

# News Views

The Newsletter of Alcohol Healthwatch

## 24/7 drinking - dream or nightmare?

Auckland City is dreaming if it thinks it can reduce alcohol-related harm while introducing a policy of 24-hour opening at all CBD bars and restaurants, say two alcohol policy experts from Europe.

Derek Rutherford and Peter Anderson say the city council's proposed alcohol strategy, which was released in draft form in August, is flawed because it will increase consumption.

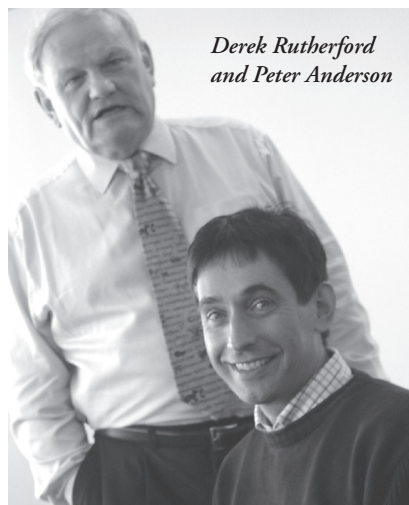
"I don't know what world they live in," says Mr Rutherford, secretary of UK-based Eurocare, a key campaigner for a reduction in alcohol-related harm in Europe. Dr Anderson, a Eurocare and European Commission policy adviser, says the council's aim of reducing alcohol harm is "completely incompatible" with 24-hour liquor licensing, which the draft strategy proposes.

Noelene Raffills, chairwoman of the council's law and order committee, says the proposal, which "definitely needs debating", attracted about 50 submissions. The submission hearing process would get under way after the local government elections.

Mr Rutherford and Dr Anderson were in Auckland en route to the World Health Organisation-sponsored conference in New Caledonia in September on alcohol and health in the

Pacific. They say Auckland City's plan to liberalise licensing is in line with a European trend for freer access.

"There are now countries trying to tackle the problem — for example, Spain, which is often wrongly put up as a country where people drink without problems. But they've had huge problems in some of their cities with young people and binge drinking." Mr Rutherford believes Spain is adopting the bad habits of holidaying Britons. "The difficulty is that we have created an environment where young people think it is alright to go out and get drunk. It's a very Anglo-Saxon thing, and I would include Australia and New Zealand in that."



Derek Rutherford  
and Peter Anderson

Campaigning is on the back foot in the UK, as well, where the Licensing Act 2003 legalised 24-hour opening. Mr Rutherford says advocates of 24-hour licensing argue it reduces bingeing because there is no cut-off time by

when bar patrons must drink up. When the British bill was introduced last year, some police supported it, believing it would stop the streets filling up with drunks at closing time.

Auckland police area commander Brett England says the city's police support the council's 24-hour licensing proposal for that same reason. Inspector England says since some premises were granted 24-hour licences when Auckland

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## All-night drinking not part of Hubbard's vision

Auckland City's 24-hour CBD liquor licensing proposal may not survive the new council. Prior to becoming mayor, Dick Hubbard expressed opposition to the plan, saying the central business district is already rife with alcohol-related behaviour problems.

"The CBD has a large number of bars and nightclubs and if you combine that with 24-hour licensing you're sending a strong message that alcohol consumption in the city is promoted," Hubbard said.

He added that he had heard from Asian CBD apartment dwellers who were moving away because they felt threatened

by drunken rowdiness. The way to control such behaviour was through licensing laws and "zero tolerance" of anti-social behaviour.

"We're trying to promote Auckland as a vibrant place but the question is how to do that without getting the anti-social behaviour that comes from excessive drinking."

Measures such as installing surveillance cameras in the CBD and "making more resources available at street level" were appropriate, but an open-slasher opening hours policy "is a bad idea in the current climate".

became home to the America's Cup, fewer disorder offences have been recorded. He credits liquor bans, upgraded central city surveillance cameras and liquor accords — involving liaison with the council, community groups and the hospitality industry — for the improvement.

In Invercargill, however, which has had 24-hour licensing for more than a decade, area commander Tony O'Neill reports the opposite. Inspector O'Neill says there has been a "stark" increase in disorder and violence and he blames longer opening hours. "And it is spread right through to 9am, so it's going on 24-hours a day, instead

of 16 or 17 hours." More than 50 per cent of arrests in the city involve offenders with "some degree of intoxication", he says. The police, with the Invercargill City Council, plan to seek accords with licensees to reduce opening hours.

