



Submission to the Justice Select Committee on the Sale and Supply of Alcohol

10 February 2023

Submission Text

The Healthy Families East Cape team appreciates the opportunity to provide written feedback on the 'Sale and Supply of Alcohol (Community Participation) Amendment Bill'.

We recognise Te Tiriti o Waitangi as Aotearoa New Zealand's partnership document, defining respectful and meaningful partnership between tāngata whenua and tāngata Tiriti. We actively support Te Tiriti o Waitangi articles in policy and legislation.

Healthy Families East Cape is one of the Healthy Families NZ locations, each chosen for having some of the worst health statistics in the country. Healthy Families East Cape covers from Ōpōtiki, around the East Cape, to Te Tairāwhiti and is funded by Te Aka Whai Ora and is being led by Te Ao Hou Trust.

The Healthy Families East Cape strategic leadership group is responsible for providing strategic direction and leadership using and championing a systems-based approach to achieve healthier environments in the places where we spend our time.

The Healthy Families East Cape strategic leadership group is made up of representatives from across sectors and communities and includes the following members and organisations:

- Linda Steel, Te Ao Hou Trust Chief Executive (Chair)
- Josh Wharehinga, Gisborne District Council Deputy Mayor
- Lyn Riesterer, previous Ōpōtiki District Council Mayor
- Stefan Pishief, Sport Gisborne Tairāwhiti Chief Executive
- Mel Turner, Te Whatu Ora Senior Portfolio Manager and Lead Healthy Families NZ
- Amohaere Houkamau, Rau Tipu Rau Ora General Manager
- Megan Tunks, Pou Oranga Ake, Te Pare o Toi

About Healthy Families East Cape

Healthy Families East Cape is part of a large-scale initiative that brings community leadership in the East Cape together in a united effort for better population health.

We aim to improve the health of our people – where we live, learn, work and play – in order to prevent chronic disease.

Our purpose is to challenge communities to think differently about the underlying causes of poor health, and to make changes – in our schools, workplaces, sports clubs, marae and other key community settings – that will help people make healthier choices.

www.healthyfamilieseastcape.co.nz For

For more information about this submission, please contact:

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This submission is written on behalf of the Healthy Families East Cape team, and provides evidence and support to ensure we continue to strengthen the health, social, economic, cultural, and environmental wellbeing, and aspirations of our communities:

We are happy to provide further advice and clarification on any of the points raised in this submission. The contact for this submission is Ranui Maxwell, Healthy Families East Cape Communications Innovator.

Community-based feedback

Te Ao Hou Trust and Healthy Families East Cape have worked collectively in gathering community-based feedback via surveys and discussions that express how the community can have input into the submission on the 'Sale and Supply of Alcohol'. Ōpōtiki has the highest number of liquor outlets per capita with **14 liquor outlets** in a small community population of 9,300. The statistics and data below were requested to support the Local Alcohol Policy Review for Eastern Bay of Plenty, with an intention to reduce alcohol-related harm.

The current alcohol legislation hinders local communities' ability to put in place rules around the sale of liquor in their area.

Ōpōtiki District Council's region has a population of approximately 9,300 people, with 63% identifying as Māori (according to 2020 statistics). The region also has 24 active liquor licenses, with the highest number of licenses per capita. (Ōpōtiki District Council 2022).

Alcohol-related harm in the Eastern Bay of Plenty

Toi Te Ora Public Health reviewed the data for people living in the Eastern Bay of Plenty hospitalised with conditions wholly attributable to the consumption of alcohol (Toi Te Ora Public Health, 2022). Conditions wholly attributable to alcohol consumption are conditions considered to be entirely caused by the consumption of alcohol. These conditions represent a fraction of the health harm caused by alcohol and, for example, do not include hospitalisations from cancers or injuries where alcohol might be a contributing factor. From the data review we found the following:

- The rate of admission to hospital with conditions wholly attributable to alcohol according to the broad measure (that is, where a wholly attributable condition is either a primary or secondary diagnosis) has typically been higher in Kawerau and Ōpōtiki territorial authority areas than the average rate for New Zealand over the last 10 years.
- All three Eastern Bay of Plenty territorial authority areas (Whakatane, Kawerau and Ōpōtiki) have rates of admission for wholly attributable conditions (as a primary or secondary diagnosis) caused by chronic alcohol use that are higher than the New Zealand average.
- The rate for wholly attributable conditions caused by acute alcohol use is similar to the New Zealand average in the Eastern Bay of Plenty territorial authority areas. The rates for conditions caused by acute alcohol consumption might be affected by more limited access to health services in rural areas.

- Several domiciles (small geographic areas equivalent to the Stats NZ 2013 Area Units) in the Eastern Bay of Plenty territorial authority areas rank within the top 100 (out of a total number of 1851 ranked domiciles) for the number of admissions according to the broad definition, these include Kawerau, Ōpōtiki, and Whakatāne North.

