

28 September 2018

Wellington City Council PO Box 2199 Wellington 6140

To Whom It May Concern

Re: Alcohol Control Bylaw

Thank you for the opportunity to provide a written submission on this consultation document.

Regional Public Health serves the greater Wellington region, through its three district health boards (DHBs): Capital & Coast, Hutt Valley and Wairarapa and as a service is part of the Hutt Valley District Health Board.

We work with our community to make it a healthier safer place to live. We promote good health, prevent disease, and improve the quality of life for our population, with a particular focus on children, Māori and working with primary care organisations. Our staff includes a range of occupations such as: medical officers of health, public health advisors, health protection officers, public health nurses, and public health analysts.

Our service delivery includes work to reduce alcohol related harm in Wellington City and we are one of the three reporting agencies in the Sale and Supply of Alcohol Act 2012 reporting on liquor licence applications.

We are happy to provide further advice or clarification on any of the points raised in our written submission. We wish to appear before the committee to speak to our written submission.

The contact point for this submission is:

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Kind regards

Dr Stephen Palmer Peter Gush Medical Officer of Health Service Manager

Section 1

Summary

Regional Public Health (RPH) appreciates the opportunity to submit on the proposed Alcohol Control Bylaw.

RPH supports the Council's position to renew the bylaw and commend the Council on this proactive approach to reducing alcohol-related harm in the city. This bylaw forms an important part of the alcohol management strategy for Wellington City. Our comments on the proposed areas are detailed in 'Section 3'.

RPH understands that information gathered earlier has informed this proposal. That information will be complimented further by additional or new information from public consultation and that may alter the proposal.

RPH recommends you take particular note of any locations that community cite as of concern, particularly those not covered in the proposed bylaw. Community have direct information on alcohol consumption in public places and play a vital part in insuring the final policy is responsive to the local context and is an appropriate balanced response.

Alcohol bans are generally well supported by residents and businesses. However the details are often not well known especially by visitors. The council should ensure the bylaw is successfully communicated to the public so the details are well understood.

RPH recommends highly visible and simple signage be used to inform the public of the locations covered by the alcohol ban. This should be part of a wider communication and enforcement plan that supports its implementation.

Section 2

Support for Alcohol Control Bylaws

Public place drinking is one of a number of negative influences contributing to alcohol related harm. Public place settings are a common location for low level alcohol related offending, increase the opportunity for more serious alcohol-related violence¹ and increase the opportunities for drunk driving and underage drinking².

Alcohol Control Bylaws are a widely used and well-established tool internationally and in New Zealand. Despite the more stringent criteria under section 147A and 147B of the *Local Government Act 2002* these bylaws continue to be popular strategies to reduce harm. They are known to improve perceptions of public safety and can contribute to the reduction of harm by providing police with a

¹ Stevenson, R. (2009, April). *National Alcohol Assessment*. NZ Police. https://www.police.govt.nz/sites/default/files/Police-National-Alcohol-Assessment.pdf

² Webb, M., Marriott-Lloyd, P. A. U. L., & Grenfell, M. (2004, May). Banning the bottle: Liquor bans in New Zealand. In *3rd Australasian Drug Strategy Conference*. *Melbourne*, *Australia* http://www.moh.govt.nz/moh.nsf/pagescm/1047/\$File/banningbottleliquorbans.pdf

tool for dealing with antisocial behaviour caused by drinking in public³. They can also contribute to changing people's perception of social norms with alcohol being less visible in public and can help limit consumption to more controlled or supervised environments.

The literature reports some limitations. Displacement can be a problem^{4 5} and disadvantaged and marginalised groups are more likely to consume alcohol in public, either by choice or because of limited alternatives.^{6 7}

Alcohol bylaws are most successful when part of a wider strategy.^{8 9} These should include other regulations for supply control for example elements in a Local Alcohol Policy, as well as community based harm reduction initiatives, social and cultural programmes and access to health services.