Mr Rutherford says the experience of cities like Manchester and Nottingham in the UK, where licensing has been liberalised, shows the potential consequences for Auckland. "Wherever you've had extension of hours to this extent, it hasn't worked. The evidence shows it doesn't work. I think behind it all is the power of the drinks industry."

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## **Alcohol toxicity hospitalises more women and children**

Alcohol-related injury admissions to public hospitals appear to be on the increase, with 10-14 year olds and the female population demonstrating some of the biggest increases. Alcohol Healthwatch analysed injury data\* provided by the Injury Prevention Research Centre, comparing the three years prior to and three years following the 1999 lowering of the minimum purchase age. Alcohol Healthwatch Director Rebecca Williams says the comparison adds weight to other information pointing to increasing levels of alcohol-related harm since the lowering of the purchase age.

While traditionally, alcohol-related health statistics have tended to focus on young people 14 years and older, this analysis shows that children 10-14 years old are also experiencing substantial harm from alcohol and need to be more closely monitored.

The number of injury admissions for 10-14 year olds, where at least one of the diagnoses was "toxic effects of ethanol", increased 87 percent between the two time periods (from 39 admissions between 1997-99 to 73 admissions between 2000-2002). For 15-19 year olds, the increase in this time period was 12 percent (from 149 to 167 admissions).

Most (78%) of the alcohol-related injury admissions for 10-14 year olds during the 2000-2002 time period had the principal diagnosis of 'toxic effect of ethanol' (alcohol poisoning). Alcohol injury and poisoning, so acute as to require hospitalisation, is likely to represent the "tip of the intoxication iceberg" for young people, and is adding a significant and avoidable cost to our healthcare system. The increasing number of children affected raises questions about what the new 'drinking age' really is, how easily children can access alcohol and what signals are being sent to children through alcohol marketing and modelling by adult behaviour.

Another concerning feature in the data is the substantial increase of alcohol-related injury admissions for females of all ages. Female admissions increased from 696 – 912 (31%) between the two periods. This compares to 554 – 584 (5%) for males. The number and rate of admissions for 10-14 year old girls more than doubled between the two time periods. While adult males still consume the most alcohol, women are fast catching up, and hospital admissions may be mirroring this trend. The increasing prevalence of binge drinking among women is an international trend in most western societies, as is the growth of products and advertising aimed at women.

Overall, the data shows an increase of nearly 20 percent in the number of alcohol-related injury hospitalisations across the country between the two time periods. Increases can be seen in all of the country's key ethnic groupings.

Williams says that there is an urgent need for action to reduce the increasing rate of alcohol-related injury and poisonings, especially among children and young people.

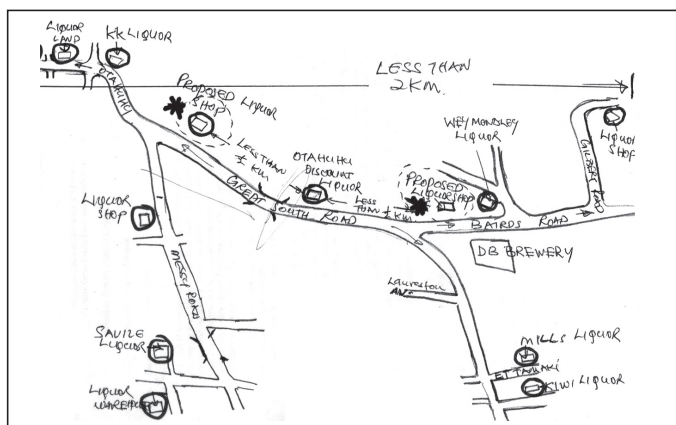
"It is no longer acceptable for adults to make light of our behaviour and expect young people to behave differently in the liberal environment we have created. Neither can the job of reducing harm be left up to under-resourced community agencies. Policy makers need to take effective action through measures such as returning the minimum purchase age to 20 years, increasing the price of alcohol and increasing restrictions on alcohol marketing".

\*Data are taken from patients admitted to a public hospital for at least one night with a primary diagnosis of injury between 1997 and 2002. It does not include day patients, readmissions for the same injury or patients discharged dead.

