



Local Alcohol Policy Research Report February 2023

**To Support the Review of Council's Local Alcohol
Policy**



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1 Introduction

1.1 Executive Summary

Section 75 of the Sale and Supply of Alcohol Act 2012 (the Act) allows territorial authorities to have a Local Alcohol Policy (LAP) relating to the sale, supply or consumption of alcohol within its district. If a council has a policy in place, this must be reviewed:

- a) No later than six years after it came into force; and
- b) No later than six years after the most recent review of it was completed.

Matamata-Piako District Council's (Council) current LAP came into force in 2017, and is therefore due for review. In accordance with the legislation, Council must produce a draft policy for consultation using the Special Consultative Procedure (SCP) as set out in the Local Government Act 2002 (LGA) and must follow the same process that it used to adopt its initial LAP in accordance with section 78 of the Act.

This report provides key insights from a wide-range of organisations to help to understand alcohol related harm in our community and if changes to Council's current LAP are required. A separate document has been prepared to assess the merits of each policy option. This document entitled, 'Issues and Options Paper Review of Local Alcohol Policy' is available on our website at mpdc.govt.nz/haveyoursay.

Information gathered including alcohol-related crashes, Emergency Department Presentations and anecdotal evidence received from the community provides evidence of continued harm from alcohol in the community.

1.2 Purpose

This report identifies key trends in relation to alcohol in the Matamata-Piako District (District). The purpose of this report is to collate relevant data as required by the Act to inform the review of Council's LAP and the development of a draft LAP for community consultation. This document provides our community with information relating to the LAP review and assists with Council policy setting and direction.

To undertake a comprehensive review of Council's current LAP, reliable and accurate data of alcohol-related harm at a local level is required to make informed decisions. This data has proven to be challenging to locate and source, as either the information does not exist at a local level, or there are several organisations which hold the data. To ensure local input is considered in the development of draft LAP, pre-engagement has been undertaken with key stakeholders.

Although all reasonable measures have been taken to ensure accuracy and completeness of the information contained in this report, no guarantee can be made due to the information being sourced from numerous third parties. It is recommended that this document is used to provide general information to inform Council's review of its LAP and to provide background information to interested members of the public to support submissions on the draft LAP.

1.3 Scope

This report has been prepared in accordance with the statutory requirements of the Act, (section 78(2), relating to the review of Council's LAP. This report includes the following information which Council must have regard to when producing a draft LAP:

- a) Review of the objectives and policies of Matamata-Piako District Council's District Plan (District Plan);
- b) The number, location and opening hours of licensed premises within the District;
- c) Any areas in which bylaws prohibiting alcohol in public places are in force;

- d) Demography of the District's residents¹;
- e) Demography of people who visit the district as tourists or holidaymakers;
- f) The overall health indicators of the District's residents;
- g) The nature and severity of the alcohol-related problems arising in the District.

2 Background

2.1 Legislative Framework

2.1.1 Sale and Supply of Alcohol Act 2012

On 18 December 2012, the Sale and Supply of Alcohol Act came into force. This repealed and replaced the Sale of Liquor Act 1989. The new Act aimed to improve New Zealand's drinking culture and to reduce alcohol-related harm. The Act also signalled a new community-oriented approach to licensing; empowering councils to develop local policies to strengthen community input into decision-making.

The Act changed the way liquor licensing decisions were made, with local District Licensing Committees (DLC) appointed by councils and responsible in each district for the issuing of licences as opposed to the Liquor Licensing Authority (a national body).

The Act is administered by the Ministry of Justice.

The object of the Act is that:

- a) *The sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and,***
- b) *The harm caused by the excessive or inappropriate consumption of alcohol should be minimised.***

Section 4(2) states that the harm caused by the excessive or inappropriate consumption of alcohol includes direct harm caused to and by an individual, as well as any resulting harm to society:

- a) Any crime, damage, death, disease, disorderly behaviour, illness, or injury, directly or indirectly caused, or directly or indirectly contributed to, by the excessive or inappropriate consumption of alcohol; and*
- b) Any harm to society generally or the community, directly or indirectly caused, or directly or indirectly contributed to, by any crime, damage, death, disease, disorderly behaviour, illness, or injury of a kind described in paragraph (a).*

The object of the Act is critical to the review of Council's LAP, as the only ground on which an element of a provisional LAP can be appealed is that it is unreasonable in the light of the object of the Act.

Key features of the Sale and Supply of Alcohol Act include²:

- Increasing the ability of communities to have a say about alcohol licensing in their local area;
- Allowing local-level decision-making for all licence applications;
- Requiring the consent of a parent or guardian before supplying alcohol to a minor;
- Requiring anyone who supplies alcohol to under 18-year-olds to do so responsibly;
- Strengthening the rules around the types of stores allowed to sell alcohol;

¹ Pursuant to section 78(3) of the Act, a district's residents include people who have holiday homes within the District.

² Ministry of Justice; Sale & Supply of Alcohol <https://www.justice.govt.nz/justice-sector-policy/key-initiatives/sale-and-supply-of-alcohol/>

- Introducing maximum default trading hours for licensed premises;
- Restricting supermarket and grocery store alcohol displays to a single area.

2.1.2 Legislative Reform

On 30 October 2022, the Justice Minister announced planned reform of alcohol laws to include the removal of the ability to appeal LAPs, thus empowering communities to work alongside councils to put in place rules around the sale of alcohol in their communities as per the original intent of the Act. The government is also looking to strengthen the public's ability to object to alcohol licence applications³.

The [Sale and Supply of Alcohol \(Community Participation\) Amendment Bill](#) was introduced to the House of Representatives on 7 December 2022. The bill aims to '...improve communities' ability to influence alcohol regulation in their area by making targeted changes to the alcohol licensing process provided for in the Sale and Supply of Alcohol Act 2012'.⁴

Key features of the Bill are to amend the Sale and Supply of Alcohol Act 2012 (principle Act) as follows:

Who can object to licence applications

- Any person (whether as an individual or a representative of a group or organisation) will be able to object to an application for a licence or renewal of a licence. This is to encourage further community input into decision making, as currently the Act states that only people with "a greater interest than the public generally" can object to licensing applications (section 102). Trade competitors of an applicant may object to a licence application only if they are directly affected by the application in a way that does not relate to trade competition or the effects of trade competition.

How licensing hearings are run

- Require licensing committees to establish appropriate procedures to consider applications, ensuring that those procedures:
 - Avoid unnecessary formality; and
 - Do not permit parties or their representatives to question other parties or witness of other parties; and
 - Do not permit cross-examination.

Removal of the right to appeal

- The Bill proposes to remove the requirement for councils to produce a provisional LAP, meaning parties no longer have the right of appeal. This is to allow for councils to adopt LAPs more easily and apply them to licensing decisions.

Strengthening of LAPs Relating to Licence Renewals

- DLCs will be able to decline to renew a licence if the licence would be inconsistent with conditions as stated in a relevant LAP in accordance with section 77(1)(a) to (d) including location or licence density. This would improve the effectiveness of LAPs so that renewal decisions are more likely to reflect communities' preferences for alcohol licensing.

The Bill is expected to be passed into law mid-2023. Following this, the government intends to review a wide-range of issues within alcohol law, looking at broader and more systemic reform of

³ Ministerial Press Release <https://www.beehive.govt.nz/release/communities-given-greater-powers-reduce-alcohol-harm>

⁴ New Zealand Parliament; Bills (Proposed Laws) Sale and Supply of Alcohol (Community Participation) Amendment Bill https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL_130167/sale-and-supply-of-alcohol-community-participation-amendment

the Act including:

- Further improvements to licensing processes;
- The licensing structure and new retail models;
- Conditions on alcohol licenses;
- Marketing, and
- Aspects of pricing.⁵

2.1.3 Members' Bills

Council is currently monitoring the progress of several members' bills relevant to the review of Council's LAP as below:

[Sale and Supply of Alcohol \(Harm Minimisation\) Amendment Bill](#)

This Bill abolishes appeals on LAPs to provide for proper local control over alcohol regulation. The second part of the Bill implements a number of the recommendations of the 2014 Ministerial Forum on Alcohol and Sponsorship, particularly towards ending alcohol advertising and sponsorship in broadcast sports.

This Bill received its first reading in the House of Representatives on 7 December 2022. At the time of writing this report, a vote had not yet occurred.

[Sale and Supply of Alcohol \(Cellar Door Tasting\) Amendment Bill](#)

This Bill allows winery cellar doors to charge visitors for the samples of their own wine and adds an off-licence category for wineries holding an on-licence. At the time of writing this report, the Bill had not yet received its first reading.

[Sale and Supply of Alcohol \(Exemption for Race Meetings\) Amendment Bill](#)

This Bill seeks to make race clubs exempt from section 235 of the Act (which outlaws unlicensed premises from being used as a 'place of resort' for alcohol consumption) on the days of race meetings, if the consumption of alcohol takes place at a time when the club obtains an on-licence or an on-site special licence that applies to the race meeting. The Bill received its second reading on 7 December 2022 and is awaiting its third and final reading.

The following members' bill failed at its first reading and did not progress through the House of Representatives:

[Repeal of Good Friday and Easter Sunday as Restricted Trading Days \(Shop Trading and Sale of Alcohol\) Amendment Bill](#)

This Bill sought to remove the restriction on trading and selling alcohol on Good Friday and Easter Sunday.

2.2 Alcohol Licensing

The bodies that make decisions about alcohol licences are:

[Alcohol Regulatory and Licensing Authority](#)

⁵ Taituarā; Update on alcohol licensing reforms https://taituara.org.nz/Story?Action=View&Story_id=463

The Alcohol Regulatory and Licensing Authority (ARLA) is the national regulatory and appeal authority for alcohol licensing in New Zealand. ARLA considers and determines:

- Appeals against DLC decisions;
- Applications lodged by the police or licensing inspectors to suspend or cancel licences or managers' certificates;
- Applications for licences and managers' certificates referred by DLCs.

ARLA also provides guidance and direction to DLCs.

District Licensing Committees

A DLC is a committee appointed by a territorial authority in accordance with section 186 of the Act to manage licensing matters within the applicable district. The functions of a DLC are specified by the Act. In general, DLC's will decide applications for:

- New and renewed licences and managers' certificates, regardless of whether these are contested;
- Temporary authorities and temporary licences;
- Variation of licences; and
- Most enforcement action for special licences.

Contested applications are applications opposed by licensing inspectors, Police or Medical Officers of Health, or objected to by members of the public. Pursuant to section 102 of the Act, only people with a greater interest in the application for the licence than the public generally can object to licence applications.⁶

Pursuant to section 105 of the Act, in deciding whether to issue a licence, the licensing authority or the licensing committee concerned must have regard to:

- a) The object of the Act;
- b) The suitability of the applicant;
- c) Any relevant local alcohol policy;
- d) The days on which and the hours during which the applicant proposes to sell alcohol;
- e) The design and layout of any proposed premises;
- f) Whether the applicant is engaged in, or proposes on the premises to engage in, the sale of goods other than alcohol, low-alcohol refreshments, non-alcoholic refreshments, and food, and if so, which goods;
- g) Whether the applicant is engaged in, or proposes on the premises to engage in, the provision of services other than those directly related to the sale of alcohol, low-alcohol refreshments, non-alcoholic refreshments, and food, and if so, which services;
- h) Whether (in its opinion) the amenity and good order of the locality would be likely to be reduced, to more than a minor extent, by the effects of the issue of the licence;
- i) Whether (in its opinion) the amenity and good order of the locality are already so badly affected by the effects of the issue of existing licences that:
 - i. They would be unlikely to be reduced further (or would be likely to be reduced further to only a minor extent) by the effects of the issue of the licence; but

⁶ If the proposed amendments as detailed in the Sale and Supply of Alcohol (Community Participation) are passed into law, this will change, with section 102 amended to 'any person may object to an application for the grant of a licence...'

- ii. It is nevertheless desirable not to issue any further licences;
- j) Whether the applicant has appropriate systems, staff, and training to comply with the law;
- k) Any matters dealt with in any report from the Police, an inspector, or a Medical Officer of Health made under section 103 of the Act.

Reporting Agencies

Council's licensing inspectors, the NZ Police, and the Medical Officer of Health are also involved in the alcohol licensing process as follows:

- Licensing Inspectors work for Council but act independently to enforce the Act, monitor licences and advise the DLC and ARLA on applications. Licensing inspectors are responsible for enquiring into, and reporting on, all applications. Inspectors are appointed by the Council and must look at the following:
 - Suitability of applicants;
 - Employment of certified managers;
 - Host responsibility practices;
 - Issues around operating hours;
 - Proposed use and designation of the premises.

Additionally, Licensing Inspectors monitor licensed premises for compliance with the Act.

- The Medical Officer of Health reports on licence applications and renewals. They also review host responsibility policies and monitor licensed premises for compliance with the Act.
- The Police receive a copy of all licence applications. Functions of the Police include:
 - Enquiring into all applications for licences, manager's certificates and renewals;
 - Monitoring licensed premises' compliance with the Act;
 - Reporting to the DLC or ARLA where there are matters in opposition;
 - Ordering the closure of a licensed premises in the case of rioting, fighting or serious disorder, a threat to public health, public nuisance or for certain criminal offences;
 - Applying to ARLA for the variation, suspension or cancellation of a licence;
 - Advising ARLA when a licensee or manager has been convicted of an offence relating to the sale and supply of alcohol to minors, unauthorised sale or supply, sale or supply to intoxicated persons, or allowing persons to become intoxicated;
 - Issuing infringement notices;
 - Prosecuting breaches of the law.

2.2.1 Licence Types

Pursuant to section 13 of the Act, there are four kinds of licences that can be issued: on-licences, off-licences, club licences, and special licences. These are detailed below:

On-Licences (section 14 of the Act)

On any premises an on-licence is held for, the licensee:

- a) Can sell and supply alcohol for consumption there; and
- b) Can let people consume alcohol.

The Act has different provisions for BYO restaurants and caterers holding on licences.

Off Licences (sections 17, 18 & 19 of the Act)

On the premises an off-licence is held for, the licensee is able to sell alcohol for consumption elsewhere. The Act also makes provisions for the licensee to supply alcohol as a sample, free of charge, for consumption on the premises.

Section 32 of the Act identifies the premises for which off-licences may be issued:

- a) To the holder of an on-licence issued for a hotel or tavern, for the premises (or part of the premises) for which the on-licence is held; or
- b) For retail premises where (in the opinion of the licensing authority or licensing committee concerned) at least 85% of the annual sales revenue is expected to be earned from the sale of alcohol for consumption somewhere else; or
- c) If:
 - i. The premises for which it is to be issued are not retail premises; and
 - ii. At least 85% of the annual income of the person to whom it is to be issued is (in the opinion of the licensing authority or licensing committee concerned) expected to be earned from the remote sale of alcohol; or
- d) For premises where (in the opinion of the licensing authority or licensing committee concerned) the principal business carried on is the manufacture of alcohol; or
- e) For premises that (in the opinion of the licensing authority or licensing committee concerned) are a supermarket with a floor area of at least 1 000 m² (including any separate departments set aside for such foodstuffs as fresh meat, fresh fruit and vegetables, and delicatessen items); or
- f) For premises that (in the opinion of the licensing authority or licensing committee concerned) are a grocery store.

In addition to the above, section 34 of the Act allows for an off-licence to be issued for premises not listed above if the sale of alcohol in premises listed under items (b), (d), (e), and (f) above would not be economic, and the granting of the licence would not cause any significant increase in alcohol-related harm. This is effectively including a 'rural clause' where an isolated premises that does not meet the above definitions may be able to obtain an off-licence under the Act.

Section 35 of the Act provides an exception for certain complementary sales by permitting the licensing authority or licensing committee to direct that an off-licence should be issued for premises not described in section 32 of the Act, if it is satisfied that:

- a) The premises are a shop, but not a shop where the principal business carried on is the sale of food (whether food of a particular kind or kinds); and
- b) Alcohol would be an appropriate complement to goods of the kind sold (or to be sold) in the shop.

There are specific provisions made in the Act for auctioneer and remote sellers to obtain off-licences.

Section 36 of the Act specifically excludes certain premises from being able to obtain an off-licence, including petrol stations, dairies, convenience stores, conveyances, or shops within shops.

Club Licences (Section 21 of the Act)

On the premises a club licence is held for, the licensee can sell and supply alcohol to authorised customers for consumption there. Authorised customers include:

- Club members;
- Guests of club members (guests must be accompanied by the sponsoring member at all times and must leave the premises when the member leaves);
- Members of clubs with reciprocal visiting rights (these clubs should each be named within the club's rules or constitution).

A club licence may be held by a body that:

1. Is a body corporate having as its object (or as one of its objects) participating in or promoting a sport or other recreational activity, otherwise than for gain;
2. Is a body corporate whose object is not (or none of whose objects is) gain;
3. holds a permanent club charter.

A club can only hold an off-licence if it has continuously held an off-licence since before the commencement of section 28 of the Act.⁷

Special Licences (Section 22 of the Act)

Special licences are for the purposes of events, with the Act defining two types of special licence: on-site special licence, and off-site special licence.

On-site special licences can extend the normal licensed hours of an on-licensed or club licensed premises for an event. Off-site special licences allow the holder to sell alcohol at an event for consumption elsewhere.

2.3 Local Alcohol Policies

Section 75 of the Act allows councils to have a policy relating to the sale, supply or consumption of alcohol within its district. The purpose of a LAP is to encourage the responsible sale, supply and consumption of alcohol in its geographical area. The development of a LAP enables councils to tailor alcohol licensing approaches to suit local circumstances. LAPs also offer a significant opportunity to help minimise alcohol-related harm within communities.

A local policy:

- a) May provide differently for different parts of its district; and;
- b) May apply to only part (or two or more parts) of its district; and;
- c) May apply differently to premises for which licences of different kinds are held or have been applied for.

Councils may choose not to have a LAP in place and if that is the case, the provisions of the Act would apply. If Council did not have a LAP:

- The DLC and ARLA would not have a document to guide appropriate licensing decisions for the District;
- Default national regulations would apply as per the Act (e.g. opening hours being 8am – 4am the next day for on-licences and club licences, and 7am – 11pm the same day for off-licences);
- Licence applicants in the District could apply for licence conditions within default national regulations in the Act, without guidance as to what is considered appropriate for local circumstances.

When a LAP is in place, licensing decision-makers are required to have regard to the policy when

⁷ 18 December 2013, (12 months after the date on which the Act received its Royal assent).

making decisions about alcohol licensing applications. The LAP is intended to be a reference document for ARLA and the DLA to consult and take into consideration.

Pursuant to section 108 of the Act, a licence may be refused if in the opinion of the relevant licensing authority or committee, the issue or the licence, or the consequences of the issue of the licence would be inconsistent with a relevant LAP.

Pursuant to section 133 of the Act, decision makers must not take into account any inconsistency between a relevant LAP and the renewal of a licence or the consequences of its renewal; however, conditions may be imposed on the licence if it is considered that the renewal of the licence or the consequences of the renewal of the licence without those conditions imposed on it would be inconsistent with the LAP.

2.3.1 Contents of a Local Alcohol Policy

Section 77(1) of the Act is specific about what can be included in a draft LAP as below:

- a) Location of licensed premises by reference to broad areas;
- b) Location of licensed premises by reference to proximity to premises of a particular kind or kinds;
- c) Location of licensed premises by reference to proximity to facilities of a particular kind or kinds;
- d) Whether further licences (or licences of a particular kind or kinds) should be issued for premises in the district concerned, or any part of the district;
- e) Maximum trading hours;
- f) The issue of licences, or licences of a particular kind or kinds, subject to discretionary conditions;
- g) One-way door restrictions.⁸

A LAP must not include policies on any matter that does not relate to licensing. In summary, a LAP can regulate the location and density of licensed premises, specify areas where licensed premises can be located, e.g. specify a minimum distance from community facilities such as schools, playgrounds and parks, restrict or extend trading hours, include conditions that the DLC may apply to licences, and may include a one-way door policy where patrons cannot enter or re-enter a premises after a specified time.

2.3.2 LAP Review

Section 97 of the Act requires councils to review their LAP using the SCP as set out in the LGA:

- a) No later than six years after it came into force; and
- b) No later than six years after the most recent review of it was completed.

Council's current LAP was adopted on 24 January 2017 and came into force on 26 April 2017 (except for the maximum trading hours which came into force on 26 July 2017). Council's review is therefore required to be completed prior to the date that the current policy came into force.

2.3.3 Producing a Draft LAP

Section 78 of the Act states that a council that wishes to have a LAP must produce a draft policy.

⁸ Paragraphs (a) to (d) do not apply to special licences, or premises for which a special licence is held or has been applied for.

When producing a draft policy, a council must have regard to:

- a) The objectives and policies of its district plan; and
- b) The number of licences of each kind held for premises in its district, and the location and opening hours of each of the premises; and
- c) Any areas in which bylaws prohibiting alcohol in public places are in force; and
- d) The demography of the district's residents;⁹ and
- e) The demography of people who visit the district as tourists or holidaymakers; and
- f) The overall health indicators of the district's residents; and
- g) The nature and severity of the alcohol-related problems arising in the district.

When producing a draft policy, councils must consult with the Police, inspectors, and Medical Officers of Health. Information received as part of this process is incorporated into this report.

2.3.4 Producing a Provisional LAP

If, after producing a draft policy, a council continues to wish to have a LAP, it must produce a provisional policy by using the SCP as prescribed in the LGA to consult on the draft policy.

The below graphic summarises the policy development process.

Figure 1: Local Alcohol Policy Process



⁹ Pursuant to section 78(3) of the Act, a district's residents include people who have holiday homes within the District.

2.3.5 Right to Appeal

Section 81 of the Act provides persons or agencies that made submissions on the draft LAP, the right to appeal to ARLA against any element of that provisional LAP.

Section 81(4) of the Act defines the scope of any appeal which states: “The only ground on which an element of the provisional policy can be appealed against is that it is unreasonable in the light of the object of this Act.”¹⁰

2.4 Council’s Current LAP

In February 2013, Council resolved to develop a draft LAP in accordance with the Act, to set alcohol licensing criteria appropriate for when, where, and how alcohol is sold in its District.

Whilst it is not mandatory for Council to develop a LAP, it enables our community to have input into how licensed premises can sell and supply alcohol in the District. The policy was developed through a consultation and appeals process. In response to appeals, ARLA asked Council to reconsider some clauses within its provisional LAP. A revised policy was re-submitted to ARLA who accepted that the changes made were not unreasonable.

Council’s LAP was adopted on 24 January 2017 and came into force on 26 April 2017, except the maximum trading hours which came into force on 26 July 2017.

2.4.1 Goals and Objectives of Council’s LAP

The goals of Council’s current LAP are to:

- a) Contribute to Matamata-Piako being a safe and healthy district;
- b) Reflect our local community’s character and amenity, values, preferences and needs;
- c) Encourage licensed environments that foster positive and responsible drinking behaviour;
- d) Minimise alcohol related harm in Matamata-Piako.

The objectives of Council’s current LAP are to:

- a) Regulate the trading hours of club, on and off-licences;
- b) Regulate the location of licensed premises;
- c) Ensure licensed premises take appropriate measures to minimise alcohol harm;
- d) Provide clear guidance to the DLC.

2.5 Neighbouring Council’s LAPs

The following is a summary of the LAP provisions of neighbouring councils. Most LAPs contain similar provisions to Council’s current LAP as some councils chose to develop their policies together.

On-Licence Policies

Most policies limit on-licences to certain areas (e.g. business zones) unless authorised elsewhere by resource consent whilst two councils have no policies by reference to broad area. Most LAPs state the DLC is to have regard to the proximity to other licensed premises. In regards to the proximity to community facilities, most LAPs state that where a proposed licensed premises directly

¹⁰ The Sale and Supply of Alcohol (Community Participation) Amendment Bill proposes to remove the right to appeal. At the time of writing this report, the Bill had received its first reading and is expected to be passed into law mid-2023.

borders any such facility, it must be demonstrated to the DLC that the hours, signage or operation will have no significant impact on those facilities and/or persons using the facilities.

Hauraki and Thames-Coromandel District Council's include the same maximum trading hours as Council's current policy (7:00am – 1:00am). Three other Councils have later opening times (from 9:00am). Hotels/taverns are permitted to be open until 2:00am in Waipa, Ōtorohanga and Waitomo. There are specific restrictions in place relating to residential zones, and district plan zoning. Waikato District Council allows on-licensed premises to open until 2:00am on New Year's Eve.

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
Hauraki	No policies	No policies	No policies	No policies	7:00am to 1:00am.	Discretionary condition
Thames-Coromandel	No policies	No policies	No restrictions. Discretionary condition may be applied to restrict trading hours relative to the location of sensitive facilities.	No policies	7:00am to 1:00am.	Discretionary condition
Waipa	Limited to areas zoned to allow commercial activities as permitted activities unless authorised elsewhere by resource consent .	The DLC will have regard to the proximity to other licenced premises where it considers this relevant.	Will not be issued where the site directly borders any school, early childcare facility, or place of worship unless it can be demonstrated to the DLC that the hours, signage or operation will have no significant impact . Where resource consent has been issued to locate premises in a non-commercial area, the site shall be a	No restrictions provided the other policy criteria are met.	Hotel/Tavern: 9:00am to 2:00am . Where a new hotel or tavern is proposed within 100 meters of any area zoned residential , trading hours will not exceed the following: a) Sunday to Thursday: 9:00am to 10:30pm . b) Friday and Saturday: 9:00am to 12:00 midnight . Restaurant, Café or Function Centre: 7:00am to 1:00am . (Outdoor	A restriction of one-hour prior to maximum closing time may be applied on Thursday, Friday and Saturday nights to any hotel or tavern premises with a closing time later than midnight .

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
			minimum of 40 metres to any sensitive site unless it can be demonstrated that the hours, signage or operation of the premises will have no impact .		Dining Areas: 9:00am to 11:00pm). Hours for any other premises not listed above will be set by the DLC but shall not exceed 9:00am to 1:00am .	
Waikato	Restricted to areas zoned to allow commercial activities or locations authorised by resource consent .	The DLC shall have regard to the proximity to other licensed premises where this is considered relevant. No on-licence for a new tavern, located in an area zoned that does not allow commercial activities, shall be located within five kilometres of any existing tavern or hotel.	No new on-licence shall be issued in respect of a tavern, a class I restaurant, where the site directly borders any school, early childcare facility, library or place of worship unless it can be demonstrated to the DLC that the hours, signage or operation will have no significant impact . In any zone other than one zoned to allow commercial activities as permitted activities, there shall be a minimum of 100 metres to any sensitive site unless it can be demonstrated to the DLC that the hours,	No restrictions provided the other policy criteria are met.	8:00am to 1:00am . New Year's Eve: 8:00am to 2:00am . Outdoor dining area located in a public area: 9:00am to 11:00pm .	May be applied when the closing time is later than midnight. The restriction shall apply after midnight .

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
			signage or operation will have no significant impact .			
Ōtorohanga	Limited to areas within the Kawhia Licensing Precinct or the Ōtorohanga Licensing Precinct unless authorised elsewhere by resource consent .	The DLC will have regard to the proximity to other licensed premises where it considers this relevant.	Will not be issued on any site where it directly borders any school, early childcare facility, or place of worship unless it can be demonstrated to the DLC that the hours, signage or operation will have no impact . Where a resource consent has been issued to locate a premises outside a Licensing Precinct Area, the boundary of the site shall be a minimum of 40 metres from the boundary of any sensitive site unless it can be demonstrated to the DLC that the hours, signage or operation will have no impact .	No restrictions provided the other policy criteria are met.	Hotel/Tavern: 9:00am to 2:00am . Where a new hotel or tavern is proposed within 100 metres of any Order 3 Road, trading hours will not exceed the following: Sunday to Thursday: 9:00am to 10:30pm . Friday and Saturday: 9:00am to 12:00 midnight . Restaurant/café: 9:00am to 12:00 midnight . Outdoor dining area: 9:00am to 11:00pm . Hours for any other premises not listed above will be set by the DLC but shall not exceed: 9:00am to 2:00am .	A one-way door restriction of one-hour prior to maximum closing time may be applied on Thursday, Friday and Saturday nights to any hotel or tavern premises with a closing time later than midnight .

