Conditions relating to remote sale (Off Licence)</b></p> <ul style="list-style-type: none"><li>a. Alcohol may be sold remotely at any time, on any day.</li><li>b. Alcohol must not be delivered on Good Friday, Easter Sunday, Christmas Day, or before 1 pm on Anzac Day, or between 11:00pm and 6:00am the following day.</li><li>c. The licensee must take reasonable steps to verify that the buyer and the receiver of an alcohol delivery is not under 18 years of age, and that the receiver (where present) is not intoxicated.</li><li>d. The outside of the delivery package must contain the following words: <b>Contains alcohol</b><ul style="list-style-type: none"><li>i. Do not leave at destination without proof of delivery</li><li>ii. Do not deliver to intoxicated persons</li><li>iii. Do not deliver to person under 18 years of age.</li></ul></li><li>e. A copy of the licence must be displayed on the XX internet site in a prominent place.</li></ul>
--	---

**INTERNAL MEMO**

	<p><b>13. Conditions relating to Method of payment (Off licence)</b> Consider if 'buy now pay later' is an inappropriate method of payment for the sale and supply of alcohol purchased either remotely or on premises.</p>
--	---

It is the Inspector’s view the current LAP continues to be implemented but with policies made more restrictive to help deal with emerging issues and concerns that may arise in future.

Yours sincerely



**Anish Chand**  
**Chief Licensing Inspector**



**TE AWAMUTU - HEAD OFFICE**

101 Bank Street, Private Bag 2402, Te Awamutu Ph 07 872 0030

**CAMBRIDGE - SERVICE CENTRE**

23 Wilson Street, Cambridge Ph 07 823 3800

📘 /WaipaDistrictCouncil    📷 /Waipa\_NZ    📺 /Waipa\_DC