Nga Kete Hauora - Community-based Feedback

Total surveys = 128

Is Alcohol an issue in Opotiki? If yes, why? If no, why not?

Common responses:

- Drunk driving →
- D.I.C (Drunk in charge) →
- Too many people crashing their cars →
- Break-ins/Robberies/ Theft →
- Broken/smashed bottles on footpaths/roads where kids walk to school
- Domestic Violence →
- Dumping/littering of beer bottles and beer cans in public areas →
- Use alcohol as a coping mechanism →
- Intergenerational trauma, which leads to addictions
- Unemployment – People rather stay at home and drink all day
- it's too much in your face
- Need to limit availability/ reduce alcohol consumption
- Hidden issues within homes
- People find other ways to access alcohol
- Reduce negative statistics - violence, family violence, child harm and neglect
- Increase town safety
- Alcohol is part of people's coping mechanisms for undealt with trauma
- Alcohol is associated to "having fun"
- Limited availability to alcohol could cause mental health issues
- It's not the alcohol it's the person who has the issue
- More alcohol-free zones/ alcohol ban areas
- More police presence in the community
- Restricting the sale of alcohol by:
 - Reducing availability through reducing hours of sale, reducing number of outlets in Ōpōtiki, reducing the number of days alcohol can be sold
 - Restrict where alcohol can be sold
- More support provided for those with addictions, and for those who are harmed by alcohol use by:
 - Rehabilitation services and programmes to support whanau in Ōpōtiki
 - Counselling and well-being services
 - Education about alcohol harm for whanau and youth
- More whanau-oriented events and opportunities for tamariki, Rangatahi, taiohi and their whanau

- Greater police presence
- Families supporting each other

How many alcohol outlets are there in Ōpōtiki?

- 0-3 → 19 responses
- 4-7 → 46 responses
- 8-11 → 38 responses
- 12-14 → 25 responses (There are a total of 14 Alcohol outlets in Ōpōtiki)

Are there too many alcohol outlets in Ōpōtiki?

- **Yes** → 61 responses
- No → 53 responses
- Don't know → 14 responses

All respondents that answered 'No' to this question, underestimated the number of alcohol outlets in Ōpōtiki.

Would changing the opening hours or closing hours that alcohol outlets can be open help our community?

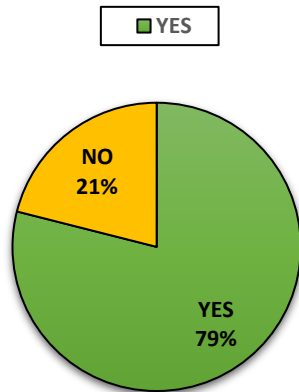
- **Yes** → 94 responses
- No → 21 responses
- Don't know → 13 responses

Is alcohol an issue in Ōpōtiki?

- **Yes** → 105
- No → 23

Muriwai Tournament, October 2022 – Community-based Feedback

Patai 1: Would you choose Wai Māori over Waipiro for Matariki?

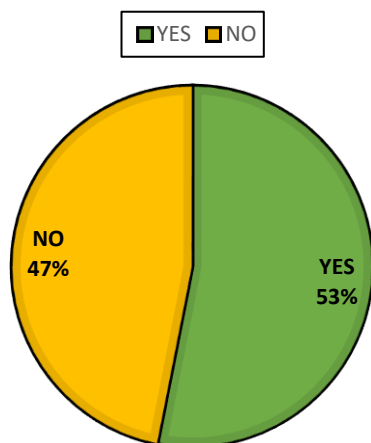


Question 1: Would you choose Wai Māori over Waipiro for Matariki?

Total participants: 38

Answer YES = 30 NO = 8

PATAI 2: DOES WAIPIRO HAVE A PLACE IN OUR WHAKAPAPA?



Question 2: Does Waipiro have a place in our Whakapapa?

Total participants: 40.5

Answer YES = 21.5 NO = 19



The impacts of Alcohol on communities, by understanding the level of alcohol-related harm in the community and public areas, Police and Local Council can make informed decisions with a view to reducing harm. There is a growing body of literature on alcohol as a criminogenic factor. In this regard, alcohol has been clearly identified as a factor in violent offences and contributes to a range of other offences, including domestic violence and sexual assaults. Finally, alcohol plays a role in a range of other offences including disorder offences, theft, vandalism, and other property crimes.

Alcohol Licence type holders currently in Opotiki

- On licences – 6 stores in Ōpōtiki
- Off licences – 4 stores in Ōpōtiki
- Club licences – 3 stores in Ōpōtiki

Other considerations that are not included in the amended Act:

Whakamaua Māori Health Action Plan 2020 - 2025

The Whakamaua Māori Health Action Plan¹ recommends eight priority areas for action for the next five years to enable change and set a strong foundation for the future.

Achieving desired outcomes will be contingent on synergies across all priority areas and taking a whole-of-system approach.