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
Waitomo	Limited to areas zoned Business unless authorised by resource consent .	The DLC will have regard to the proximity to other licensed premises where it considers this relevant.	Will not be issued where it directly borders any school, early childcare facility, or place of worship. Where a resource consent has been issued to locate a premises in a non-commercial area, the site shall be a minimum of 40 metres from any sensitive site.	No restrictions provided the other policy criteria are met.	Hotel/Tavern: 9:00am to 2:00am. Where a new hotel or tavern is proposed within 100 metres of any area zoned residential , hours will not exceed the following: a) Sunday to Thursday: 9:00am to 10:30pm. b) Friday and Saturday: 9:00am to 12:00 midnight. Restaurant/café: 9:00am to 12:00 midnight. (Outdoor dining areas: 9:00am to 11:00pm). Hours for any other premises not listed above will be set by the DLC but shall not exceed: 9:00am to 2:00am.	A one-way door restriction of one-hour prior to maximum closing time may be applied on Thursday, Friday and Saturday nights to any hotel or tavern premises with a midnight or later closing time.
South Waikato	The South Waikato District Council does not have a LAP.					

Club Licence Policies

Most policies state that any new club licence should be located at, or in close proximity to, the sports grounds or other facilities used by the club, if relevant and the DLC shall have regard to sensitive sites and other licensed premises.

All LAPs have no restrictions to the further issuing of club licences, provided the other policy criteria are met. Two policies state maximum hours from 7:00am to 1:00am - the same as Council's current policy. The remainder stating a later opening time of 9:00am, with the DLC to have regard to the days and hours of operation and the type of activities undertaken by the club in setting club hours.

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
Hauraki	No policies	No policies	No policies	No policies	7:00am to 1:00am.	Discretionary condition
Thames-Coromandel	No policies	No policies	No restrictions, however a discretionary condition may be applied to restrict trading hours relative to the location of sensitive facilities.	No policies	7:00am to 1:00am.	No policies
Waipa	Should be located at, or in close proximity to, the sports grounds or other facilities used by the club , if relevant.	The DLC shall have regard to the proximity to any other existing premises.	The DLC shall have regard to the proximity to any school, early childcare facility, place of worship or residential area.	No restrictions provided the other policy criteria are met.	9:00am to 1:00am.	May be applied no earlier than two hours before the normal closing time.
Waikato	Shall be located at or in close proximity to the sports grounds or other facilities used by the club , if relevant. Shall be restricted to areas zoned to allow commercial activities or locations authorised by resource consent .	The DLC or ARLA shall have regard to the proximity to any other existing premises.	The DLC shall have regard to the proximity to any school, early childcare facility, library, place of worship, public park or residential area.	No restrictions provided the other policy criteria are met.	9:00am to 1:00am.	May be applied when the closing time is later than midnight if the DLC believe this is warranted. The restriction shall apply after midnight.
Ōtorohanga	Should be located at, or in close	The DLC shall have regard to the	The DLC shall have regard to the	No restrictions provided the	9:00am to 1:00am.	May be applied where the DLC

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
	proximity to, the sports grounds or other facilities used by the club , if relevant.	proximity to any other existing premises.	proximity to any school, early childcare facility, place of worship or residential area.	other policy criteria are met.		believes this is warranted. This shall not apply any earlier than two hours before the normal closing time.
Waitomo	Should be in close proximity to the sports grounds or other facilities used by the club , if relevant.	The DLC will have regard to the proximity to any other licensed premises.	The DLC will have regard to the proximity to any school, early childcare facility, place of worship or residential area.	No restrictions provided the other policy criteria are met.	9:00am to 1:00am.	May be applied where the DLC believes this is warranted. This shall not apply any earlier than two hours before the normal closing time.
South Waikato	The South Waikato District Council does not have a LAP.					

Off-Licence Policies

Most policies limit off-licences to certain areas (e.g. business zones) unless authorised elsewhere by resource consent whilst two councils have no policies by reference to broad area.

A couple of councils have the same 'presumption' clause against the issuing of new off-licences, as in Council's current policy, with Waikato District Council stating that standalone bottle store licences should not be issued for areas with a deprivation level of 7 or higher unless it is demonstrated to the DLC that the issue of the licence would not result in significant adverse effects. Four out of the six councils do not have restrictions on the further issuing of off-licences.

The proximity provisions vary, from fixed restrictions (e.g. Waikato District Council's policy that no new bottle store will be issued within 1km of an existing off-licence) to requiring the DLC to have regard to the location of other licensed premises and sensitive sites.

Two of the other councils have set the same hours for all off-licensed premises as Council's current LAP (7:00am – 9:00pm), with four councils allowing a later closing time of 10pm.

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
Hauraki	No policies	No further off-licence to be issued located within 50 metres of	No further off-licence to be issued located within 50 metres of a school, early	Presumption that new licences will not be issued in Paeroa,	7:00am to 9:00pm.	N/A

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
		an existing off-licenced premises. ¹¹	childhood education centre, or Council administered playground. ¹²	Ngatea and Waihi if, the amenity and good order of the locality would likely to be reduced to more than a minor extent by the effects of the issue of the licence.		
Thames-Coromandel	No policies	No policies	No restrictions A condition may be applied to restrict trading hours if the premises is located within 50 metres of a sensitive facility.	No policies	7:00am to 9:00pm.	N/A
Waipa	Limited to areas zoned to allow commercial activities unless authorised elsewhere by resource consent .	The DLC will have regard to the proximity to other off-licenced premises where it considers this relevant.	Within commercial areas, an off-licence will not be issued where the site directly borders any school, early childcare facility, or place of worship unless it can be demonstrated to the DLC that the hours, external alcohol related signage or operation will have no significant impact . Where a resource	No restrictions provided the other policy criteria are met.	7:00am to 10:00pm.	N/A

¹¹ This policy does not apply to supermarkets or grocery stores.

¹² This policy does not apply to supermarkets or grocery stores.

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
			consent is required to locate premises outside a commercial area, the site shall be a minimum of 40 metres from any sensitive site unless it can be demonstrated to the DLC that the hours, external signage or operation of the premises will have no significant impact .			
Waikato	Limited to areas zoned that allow commercial activities or locations authorised by resource consent .	The DLC shall have regard to the proximity to other licensed premises where this is considered relevant. No new bottle store off-licence shall be issued within one kilometre of any existing bottle store, licensed supermarket or grocery store.	No new bottle store off-licence shall be issued located within 100 metres of any school, early childcare facility, library, place of worship or public park unless it can be demonstrated to the DLC that the hours, external alcohol-related signage or operation will have no significant impact .	Presumption against the issuing of new off-licences for standalone bottle stores in Tuakau, Te Kauwhata, Huntly, Ngāruawāhia and Raglan as well as where the deprivation level is 7 or higher unless it is demonstrated to the DLC that a new standalone bottle store would not result in significant adverse effects .	7:00am to 10:00pm.	N/A
Ōtorohanga	Limited to areas within the Kawhia	The DLC will have regard to the	Within the Licensing Precinct Area,	No restrictions provided the	7:00am to 10:00pm.	N/A

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
	Licensing Precinct or the Ōtorohanga Licensing Precinct unless authorised elsewhere by resource consent .	proximity to other off-licensed premises where it considers this relevant.	an off-licence will not be issued where the site directly borders any school, early childcare facility, or place of worship unless it can be demonstrated to the DLC that the hours, alcohol related signage or operation of the premises will have no significant impact . Where a resource consent is required to locate outside of a Licensing Precinct Area, the site shall be a minimum of 40 metres from any sensitive site unless it can be demonstrated to the DLC that the hours, signage or operation will have no significant impact .	other policy criteria are met.		
Waitomo	Limited to areas zoned Business unless authorised by resource consent .	The DLC will have regard to the proximity to other off-licensed premises where it considers this relevant.	Within the Business zone, an off-licence will not be issued where the site directly borders any school, early childcare facility or place of worship unless it can be demonstrated to	No restrictions provided the other policy criteria are met.	7:00am to 10:00pm.	N/A

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
			the reasonable satisfaction of the DLC that the hours, alcohol related signage or operation of the premises as they relate to alcohol sales will not have a significant impact.			
South Waikato	The South Waikato District Council does not have a LAP.					

Special Licence Policies

As per the relevant legislation, location and the further issuing of licences do not apply to special licences. Most policies state that a special licence will not be issued with trading hours beyond 1am, unless in exceptional circumstances. Two policies do not state maximum trading hours with the hours set by the DLC on a case-by-case basis with regard taken to the nature of the event or series of events.

One-way door policies may be applied as a discretionary condition that may be applied to a special licence.

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
Hauraki	N/A	N/A	N/A	N/A	Set on a case-by-case basis.	No policies
Thames-Coromandel	N/A	N/A	N/A	N/A	Set on a case-by-case basis.	Discretionary condition
Waipa	N/A	N/A	N/A	N/A	Special licences for premises that are not otherwise licensed will not be issued with trading hours beyond 1:00am except in exceptional circumstances. Where the applicant already holds	May be applied. A one-way door restriction shall not apply any earlier than two hours prior to the conclusion of the event.

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
					an on, off or club licence, a special licence with greater hours will only be issued in exceptional circumstances.	
Waikato	N/A	N/A	N/A	N/A	<p>No maximum trading hours are specified in the policy. The DLA shall determine on a case-by-case basis.</p> <p>Where an application for a special licence is in respect of premises already subject to an on, off or club licence, a special licence with greater hours will only be issued in exceptional circumstances.</p> <p>A special licence should only be issued with greater hours that the guideline set out below in exceptional circumstances: 7:00am to 1:00am.</p>	May be applied where the DLC believes this is warranted.
Ōtorohanga	N/A	N/A	N/A	N/A	Where an application for a special licence is in respect of premises already subject to an on, off or club licence, a special licence	May be applied where the DLC believes this is warranted. A restriction shall not apply any earlier than two hours before the normal closing time of the

Council	Location – Broad Area	Location - Premises	Location - Facilities	Further Issuing of Licences	Maximum Trading Hours	One-Way Door
					<p>with greater hours will only be issued in exceptional circumstances.</p> <p>Special licences for premises that are not otherwise licensed will not be issued with trading hours beyond 1:00am except in exceptional circumstances.</p>	premises/conclusion of the event.
Waitomo	N/A	N/A	N/A	N/A	<p>Where the applicant already holds an on, off or club licence, a special licence with greater hours will only be issued in exceptional circumstances as determined by the DLC.</p> <p>Special licences for premises that are not otherwise licensed will not be issued with trading hours beyond 1:00am except in exceptional circumstances.</p>	May be applied where the DLC believes this is warranted. A restriction shall not apply any earlier than two hours before the normal closing time of the premises/conclusion of the event.
South Waikato	The South Waikato District Council does not have a LAP.					

2.6 Relevant Council Policies, Bylaws and Strategies

2.6.1 Strategic Alignment

In 2022, Council set its strategic direction to inform Council's priorities and work programme over the next 30 years. The strategic direction aligns with the four community wellbeings – social, environmental, cultural and economic, which are core pillars of the mandate of local government.

The following four long-term priorities identified for Matamata-Piako are focused on promoting community wellbeing within our District.

Figure 2: Matamata-Piako District Council Strategic Priorities



As part of its Long Term Plan developed every three years, Council reviews its vision and community outcomes for its District. Council's vision is for Matamata-Piako to be the 'place of choice'. To realise this vision, Council has fifteen specific community outcomes to achieve this as set out below.

Figure 3: Matamata-Piako District Council Community Outcomes



2.6.2 Matamata-Piako District Plan

The District Plan was made operative in July 2005. The document is mandated by the Resource Management Act 1991 (RMA) and provides for the sustainable management of the natural and physical resources of the District to ensure they are protected for future generations.

The sale of alcohol in the form of retail is provided for as a permitted activity in the Business Zone¹³ and is provided for as a discretionary activity in the Residential and Industrial Zones.

Outlets such as restaurants, cafes and bars fall under the definition of "Place of assembly" which is defined as "land or buildings for the purposes of the congregation of people for deliberation, entertainment, cultural, recreation or similar purposes and includes, but is not necessarily limited to, churches, halls, community facilities, funeral chapels including crematorium on the same site, clubrooms, taverns, restaurants, art galleries, theatres, sports fields, and tourist facilities. Places of assembly are also permitted in the Business Zone. They are discretionary in all other zones including the rural zone.

The most relevant sections of the operative District Plan are set out below including amenity and signage. These objectives ensure that there is consideration on the impact of the amenity of surrounding areas and that activities are located in suitable and permitted locations.¹⁴

Issues, Objectives and Policies

Part A: Issues, Objectives and Policies		
Section	Outcome sought (Objectives)	Solutions (Policies)
Sustainable Management Strategy		
2. Controlling activities	O1 – To manage activities in a manner that gives certainty to the public as to the potential location and effects of activities.	P1 – To implement effective separation between incompatible activities while recognising that some existing activities may not be able to provide effective separation within their sites.
4. Business	O1 – To protect identified central business areas from activities that are out of character with existing amenity values.	P1 – To avoid the development of activities which adversely affect the character of the "mainstreet" shopping environment.
Environment - Amenity		
2. Design, appearance and character	O1 – To ensure that the design and appearance of buildings and sites is in keeping with the character of the surrounding townscape and landscape. O2 - To recognise and promote	P1 – To encourage a high standard of on-site amenity in residential, business, recreational and industrial areas. P6 – To maintain and enhance the predominant domestic character of

¹³ At the time of writing this report, The District has four Business Zones in Matamata, Morrinsville and Te Aroha. Maps are included in this report as appendices.

¹⁴ The RMA requires local authorities to periodically review the provisions of their District Plans. The Council operates a rolling District Plan review, which means that a section or sections of its plan may be under review and subject to change at any given time. The provisions listed in this report were correct at the time of drafting, however, District Plan provisions are subject to change.

Part A: Issues, Objectives and Policies		
Section	Outcome sought (Objectives)	Solutions (Policies)
	the special urban character of Te Aroha and Matamata and to develop the urban character of Morrinsville.	residential areas.
3. Nuisance effects	<p>O1 - To ensure that residences are free from the effects of unreasonable and excessive noise, odour, dust, glare and vibration.</p> <p>O2 - To provide healthy and safe working, living and recreational environments by avoiding and mitigating the effect of excessive noise, vibration, odour and dust.</p>	<p>P1 - To protect residential and rural amenity by the use of performance standards for noise, glare, odour, particulates and vibration control which generally ensure that generated effects do not exceed background or ambient levels.</p> <p>P2 - To ensure that activities in business, rural, industrial and recreational areas avoid, remedy or mitigate generated effects to maintain and enhance a healthy, safe and pleasant environment and take all reasonable steps to internalise any nuisance effects.</p>
4. Signage	<p>O1 - To minimise the adverse effects of signage on the character of rural, residential, industrial and business areas.</p> <p>O2 - To ensure that signs and business advertising do not compromise visual amenity and traffic safety.</p>	<p>P1 - To restrict the number and size of signs in rural, residential, industrial and business areas to avoid cluttering of the landscape.</p> <p>P2 - To avoid the visual impact and traffic safety impacts of general advertising by adoption of a site dependency criteria for all signage for rural, residential and business areas.</p> <p>P4 - To avoid the adverse effects of advertising in the air space over and above land activities.</p>
Environment - Transportation		
3.8.2 Transportation	O5 - To protect residential amenity from the effects of excessive traffic generation.	<p>P8 – to enhance the amenity value of the central business area of Te Aroha, Matamata, and Morrinsville by ensuring that such areas are not congested by service delivery activities.</p> <p>P16 - Parking and loading facilities must be designed to ensure the safe manoeuvring of vehicles and safe movement of pedestrians and</p>

Part A: Issues, Objectives and Policies		
Section	Outcome sought (Objectives)	Solutions (Policies)
		cyclists.

Specific Rules Relating to Signage

The control over signs exercised in the District Plan is in addition to, and not in substitution, for the issuing of permits and control by the bylaws. Where there is an inconsistency between a bylaw and this rule, the rule shall prevail.

For the avoidance of doubt signage shall include all symbols, artwork and structures including balloons, blimps, banners and flags designed to attract the attention of the public and/ or advertise the goods, services or activities on the site. Freestanding signage shall include any structure including balloons, blimps, banners and flags separate from and not supported by any building on the site.

3.5.1 Permitted activities

Part B: Rules			
No.	Zone	Type of sign permitted	Total site signage
3.	Any zone	A sign giving name and related information concerning places of assembly, education or accommodation facilities, community facility and marae complex.	2.0m ² 20% of the sign area may include acknowledgment of a sponsor.
8.	Business and Industrial zones	Signs related to permitted activities established on the site for the advertisement or identification of the established permitted activities.	1.0m ² per metre of site frontage in the case of signs attached to or forming part of the principal building to its walls or canopies. In addition, free standing signs are permitted where the surface area viewed from any one direction does not exceed the following: <ul style="list-style-type: none"> - For each site frontage less than or equal to 24.0m: 6.0m² - For each site frontage greater than 24.0 metres: 0.25m² for every metre of site frontage up to a maximum of 16m². Notwithstanding the above: One planned arrangement of free-standing signs where more than one rear site shares a common accessway, maximum area of sign shall be: 12.0m ² .

Part B: Rules			
No.	Zone	Type of sign permitted	Total site signage
General controls relating to signs			
No.	Controls		
3.9.2	<p>ii. The Council will require the removal of any sign which is offensive, poorly made, painted, or maintained, or is in any other way a detraction from the amenities of the neighbourhood or obtrusively visible from any residential, deferred urban, future Residential or Rural zones.</p> <p>iii. a. All signs are to be located on the site to which they relate;</p> <p>b. Through the restricted discretionary activity consent process, signs may not be located on a property to which they do not relate but over which the owner of the property to which the signs relate, has access rights or shared use formalised by legal agreement, lease, easement or similar means.</p>		

15 Definitions
<p>"Accommodation facilities" means any form of residential accommodation which does not comply with the definition of dwelling or dependent persons dwelling and includes boarding houses, hotels, hostels, motels, camping grounds, retirement villages and rest homes for the rehabilitation and care of any group.</p>
<p>"Place of assembly" means land or buildings for the purposes of the congregation of people for deliberation, entertainment, cultural, recreation or similar purposes and includes, but is not necessarily limited to, churches, halls, community facilities, funeral chapels including crematorium on the same site, clubrooms, taverns, restaurants, art galleries, theatres, sports fields, and tourist facilities.</p>
<p>"Retailing" means any activity on land and/or within a building or part of a building whereby goods and services are sold, exposed or offered for sale to the public, but does not include the sale of fuel for motor vehicles, restaurants, warehouses, or the storage, distribution or assembly of goods.</p>

2.6.3 Public Safety Bylaw 2014 (Amended 2019)

Pursuant to section 147 of the LGA, territorial authorities may make bylaws for the purpose of prohibiting or regulating the following:

- The consumption of alcohol in public places;
- The bringing of alcohol into public places;
- The possession of alcohol in public places.

Council has adopted an alcohol ban within its Public Safety Bylaw. A 24-hour, seven day a week alcohol ban is in force within the townships of Matamata, Morrinsville, Te Aroha and Waharoa. This has been in place since 2009.

The purpose of the bylaw is to provide for alcohol-free zones to prevent disorderly behaviour and criminal offending linked to the consumption of alcohol. The bylaw also provides the Police with an effective way of addressing the negative effects associated with the consumption of alcohol in

public places, without impacting on residents.

Please refer to the bylaw on our website (mpdc.govt.nz) for maps detailing alcohol bans currently in force in the District.

3 Licensed Premises

3.1 The Alcohol and Hospitality Industry

Alcohol is a multi-billion dollar industry; contributing \$1.92 billion to New Zealand's GDP. Alcohol is also a major export, with approximately 33% of alcohol made in New Zealand sold overseas.¹⁵

The production and sale of alcohol can be broadly categorised into the following four groups:

- Growers – e.g. vineyards;
- Manufacturers – wineries, breweries and distillers;
- Retail distributors – supermarkets, bottle stores and grocery stores;
- Hospitality sector – cafes, restaurants, bars and clubs.¹⁶

It is not possible to calculate the economic contribution of the alcohol industry alone, however the hospitality industry has been used as an example as these venues often sell alcohol and can provide an indication of its economic contribution. The Restaurant Association Hospitality Report noted that nationally, the hospitality sector achieved record sales of more than \$13.38 billion in the year ending September 2022, showing signs of post-COVID recovery with an increase of 7.7% on the previous year. The pubs, taverns and bars sector achieved a sales increase of \$357 million in the year to September 2022.¹⁷

The hospitality industry also plays an important role in the tourism industry, providing venues for food and entertainment. The International Visitor Survey by the Ministry of Business, Innovation and Employment (MBIE) showed that in October 2022 tourist spending in the Waikato matched its 2019 level at \$14.8m.¹⁸

The 2021 Infometrics Profile for the District noted the accommodation and food services industry contributes \$26.6m annually to the District's economy.¹⁹ This information demonstrates the importance of the sector and wider industry to the local economy.

3.1.1 Availability of Alcohol

35 million litres of pure alcohol were available for consumption in 2018 – an average of two standard drinks per person a day. Pure alcohol available for consumption in New Zealand has decreased slightly for beer (0.5% decrease), but has increased for spirits (35% increase), spirit-based drinks (22% increase), and wine (7% increase).²⁰

Alcohol Healthwatch noted that in 2020 there were more than 11,000 businesses that sold alcohol in New Zealand comprising of:

- 1,641 sports club and other club licences;
- 6,628 on-licences (bars, restaurants, cafés, etc); and
- 2904 off -licences (including 942 bottle stores, 341 grocery stores, 327 supermarkets, 233 tavern off -licences, 92 brewers, 58 chartered clubs, 16 distilleries, 150 hotels, 266 mail order

¹⁵ Ministry of Justice; Regulatory Impact Statement Sale and Supply of Alcohol (Community Participation) Amendment Bill <https://www.treasury.govt.nz/sites/default/files/2022-12/ria-justice-ssaab-nov22.pdf>

¹⁶ ActionPoint; The Alcohol Industry in New Zealand <https://www.actionpoint.org.nz/the-alcohol-industry-in-new-zealand>

¹⁷ One News Article: NZ hospitality industry bounces back after two slow years <https://www.1news.co.nz/2022/12/05/nz-hospitality-industry-bounces-back-after-two-slow-years/>

¹⁸ Stuff.co.nz Article: Here's where tourists are returning fastest <https://www.stuff.co.nz/business/industries/130678153/heres-where-tourists-are-returning-fastest>

¹⁹ Infometrics; Matamata-Piako District 2021 Annual Economic Profile <https://ecoprofile.infometrics.co.nz/matamata-piako%2Bdistrict/PDFProfile>

²⁰ Key facts about drinking in New Zealand <https://resources.alcohol.org.nz/resources-research/alcohol-research/nz-statistics/>

only, 234 wine makers, 242 other).

3.2 Number and Location of Licensed Premises in the District

As at 18 January 2023, there were a total of 109 licensed premises located in the District; comprising of: 46 on-licences, 34 off-licences and 29 club-licences.²¹

3.2.1 On-Licensed Premises

	Matamata Urban	Matamata Rural	Morrinsville Urban	Morrinsville Rural	Te Aroha Urban	Te Aroha Rural	Total
Café/ Restaurant	13	2	8	-	4	1	28
Tavern	2	1	1	1	2	1	8
Other (General/ Function Centre/ Catering)	3	3	1	1	1	1	10
Total On-Licences	18	6	10	2	7	3	46

3.2.2 Off-Licensed Premises

	Matamata Urban	Matamata Rural	Morrinsville Urban	Morrinsville Rural	Te Aroha Urban	Te Aroha Rural	Total
Supermarket/ Grocery Store	3	1	2	-	3	-	9
Bottle Store	5	-	6	-	4	-	15
Pub/Tavern	1	1	-	2	-	1	5
Club	2	-	-	-	-	-	2
Other	-	2	1	-	-	-	3
Total Off-Licences	11	4	9	2	7	1	34

²¹ The number of licensed premises is subject to change due to the dates for renewal across licences.

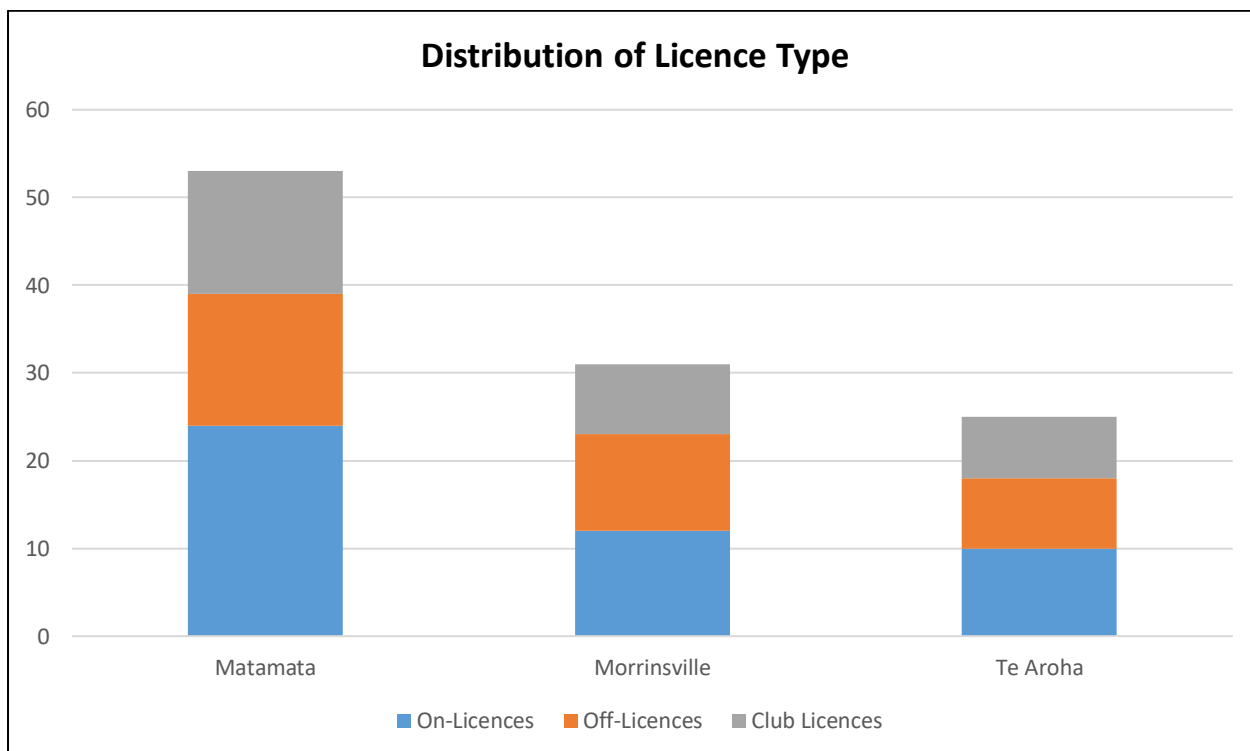
3.2.3 Club Licensed Premises

	Matamata Urban	Matamata Rural	Morrinsville Urban	Morrinsville Rural	Te Aroha Urban	Te Aroha Rural	Total
Club Licences	7	7	7	1	6	1	29

3.2.4 Total Licensed Premises

Area	On-licences	Off-licences	Club Licences	Total
Matamata Ward	24	15	14	53
Morrinsville Ward	12	11	8	31
Te Aroha Ward	10	8	7	25
TOTAL	46	34	29	109

Figure 4: Distribution of Licence Type by Ward



3.2.5 Special Licences

A special licence allows the sale and supply of alcohol at an event such as a sporting event, concert or private function (e.g. weddings, birthday celebrations). The below table details the number of special licences granted since 2017/18.

In general special licences tend to be issued for evening events from around 5pm to 12 Midnight/1:00am.