# South Auckland residents call time on number of liquor outlets

Take a drive around South Auckland and you're likely to be surprised at the number of liquor outlets and perhaps wonder how they can all survive.

Local residents have recently voiced their concerns about this in a petition to Manukau City Council. The petition, which was organised by a local resident and has 50 signatories, requests that the Council restrict the number of liquor shops within an area to a minimum "for the benefit of society - especially the school children - as well as the existing liquor shop operators, in an effort to curb crime in the Manukau area". It comments on the irony of efforts by the Council to curb drinking by teenagers while issuing licences to sell liquor "from every possible street in the Manukau area".



A hand drawn map accompanying the petition shows 10 liquor outlets within approximately two square kilometres and two more that are proposed.

"Some shops are as close as 100 metres from each other and in some instances there are as many as three shops within half a mile radius of the schools. We would like the Council to look into the issuing of liquor licences seriously and not overcrowd streets and malls with liquor shops without due consideration of its impact on society", the petition says.

The situation is complicated by the fact that some of the licences fall within the Auckland City boundary, a fact which highlights the importance of councils working together to achieve a regionally consistent approach to these issues. Both Auckland and Manukau City Councils have recently imposed extensive liquor bans in response to public concern over drunken behaviour.

Research supports the suggestion of increased violence, drink-driving and other alcohol-related harm in areas of high outlet density, and a recent World Health Organisation sponsored review of strategies for reducing alcohol-related harm found that policies regulating density of premises have good evidence for effectiveness (Babor et al. 2003).

So what can be done about the proliferation of premises, as highlighted by the concerned Auckland and Manukau citizens? Prior to 1989, the Sale of Liquor Act provided some control through its criterion of whether a licence was "necessary

or desirable". The process was then able to have regard for "demand" in an area - effectively restricting the density of liquor outlets. However, the 1989 Act Amendments removed this provision, leaving market forces to determine number of outlets in permitted zones. Since then, the number of on, off and club licences in New Zealand has more than doubled to over 15,000. Current planning and licensing legislation make no provision for considering cumulative or social impacts of clusters of premises. And although licences have become easy to gain, they have not proved to be so easy to lose, as was the intention behind the law changes.

As policies on alcohol develop, many councils are grappling with the issue of controlling a seemingly absurd number of liquor outlets in some places, and are developing a more integrated approach to planning and licensing, but there is certainly no quick fix.

In the recently published Ministry of Health issues paper, *Planning for the Sale of Alcohol*, author Linda Hill comments that many councils could make greater use than they do of categorisation of different activities within zones to plan the location of different kinds of licensed premises. She suggests that "if the sale of alcohol is made a discretionary land use, councils will have the opportunity to consider and resolve any issues the neighbouring community may raise".

Sue Zimmerman, Senior Planner Community Health and Wellbeing at Manukau City Council, acknowledges the concern from the community over the density of licensed premises.

"We considered the issue of premise density during the development of our alcohol strategy in 2002. Initially we discounted the possibility of addressing density through district plan changes as they are such an expensive and lengthy process. It is acknowledged that this course of action may need to be revisited sooner rather than later. A change in the District Plan could for example, make licensed premises 'notifiable discretionary activities' in business areas, and allow the community to have more influence over the location of liquor outlets."

Alcohol Healthwatch believes legislative change is necessary to give councils the tools to effectively respond to community concerns, and to proactively plan for the density and location of liquor outlets. This would require the development of policies similar to those needed for gambling and prostitution venues.

Recommended legislative change regarding liquor licence density can be found in the Alcohol Healthwatch briefing paper: *The Sale of Liquor in New Zealand - Recommended Changes to the Act*. Hill's paper, which makes similar recommendations, provides specific wording for proposed amendments to the Sale of Liquor Act.

*(Hill, L. 2004 Planning for the sale of alcohol: an issues paper for the Ministry of Health)* is available on the Ministry of Health or New Zealand Drug Foundation websites.

# Prosecutions needed to tackle “appalling” results

Education has been available to liquor licensees and managers for years and has resulted in little change – what’s needed to tackle failure to check ID is more enforcement. This was the general response from Auckland’s frontline enforcement officers who received what were on the whole disappointing results of this year’s pseudo-patron age verification study\*.