Alcohol bylaws are most successful when the underlying causes are understood, that context addressed and the community are engaged in the solutions.

Support for an Alcohol Control Bylaw in Wellington City

Alcohol harm in Wellington City from consumption in a public place is a particular subset of harm that is influenced by low cost alcohol and heavy consumption. It is most often associated with binge drinking, the behaviours of preloading and side-loading and chronic heavy consumption.

In Wellington City the areas at risk of harm from public place drinking can be characterised by several markers including; lower socioeconomic status, a substantial young adult population and higher levels of health harm, particularly acute health harms associated with intoxication and chronic heavy consumption such as alcoholic liver disease.

RPH has used this combination of information to inform our responses to the questions asked in the consultation.

³ Pennay, A., Manton, E., Savic, M., Livingston, M., Matthews, S., Lloyd, B. (2014). *Prohibiting public drinking in an urban area: Determining the impacts on police, the community and marginalised groups*. Turning Point Alcohol and Drug Centre. Funded by the National Drug Law Enforcement Research Fund. https://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph49.pdf

⁴ Alcohol Advisory Council. (2005, October). *Liquor Bans in New Zealand: ALAC Occasional Publication no. 25*. http://www.hpa.org.nz/research-library/research-publications/liquor-bans-new-zealand

⁵ Pennay, A., Manton, E., Savic, M., Livingston, M., Matthews, S., Lloyd, B., (2014). *Prohibiting public drinking in an urban area:*Determining the impacts on police, the community and marginalised groups. Turning Point Alcohol and Drug Centre. Funded by the National Drug Law Enforcement Research Fund. http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph49.pdf

⁶ Pennay, A., Room, R. (2012). Prohibiting public drinking in urban public spaces: a review of the evidence. *Drugs: Education, prevention and policy, vol* 19(2), p 91-101

Pennay, A., Manton, E., Savic, M., Livingston, M., Matthews, S., Lloyd, B., (2014). Prohibiting public drinking in an urban area: Determining the impacts on police, the community and marginalised groups. Turning Point Alcohol and Drug Centre. Funded by the National Drug Law Enforcement Research Fund. http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph49.pdf

⁸ Alcohol Advisory Council. (2005, October). Liquor Bans in New Zealand: ALAC Occasional Publication no. 25. http://www.hpa.org.nz/research-library/research-publications/liquor-bans-new-zealand

⁹ Pennay, A., Manton, E., Savic, M., Livingston, M., Matthews, S., Lloyd, B. (2014). *Prohibiting public drinking in an urban area: Determining the impacts on police, the community and marginalised groups*. Turning Point Alcohol and Drug Centre. Funded by the National Drug Law Enforcement Research Fund. https://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph49.pdf

The importance of public consultation

Given the unequal impact that heavy drinking has on different areas within the Wellington community it is important to assess this policy carefully. Robust input from community alongside information from other sources is vital to understanding the local context. Expediency should not be put above consultation and if there are further matters to be explored with community these opportunities should be given the time to be further investigated.

Ensuring effectiveness and meeting legislative requirements

Evaluation of an implemented policy is important to assess its impact both positive and negative. Prior to the next review it may be beneficial for *Wellington City Council* to again collaborate with other agencies involved in alcohol harm reduction and complete an evaluative impact assessment. This would provide policy makers with a high level of evidence supporting the requirements under the *Local Government Act*, support a sustainable approach to the wellbeing of communities and a participatory and consultative approach to policy-making.

Community knowledge of alcohol free zones

Having variable restrictions across Wellington City can cause confusion. Such concerns were raised in the *Law Commission* report *Alcohol in Public Places*. ¹⁰ It is important there is on-going clear communication about the specific locations covered in the alcohol ban throughout the life of the bylaw.

Section 3

Questions

1. Do you agree to the changes to the boundary to extend the boundary up Majoribanks Street, along both sides of Brougham Street to Ellice Street?