Financial Year	Special Licences Granted
2021/22	46
2020/21	74
2019/20	70
2018/19	83
2017/18	92

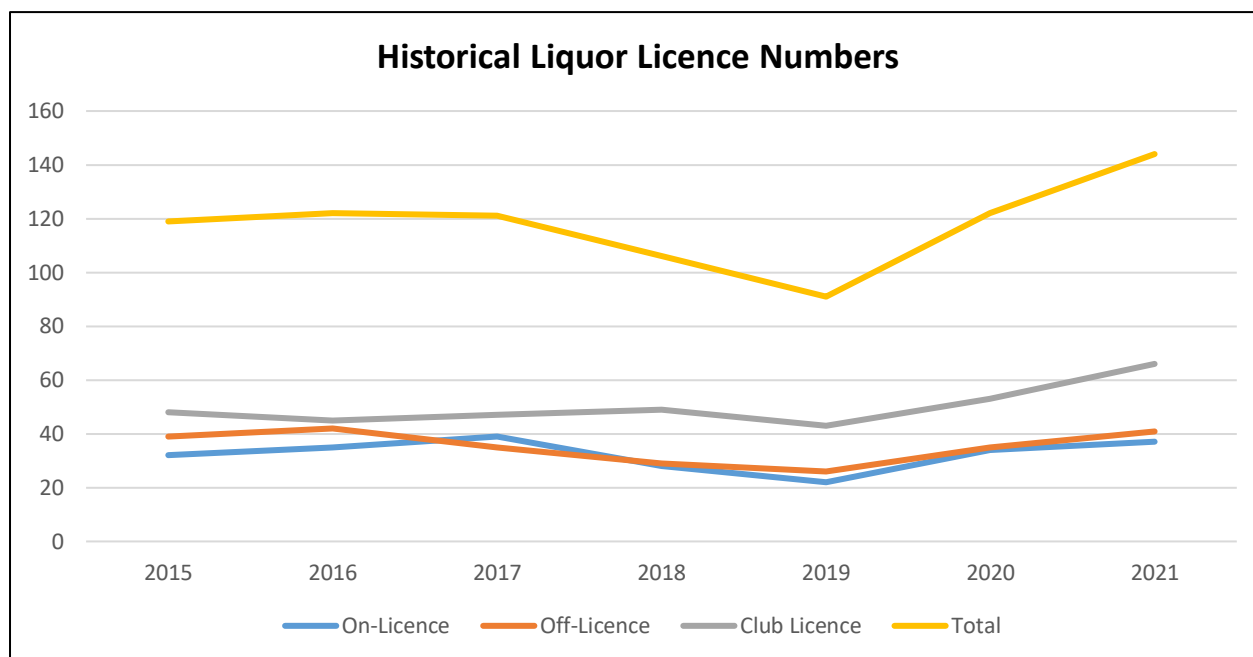
3.3 Number of Licensed Premises over Time

The total number of licences in the District has increased by 19% since 2017 (when the current LAP came into effect). The number of on licences has reduced slightly (-5%), whilst off-licences and club-licences have increased (17% and 40% respectively). Over the same period, the District's population is estimated to have increased by around 5.7%.²²

Year	On-Licence	Off-Licence	Club Licence	Total
2021	37	41	66	144
2020	34	35	53	122
2019	22	26	43	91
2018	28	29	49	106
2017	39	35	47	121
2016	35	42	45	122
2015	32	39	48	119

²² Infometrics Matamata-Piako Regional Economic Profile <https://ecoprofile.infometrics.co.nz/matamata-piako%2Bdistrict/Population/Growth>

Figure 5: Historical Liquor Licence Numbers²³



3.4 Number of Licensed Premises Relative to Population

The following table shows that for every 250.2 adults over 18 in the District, there is a licensed premise. The ratio of licensed premises to adults is highest in Matamata where there are 209.5 adults per premise.

Ward	Population (2022) Statistics NZ Estimate ²⁴	Licensed Premises	Number of Adults (over 18) Per Licensed Premises
Matamata	11,104	53	209.5
Morrinsville	10,288	31	331.9
Te Aroha	6,632	25	265.3
District	28,024	112	250.2

3.5 Hours of Operation

The default national maximum trading hours as stated in section 43 of the Act are:

On and club licences: 8am to 4am

Off-licences: 7am to 11pm

The following charts show the hours permitted granted for each licence to trade. Note that the hours permitted for the licensed premises may not be the actual operating hours. This is because venues may decide to open later/close earlier depending on a range of issues including staffing and patronage.

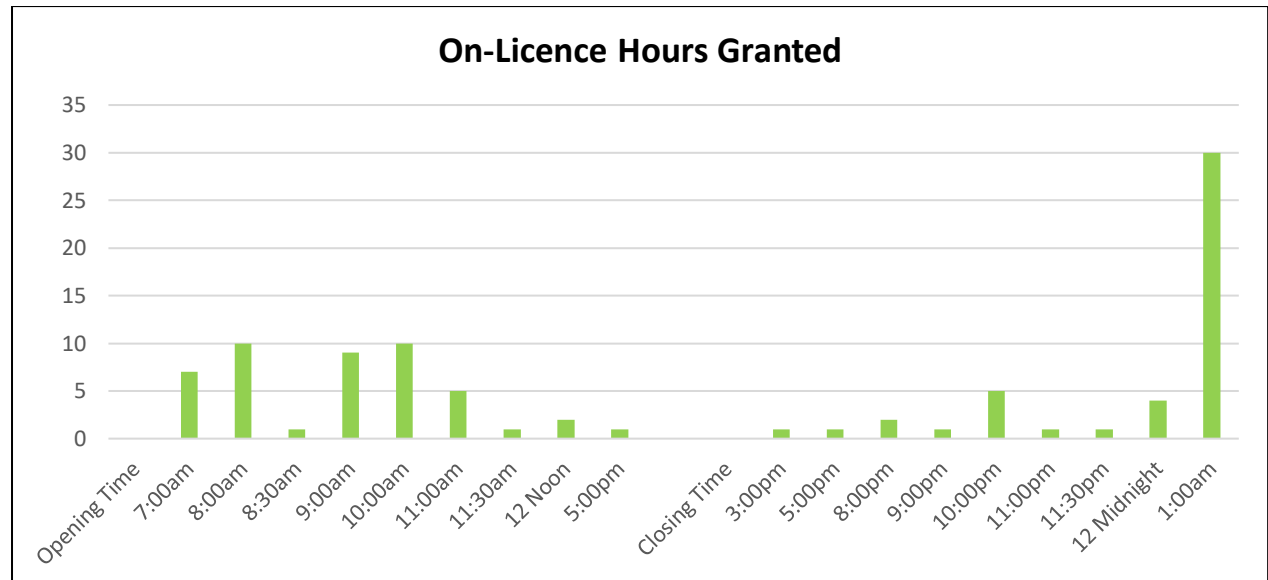
²³ This information is gathered from Council's annual returns to ARLA. This document details all new licence applications as well as annual fees collected for existing licences.

²⁴ Stats NZ Subnational population estimates at 30 June 2022. An approximate figure to determine adults over 18 has been calculated by adding 2/5ths of the 15-19 age group to the 20+ population.

3.5.1 On-Licences

Opening hours granted for on-licences in the District are wide ranging, with most opening between 7:00am and 10:00am. The majority of on-licences have been issued with the maximum closing time of 1:00am.

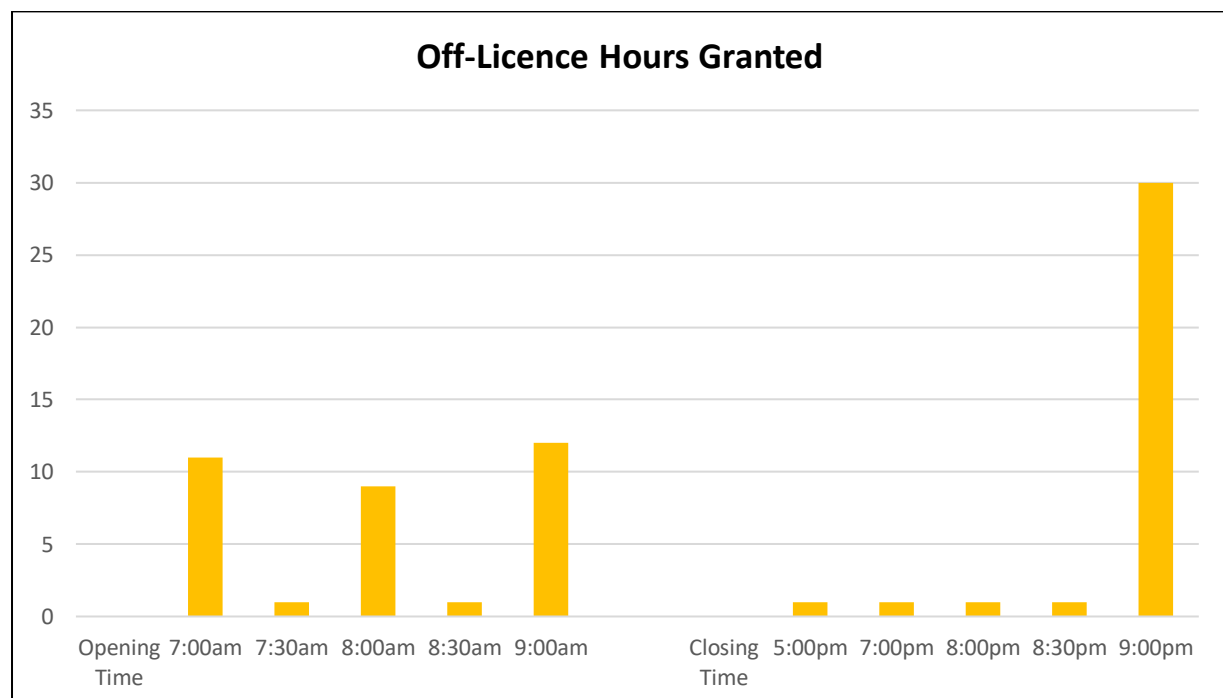
Figure 6: On-Licence Hours Granted as Per Licence



3.5.2 Off-Licences

Opening hours vary for off-licences in the District are wide ranging, with most opening at either 7:00am, 8:00am or 9:00am. The majority of off-licences have been issued with the maximum closing time of 1:00am.

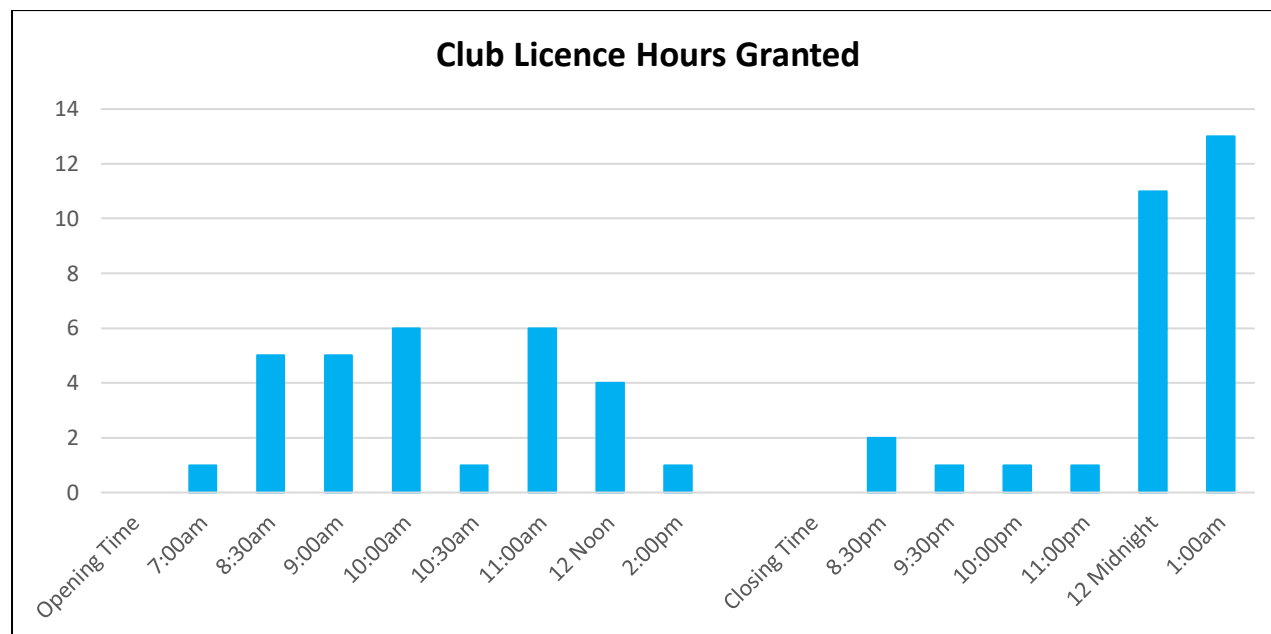
Figure 7: Off-Licence Hours Granted as Per Licence



3.5.3 Club Licences

Club licence opening hours vary due to the range of activities/sports associated with the venues. 11 club licences been issued with the closing time of 12 Midnight with 13 granted the maximum closing time of 1:00am.

Figure 8: Club Licence Hours Granted as Per Licence



3.5.4 Premises and Maximum Trading Hours Granted

Premises Name	Hours Granted Under Licence (Monday to Sunday, unless specified)
On-Licences	
Matamata Ward	
Workmans Cafe & Bar	7:00am until 1:00am
The Shire's Rest	7:00am until 1:00am
Thai Royal Restaurant	11:00am until 12 Midnight
The Redoubt Bar and Eatery Matamata	7:00am until 1:00am Outside Area – 9:00am until 11.00pm (only while dining)
Te Poi Tavern	8:00am until 1:00am
The Green Dragon (Function Centre)	9:00am until 1:00am
Fez Kebab	10:00am until 1:00am

Premises Name	Hours Granted Under Licence (Monday to Sunday, unless specified)
Star Food Cafe	Tuesday to Sunday 5:00pm to 8:00pm
Matamata Function Centre Ltd	9:00am until 1:00am
Red Barn Catering Limited	11:00am until 1:00am
Trac Sports Bar	7:00am until 1:00am
Osteria Matamata	Restaurant, Lounge and Wine Bar: 10:00am until 1:00am Outside Area: 10:00am until 11:00pm (only when dining)
Good Merchant	8:00am until 1:00am Outside Area – 9:00am until 11:00pm
Indian Flame Restaurant and Bar	11:00am until 10:00pm
The Hub (Hobbiton)	7:00am until 1:00am
Pepper Street Kitchen	12 Noon until 1:00am
J Swap Contractors Limited	12 Noon until 1:00am
Horse and Jockey Inn	8:30am until 1:00am Outside Area: Monday to Sunday 8:30am until 11:00pm (only when dining)
Osteria Function Room	10:00am until 1:00am
Indian Tadka Restaurant	11:30am until 10:00pm
Due South Bar and Eatery	9:00am until 1:00am Outside Area – 10:00am until 11:00pm (only when dining)
Sofra	10:00am until 11:00pm
Loft Hair & Co	Monday, Tuesday & Friday – 10:00am until 5:00pm Wednesday & Thursday – 10:00am until 8:00pm Saturday: 10:00am until 5:00pm
Food Trip Limited	Tuesday to Sunday – 10:00am until 9:00pm
Morrinsville Ward	
Tahuna Tavern	Monday to Saturday – 8:00am until 1:00am

Premises Name	Hours Granted Under Licence (Monday to Sunday, unless specified)
	Sunday – 8:00am until 11:00pm
The Nottingham Castle Hotel	8:00am until 1:00am
Curry Delight Indian Restaurant	10:00am until 11:30pm
Caffeine at Fitness Furnishings	Monday to Friday: 8.00am until 5.00pm Saturday: 9.30am until 12 Noon
Roadhouse Bar & Grill	9:00am until 1:00am
Village Kitchen	7:00am until 1:00am
The Redoubt Bar and Eatery Morrinsville	9:00am until 1:00am Outside Area: 9:00am until 11:00pm
The Top Pub and Eatery	9:00am until 1:00am
Morrinsville Thai Restaurant Ltd	10:00am until 1:00am
Loxies	10:00am until 12:00 Midnight Outside Area - Monday to Sunday 10:00am until 11:00pm (only when dining)
Most Wanted Toasties Cafe	Monday to Friday: 8.00am until 3.00pm
Chambers Bar and Grill	10:00am until 1:00am
Te Aroha Ward	
Waihou Tavern	Monday to Saturday: 8.00am until 1.00am Sunday: 10.00am until 11.00pm
Taj Indian Restaurant and Takeaways	11:00am until 10:00pm
Te Aroha Hotel (2016) Ltd - The Palace	Monday to Saturday: 8:00am until 1:00am Sunday: 8:00am until 11:00pm
The Old Forge Kitchen	7:00am until 12.00 Midnight
Domain Cottage Café	9:00am until 10:00pm
Ironique 2017 Ltd	8:00am until 12 Midnight Outside Area – 8:00am until 11:00pm
The Grand Tavern	9:00am until 1:00am

Premises Name	Hours Granted Under Licence (Monday to Sunday, unless specified)
The Duck and Cover	8:00am until 1:00am Outside Area – 8:00am until 11:00pm (only when dining)
Te Aroha Jockey Club	11:00am until 1:00am
Saz Kebab	9:00am until 10:00pm
Off-Licences	
Matamata Ward	
Countdown Matamata	7:00am until 9:00pm
Matamata Memorial RSA Inc	9:00am until 9:00pm
Super Liquor Matamata	7:00am until 9:00pm
Te Poi Tavern	8:00am until 9:00pm
New World Matamata	7:30am until 8:30pm
The Shire's Rest	8:00am until 9:00pm
Redberry Supermarket	7:00am until 9:00pm
Green Dragon Shop	8:00am until 9:00pm
Thirsty Liquor Matamata	9:00am until 9:00pm
Blackbull Liquor Matamata	9:00am until 9:00pm
Good Merchant	8:00am until 9:00pm
Te Poi Supermarket	7:00am until 8:00pm
Matamata Liquorland	9:00am until 9:00pm
Matamata Liquor Spot	9:00am until 9:00pm
Matamata Club Incorporated	8:30am until 9:00pm
Morrinsville Ward	
Countdown Morrinsville	7:00am until 9:00pm
Tahuna Tavern	8:00am until 9:00pm
Blackbull Liquor Morrinsville Limited	9:00am until 9:00pm

Premises Name	Hours Granted Under Licence (Monday to Sunday, unless specified)
The Nottingham Castle Hotel Super Liquor	9:00am until 9:00pm
Brews Liquor	7:00am until 9:00pm
Smugglers Liquor Morrinsville	8:00am until 9:00pm
The Top Pub and Eatery	9:00am until 9:00pm
Morrinsville New World	7:00am until 9:00pm
Premium Spirits and Wines	9:00am until 9:00pm
The Bottle-O Morrinsville	7:00am until 9:00pm
Annah Stretton Wines Limited	<u>Dispatch Times</u> Monday to Friday – 8:00am until 5:00pm <u>Online Sales</u> 24 hours a day
Te Aroha Ward	
Countdown Te Aroha	7:00am until 9:00pm
Thirsty Liquor	9:00am until 9:00pm
Waihou Tavern	Monday to Saturday: - 8:00am until 9:00pm Sunday – 10:00am until 9:00pm
Te Aroha Liquor	9:00am until 9:00pm
Te Aroha Liquor Centre	8:00am until 9:00pm
Te Aroha Supermarket	7:00am until 7:00pm
Te Aroha Four Square	7:00am until 9:00pm
The Bottle-O Te Aroha	9:00am until 9:00pm
Club Licences	
Matamata Ward	
Hinuera Bowling Club	8:30am until 10:00pm
Hinuera Rugby and Sports Incorporated	12 Noon until 12 Midnight

Premises Name	Hours Granted Under Licence (Monday to Sunday, unless specified)
Matamata Golf Club	Sunday to Friday – 10:30am until 10:30pm Saturday – 10:30am until 12 Midnight
Matamata Social Club	7:00am until 1:00am
Waharoa Club Incorporated	11:00am until 1:00am
United Matamata Sports	Monday to Wednesday - 12 Noon until 10:00pm Thursday, Friday & Saturday - 12 Noon until 12 Midnight Sunday - 12 Noon until 10:00pm
Matamata Club Incorporated	8:30am until 1:00am
Matamata Memorial RSA (Inc)	9:00am until 1:00am
Matamata Clay Target Club	Wednesday to Sunday: 11:00am until 9:30pm The first Sunday of each Month: 2:00pm until 9:00pm
Piako Gliding Club	11:00am until 12 Midnight
Matamata Association Football Club	Monday to Friday: 5:00pm until 11:00pm Saturday & Sunday: 11:00am until 11:00pm
United Matamata Squash Club Incorporated	Monday to Friday: 12 Noon until 12 Midnight Saturday and Sunday: 10:00am until 12 Midnight
Matamata RSA & Citizens Bowling Club	8:30am until 8:30pm
Walton Golf Club Inc	Sunday to Monday - 10:00am until 10:00pm Saturday: - 10:00am until 12 Midnight
Morrinsville Ward	
Morrinsville Bowling Club	8:30am until 8:30pm
Morrinsville Squash Rackets Club Inc	11:00am until 1:00am
Morrinsville Golf Club Incorporated	Monday to Thursday: 10:00am until 11:00pm Friday to Sunday & Public Holidays: 10:00am until 1:00am
Morrinsville District Memorial RSA Inc.	9:00am until 1:00am
The Town and Country Club	12 Noon until 1:00am

Premises Name	Hours Granted Under Licence (Monday to Sunday, unless specified)
Kereone Rugby and Sports Club	Monday, Tuesday and Thursday: 6:00pm until 10:00pm Wednesday & Friday: 5:00pm until 12 Midnight Saturday: 10:00am until 1:00am Sunday: 12 Noon until 7:00pm
Morrinsville Rugby Sports & Recreation Club	Monday to Wednesday: 12 Noon until 12 Midnight Thursday to Saturday: 12 Noon until 1:00am Sunday: 12 Noon until 11:00pm
Tahuna Golf Club	10:00am until 12 Midnight
Te Aroha Ward	
Te Aroha Club Inc	9:00am until 1:00am
Te Aroha College Old Boys Rugby & Sports Club	Monday to Thursday – 3:00pm until 9:00pm Friday – 3:00pm until 12 Midnight Saturday – 11:00am until 12 Midnight Sunday - 12 Noon until 10:00pm
Te Aroha Tennis and Squash Club Inc	Monday to Saturday – 9:00am until 1:00am Sunday – 9:00am until 10:00pm
Te Aroha Memorial RSA	9:00am until 1:00am
Tui Park Bowling Club	Sunday to Friday – 8:30am until 10:30pm Saturday – 8:30am until 12 Midnight
Waihou Rugby Football & Sports Club	Monday to Thursday – 2:00pm until 10:00pm Friday & Saturday – 2:00pm until 12 Midnight Sunday – 2:00pm until 9:00pm
Te Aroha Golf Club	Monday to Friday – 10:00am until 10:00pm Saturday and Sunday - 10.00 until 12 Midnight

4. Demographic Profile

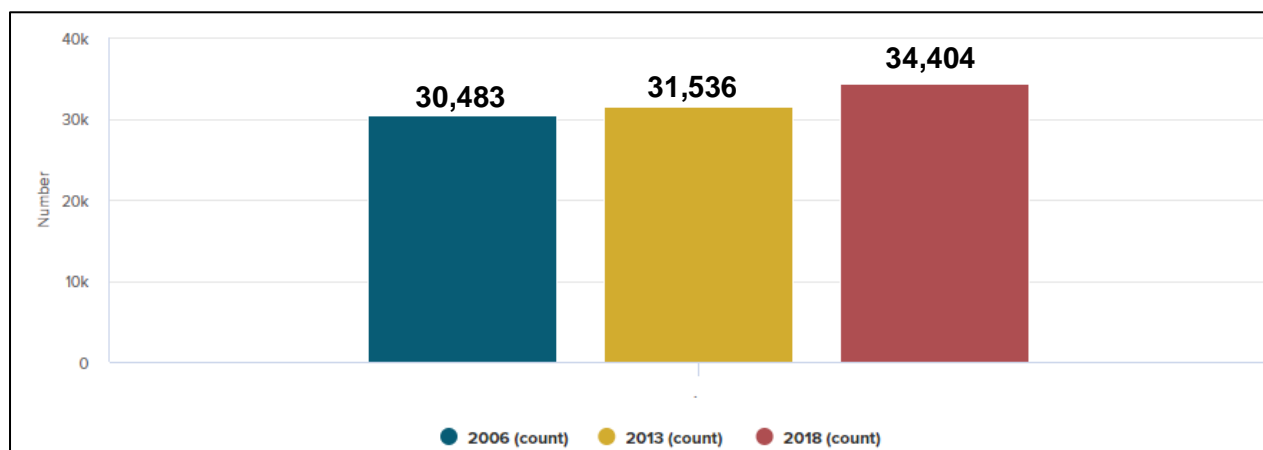
4.1 Population Data

4.1.1 Total Population

The most recent census was undertaken in 2018, and provides the information for this demographic profile. The next census will be held in March 2023.

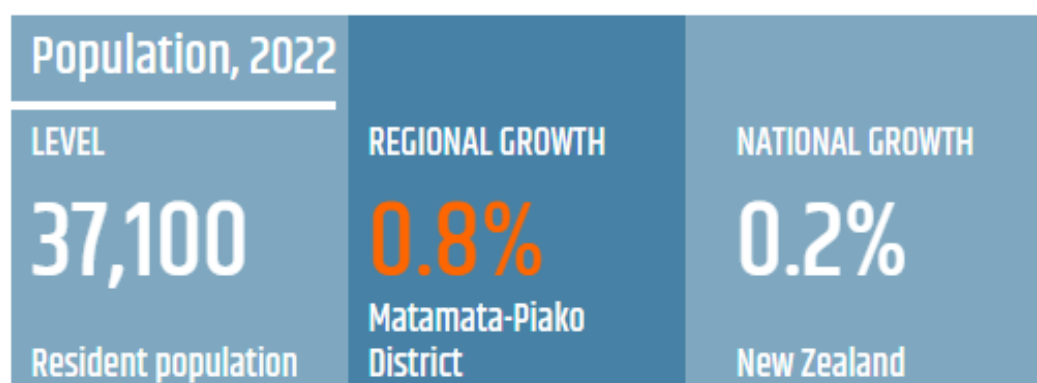
Results from the 2018 census shows that there were 34,404 people usually resident in the District. There has been an increase over time as demonstrated in the graph below, with a 9.1% increase since the 2013 census.

Figure 9: Matamata-Piako District Population 2006-2018 Censuses²⁵



In 2022, the District's population was estimated at 37,100, with growth of 0.8% - higher than the national rate of population growth at 0.2%.

Figure 10: 2022 Population Estimate and National Growth Comparison²⁶



4.1.2 Population Count by Age and Sex

The median age recorded in the census for the District was 40.8 years. The median age for Māori was reported as being significantly younger, at 24.4 years. There were 17,403 females and 17,001 males. The below graphs show the age distribution across the District and for Māori. These graphs

²⁵ 2018 Census Data Matamata-Piako District <https://www.stats.govt.nz/tools/2018-census-place-summaries/matamata-piako-district>

²⁶ Regional Economic Profile Matamata-Piako District <https://ecoprofile.infometrics.co.nz/matamata-piako%2bdistrict/Population>

show the differences between the ethnicities with, the Māori population having a significant younger cohort.