The study, which is the third of its kind, showed a clear increase in the number of off-licences across the Auckland region selling alcohol to young people without seeking ID. In more than half (56%) of all attempted purchases ID was not asked for. This was a significant increase on last year’s 46 percent.

Alcohol Healthwatch facilitated discussions of the study results with the seven Liquor Liaison Groups in the Auckland region, whose members include those agencies responsible for monitoring and enforcing host responsibility practices in licensed premises. Discussions highlighted the fact that, in most areas in the region, statutory agencies remain under-resourced to effectively monitor and enforce laws against sales to minors.

Some of the statutory officers were “appalled” at the results in their area, and expressed frustration that they don’t have the resources to proactively visit off-licences or conduct controlled purchase operations (CPOs).

Referring to licensees and managers, one police licensing officer said, “They’ve been given ample education and incentives to improve ID verification practices, but in the end, the threat of real consequences is the surest way of ensuring these are carried through. But more CPOs won’t be done until we have more resources”.

“No CPOs have been run in this area recently and none are planned as there are no resources”, said another. The time and effort of District Licensing Agency staff has often had to be focused elsewhere. Some areas, for example, have been dealing with an increase in licence applications and complaints about premises.

Small grocery outlets were again the worst performers in the study, selling without requesting ID on 71 percent of occasions. Grocery stores were allowed liquor licences in the 1989 changes to the Sale of Liquor Act following considerable opposition from public health groups. “Their continued poor results in the Auckland Pseudo Patron studies show that they have on the whole not taken this responsibility seriously,” says Alcohol Healthwatch Director Rebecca Williams.

In contrast, the ID practices of supermarket chains continue to improve, with ID being requested in 79 percent of purchases. This was the best result over the course of the studies proving that, when the stakes are high enough to take this matter seriously, ID practices can be significantly improved. Supermarkets have adopted a range of useful systems for ensuring ID is checked, such as having till prompts and supervisor over-rides.

“These need to be incorporated into all off-licences. Till checks that require the seller to enter in the date of birth are even better”, suggested one member of a Liquor Liaison Group. One pseudo-patron in the study reported: “The seller asked for my date of birth but couldn’t work it out”.

The study showed that, across the region, bottle shops made sales in 61 percent of visits without requesting ID. “There’s no reason why bottle store chains, whose principle income is from the sale of liquor, should not have at least as good ID policies and practices as supermarkets,” agreed several group members.

It was also commented in the groups that even the best result is “not good enough”. In North Shore and Waitakere cities, which gained the best results this year, ID was not requested in more than one in three sales.

\*The Pseudo-Patrons Study was conducted by SHORE Centre at Massey University for the Auckland Regional Alcohol Project. A copy of the full pseudo patrons report can be found at: [www.shore.ac.nz](http://www.shore.ac.nz)

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## New to the WEB – [www.ahw.co.nz](http://www.ahw.co.nz)

- Alcohol-Related Injury Hospital Admissions 1997- 2002 – data tables, summary and media release
- “Babies and Booze” – Letter to the Editor
- Submission to Hospitality Standards Institute on the consultation paper: *SOL Act 1989: Prescribed Qualification for Duty Managers Holding a General Manager’s Certificate*

## Information and Resources

*Alcohol Use and Tertiary Students in Aotearoa-New Zealand* – ALAC Occasional Publication No. 21.  
[www.alac.org.nz](http://www.alac.org.nz)



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**Disclaimer:** The views expressed in this newsletter do not necessarily reflect those of Alcohol Healthwatch Trust.

## Coming Events:

*Dangerous Consumptions Colloquium II* – Advancing theory, research & application for tobacco, alcohol, other drugs and gambling  
29 – 30 November 2004 The University of Auckland School of Population Health **Auckland**  
[r.purabiya@auckland.ac.nz](mailto:r.purabiya@auckland.ac.nz)

*Sport & Alcohol* - Understanding the Mix  
8 – 10 February 2005 Massey University, **Palmerston North**  
[www.sport-alcohol.co.nz](http://www.sport-alcohol.co.nz)

*Thinking Drinking* – Achieving Cultural Change by 2020  
21 – 23 February 2005 Rydges, **Melbourne Australia**  
[www.adf.org.au](http://www.adf.org.au)

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