Recommendation - The three priority areas for action that are most applicable to the Sale and Supply of Alcohol (Community Participation) Amendment Bill are priority area 1 Māori-Crown partnerships and priority area 5 Cross-sector action.

Priority Area 1 Māori-Crown partnerships

Overview

- Meaningful Māori-Crown relationships reflect true partnership at all levels of the health and disability system.
- Māori health development is increasingly led by iwi and hapū.
- Māori-Crown relationships are built on mutual trust and confidence in the health and disability system.

¹ Whakamaua Māori Health Action Plan (Ministry of health 2020)



Why is this important?

Recommendation - The Māori-Crown relationship is based on the fundamental exchange of kāwanatanga and the right of Māori to exercise tino rangatiratanga over their lives in a way that aligns with Māori customs and values².

There is a need to include a Te Tiriti clause in the Sale and Supply of Alcohol (Community Participation) Amendment Bill, and to ensure that a meaningful Māori-Crown partnership is present and activated to successfully navigate the sale and supply of alcohol in our communities and to reflect more future-orientated relationships. The practical arrangements to implement a meaningful partnership requires constant evaluation to ensure that the partnership fulfils its purpose in meeting Te Tiriti commitments.

What does it look like in practice?

Recommendation – Te Whatu Ora, Te Aka Whai Ora, DHBs, local government and other Crown entities and independent Tribunals (Alcohol Regulatory and Licensing Authority) need to have strong active relationships with Māori in designing, developing, implementing, and monitoring the alcohol regulatory system. The quality of Māori-Crown relationships at all levels of this ecosystem needs to be measured over time by both parties to drive outcomes and improve accountability.

Iwi, hapū, marae and Māori communities must have the right resources and support to enable them to use matauranga Māori, tikanga Māori and practice being vigilant kaitiaki.

Te Whatu Ora, Te Aka Whai Ora, DHBs, local government and other Crown entities and independent Tribunals (Alcohol Regulatory and Licensing Authority) must lift health and alcohol regulatory system performance to better respond to Māori health, cultural and environmental issues and ensures that Te Tiriti commitments are upheld.

Priority Area 5 Cross-sector action

Overview

- Addressing the broader determinants of health is key to achieving pae ora.
- Planning, investment, and accountability for Māori wellbeing is shared across sectors.
- Cross-sector action is locally driven to support integrated, timely, holistic whānau-centred services.

To foster collaboration and coordination across government agencies to maximise Māori health and wellbeing.

Approximately 9,300 people live in the Opotiki District.³ Just under half of the resident population lives in the Opotiki township with the remainder living in smaller outlying communities. There are 20 marae in the district, which are a focal point for local communities, along with a number of strong farming, lifestyle and coastal settlements. In the 2018 Census approximately 63.7% of people in the Opotiki District identified as

² Waitangi Tribunal (2019)

³ Opotiki District Council (2023)



Māori and 50.5% identified with the European ethnic group. There was a small proportion of Pacific peoples (3.5%) and Asians (2.8%) in the community.⁴

These statistics identify that 14 alcohol stores are supplying a predominantly Māori population in the Ōpōtiki district with alcohol.

Recommendation - All contributors to our alcohol regulatory systems need to understand and acknowledge health inequities exist for Māori and understand they are preventable. For communities, this also means being provided adequate time, space and information in order to be able to object and feed into any decision-making that has or will be made on behalf of the region's population. We want to see a range of resources are prioritised and approaches are targeted and tailored to allow Māori to make informed decisions for their own health and wellbeing.

Why is this important?

Recommendation - Wai ora (healthy environments) must be taken into account. Wai ora acknowledges the importance of creating built and natural environments that support Māori wellbeing.⁵ A whole-of-government approach is critical to addressing the broader determinants of health to ensure individuals, whānau and communities are better able to access and enjoy healthy environments and get the help they need to take control of the circumstances affecting their health and wellbeing.⁶ Coordinated and effective planning, investment, resources, and accountability across all sectors must be in place to ensure our Eastern Bay of Plenty and Māori populations are included and engaged in decision-making that impacts on their health and wellbeing.

What does this look like in practice?

Recommendation – Hearings should be held at more accessible locations, the process for letting people know about license applications should be improved, and objectors should be provided a hearing timetable in order for their voices to have adequate time to be heard and elevated to the decision-making tables.

Other recommendations:

- Giving Matariki the same status as Easter Friday, Easter Sunday and Christmas Day sale and supply of alcohol and alcohol trading hours
- Reduce the trading hours of Ōpōtiki liquor stores (Opening and closing hours)
- One-way door policy for liquor stores
- 100m buffer zone from sensitive sites e.g, schools, kōhanga reo, kindergartens, churches, playgrounds, skate parks.

⁴ Opotiki District Council (2023)

⁵ Ministry of Health (2002)

⁶ Pescud M et al (2019)