Figure 11: Age and Sex of People in Matamata-Piako District, 2018 Census (Overall)

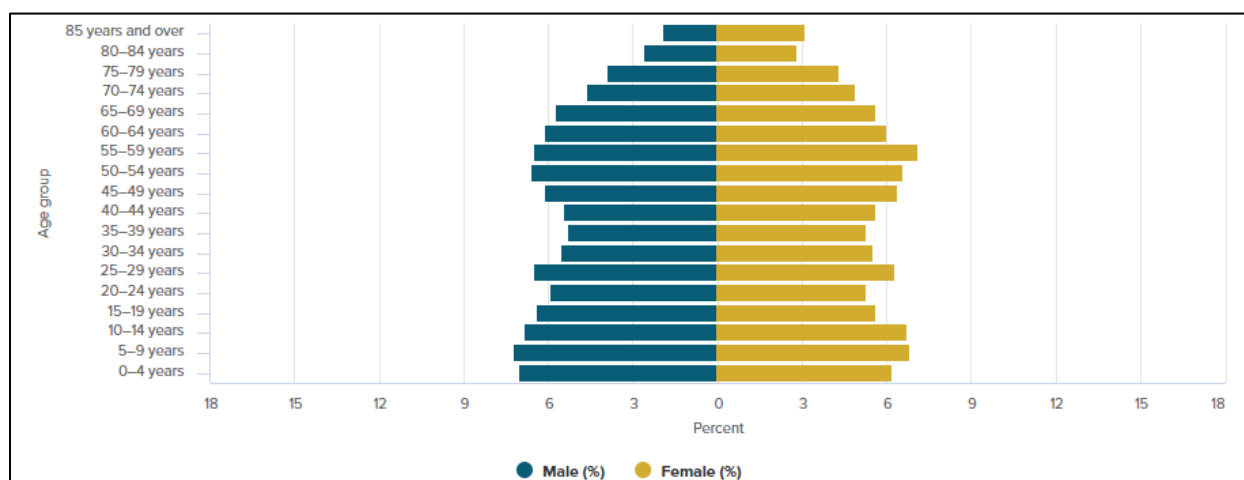
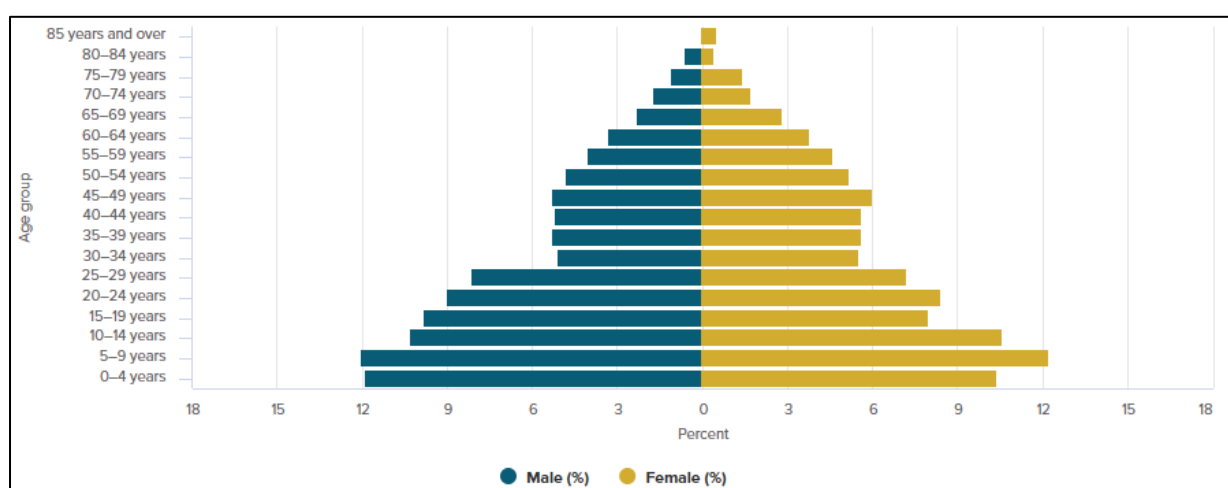


Figure 12: Age and Sex of People in Matamata-Piako District, 2018 Census (Māori)



4.1.3 Ethnicity Data

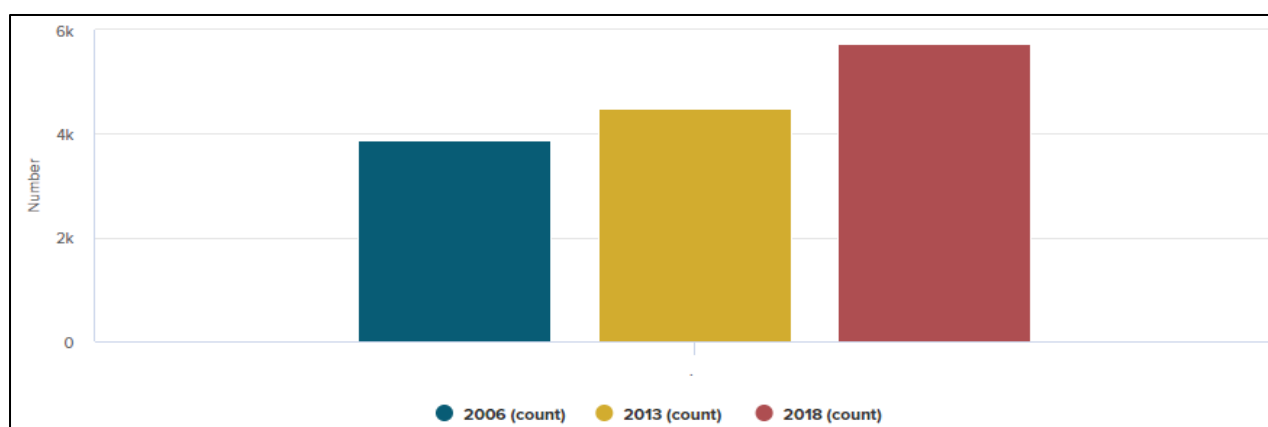
Ethnicity data shows that 84.4% of people living in the District identify as European, with 16.7% identifying as Māori. The below graph shows a percentage increase since the last census of 2.2% of the population identifying as European and 12.8% of the population identifying as Māori. Those who selected 'other ethnicity' fell from 12.2% in 2006 to 1.1% in 2018.

Figure 13: Ethnic Groups for people in Matamata-Piako District 2006-2018 Censuses

	2006 (%)	2013 (%)	2018 (%)
European	77.9	86.3	84.4
Māori	13.2	14.8	16.7
Pacific peoples	1.0	1.6	2.1
Asian	2.9	3.9	5.7
Middle Eastern/Latin American/African	0.4	0.6	0.7
Other ethnicity	12.2	1.8	1.1

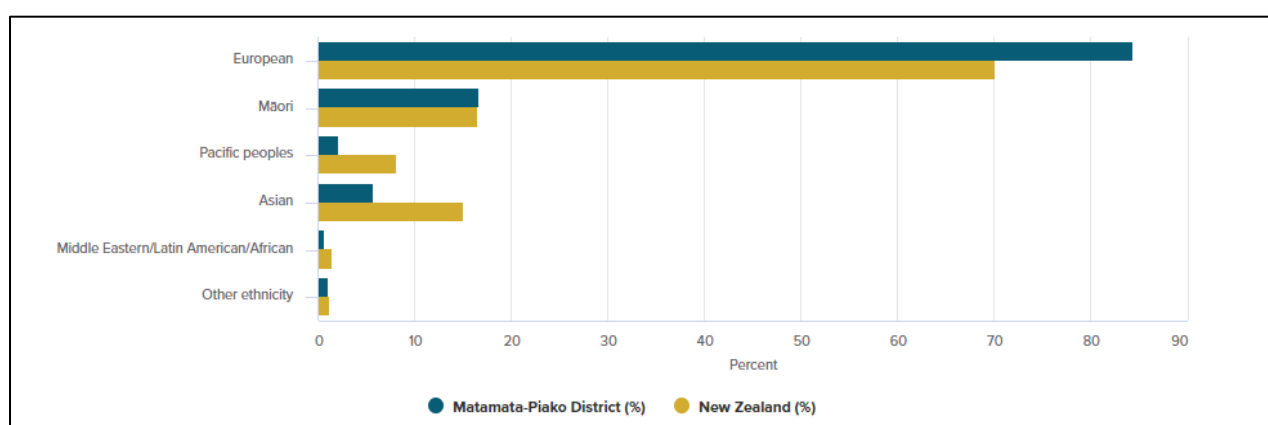
Where a person reported more than one ethnic group, they were counted in each applicable group.

Figure 14: Māori Population in Matamata-Piako District 2006-2018 Censuses



When compared to national data, Matamata-Piako has a higher number of people who identify as European, and a similar (slightly higher) percentage of people who identify as Māori. The District has a lower percentage of Asian and Pacific peoples than the national average as detailed in the graph below.

Figure 15: Ethnic Groups for people in Matamata-Piako District and New Zealand 2018 Census



4.2 Deprivation Data

The NZDep is an area-based measure of socioeconomic deprivation in New Zealand. The measure is based on nine census 2018 variables and is rated from 1 to 10, with 10 being the areas with the most deprived scores. The below tables and graphs show population counts by deprivation index

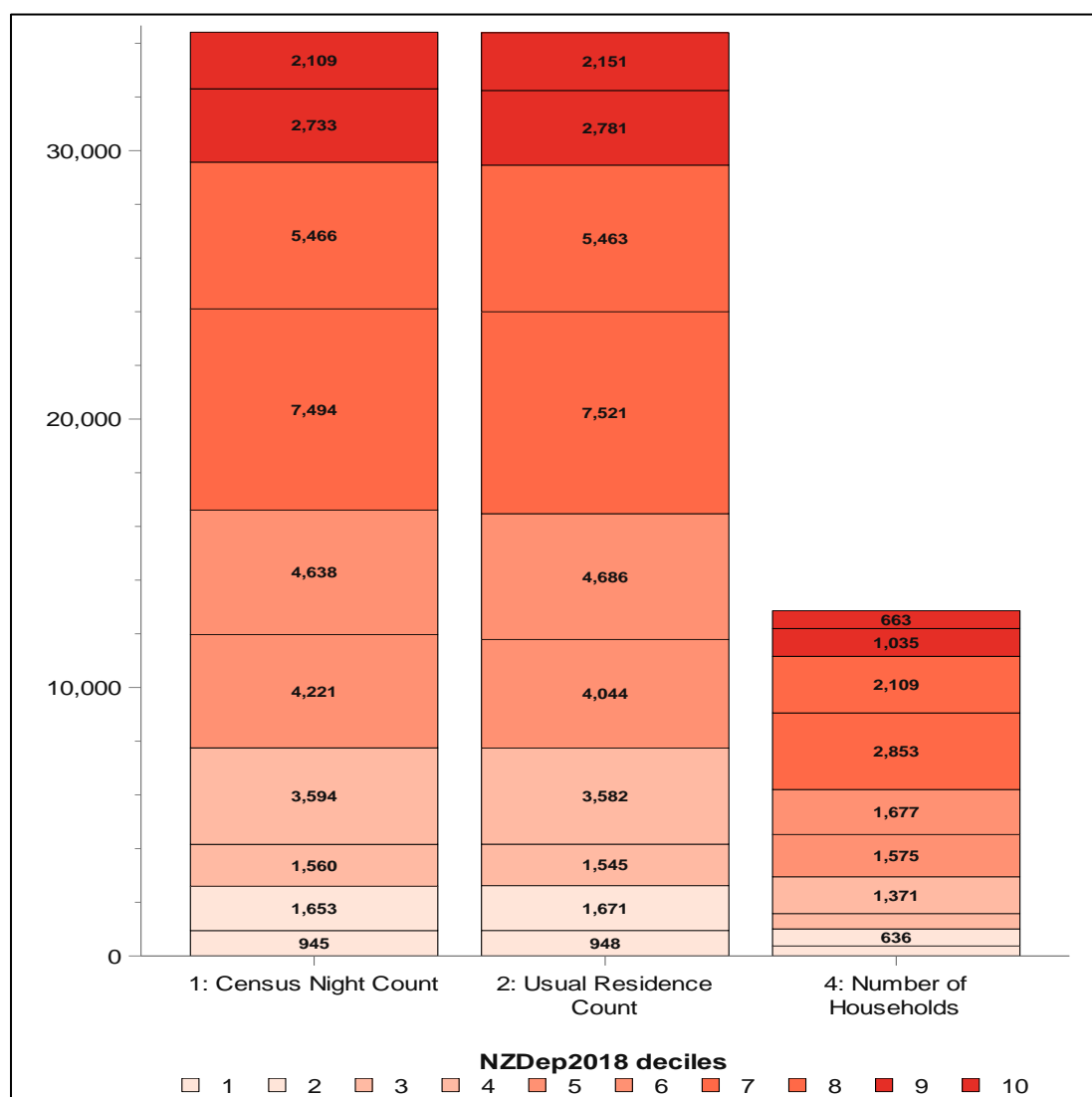
in the District.²⁷

Figure 16: Matamata-Piako District Population Counts (Percentage) by Decile

Population counts	% in each NZDep2018 decile										
	NZDep2018 decile										Total
	1	2	3	4	5	6	7	8	9	10	
Response categories											
1: Census Night Count	2.7	4.8	4.5	10.4	12.3	13.5	21.8	15.9	7.9	6.1	100.0
2: Usual Residence Count	2.8	4.9	4.5	10.4	11.8	13.6	21.9	15.9	8.1	6.3	100.0
4: Number of Households	2.9	4.9	4.4	10.7	12.2	13.0	22.2	16.4	8.0	5.2	100.0

Figure 17: Population Count by Decile

The below graph shows that the largest group by decile were in the 7-8 decile. 2,151 usual residents were recorded as being within decile 10 areas.



²⁷ NZDep2018 Analysis of Census 2018 Variables – TA15: Matamata-Piako District
<https://ourarchive.otago.ac.nz/handle/10523/11954>

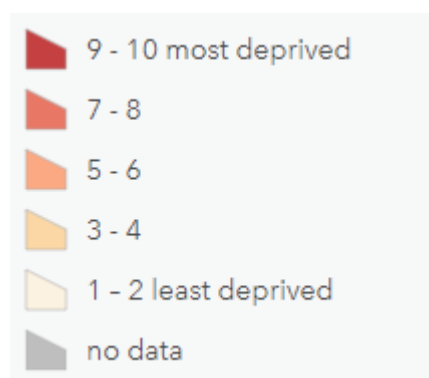
Figure 18: Matamata-Piako District Population Counts by Ethnicity (Percentage) by Decile

Ethnicity (total responses)	% in each NZDep2018 decile										
	NZDep2018 decile										Total
	1	2	3	4	5	6	7	8	9	10	
Response categories											
1: European	2.8	5.2	5.0	11.3	12.6	13.8	22.3	15.4	7.6	4.1	100.0
2: Maori	0.8	2.0	2.5	6.2	7.5	12.2	20.0	19.3	11.4	18.1	100.0
3: Pacific Peoples	0.4	2.0	2.8	8.1	8.1	14.2	19.4	23.1	11.3	10.5	100.0
4: Asian	5.0	6.2	2.7	9.3	9.1	13.8	21.5	16.5	9.9	5.9	100.0
5: Middle Eastern/Latin American/African	3.8	1.3	1.3	6.4	10.3	17.9	32.1	15.4	5.1	6.4	100.0
61: New Zealander	1.7	6.1	5.2	7.0	14.8	13.9	23.5	13.0	7.8	7.0	100.0
69: Other Ethnicity <u>nec</u>	7.1	7.1	7.1	0.0	14.3	28.6	7.1	7.1	21.4	0.0	100.0
6: Other Ethnicity	0.8	6.3	5.5	7.0	14.8	14.1	23.4	13.3	7.8	7.0	100.0

The following maps detail deprivation by meshblock in each of the three main towns in the District (Matamata, Morrinsville and Te Aroha). The maps use the below key with decile 1 representing areas with the least deprived NZDep2018 scores, and decile 10 representing areas with the most deprived NZDep2018 scores.²⁸

All three towns have areas of high deprivation, with Te Aroha having the most areas rated as 9-10 on the decile rating.

Figure 19: NZDep 2018 Decile Scale



²⁸ Environmental Health Intelligence New Zealand Socioeconomic Deprivation Profile
<https://ehinz.ac.nz/indicators/population-vulnerability/socioeconomic-deprivation-profile/>

Figure 20: Matamata Map NZDep 2018 Decile

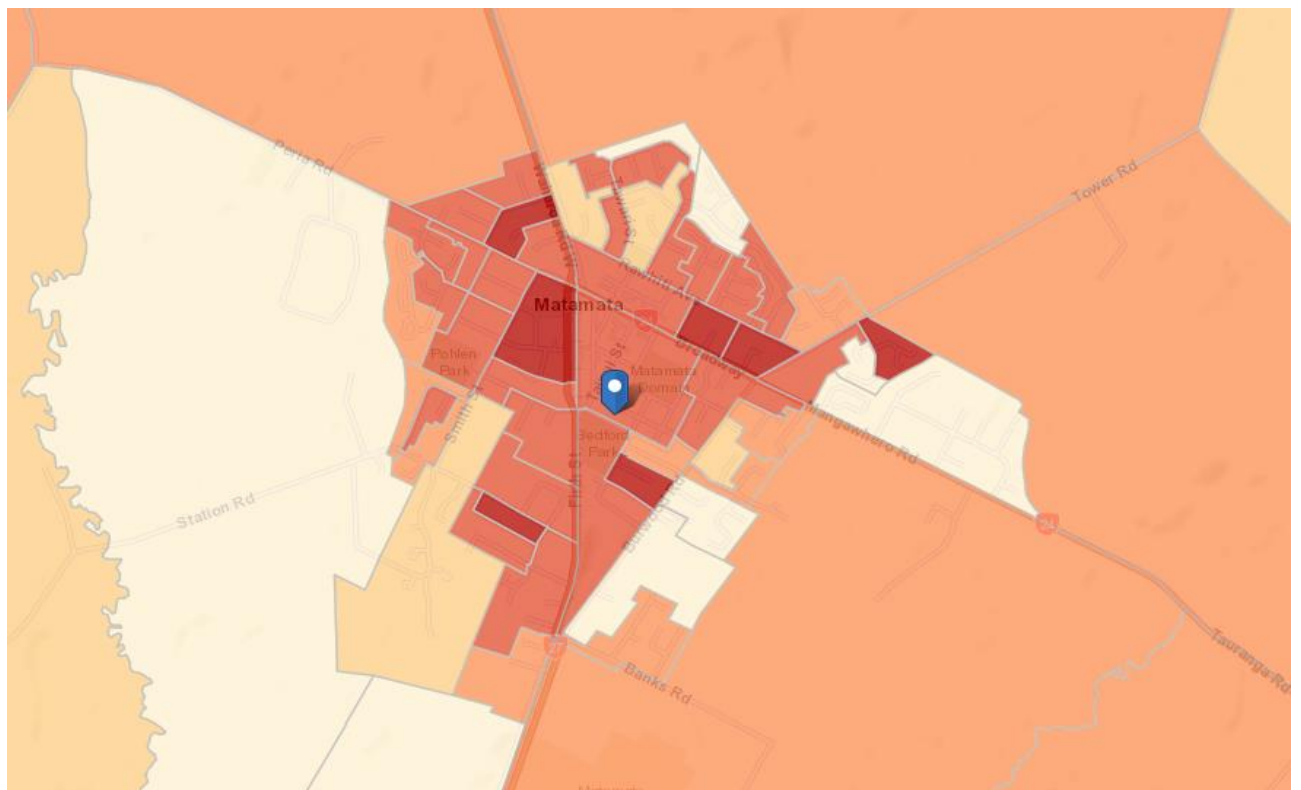


Figure 21: Morrinsville Map NZDep 2018 Decile

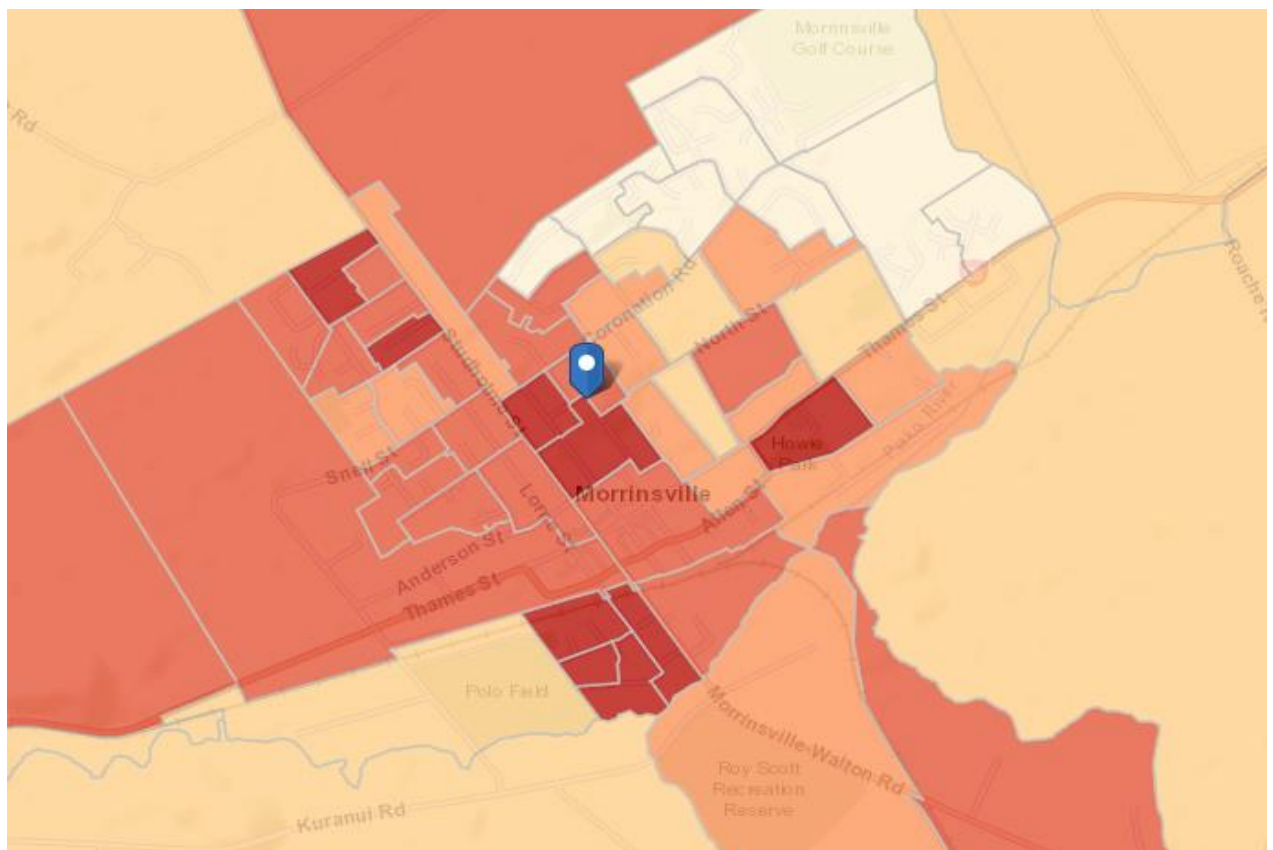
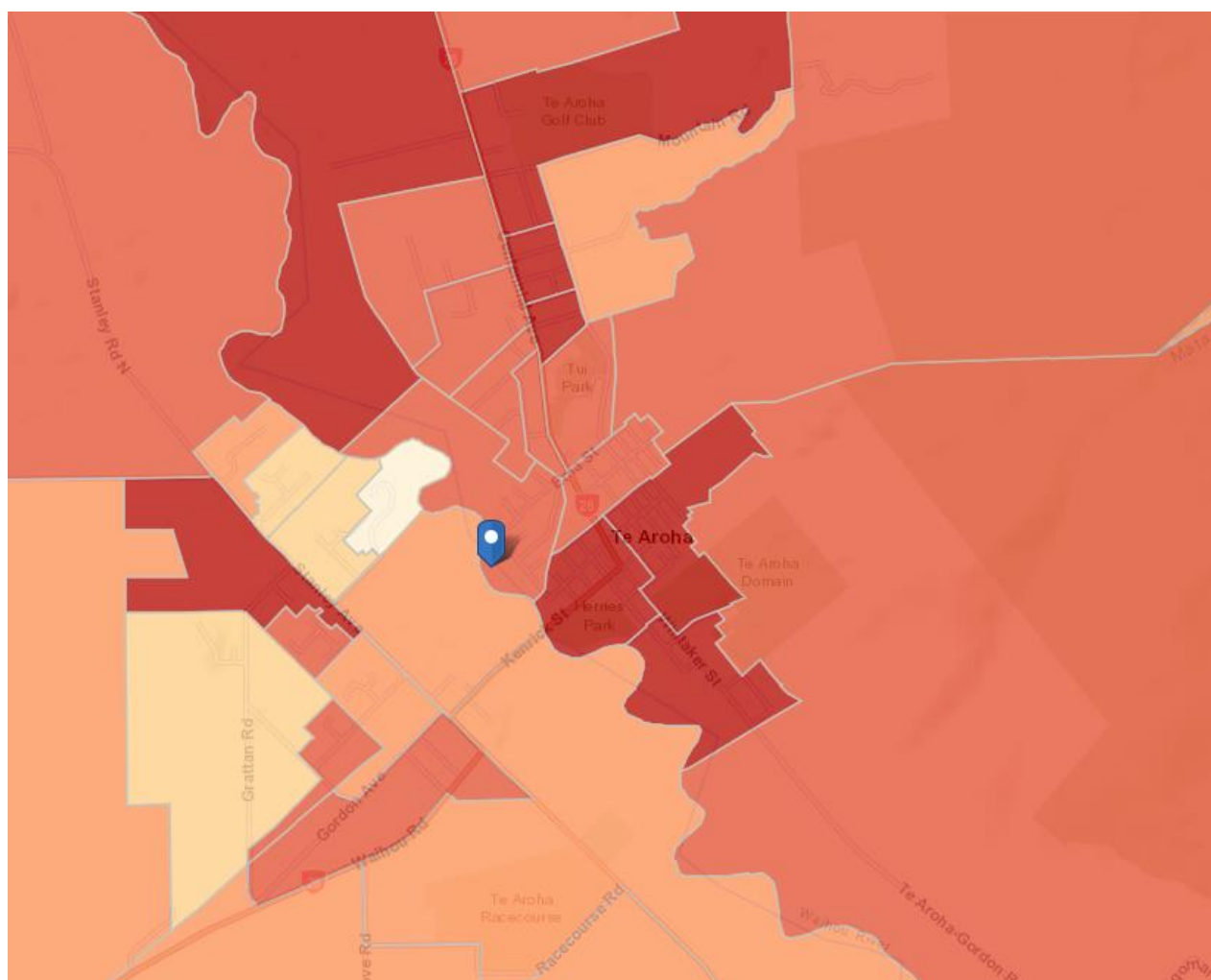


Figure 22: Te Aroha Map NZDep 2018 Decile



4.3 Tourists and Holiday Makers

4.3.1 Visitor Numbers

The District is home to a wide range of activities to entice holidaymakers (both domestic and international) and forms part of the 'golden triangle' between Auckland, Hamilton and Tauranga.

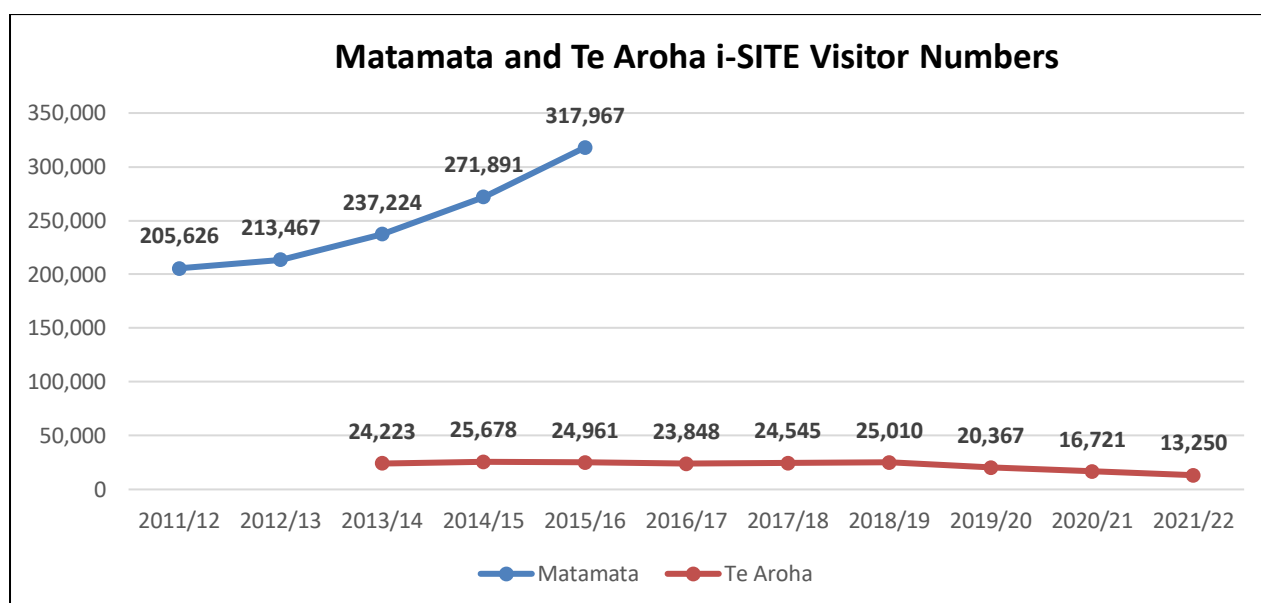
There are i-SITE's in Matamata, Morrinsville and Te Aroha providing assistance in finding and booking local activities, attractions, accommodation, and transport.

The graphs below show Matamata and Te Aroha i-SITE visitor numbers. Morrinsville i-SITE do not keep exact written records, and they have the AA Agency co-located in their office. As such it is difficult to provide exact visitor numbers. However, average visitor numbers across the AA, i-SITE and Chamber of Commerce are estimated to be in the vicinity of 30-50 a day, remaining the same for many years. Weekend numbers are lower without the AA being open, averaging at 15-20 most weekends in the summer, and half this in the winter and cooler months.