Yes.

Comments

The proximity of the area to Courtney Place may predispose the area to an increased risk of alcohol related harm. Displacement is raised in the literature as a limitation and could easily occur here. Extension so close to the entertainment area is warranted.

Mt Victoria West also has a significant proportion of young adult residents and our health data demonstrates that intoxication presentations are high, although not quite as high as those areas included in the current bylaw.

2. Do you agree with the proposed removal of the Centre Port area on the East side of Waterloo Quay?

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¹⁰ Law Commission. (2009). Alcohol in our lives: An issues paper on the reform of New Zealand liquor laws.

RPH does not hold the appropriate information to either support or reject this proposal. If the area is no-longer covered by the bylaw we recommend an appropriate level of surveillance be maintained to ensure there is no negative impact and the area be reinstated if required.

3. Apart from the Centre Port area, are there any other areas in the existing Liquor Control Area that you think should be removed? Which areas and why?

No.

4. Do you think we should include any other areas in the alcohol ban area? Which areas and why? If you are aware of any incidences of alcohol related crime or disorder in the area, please provide a general description of the circumstances, or any observations or experiences you have (note, we are not interested in identifying any individuals, just furthering our understanding of the levels of crime or disorder in the area).

Comments

Using the aforementioned risk markers we have identified a number of area units which need further investigation and may need inclusion in the bylaw. These areas are Kilbirnie East, Berhampore West and Strathmore Park. These areas are characterised by lower socioeconomic status and high levels of alcohol related harm from both intoxication and long term heavy consumption. Kilbirnie West - Hataitai South also demonstrates similar health harms but has a higher socioeconomic status. It should be remembered the assessment is not a direct measure of alcohol-related public place concerns.

RPH recommend the Council consults directly with these communities to ensure important information has not been omitted due to the community not being aware of the public consultation.

RPH is aware that Kelburn residents approached the Wellington City Council in 2015 looking to extend the liquor ban. Kelburn Park particularly has attracted many community complaints specifically arising from public consumption of alcohol on the site. The location's close proximity to the university, to student accommodation and easy pedestrian access to the CBD makes this location vulnerable. This is an area where displacement or marginalisation is an issue. Students unable or unwilling to drink in hostels gather elsewhere and cause significant disruption.

RPH recommend that the Council consults directly with this community.

5. What other actions could the council take to address public safety and alcohol related incidents that you are concerned about in your local community or other areas in Wellington?

Comments

Local Alcohol Policy:

RPH encourages the Council to continue with its Local Alcohol Policy development. This is an important part of an Alcohol Management Strategy with the three prongs of successful alcohol harm reduction covering supply control, demand reduction and problem limitation. We anticipate the

council will continue to engage with key harm reduction agencies *RPH* and *NZ Police* to support the Alcohol Management Strategy.

Take 10:

RPH encourages the Council to continue to take responsibility for the operation of Take 10. The pilot was a very successful venture and warrants continued implementation. Ideally both Friday and Saturday evenings should be included. Contribution to funding should be explored with the alcohol industry.

6. Are there any other comments you wish to make on any part of the bylaw?

Yes.

Comments

The area units characterised by lower socioeconomic status, a substantial young adult population and higher levels of health harm, particularly acute health harms associated with intoxication coincide with Lambton, Mt Cook - Wallace, Aro Street - Nairn Street, Newtown East and Newtown West area units and to a slightly lesser extent Willis Street - Cambridge Terrace. Being close to *Massey* and *Victoria* universities these areas likely have higher tertiary student populations. Public places and pedestrian pathways that link hostel or rental accommodation to the CBD are public places that demonstrate higher risk. Newtown East and Mt Cook Wallace area units also present with higher levels of disease characterised by chronic heavy consumption which may be suggestive of problem drinking in public by heavy chronic drinkers.

RPH supports the continuation of an alcohol ban in all these areas.