Introduction
While moderate alcohol consumption is associated with some individual and social benefits, excessive consumption causes harm to physical, social and mental wellbeing of individuals, whānau and the community.\(^1,2\) Alcohol is “no ordinary commodity”\(^3\) - but rather a legalised drug with the potential to cause serious harm. As the Law Commission’s 2010 Report “Alcohol in our Lives: Curbing the Harm” states: “Drinking to intoxication and drinking large quantities remain dominant features of our drinking culture and this behaviour is not confined to an aberrant minority.”\(^3\) Although multiple strategies at different levels are required to reduce alcohol harm, local government has the ability to regulate and enforce measures relating to access to alcohol, and to contribute to the reduction of the alcohol-related in our community.

1: What is meant by “alcohol harm”?\(^1\)
Alcohol harm may include physical illness and injuries, depression and addiction, alcohol-related offending such as drink driving, violent or anti-social behaviour; family violence, increased risk of unwanted pregnancy and foetal alcohol syndrome, etc. Increased risks of many chronic conditions such as cancer and cardiovascular diseases are also associated with harmful alcohol intake. Hazardous drinking refers to an established drinking pattern that carries a risk of harming the drinker’s physical or mental health, or having harmful social effects on the drinker or others. Hazardous drinking is defined as a score of 8 points or more on the 10-question Alcohol Use Disorders Identification Test (AUDIT), which includes questions about alcohol use, alcohol-related problems and abnormal drinking behaviour.

2: How many people in Northland are affected by it?\(^2\)
Young adults aged 18-24 years have the highest rates of hazardous drinking. Overall Māori and Pacific people are at a higher risk of having hazardous drinking patterns, as are adults living in more deprived areas.\(^2\) A recent Northland study of “binge” drinking found that alcohol was reportedly consumed in a binge pattern, 1-3 times a week by 80% of 16 year olds and 47% of 13-14 year olds.\(^4\) However not only young people are drinking harmfully: data collected from primary care (general practice) screening during the three year period
2010-2012 showed that nearly one in five (18%) of patients screened (during 32% of total patient visits) in Northland were at risk from excessive alcohol consumption. This aligns with national data suggesting one in five New Zealanders drink alcohol at levels harmful to their health.

3: What is the evidence that reducing the hours of sale of off-licences (including bottle stores and supermarkets) reduces harm?

Several studies have assessed the impact of a reduction in opening hours in off-licence premises. These have mainly been in areas where there has been a reduction from the 24-hour availability of alcohol for sale. In Geneva, modest restrictions on opening hours of off-licences had a significant impact on hospital admission rates for alcoholic intoxication in youth (a 25-40% reduction in the experimental area analysed). In the German state of Baden-Wurttemberg (population 10.7 million), the sale of liquor between 10pm and 5am was banned (previously sale of liquor had been allowed 24hrs). This resulted in a 9% reduction in hospital admissions in youth aged under 25 years. A New Zealand survey has also shown that a significant number of young people attending on-licence premises had purchased liquor from an off licence after 10pm, suggesting that a reduction in opening hours can support a reduction in excessive consumption and related harm.

Reducing the hours of off-licences and supermarket alcohol sales by opening later (e.g. at licences from 9am rather than 7.30am) has strong community support. The weight of evidence would suggest that decreasing access through limiting hours in this way could reduce harm; however there are no studies to date examining this.

Overall, reducing access by limiting hours of sale from off-licences will support a reduction in alcohol-related harm and NDHB advocates for a reduction in hours of alcohol sales, to a maximum of 9am-10pm for all off-licence premises.

4: What is the evidence that reducing or capping the number of off-licences in an area reduces alcohol harm?

Some studies have found convincing patterns of increased harm (including violence, car crashes and injuries) with increasing numbers of alcohol outlets. Other studies have not replicated this, and this is likely to be due to local contextual factors such as the levels of socio-economic deprivation, alcohol pricing, and the volume of sales. Overall, where high numbers of alcohol outlets are located in areas of high socio-economic deprivation (such as in areas of South Auckland), increased levels of harm are seen. “Capping” or limiting the

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1This pilot project screened patients for alcohol use compared with the recommended drinking guidelines (ALAC).
total number of off-licence outlets in areas of high deprivation may be a useful policy tool for FNDC.