At the time of writing this report, more recent visitor numbers for the Matamata i-SITE were unavailable, however historic visitor information provided below shows Matamata tends to receive high visitor numbers, with Hobbiton a major visitor attraction in the area. A recent news article noted the positive signs of returning international tourists visiting Hobbiton following the COVID-19 pandemic²⁹, leading to benefits for the wider District.

²⁹ Stuff.co.nz Article: Aussies back spending cash at tourism hotspot Hobbiton Movie Set

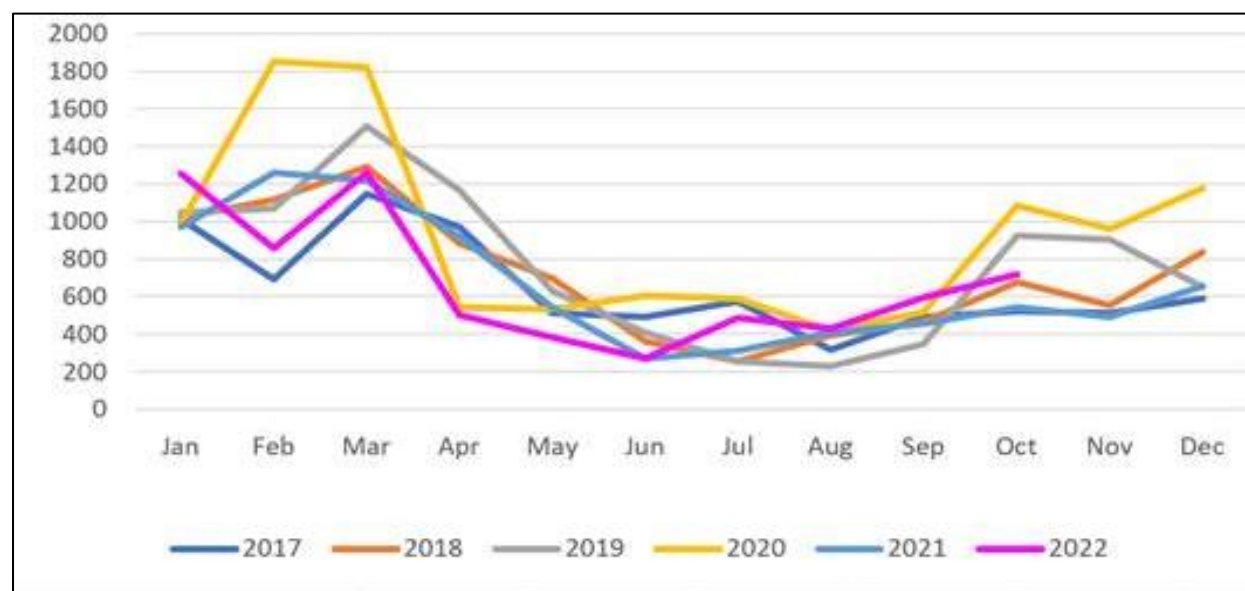
Figure 23: Visitor Numbers to Matamata and Te Aroha i-SITEs



Another measure of visitor numbers in the District is to look at the number of visitors to the Hauraki Rail Trail. This is a cycle trail that runs from Kaiaua on the Firth of Thames along historic railway lines through the towns of Te Aroha and ends in Matamata.

The Trail attracts many riders who enjoy both the trail and local attractions. The following visitor numbers were recorded at Tirohia (between Paeroa and Te Aroha) and Stanley Landing (between Te Aroha and Paeroa).³⁰

Figure 24: Visitor Numbers Recorded at Tirohia – Hauraki Rail Trail



<https://www.stuff.co.nz/travel/destinations/nz/waikato/300566289/aussies-back-spending-cash-at-tourism-hotspot-hobbiton-movie-set>

³⁰ Visitor Numbers provided by Hauraki Rail Trail Charitable Trust

Figure 25: Visitor Numbers Recorded at Stanley Landing – Hauraki Rail Trail

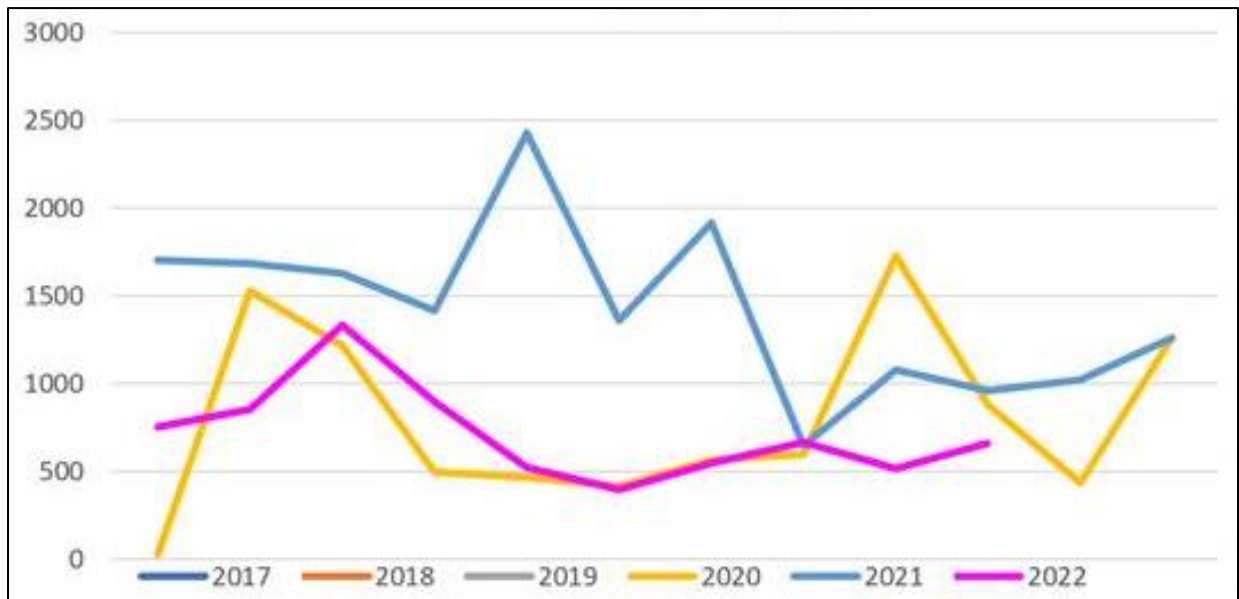
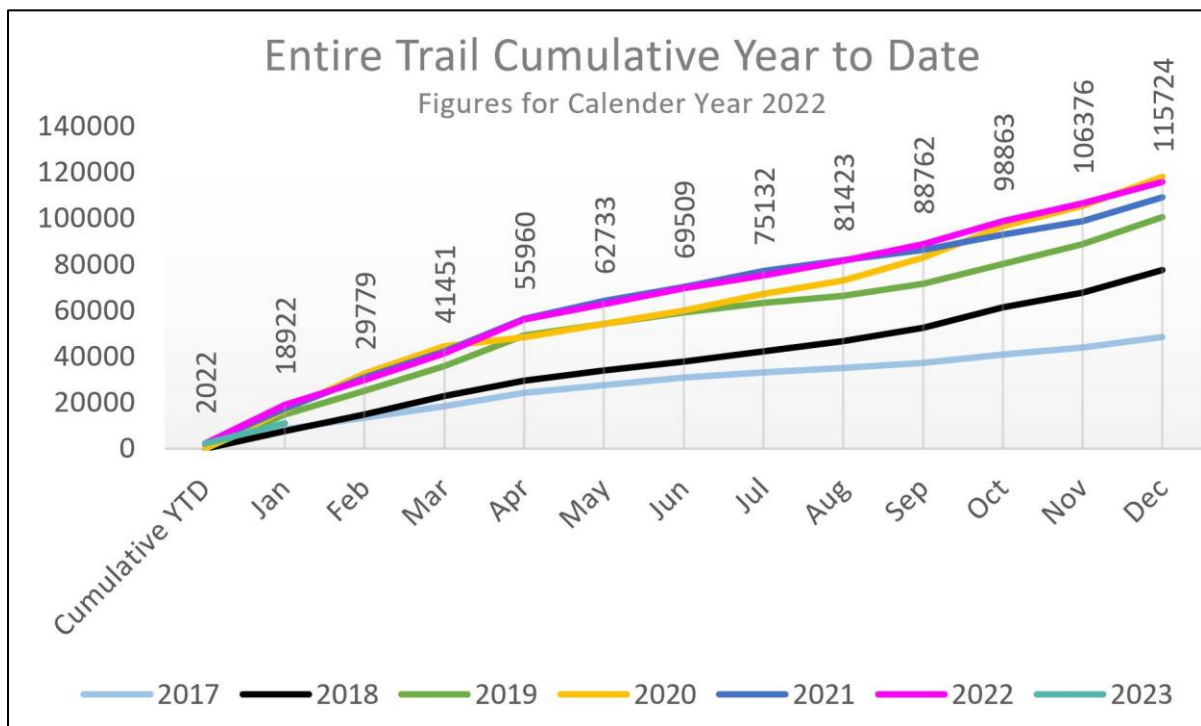


Figure 26: Entire Trail Users Cumulative Year to Date



Year End Users*

2017: 48,402

2018: 77,595

2019: 100,476

2020: 117,971

2021: 109,175

2022: 115,724

Generally, the District does not experience as significant fluctuations in holiday numbers over the summer period such as that experienced by neighbouring Council's with coastal towns. However, it is apparent from the above information that Hobbiton and the town of Matamata experience particularly high visitor numbers when compared with elsewhere in the District.

The expectations of visitors around access to alcohol should therefore be considered in the development of Council's draft LAP, in particular the high numbers of tourists in Matamata and their expectations around the availability of alcohol as well as the general economic benefits to the town and surrounding areas.

4.3.2 Guest Nights

The following information provided by Hamilton & Waikato Tourism details the total guest nights for commercial accommodation as well as a comparison of occupancy rates for the District compared to Waikato and New Zealand.

Figure 27: Guest Nights (Commercial Accommodation) Matamata-Piako District

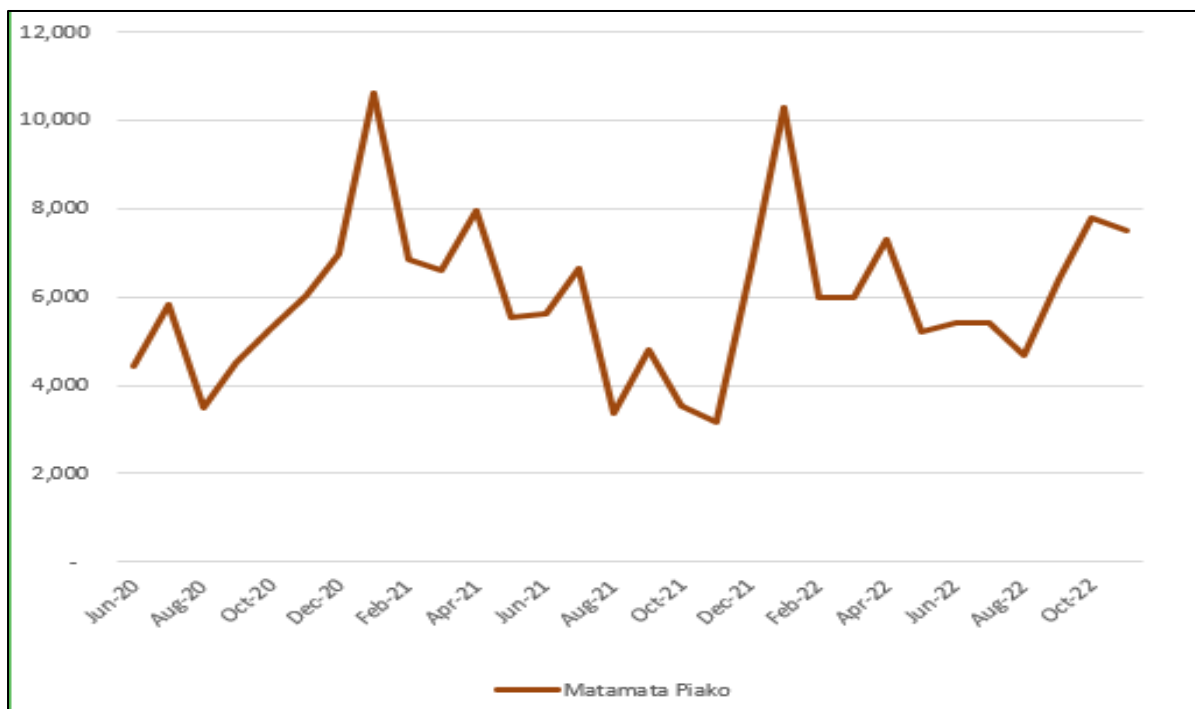
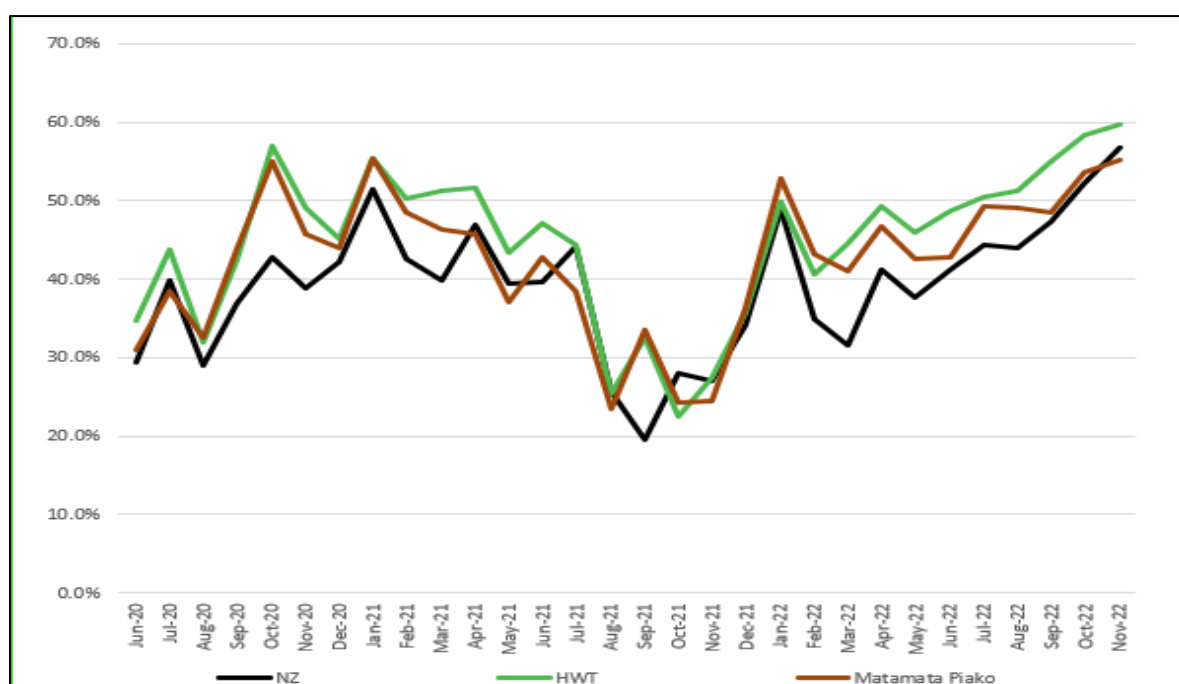


Figure 28: Occupancy Matamata-Piako Compared to Waikato and New Zealand (Commercial Accommodation)



4.3.3 Visitor Spend

Information provided by Hamilton & Waikato Tourism shows domestic visitor spend in the District remaining steady over the past few years, however international spend clearly shows the effects of COVID-19 on visitor numbers.

Tourism electronic card transaction expenditure showed that in the year ending October 2022, domestic and international tourists spend \$82.7m and \$4.1m in the District respectively. This demonstrates the valuable economic contribution visitors make to our District.

Figure 29: Total Domestic Spend Matamata-Piako 2019 - 2022

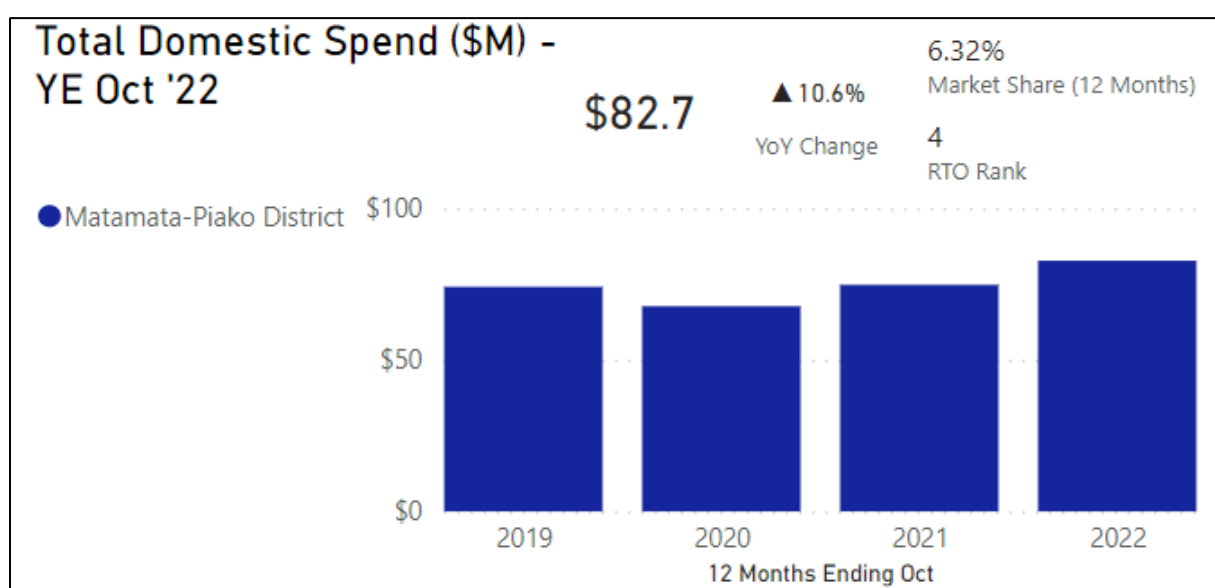
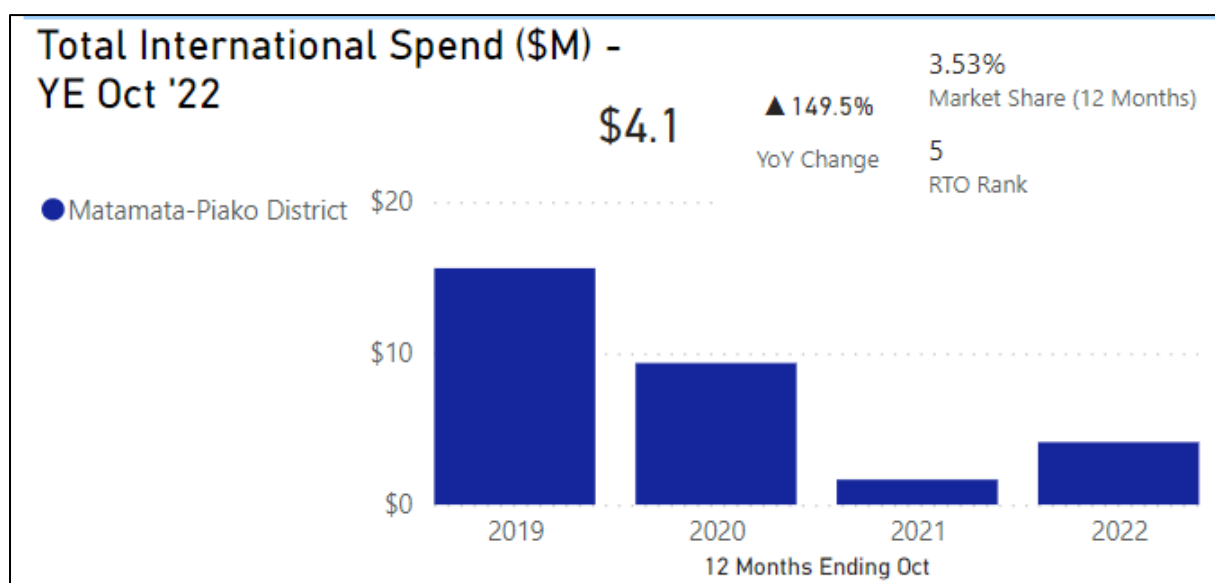


Figure 30: Total International Spend Matamata-Piako 2019 - 2022



4.3.4 Visitor Demographics

Domestic spending figures show that in the year ending October 2022, the majority of visitors were domestic (most were from the Waikato Region, followed by Auckland). The vast majority of international visitors were from Australia, followed by the United States of America.

Figure 31: Domestic Visitor Spend by Region of Origin

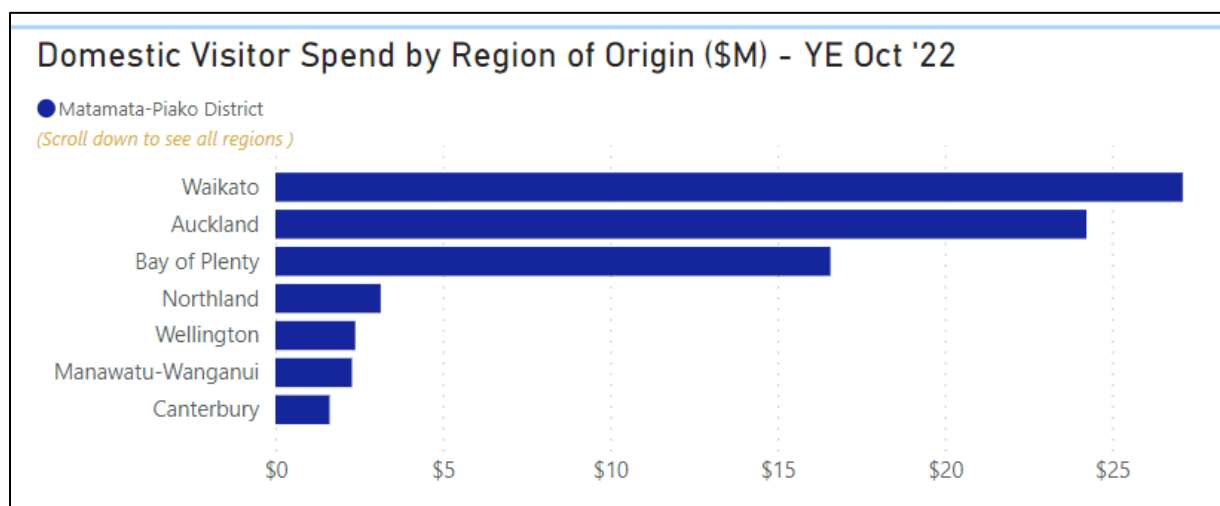
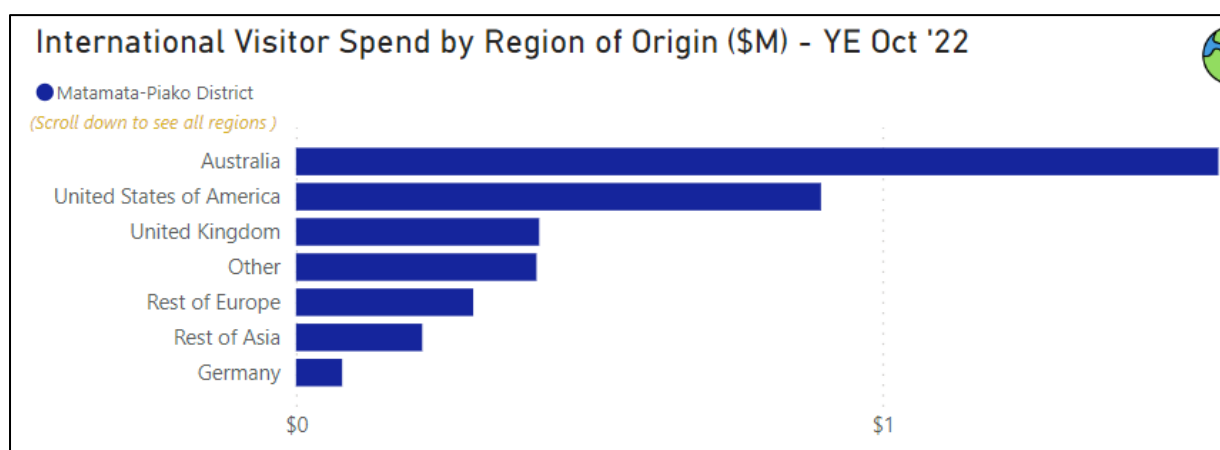


Figure 32: International Visitor Spend by Region of Origin



4.3.5 Holiday Homes

There is no accurate way of determining how many holiday homes there are in the District. There are ratepayers that do not live at the property address, but in the majority of these cases, this would be because the house/property is tenanted/leased.

There are an estimated 2,300 out of District ratepayers, and the Preliminary Electoral Roll for the 2022 triennial local body elections listed nine non-resident ratepayer electors. This information has been provided to give an indication of the potential number of holiday homes in the District, however it is not known if the associated properties are tenanted or used as a holiday homes.

5 Health Indicators of the District

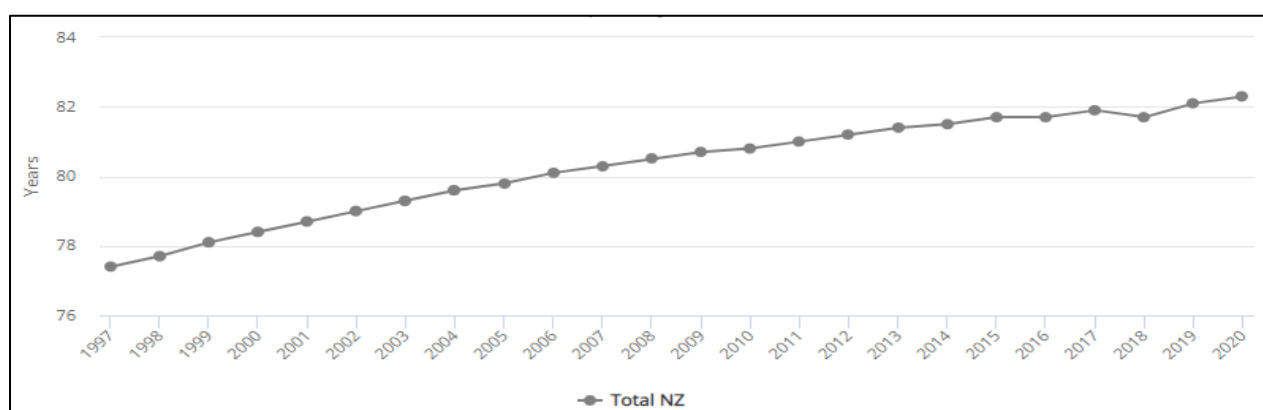
Matamata-Piako residents experience a higher life expectancy at birth than the New Zealand average. National data shows that the vast majority of adults self-report good, very good, or excellent health. However, Māori are more likely to consider themselves in poorer health.

Of note, Matamata-Piako rated higher than the national average for people who had at least one activity limitation.

5.1 Life Expectancy at Birth

Life expectancy at birth for New Zealanders shows a steady increase since 1997: In 2020, the total life expectancy at birth was 82.3.

