

8 July 2014

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Auckland Council
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By email: LAP@aucklandcouncil.govt.nz

Draft Local Alcohol Policy

Dear Brina

The New Zealand Medical Association (NZMA) wishes to make a submission on the Auckland City Council draft Local Alcohol Policy.

The NZMA is the country's largest voluntary pan-professional medical organisation with over 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, specialists, doctors-in-training and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

The NZMA supported the legislation that enabled the development of local alcohol policies (LAPs). We believe that LAPs are necessary to control licensed premises and alcohol availability, as part of a broader package of harm minimising measures.

We congratulate the Auckland Council on the development of its comprehensive draft LAP. We note that the Council has consulted with various stakeholder groups including the Medical Officer of Health and public health agencies when developing this draft policy. Given Auckland's size and diversity, we note that the draft LAP categorises the region into three broad areas (Area A – City Centre, Ponsonby, Newton; Area B – rest of the region; and Priority Overlay Areas – areas experiencing high levels of alcohol-related harm) and proposes different rules for each area.

The medical profession is on the front lines of seeing the enormous harms incurred from alcohol. There is strong evidence to show that restrictions on maximum trading hours and curbing outlet density are key ways to reduce alcohol-related harms.¹ We believe that the Council's draft LAP makes important progress in both these areas.

¹ Popova S, et al. Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. *Alcohol and Alcoholism* 2009; Sep-Oct;44(5):500-16; Connor JL, et al. Alcohol outlet density, levels

We welcome the Council's proposed reductions to the hours that licensed premises can sell alcohol. For off-licenses, we note that the Council is proposing region-wide maximum hours from 9am to 10pm. This is a significant improvement on the current national default hours of 7am to 11pm and we believe this proposal will directly contribute to a reduction in alcohol-related harms, particularly through a decrease in 'side-loading' eg, leaving a bar to purchase cheaper alcohol from an off-license before returning to the bar. We urge the Council to ensure that these reduced hours of trade for off-licenses are retained in the final LAP.

For on-licenses, we note that Council is proposing standard maximum hours from 9am to 3am for Area A, and from 9am to 1am for Area B, with trial extensions of up to two hours available for best practice operators. The NZMA has previously advocated for a 2am limit to trading hours for on-licenses, with the possibility of a standing extension until 4am to premises that operate a one-way-door system.² However, this position statement was developed prior to the Sale and Supply of Alcohol Act 2012. While we consider the Council's proposed reduction in standard trading hours to be an improvement over the previous 24 hour licensing regime and the current national default hours of 8am to 4am, we are concerned that the Council's proposals could allow selected operators, albeit those that meet 'best practice', to continue to sell alcohol till 5am. We are opposed, in principle, to any extension of trading hours that could see some operators selling alcohol beyond the existing default restriction of 4am.

The NZMA welcomes the Council's proposals regarding managing the density of on- and off-licenses and their proximity to sensitive sites through an environmental and cumulative impact assessment. We also welcome the Council's proposed temporary freeze for two years on new off-licenses in Area A and the Priority Overlay areas. The NZMA is also in support of the proposed presumption against the issue of new off-licenses in neighbourhood centres, Area A and the Priority Overlay areas once the two year freeze on new off-licenses expires. We have already alluded to the evidence demonstrating that curbing outlet density is a key way to reduce alcohol-related harms.

Finally, although we are aware that broader policy measures are beyond the remit of LAPs, we reiterate our view that greater restrictions on the marketing of alcohol and an end to the availability of extremely cheap alcohol, ideally by way of taxation and/or a minimum pricing scheme, are central elements in a comprehensive strategy to reduce alcohol-related harms.

The NZMA would be happy to facilitate the Council's further engagement with medical professionals in the region to progress the draft LAP but is not specifically seeking the opportunity to speak to our submission.

Yours sincerely



Dr Mark Peterson
NZMA Chair

of drinking and alcohol-related harm in New Zealand: a national study. *J Epidemiol Community Health* 2011; Oct;65(10):841-6; Day P, et al. Close proximity to alcohol outlets is associated with increased serious violent crime in New Zealand. *Australian and New Zealand Journal of Public Health* 2013;36: 48-54; Miller P, et al. Dealing with alcohol-related harm and the night-time economy. Monograph Series No. 43. http://www.ndlrf.gov.au/pub/Mono_43_summary.pdf; Wicki M, Gmel G. Hospital admission rates for alcoholic intoxication after policy changes in the canton of Geneva, Switzerland. *Drug Alcohol Depend* 2011; Nov 1;118(2-3):209-15

² New Zealand Medical Association. Alcohol Position Statement. May 2010. Available from http://nzma.org.nz/sites/all/files/pos_alcohol.pdf