5: What is the evidence that reducing the hours of sale of on-licences (including clubs and bars) reduces harm?

International research assessing the impact of changes in trading hours for on-licence premises includes a systematic review by Stockwell and Chikritzhs (2009), who conclude that “the balance of reliable evidence from the available international literature suggests that extended late-night trading hours lead to increased consumption and related harms.” A recent review for the Epidemiology and Analysis Program Office, Centers for Disease Control, Atlanta (USA), also supports this finding. More recent studies have found statistically significant increases in violence related to each additional one hour extension to opening times, especially with deregulation of restrictions between 3am-6am. Others have found varied effects including a shift in violence to the early morning hours (3-6am). Earlier studies such as that in Perth (2002) also found increased levels of alcohol consumption and of violence associated with late trading. The converse (i.e. that a reduction in trading hours can reduce alcohol harms) seems logical, although few studies have been able to test the proposition, given the trend over the last three decades of liberalising access and opening hours in many developed countries. Babor et al conclude that overall the international research evidence suggests that changing the trading hours of licensed premises can alter levels of alcohol-related problems and outcomes: “When hours and days are increased, consumption and harm increase and vice versa.”

6: What is a “one way door” policy and does it work?

A “one way door” policy means that patrons cannot re-enter a licensed premises or enter another premises after a certain time, although the premises closing hour is later (e.g. a one way door policy could be instituted from 1am, with 3am closing). “One-way door” or “lock down” policies mitigate migration of patrons from areas of earlier closure to later closing areas and support “staggering” of closing times in areas of high density of licensed premises. The Law Commission’s report (pp 189-191) found that “one-way door” policies had been implemented in three Australian states (Victoria, NSW and Queensland), as well as in Christchurch (October 2006-March 2007). Although these were implemented with varying degrees of effectiveness, there were positive harm reduction outcomes, including a reduction in assaults and other alcohol related offences. For example, alcohol-related disturbances and sexual offences were shown to be significantly reduced from the introduction of the lockout in Queensland. Recorded assaults in Newcastle (NSW,
Australia) dropped by 37% (preventing an estimated 33 assaults per quarter) compared with no significant change in a “control” city, after introduction of a reduction in opening hours and a “one way door” policy.21 Recent experience in Dunedin (where a voluntary “one-way door” policy was introduced from 2008), and the evaluation of the Christchurch experience22 suggests that this intervention can be an effective way to reduce harm, particularly when combined with other supporting strategies.

On the basis of existing evidence at that time, the Commission recommended mandatory “one-way door” policies in New Zealand for all on-licenses open after 2am. This recommendation has been recognised—although not included as a mandatory provision—in the Sale and Supply of Alcohol Act (2012), section 50.23

Several other territorial local authorities (e.g. Blenheim, Nelson, Queenstown and Wellington) are currently considering mandatory “one way door” policies in developing their Local Alcohol Plans. It is not clear from the literature how effective a one way door policy would be in a smaller urban centre, although it could be effective in areas of high density or clustered on-licence premises, if all venues complied and the policy was well enforced.

7: Should alcohol outlets be located away from schools, kohanga reo, kindergartens etc.? Is there an impact on children and young people (in terms of their future drinking or other harms), if they are exposed to others drinking?

Increasing access to and availability of alcohol is a key driver in increasing alcohol harm in our community. There is no evidence that “normalising” drinking – even with the best intentions of promoting more “sensible” drinking – reduces alcohol harm, but rather offers greater access to alcohol to those most likely to be affected by alcohol harm. There is some evidence that limiting exposure to alcohol for children and young people and having clear boundaries around alcohol use is associated with later age of uptake of drinking. In addition, many children will be subject to alcohol harm within their home environment, and NDHB encourages all educational facilities (that children attend) to develop a policy on alcohol and/or promote alcohol-free environments and events. NDHB supports locating alcohol outlets away from community and educational venues, and suggests that consideration of this should be contained in the FNDC local alcohol policy.

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