Figure 33: Life Expectancy at Birth New Zealand³¹



It is concerning that nationally, the life expectancy for Māori at birth is significantly lower, with Māori males expected to live for 73.4 years, and Māori females expected to live for 77.1 years. This means that Māori live six to seven years less on average than the rest of the population.³²

The information below shows life expectancy at birth for Matamata-Piako is consistently higher than the national average.³³

2005-07		2012-14		2017-19	
Matamata-Piako District Male: 78.4	Matamata-Piako District Female: 82.5	Matamata-Piako District Male: 79.6	Matamata-Piako District Female: 83.4	Matamata-Piako District Male: 80.4	Matamata-Piako District Female: 83.6
New Zealand Male: 78.0	New Zealand Female: 82.2	New Zealand Male: 79.5	New Zealand Female: 83.2	New Zealand Male: 80.0	New Zealand Female: 83.5

5.2 Health Status

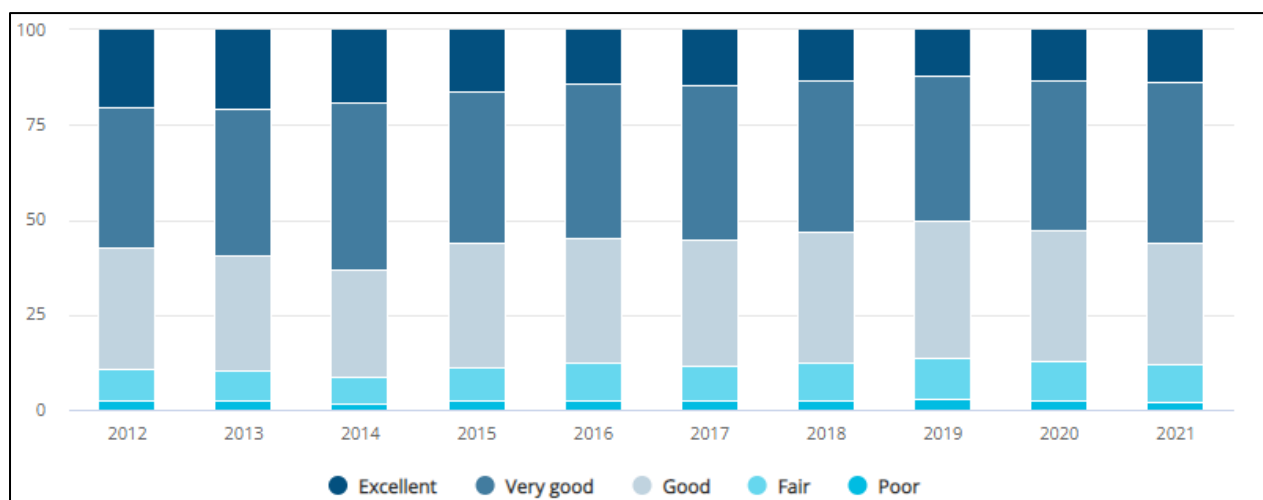
The below graph shows the percentage of adults by self-rated health status.

³¹ Living Standards Framework Dashboard <https://lsfdashboard.treasury.govt.nz/wellbeing/>

³² Te Tai Waiora Wellbeing in Aotearoa New Zealand <https://www.treasury.govt.nz/sites/default/files/2022-11/te-tai-waiora-2022.pdf>

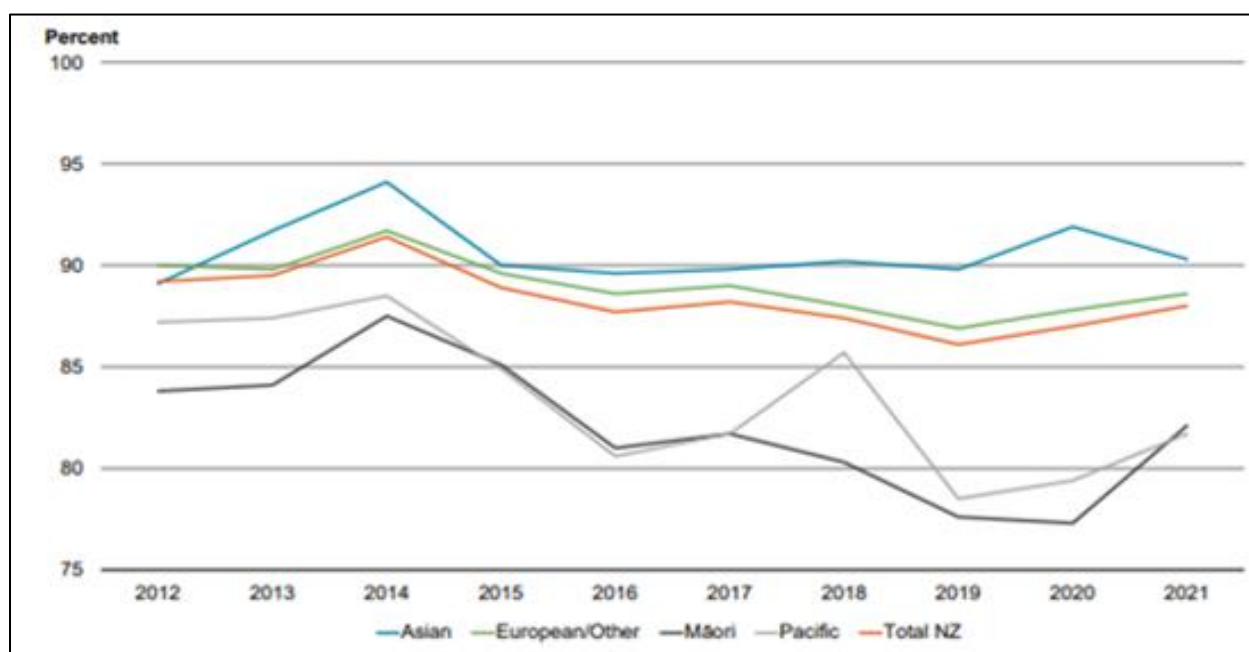
³³ NZ Stat Subnational period life tables <https://www.stats.govt.nz/information-releases/national-and-subnational-period-life-tables-2017-2019>

Figure 34: Percentage of Adults by Self-Rated Health Status³⁴



In 2021, 88% of adults reported good, very good, or excellent health. However Māori are more likely to consider themselves in poorer health as detailed in the graph below:

Figure 35: Percentage of Adults Reporting Good, Very Good, or Excellent Health, By Ethnicity 2012-2021³⁵



5.3 Activity Limitations

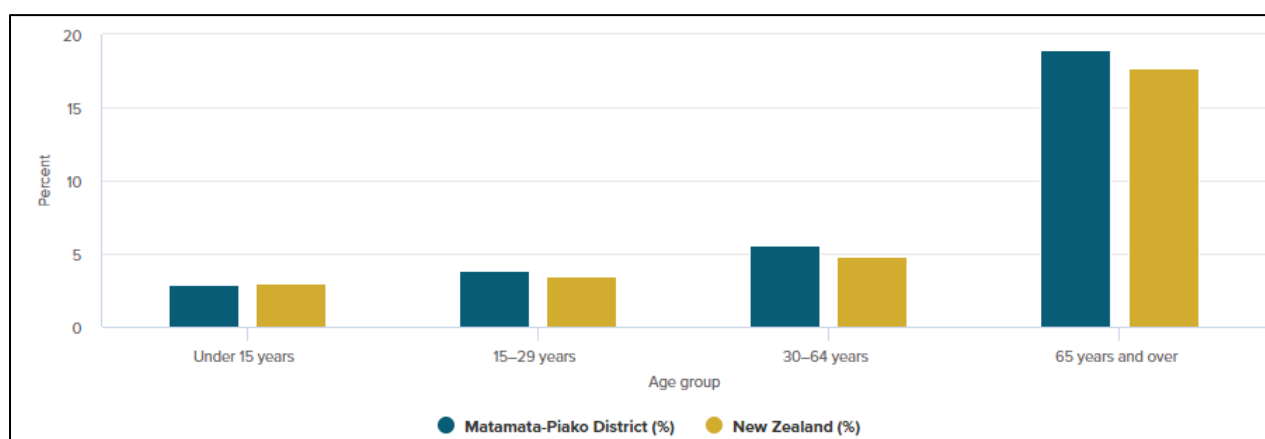
One measure of health to consider is activity limitations, including the following activities: walking, seeing, hearing, cognition, self-care, and communication.

The number of people who had at least one activity limitation ranked higher in the Matamata-Piako District than the national average for most age groups as demonstrated in the graph below.

³⁴ Living Standards Framework Dashboard <https://lsfdashboard.treasury.govt.nz/wellbeing/>

³⁵ Te Tai Waiora: Trends in Māori wellbeing <https://www.treasury.govt.nz/sites/default/files/2022-12/ap22-02.pdf>

Figure 36: One or More Activity Limitations by Age – Matamata –Piako and New Zealand, 2018 Census



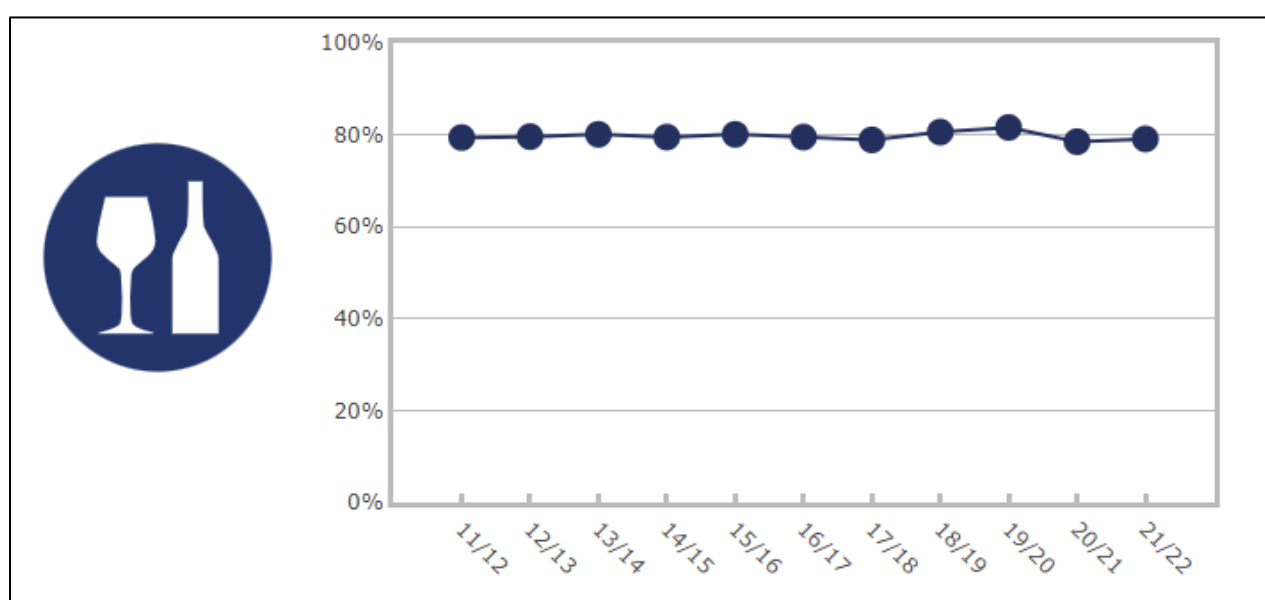
5.4 Alcohol and Health

Drinking alcohol is an accepted practice within New Zealand society and the consumption of alcohol is widespread. Whilst most people enjoy alcohol responsibly and in moderation, it is clear that alcohol can have serious acute and longer-term impacts on an individual's health and wellbeing, and can have wider impacts on family and the community/society.

5.4.1 Consumption Patterns

In 2016, New Zealanders consumed 10.7 litres of pure alcohol per person (15+). This is similar to Australia, lower than the United Kingdom, and higher than the United States and Canada.³⁶ The 2021/22 New Zealand Health Survey found that four out of every five adults surveyed (79.1%) had drunk alcohol in the past 12 months. This represents an increase from the 2020/21 survey results (78.5%), however this measure has remained relatively stable over several years as detailed in the graph below.

Figure 37: Percentage of Adults Who Were Past-Year Drinkers 2011/12-2021/22³⁷



³⁶ Te Whatu Ora Key facts about drinking in New Zealand <https://resources.alcohol.org.nz/resources-research/alcohol-research/nz-statistics/>

³⁷ Ministry of Health; New Zealand Health Survey Key Indicators 2021/22 https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/_w_18d68b66/#/key-indicators

Further results from the New Zealand Health survey show:

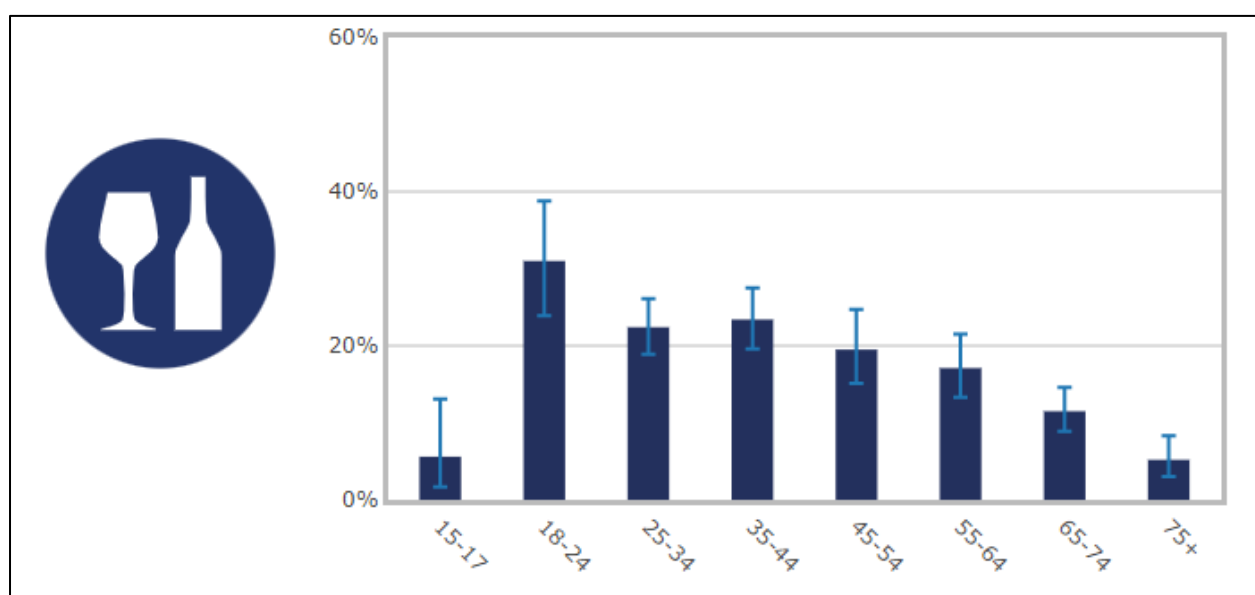
- Men were 1.1 times as likely to have consumed alcohol in the past year than women.
- 57.1% of young people aged between 15-17 drank alcohol in the past year, despite the legal age for buying alcohol being 18. This rate has not changed significantly since 2011/12 (59.9%).
- After adjusting for age, gender, and ethnic group, those in the most socioeconomically deprived areas were less likely to have consumed alcohol in the past year than those living in the least deprived areas.
- Pacific and Asian adults were less likely to have drunk alcohol in the past year than non-Pacific and non-Asian adults.
- Disabled adults were less likely to have drunk alcohol in the past year than non-disabled adults.
- 1 in 5 New Zealand adults had never consumed alcohol, and 39% (2 in 5 adults who had consumed alcohol) had a non-hazardous drinking pattern.³⁸

5.4.2 Hazardous Drinking

The 2021/22 New Zealand Health Survey showed that nationally, one in five adults were hazardous drinkers. It is estimated that there are 29,920 adults over 15 in the District³⁹ therefore there may be 5,984 people who are hazardous drinkers in our District.

The following graph shows that the highest prevalence of hazardous drinking was along those ages 18 – 24 years (31%).

Figure 38: Percentage of Adults Who Were Hazardous Drinkers, by Age 2021/22



Further results from the New Zealand Health survey show:

- The prevalence of hazardous drinking was 25.2% among men and 12.5% among women. Men were 1.9 times more likely to be hazardous drinkers than women, after adjusting for age.
- The rates of hazardous drinking for Māori and Pacific people were 33.2% and 21.7%, respectively.

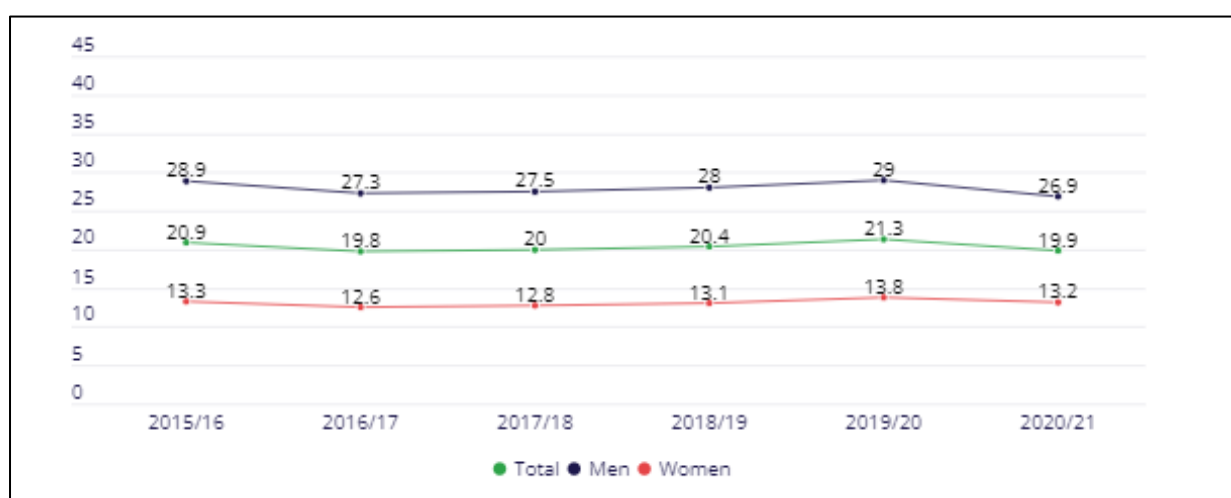
³⁸ Key indicators Ministry of Health 2021/22 New Zealand Health Survey https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/_w_607864b7/#!/key-indicators

³⁹ This has been calculated using 2022 population estimates as at 30 June 2022

- Adjusted ratios showed Māori men were 1.57 times more likely to drink hazardously than non-Māori men and wāhine Māori were 2.22 times more likely than non-Māori women to report hazardous drinking. These differences translate to a doubling in the years of life lost due to alcohol for Māori, when compared to non-Māori.⁴⁰
- Adults living in the most socioeconomically deprived areas were 1.3 times as likely to be hazardous drinkers as adults living in the least deprived areas.
- 21.4% of adults had six or more drinks on one occasion on a monthly basis. This equates to an estimated 885,000 adults.

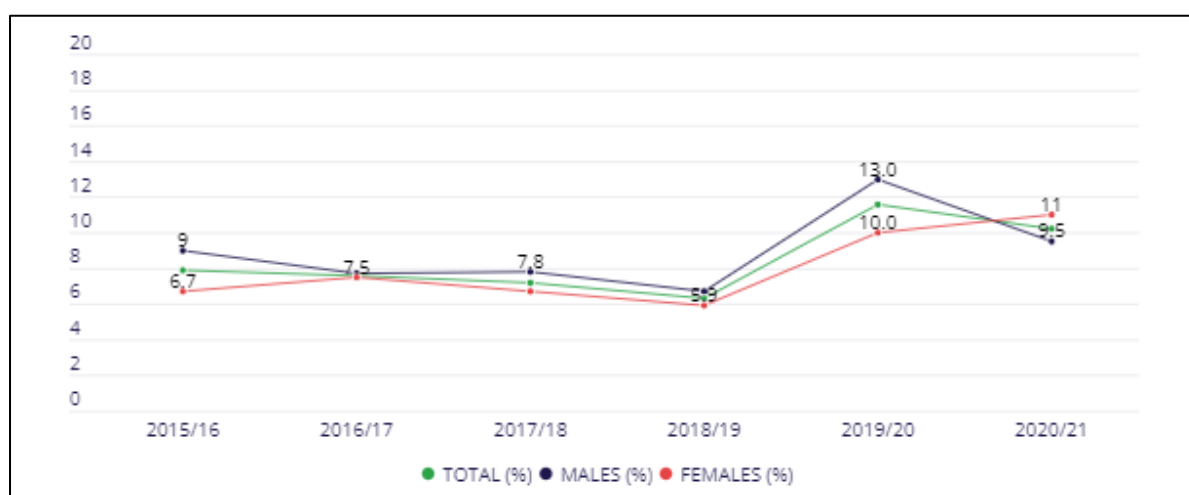
The following graph notes the trends in the prevalence of hazardous drinking over time since 2015/16.

Figure 39: Trends in Hazardous Drinking in the Total Population, by Sex (Percentage)⁴¹



There have been positive trends when it comes to youth hazardous drinking between 2015/16 and 2018/19, showing a decrease. However, the latest results from the New Zealand Health survey show this is on the increase again.

Figure 40: Trends in Hazardous Drinking, Aged 15-17 Years by Sex (Percentage)






⁴⁰ Alcohol Healthwatch; Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁴¹ Alcohol Healthwatch: Trends in Hazardous Drinking https://www.actionpoint.org.nz/trends_in_hazardous_drinking

5.4.3 The Effect of COVID-19

The global COVID-19 pandemic had an immediate impact on alcohol consumption in New Zealand. During Level 4 lockdown and post lockdown Level 1, the Health Promotion Agency surveyed people about their alcohol use. Key findings detail the impact of COVID-19 on consumption patterns.

Figure 41: Impact of COVID-19 on Drinking⁴²

	 increased their consumption	 no change in consumption	 decreased their consumption
During Level 4 lockdown	19%	47%	34%
In Level 1	14%	64%	22%

- 22% of Maori drinkers increased their consumption in Level 4 lockdown. This did not decrease once lockdown ended (22% had also increased consumption at Level 1);
- 20% of Pasifika drinkers increased their consumption in Level 4 lockdown, halving to 10% at Level 1;
- 51% of 18-24 year olds decreased their consumption in Level 4 lockdown, and 26% at Level 1; and
- 19% of 18-24 year olds increased their consumption in Level 4 lockdown, and 23% at Level 1.

5.4.4 Information about how alcohol can affect health

Te Whatu Ora Waikato⁴³ note that alcohol use is associated with a wide range of physical, mental and social harms. Alcohol is linked to more than 60 diseases and 3 million deaths globally per annum. The World Health Organisation further notes that alcohol use has been linked to over 200 health conditions.⁴⁴

For many people, alcohol consumption will not cause any serious harm, however for others, addiction or dependence will develop which can have social, economic and health affects. For many more, longer-term alcohol consumption will lead to one of the many health problems associated with sustained alcohol intake.

In New Zealand, about 800 people under the age of 80 years die annually because of alcohol. Of these, 43% are due to injury and 30% are due to cancer.

Alcohol use may lead to both acute and chronic ill health and can have widespread impacts on the lives of individuals, their families and the wider community as a whole. Alcohol is classed as a Group 1 carcinogen causally associated with seven types of cancer including bowel, female breast, and liver cancer.⁴⁵

Te Whatu Ora – Waikato state that the link between alcohol and health is dependent on two factors: the volume of alcohol drunk, and the pattern of consumption, with binge drinking being particularly

⁴² Evidence-Based Alcohol Policies: Building a Fairer and Healthier Future for Aotearoa New Zealand; Alcohol Healthwatch <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁴³ Te Whatu Ora – Waikato provided a report entitled, 'Alcohol-related health information pack which is appended to this report.

⁴⁴ World Health Organisation Global Status Report on Alcohol and Health 2018 <https://www.who.int/publications/i/item/9789241565639>

⁴⁵ Alcohol Healthwatch; Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

dangerous. Alcohol related harm can be acute, including intoxication, alcohol poisoning or injury while drunk, and can also be chronic including long-term damage to organ systems. The research paper notes that alcohol-related injury and illness is a type of self-inflicted injury that can be avoided by using alcohol in moderation.

Alcohol Healthwatch⁴⁶ state there are wide ranging benefits to both drinkers and others affected by drinkers when less alcohol is consumed. These include:

- Reduced social, economic and health inequities experienced by Māori;
- Reduced inequities in alcohol harm experienced by Pacific people and low income populations;
- Reduced family and sexual violence;
- Improved child wellbeing;
- Improved mental health;
- Reduced suicide;
- Lower rates of alcohol-related cancers (e.g. bowel and breast cancer);
- Safer communities for all;
- Safer and less stressful workplaces, particularly for Police staff and frontline health and social services staff ;
- Lower rates of alcohol-involved road deaths and injuries (to drivers, passengers and other road users);
- Stronger economy, improved business productivity, lower unemployment; and
- Large cost savings, especially for ACC, and the justice, health, and welfare sectors.

5.4.5 Who are most at risk of harm?

Harm from alcohol is more concentrated in certain groups, such as lower socioeconomic groups and ethnic minorities. Research has identified the following groups and risk factors most at risk of harm in our communities:

Māori

The Health Promotion Agency notes that the evidence unequivocally shows that ‘...Māori experience a disproportionate amount of alcohol-related harm compared to the general population’ and that this is a stark inequity that has persisted over time.⁴⁷

The evidence shows that Māori are more likely to be exposed to key environmental risk factors that increase alcohol use and harm. These factors include:

- Higher exposure to alcohol outlets when living in deprived areas;
- Disproportionally higher risk of hazardous drinking (among young Māori males) when living in closer proximity to alcohol outlets;
- Higher exposure to cheap alcohol from price competition increase with high outlet density and a higher likelihood of purchasing very cheap alcohol; and,
- Substantially higher exposure to alcohol advertising among tamariki, especially in their

⁴⁶ Alcohol Healthwatch; Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁴⁷ Health Promotion Agency: Te Tiriti o Waitangi and alcohol law <https://www.hpa.org.nz/sites/default/files/Te%20Tiriti%20o%20Waitangi%20and%20alcohol%20law.pdf>

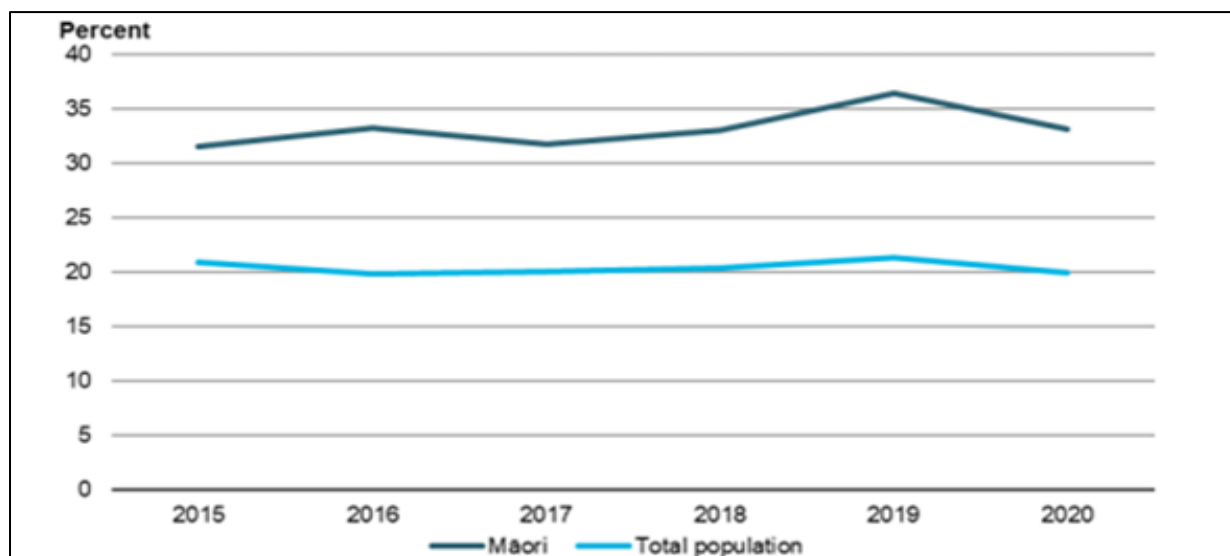
neighbourhood environments.⁴⁸

Te Whatu Ora – Waikato note that Māori are more likely to suffer from alcohol-related harm than non-Māori including 2.5 times the age-standardised mortality rate.

The years of life lost due to alcohol were 2.6 times greater for Māori than non-Māori.⁴⁹

The Treasury report into wellbeing in New Zealand noted that between 2015 and 2020, the rates of hazardous drinking for Māori have been consistently higher than for non-Māori, with over 30% of Māori drinking hazariously compared to 20% of non-Māori.⁵⁰

Figure 42: Percentage of Māori and the total population who drink alcohol to hazardous levels, 2015-2020⁵¹



Age and Gender

The webinar associated with the Youth 19 survey⁵² stated that young people are particularly at risk of harm from alcohol. Abstaining from alcohol is important for brain development and the typical drinking style of young people can mean that they are more at risk from harm, which can have a life-long impact.

This hazardous style of drinking is demonstrated in the graph below which details the quantity of alcohol usually consumed among current drinkers. Of note, 34% of Māori boys (year 9 – 13 students) reported that they usually consumed 10+ drinks in a drinking session.

⁴⁸ Alcohol Healthwatch; Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

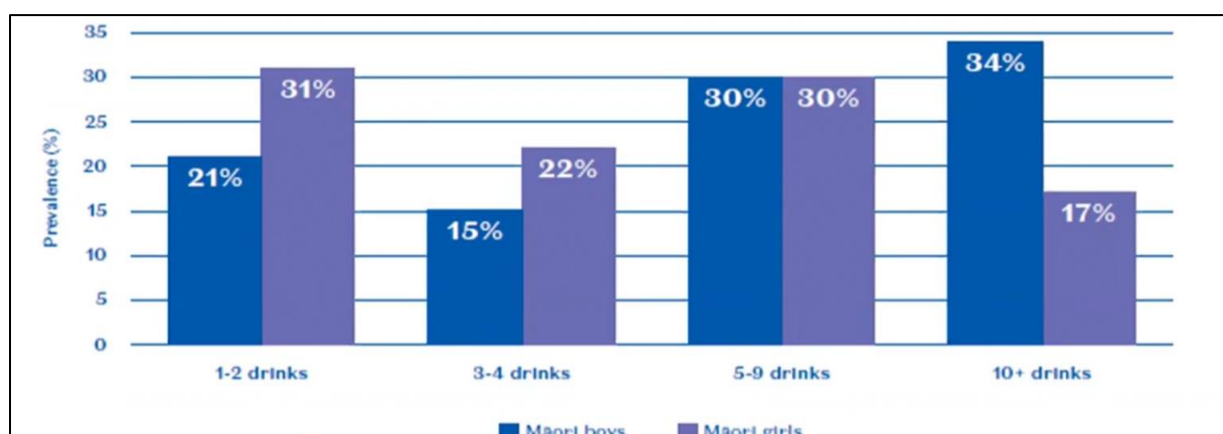
⁴⁹ Alcohol Healthwatch; Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁵⁰ Te Tai Waiora Wellbeing in Aotearoa New Zealand <https://www.treasury.govt.nz/sites/default/files/2022-11/te-tai-waiora-2022.pdf>

⁵¹ Te Tai Waiora: Trends in Māori wellbeing <https://www.treasury.govt.nz/sites/default/files/2022-12/ap22-02.pdf>

⁵² Understanding and Addressing Alcohol Harm Among Rangatahi Māori <https://www.youth19.ac.nz/webinars>

Figure 43: Quantity of alcohol usually consumed, among current drinkers 2019, by Sex



Determinants of alcohol harm in young people were found to be:

- Patterns of drinking;
- Frequency of binge drinking;
- Quantity consumed (high);
- Frequency of alcohol use.

The Brainwave Trust further notes that studies have identified potential negative effects of drinking and heavy alcohol use on:

- Memory;
- Learning and reading ability;
- Visuospatial function (e.g. to judge the distance between two cars when parking);
- Executive function (e.g. paying attention, planning, self-monitoring, regulating emotions, working memory etc);
- Impulsivity (e.g. acting without thinking), potentially into adulthood.

Physical changes in the brain can also be seen.

Therefore, delaying the onset of alcohol use until well after early adolescence may reduce the risk for harm of alcohol use on the brain. In addition, efforts designed to delay intoxication may help lessen alcohol-related risk associated with early drinking.⁵³

In addition to the higher risk of harm, children and young people are exposed to alcohol advertising multiple times per day with Māori having disproportionately higher levels of exposure (5.4 times greater) than European children. Studies show exposure to alcohol advertising is causally associated with earlier drinking initiation among adolescents and heavier drinking among adolescents who drink.⁵⁴

Pregnant Women

Te Whatu Ora – Waikato note that alcohol consumption during pregnancy can have negative health

⁵³ Brainwave Trust: Alcohol in Adolescence what the research tells us <https://brainwave.org.nz/article/alcohol-in-adolescence-what-the-research-tells-us/>

⁵⁴ Evidence-Based Alcohol Policies: Building a Fairer and Healthier Future for Aotearoa New Zealand; Alcohol Healthwatch <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

effects for both the mother and the developing foetus. Alcohol can lead to miscarriage, still birth, and organ and brain damage. Alcohol may also lead to Foetal Alcohol Spectrum Disorder (FASD). FASD is characterised by physical, behavioural and cognitive abnormalities. Individuals may experience significant life-long challenges in their daily life and may require support with learning, memory, attention, emotional regulation, social skills, motor skills and physical health.

A report by Alcohol Healthwatch⁵⁵ estimated that:

- 48% of children diagnosed with FASD will have significant and permanent impairment in 6 or more brain domains (three being the minimum requirement for a confirmed diagnosis);
- An estimated 1,800 babies are born each year with FASD in New Zealand, although this is likely to be underestimate;
- Around half of the children and young people in Oranga Tamariki care are affected by FASD;
- 10-20% of people in prisons and other correctional settings have an FASD;
- Around 80% of adults with FASD will not be able to live independently without some level of support; and,
- Children and adolescents with FASD have a 95% lifetime likelihood to experience mental health issues; individuals with FASD have a much higher risk of suicidal behaviour than the general population.

An academic study published in 2018 found that 71% of women drank alcohol before becoming pregnant, 23% during and 13% after the first trimester - therefore this is a large group at risk of harm.⁵⁶

Mental Health

Alcohol Healthwatch note that mental health issues can fuel alcohol use, and alcohol use can fuel mental health issues. Regular heavy drinking, as well as single occasion drinking (even at low levels) has been shown to significantly increase the risk of suicide, with a 2022 article published in the New Zealand Medical Journal noting that acute alcohol use was identified in approximately one quarter of suicides, with stronger associations in those of Māori and Pasifika ethnicity and those aged less than 55 years. The study concluded that alcohol use is a significant but modifiable risk factor for suicide in New Zealand.⁵⁷ Additionally, alcohol use disorders have been found to be a major risk factor for the onset of all types of dementia, especially early-onset dementia.⁵⁸

Socio-economically Deprived Areas

Although the data shows adults living in the most socio-economically deprived areas were significantly less likely to drink when compared to those living in the least derived areas, those who do drink are 1.3 times more likely to consume 6+ drinks on an occasion at least weekly. The research also shows that persons living in deprived communities experience more harm per drink when compared to those living in the least deprived communities with the same level of drinking.⁵⁹

⁵⁵ Alcohol Healthwatch Evidence-based alcohol policies: building a fairer and healthier future for Aotearoa New Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁵⁶ Alcohol consumption in New Zealand women before and during pregnancy: findings from the Growing Up in New Zealand study <https://pubmed.ncbi.nlm.nih.gov/30048430/>

⁵⁷ Crossin, Cleland, Beutrais, Witt, and Boden. (15 July 2022). Acute alcohol use and suicide deaths: an analysis of New Zealand coronial data from 2007–2020, New Zealand Medical Journal, 135(1558).

⁵⁸ Evidence-Based Alcohol Policies: Building a Fairer and Healthier Future for Aotearoa New Zealand; Alcohol Healthwatch <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁵⁹ Evidence-Based Alcohol Policies: Building a Fairer and Healthier Future for Aotearoa New Zealand; Alcohol Alcohol

6 The Nature and severity of alcohol-related problems

6.1 Wider Effects of Public Harm

In addition to impacts to the individual, alcohol use causes harm to others including assaults, road traffic crashes, miscarriage and foetal alcohol spectrum disorder.

Alcohol use can also have a much broader impact on families and to society, with the Health Promotion Agency noting alcohol causes harm to people, whanau and communities, and "...drives health and social inequalities, as well as significant costs in the health, welfare and justice sectors."⁶⁰ For example, a recent study undertaken with residents of neighbourhoods where a bottle store licence was granted or renewed despite community objections (due to amenity and good order), noted multiple effects on communities including:

- Avoidance of particular areas some or all of the time, e.g. shops, parks, streets and alleys, thus reducing inclusivity and affecting the vitality of the areas;
- Restricting children's activities, e.g. not letting children walk to school, or take part in activities. Limiting their opportunity to take part in exercise and to socialise;
- Hesitancy to walk to activities leading to increased transport costs and missing out on the opportunity to exercise;
- Visibility of outlets close to schools and shops where children frequent alongside public drinking, was felt to normalise alcohol and contribute to underage drinking;
- Noise (which affected sleep) and littering of cans and bottles including broken bottles was a significant safety risk;
- Experiencing intimidating behaviour of intoxicated people including fighting, swearing and shouting. Some residents had been verbally abused, approached or had objects thrown at them.

The report concluded:

'Alcohol supply, public drinking and related noise and rubbish consistently reduced amenity (attractiveness) and perceptions of safety in the suburban neighbourhoods in this study, detracting from their positive aspects. This limited residents' activities such as walking and use of local shops and parks, which carries financial costs and may affect physical and mental health. Residents felt the visibility of bottle stores and alcohol in the community also encouraged young people to drink'.

Further the report notes people living closer to off-licensed premises are more likely to experience theft, property damage and disorder (such as noise and nuisance).⁶¹

An additional impact of alcohol that is not accurately measured is non-intoxicated people who are assaulted or involved in car crashes with intoxicated third parties.

Other research shows that persons with greater exposure to heavy drinkers in their life are less satisfied with their life, health, personal relationships, and have lower community connectedness. They also report experiencing more pain, discomfort, anxiety and depression.⁶²

⁶⁰ Alcohol Access and Availability Health Promotion Agency <https://www.hpa.org.nz/sites/default/files/3.0%20AL1195-A%20Access%20and%20Availability%20Position%20Statement.pdf>

⁶¹ Te Whatu Ora 'I feel it's unsafe to walk': Impacts of alcohol supply on public space in eight neighbourhoods, and residents' input to alcohol licensing decisions <https://www.hpa.org.nz/sites/default/files/Inclusivity%20report%20FINAL.pdf>

⁶² Evidence-Based Alcohol Policies: Building a Fairer and Healthier Future for Aotearoa New Zealand; Alcohol Healthwatch <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

6.2 Cost Burden of Alcohol

The estimated annual societal cost of alcohol is estimated to be \$7.85 billion. This includes lost productivity and unemployment, justice, health, ACC and welfare costs.⁶³ Alcohol is believed to contribute to 11% of all ACC claims.⁶⁴

6.3 Emergency Department Presentations

Te Whatu Ora - Waikato provided an alcohol-related health information pack (appended to this report) to assist Council in its LAP review. The paper notes that Emergency Departments (ED) are the first port of call for acute presentations.

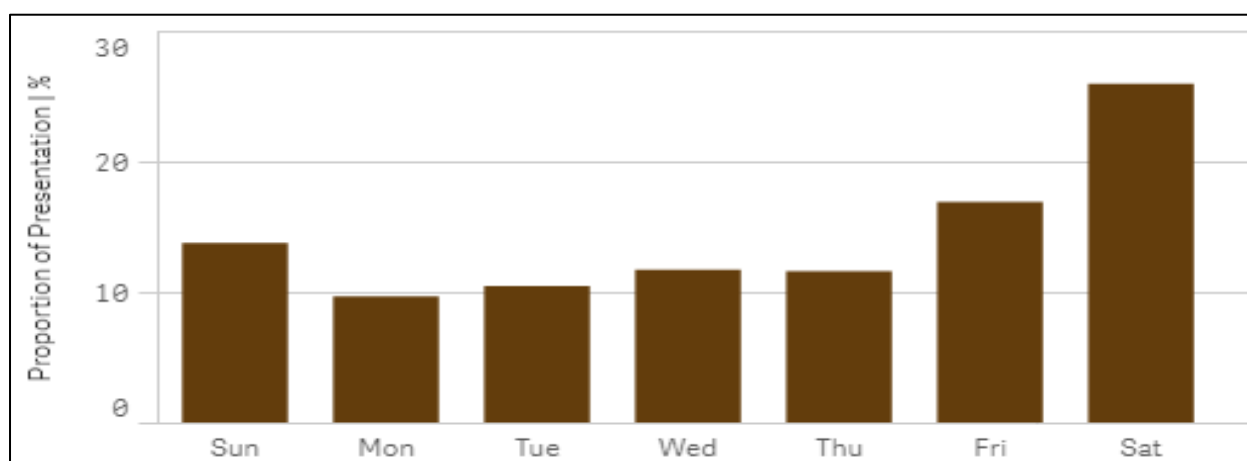
The burden of alcohol on ED presentations is described by Dr John Bonning, Clinical Director of the Emergency Department at Waikato Hospital as being 'substantial'. This is due to drunken patients and potentially those accompanying them, generally being labour intensive for staff (due to verbal and physical abuse, vomiting and making a mess in the department, disturbance to other patients, and patients (or those accompanying them) becoming a danger to themselves or others). This can take resources away from other patients.

The paper notes that Waikato Hospital (the main hospital that serves the District) is the third busiest ED in New Zealand, and they regularly see more than 200 patient presentations per day. In the two-year period from 01/01/2020 to 31/12/2021, 6,079 presentations were flagged as alcohol related. These presentations cost nearly 18,000 bed hours and \$2 million. Sadly, 170 people died during their presentation.

In those two years, 320 of the presentations and 10 of the deaths were people from the Matamata-Piako District, with Matamata-Piako residents taking up over 1,000 ED bed hours. This data does not capture the many cases of chronic disease for which alcohol is a contributing factor.

The busiest times for ED's across the country is 'after hours' – e.g. on weekends, evenings and overnight; with 57% of alcohol related presentations occurring in the period from Friday night to Monday morning. Summer is a particularly busy time for EDs with respect to alcohol-related presentations. These presentations range from assaults, to alcohol-poisoning and vehicle accidents.

Figure 44: Alcohol Related ED Presentations by Night of the Week

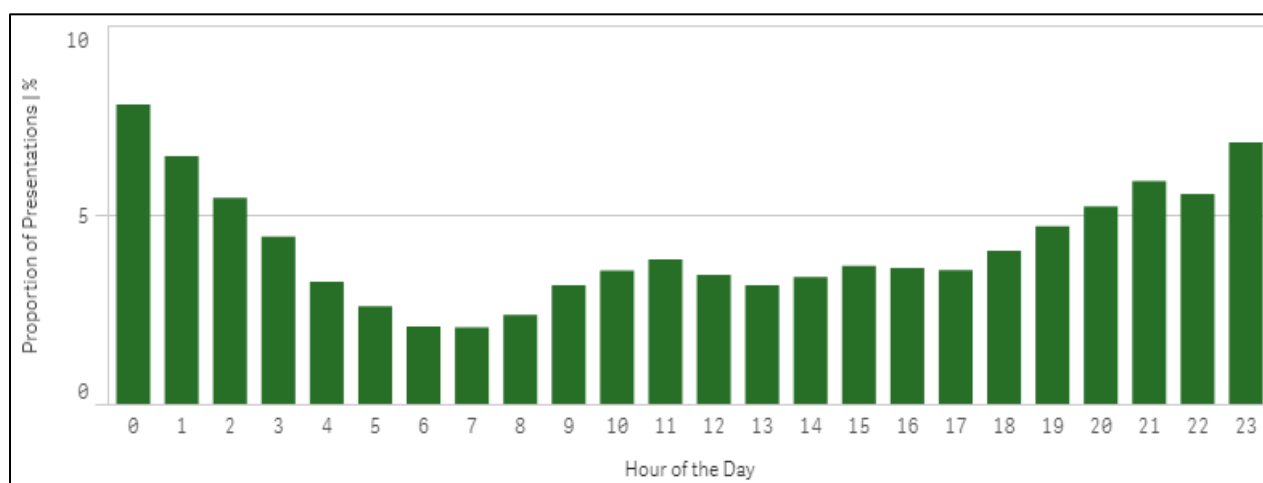


⁶³ Evidence-Based Alcohol Policies: Building a Fairer and Healthier Future for Aotearoa New Zealand; Alcohol Healthwatch <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁶⁴ Ministry of Justice; Regulatory Impact Statement Sale and Supply of Alcohol (Community Participation) Amendment Bill <https://www.treasury.govt.nz/sites/default/files/2022-12/ria-justice-ssaab-nov22.pdf>

A large peak occurs between midnight and 01:00am and a smaller peak between 11:00pm and 12:00 Midnight as demonstrated in the graph below.

Figure 45: Alcohol Related ED Presentations by Hour of the Day



The following table details a comparison of hospitalisation rates (wholly attributable to alcohol) for those aged over 15+ (per 100,000).⁶⁵ Of the 8 Waikato Councils, Matamata-Piako has the 5th highest hospitalisation rate, with Waitomo rating the highest.

Territorial Authority	Average Hospitalisation Rate 2016-2018
Waitomo	130.2
Thames-Coromandel	97.9
Hauraki	87.6
Waipa	65.4
Matamata-Piako	60.5
Waikato	56.3
Ōtorohanga	56.3
South Waikato	48.4

6.4 Alcohol-Related Traffic Issues

Alcohol impairs the ability to drive and affects the senses and judgement. This can slow a driver's reaction time. Alcohol is the second biggest contributing factor to road crashes in New Zealand with extensive costs involved with drink-driving related crashes, including:

- Death and injury;

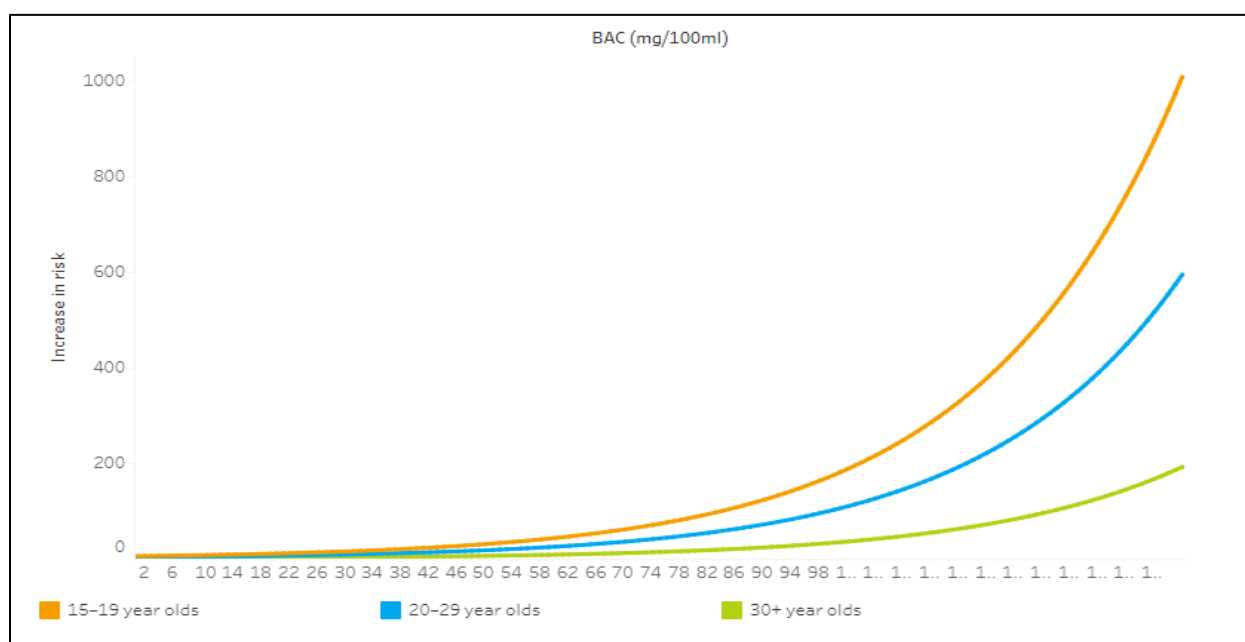
⁶⁵ Healthspace Alcohol-related harm <https://healthspace.ac.nz/health-topics/alcohol-related-harm/#/view-report/642b081353564a80b98c5497a42e054c>

- Impacts to quality of life;
- Loss of output due to temporary incapacitation;
- Emotional harm;
- Long-term financial costs;
- Legal charges and costs (ranging from manslaughter to 'over the limit');
- Medical costs;
- Damage to property and vehicle costs;
- Penalties (including imprisonment, loss of licence and/or disqualification and fines);
- Loss of insurance cover.

The current legal limit for alcohol is 250 micrograms per litre of breath or 50 milligrams per 100 millilitres of blood for drivers 20 years or over. There is a zero alcohol limit for driving for those under 20.⁶⁶ It is recommended to never drive over the permitted blood alcohol level as it may impair judgement.

There is an increased risk of fatal crash as blood alcohol levels increase as demonstrated in the graph below with the crash risk higher for young drivers.⁶⁷

Figure 46: Relative Risk of Fatal Crash by Blood Alcohol Level



In 2020, alcohol was a factor in 90 deaths and 262 serious injuries across New Zealand.⁶⁸ Between 2016 and 2018, for every 100 alcohol or drug-impaired drivers or riders who died on our roads, 30 of their passengers and 25 road users died with them.⁶⁹

⁶⁶ Waka Kotahi NZ Transport Agency: Alcohol <https://www.nzta.govt.nz/safety/driving-safely/alcohol/>

⁶⁷ Waka Kotahi NZ Transport Agency: Safety Annual Statistics <https://www.transport.govt.nz/statistics-and-insights/safety-annual-statistics/sheet/alcohol-and-drugs>

⁶⁸ Waka Kotahi Alcohol <https://www.nzta.govt.nz/safety/driving-safely/alcohol/#:~:text=The%20impact%20of%20alcohol%20on%20driving&text=Once%20absorbed%20into%20your%20bloodstream,increase%20the%20risk%20of%20fatigue.>

⁶⁹ Alcohol Healthwatch Evidence-based alcohol policies: building a fairer and healthier future for Aotearoa New

The Ministry of Transport has estimated costs as being at \$5.30 million per fatal crash, \$987,000 per reported serious crash and \$100,000 per reported minor crash.⁷⁰ These costs do not show the devastating impact road crashes have on families, communities and emergency services. Each statistic represents a person whose family, friends, neighbours and community are forever changed.

6.5 Alcohol-Related Crashes

6.5.1 Matamata-Piako District

The following information has been retrieved from Waka Kotahi's Crash Analysis System (CAS) for the District.⁷¹ Alcohol-related data is limited to crashes where a driver recorded the contributing cause factor "Alcohol test above limit or test refused".

The below table and graph detail crashes within the District with a contributing cause factor "alcohol test above limit or test refused", broken down by severity.

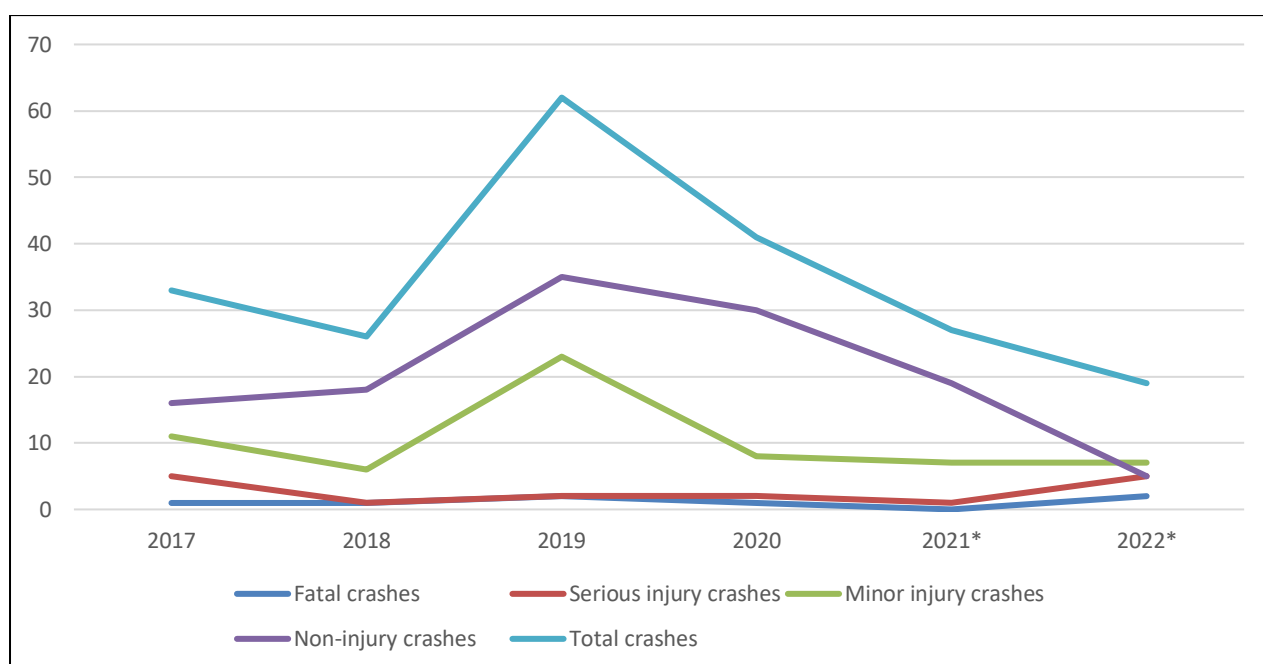
2017-2022 Matamata-Piako District TLA crashes with a contributing cause factor 103 "Alcohol test above limit or test refused"					
Year	Fatal crashes	Serious injury crashes	Minor injury crashes	Non-injury crashes	Total crashes
2017	1	5	11	16	33
2018	1	1	6	18	26
2019	2	2	23	35	62
2020	1	2	8	30	41
2021*		1	7	19	27
2022*	2	5	7	5	19
Total	7	16	62	123	208

Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁷⁰ Waka Kotahi Social cost of road crashes and injuries 2020 update <https://www.transport.govt.nz/about-us/news/social-cost-of-road-crashes-and-injuries-2020-update/>

⁷¹ 2021 and 2022 data is incomplete and is current from CAS as at 06/09/2022. Due to the police reporting time frame and subsequent data processing there is a lag from the time of a crash to full and correct crash records within CAS. Additionally, due to the nature of non-fatal crashes it is believed that these are under-reported, with the level of under-reporting decreasing with the severity of the crash.

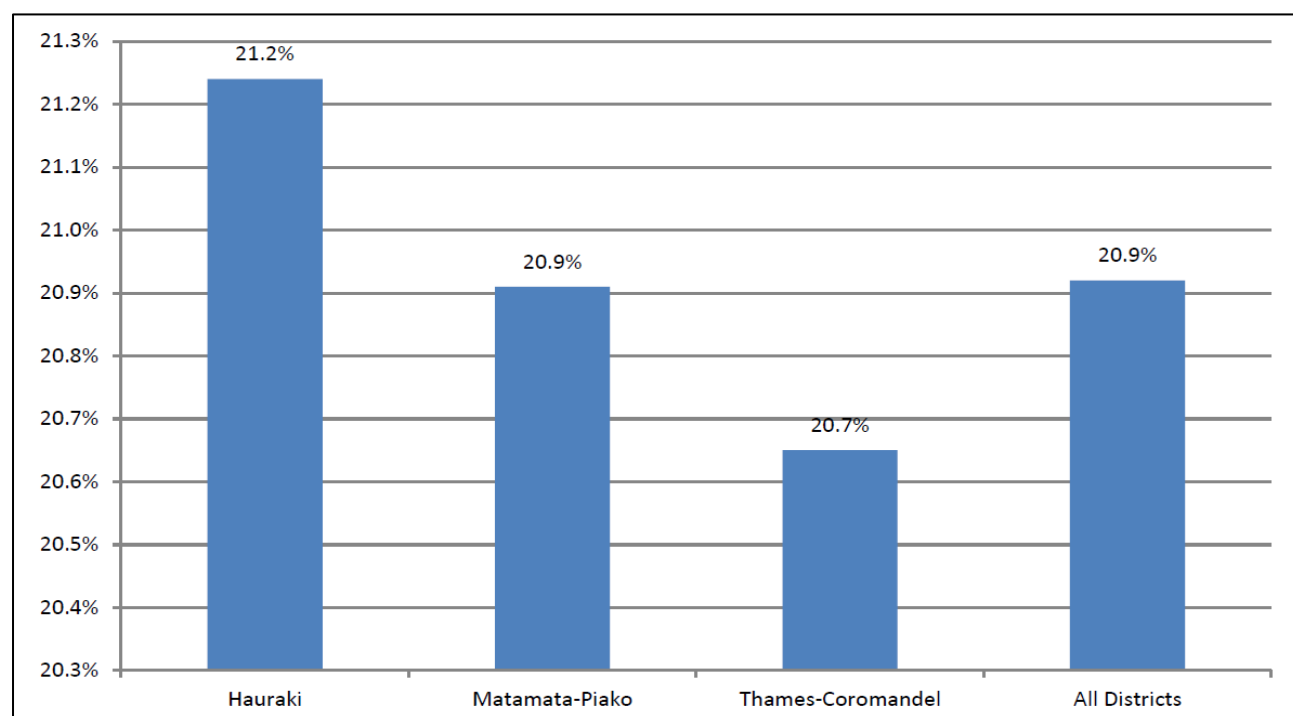
Figure 47: 2017 – 2022 Matamata-Piako District Crashes with a Contributing Cause Factor, “alcohol test above limit or test refused”



6.5.2 East Waikato District

The East Waikato part of the region includes the Thames-Coromandel, Matamata-Piako, and Hauraki Districts. Approximately 23% of the fatal and serious injury crashes in the Waikato region occur in the East Waikato. In the five years from January 2017 to December 2021, alcohol was a factor in 21.2% (240) of the reported crashes in Hauraki, 20.9% (348) of the crashes in Matamata-Piako, and 20.7% (261) of the crashes in Thames-Coromandel. Crash data shows that alcohol is a factor in about one fifth of the crashes in the East Waikato area overall.

Figure 48: All crashes with alcohol as a factor (East Waikato Area) January 2017 to December 2021



The above three East Waikato councils together with Waka Kotahi fund the East Waikato Road Safety Programme (EWRSP). The overall aim of the programme is to encourage safe road use in order to reduce road crashes and serious injuries in the East Waikato region. The 2021/22 EWRSP focus areas were: Fatigue, Alcohol, Speed, and Restraints, with the target group of all road users, including cyclists. The Drug and Alcohol focused programme includes workshops, the message 'Plan B4 U Party', and working with road safety partners.

6.5.3 Communities at Risk Register

Waka Kotahi produce a 'Communities at risk' register which provides a ranking of different communities around New Zealand with regard to selected road safety risks.

The following table shows the relevant risk rating and national ranking where Matamata-Piako and surrounding councils sit on the register. Matamata-Piako currently ranks 37 out of 73 territorial authorities in terms of risks around alcohol and/or drug related crashes. This has risen slightly from 39 in the 2021 register.

Territorial Authority	Collective Risk⁷²	National Ranking⁷³
Ōtorohanga	5	1
Waitomo	5	5
Hauraki	8	7
South Waikato	6	16
Thames-Coromandel	6	23
Matamata-Piako	7	37
Waikato	14	46
Waipa	5	54

6.6 Crime

Police crime data is accessible using the policedata.nz website tool, and is updated monthly. It has proven challenging to analyse alcohol-related crime within the District. Currently Police does not produce crime statistics which differentiate if they are alcohol related or not. This information was previously available at the time of the drafting of Council's current LAP, but has since been decommissioned. However, Police is currently developing a reporting capability for incidents where alcohol was a contributing factor and Council will continue to monitor any alcohol-related crime data as it comes to hand.

A large and growing body of research has linked alcohol outlets with crime (including violent crime, domestic violence and property crime). The research also shows a significant positive relationship between the number of alcohol outlets and police calls-for-service.⁷⁴

Alcohol is involved in one-third of all violence (33%), one-third of all family violence (34%), and half

⁷² Collective risk is calculated as the five year average yearly deaths and serious injuries, from 2017-2021. That is, total deaths and serious injuries over the five-year period divided by five.

⁷³ This is where each council sits relating to 73 other councils in terms of risk rating for alcohol and/or drug related crashes.

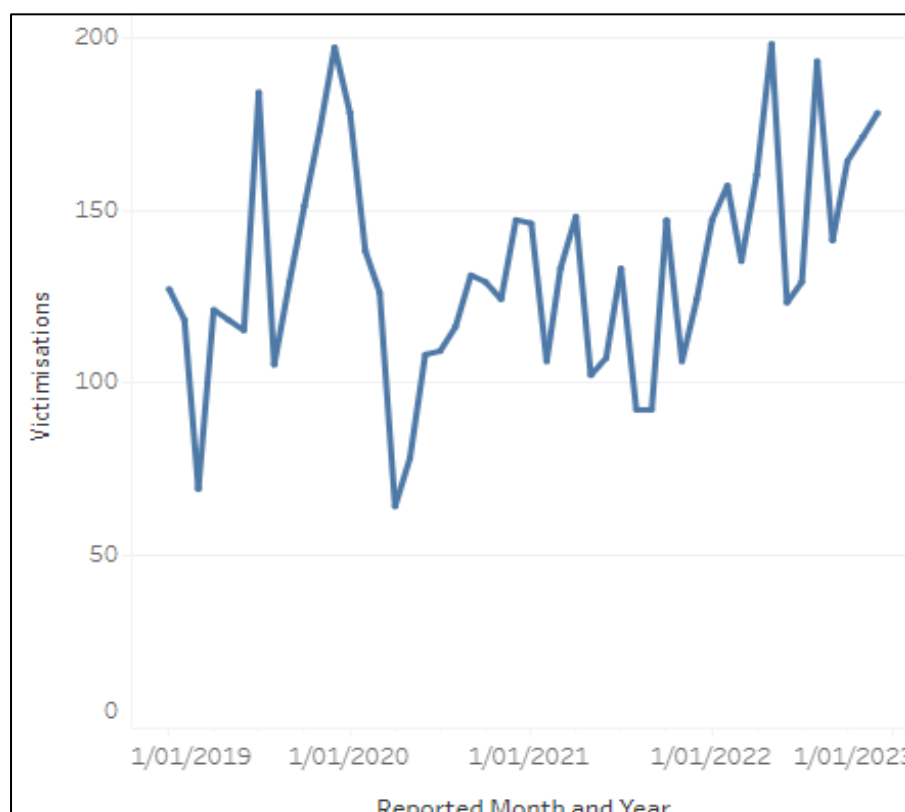
⁷⁴ See the 2021 research study entitled, 'The relationship between alcohol outlets and crime is not an artefact of retail geography' <https://onlinelibrary.wiley.com/doi/epdf/10.1111/add.15880>

of all sexual assaults (57%) and homicides (49.5%).⁷⁵ Additionally, the Government Inquiry into Mental Health and Addiction noted that alcohol use plays a role in one-third of recorded offences.⁷⁶

6.6.1 Victimisations

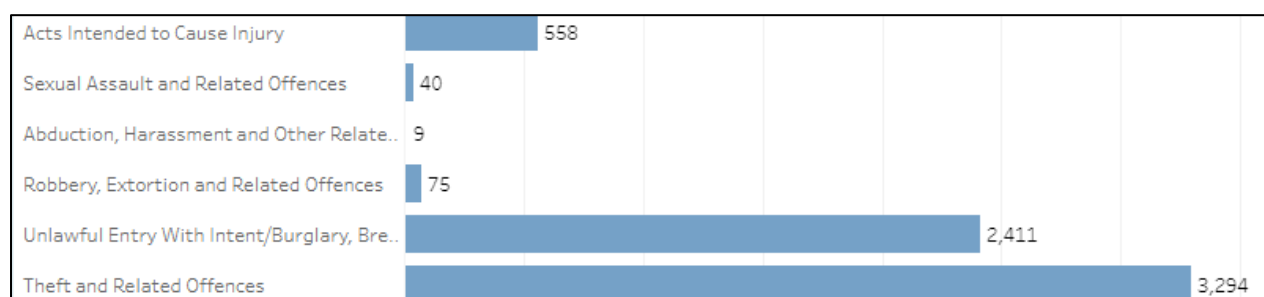
The below graphs show the number of crime victimisations⁷⁷ recorded in the District from 01/01/2019 to 01/01/2023. The data shows an increase from 127 victimisations in the month of January 2019 to 178 in January 2023.

Figure 49: Total Number of Crime Victimisations Matamata-Piako District January 2019 – January 2023



The below graph shows theft as being the most common victimisation in the District.

Figure 50: Victimisations by Crime Type Matamata-Piako District January 2019 – January 2023



⁷⁵ Alcohol Healthwatch; Evidence-based alcohol policies: Building a fairer and healthier future for Aotearoa New Zealand <https://www.ahw.org.nz/Portals/5/Resources/Briefing%20papers/2021/Evidence-based%20alcohol%20policies-Alcohol%20Healthwatch%20Nov%202020.pdf>

⁷⁶ Ministry of Justice; Regulatory Impact Statement Sale and Supply of Alcohol (Community Participation) Amendment Bill <https://www.treasury.govt.nz/sites/default/files/2022-12/ria-justice-ssaab-nov22.pdf>

⁷⁷ 'Victimisation' refers to an instance or a person, organisation or premises being victimised for a given type of offence.

The following graph shows the number and rate of crime victimisations reported per 10,000 people in the council areas across the Waikato region for the year ending June 2019. Matamata-Piako recorded a relatively low rate of victimisations compared to the other councils, ranking 6 out of 9 councils, and had a lower rate than the New Zealand average.

Figure 51: Number of Crime Victimisations Reported Annually Per 10,000 People (Waikato Councils) June 2015 Compared to June 2019⁷⁸

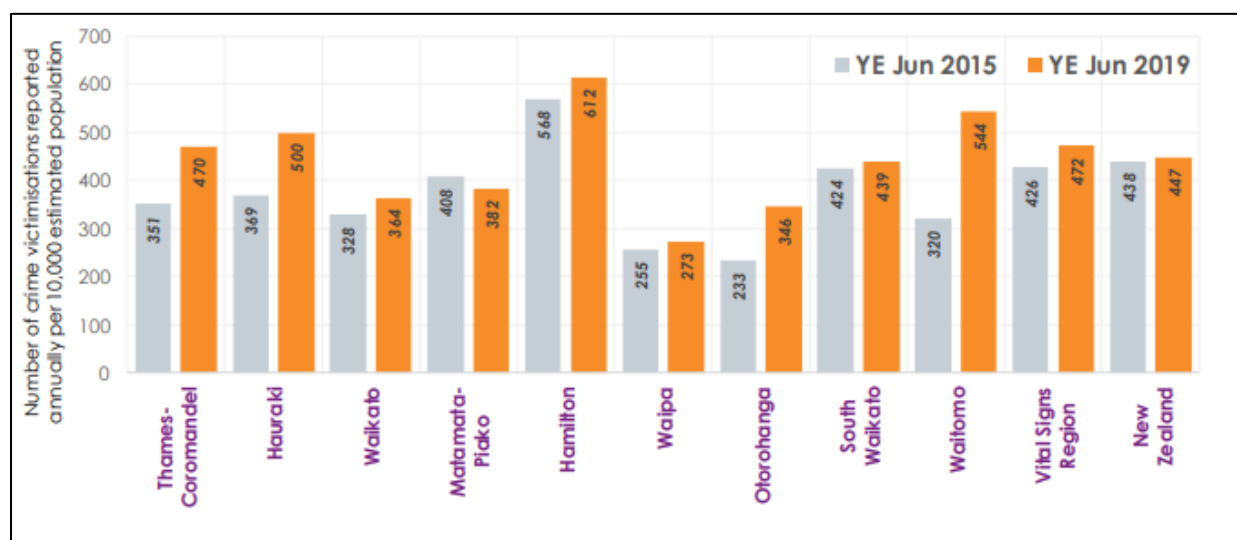


Figure 52: Rate of Crime Victimisations Reported Annually Per 10,000 Population, Year Ending June 2019 (Waikato Councils)⁷⁹

Hamilton City	612
Waitomo	544
Hauraki	500
Thames-Coromandel	470
South Waikato	439
Matamata-Piako	382
Waikato	364
Otorohanga	346
Waipa	273
Waikato Vital Signs® 2020 Region	472
New Zealand	447

⁷⁸ Waikato Vital Signs Consultancy Report January 2020 <https://cdn.blutui.com/uploads/momentum/report/nidea-data-report-2020.pdf>

⁷⁹ Waikato Vital Signs: Welcome to Waikato Report 2020 <https://cdn.blutui.com/uploads/momentum/report/momentum-vital-signs-full-report-l.pdf>

6.6.1 Proceedings Against Offenders

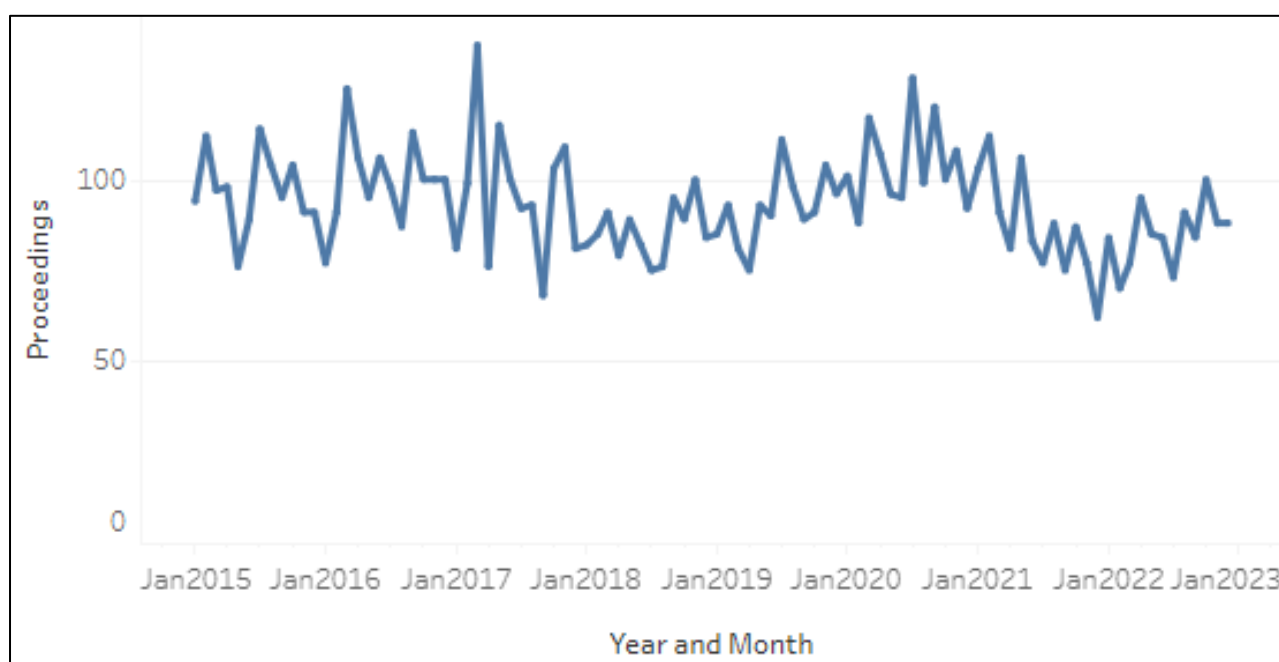
Therefore, the data has been sorted by each local police station (Matamata, Morrinsville and Te Aroha), which approximates the District boundaries.

Matamata-Piako District

The following graph shows proceedings⁸⁰ by all three Waikato East Area police stations in the District, from January 2015 to January 2023. This shows an overall decrease in proceedings with an average of 93 proceedings a month.

The data is not able to be broken down by council area, due to the differing boundary of the relevant police district (Waikato).

Figure 53: Police Proceedings against Offenders (Waikato East Area Police Stations) January 2015 – January 2023



The most common proceeding across the District is traffic and vehicle regulatory offences followed by dangerous or negligent acts endangering persons.

The below information details proceedings by police station located within the Matamata-Piako District.

⁸⁰ 'Proceedings' are a legal action initiated against an alleged offender for an offence(s). Police proceedings represent a count for each separate occasion on which police initiate a legal action against an offender.

Matamata

Figure 54: Police Proceedings against Offenders Matamata January 2015 – January 2023

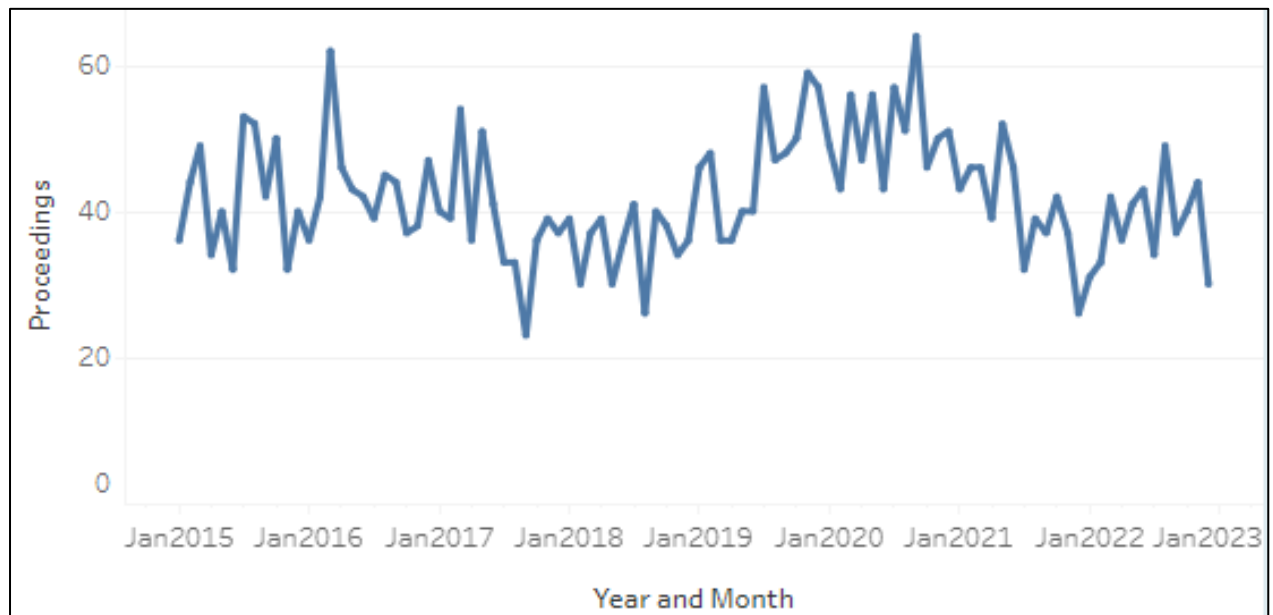
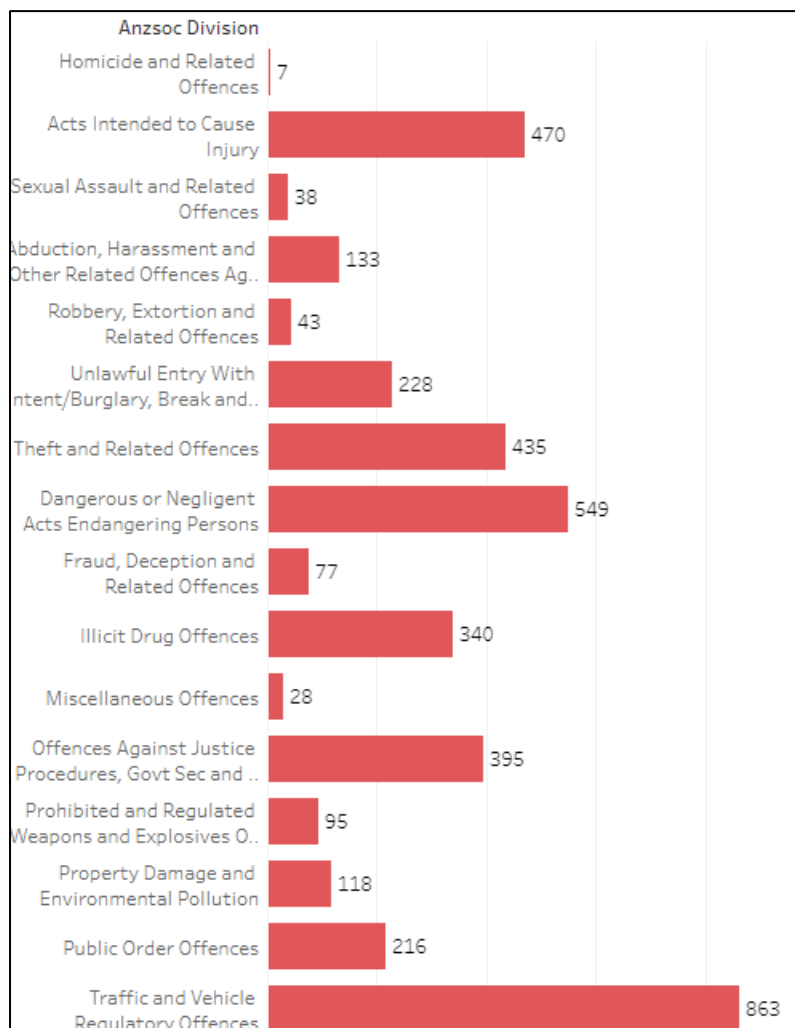


Figure 55: Police Proceedings against Offenders by Crime Type Matamata January 2015 – January 2023



Morrinsville

Figure 56: Police Proceedings against Offenders Morrinsville January 2015 – January 2023

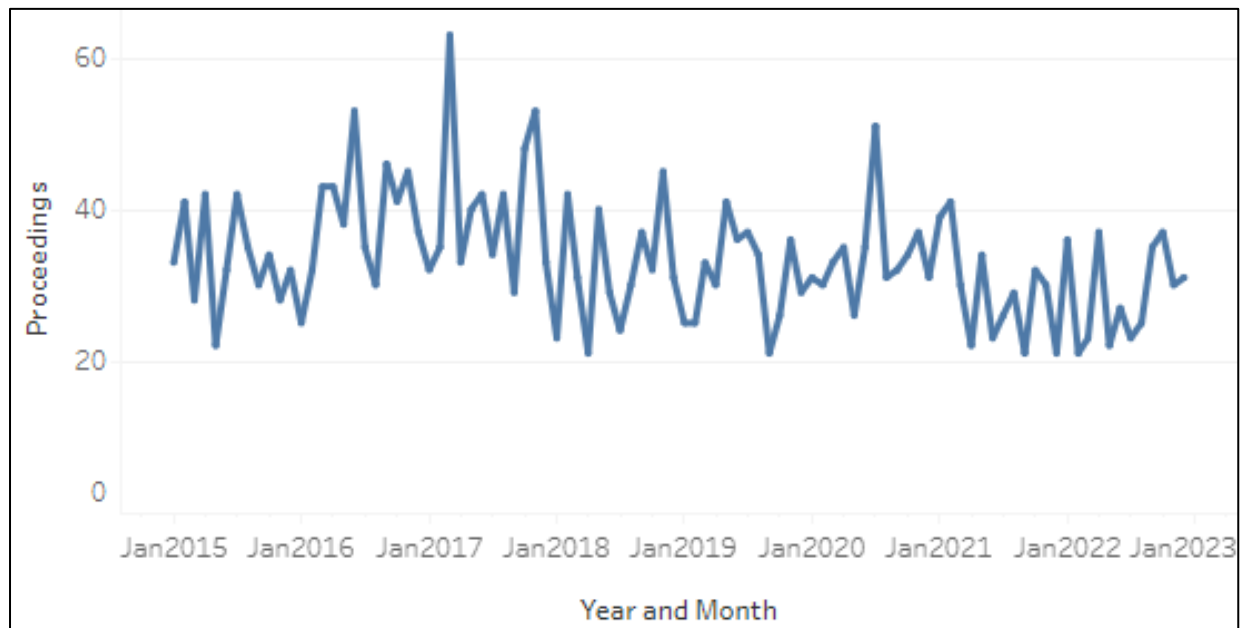
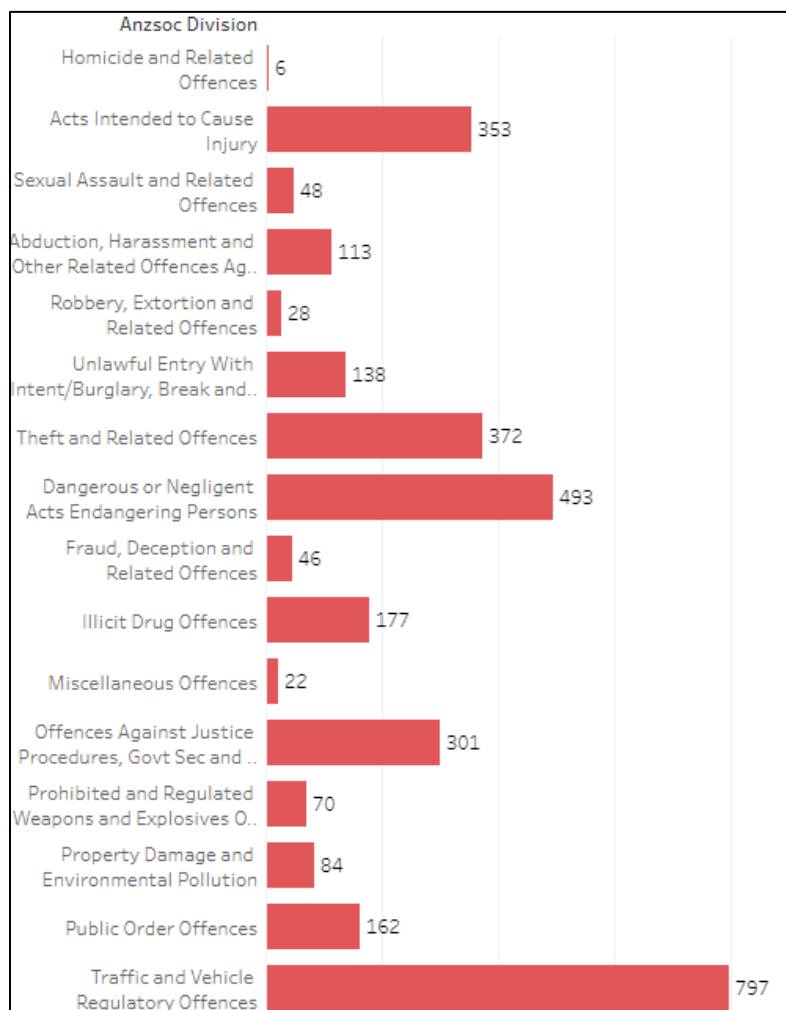


Figure 57: Police Proceedings against Offenders by Crime Type Morrinsville January 2015 – January 2023



Te Aroha

Figure 58: Police Proceedings against Offenders Te Aroha January 2015 – January 2023

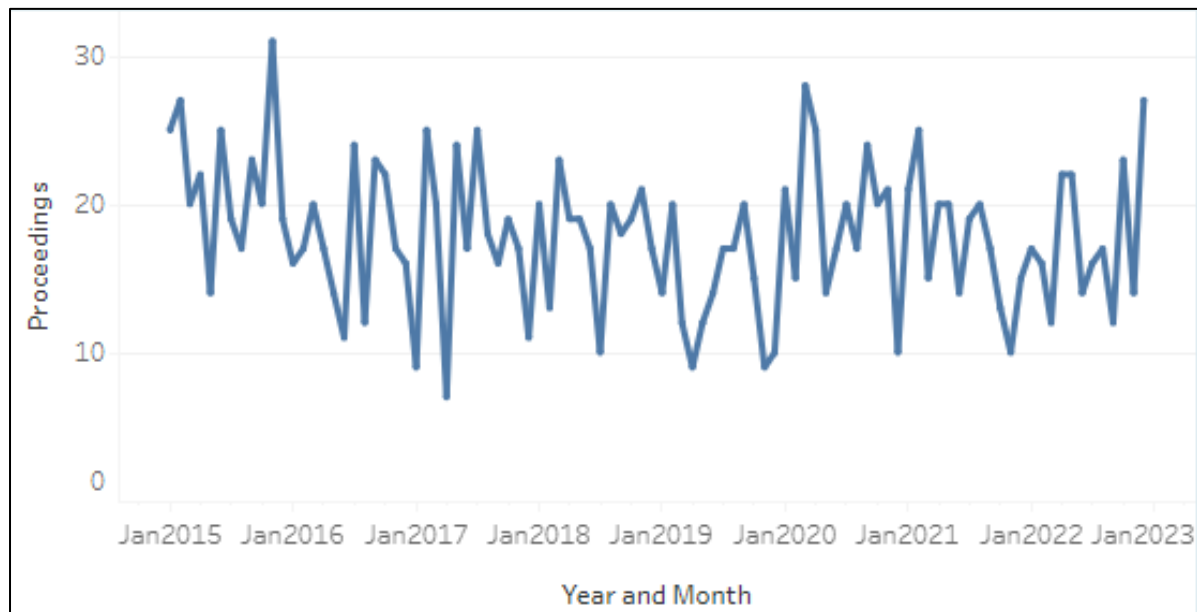


Figure 59: Police Proceedings against Offenders by Crime Type Te Aroha January 2015 – January 2023

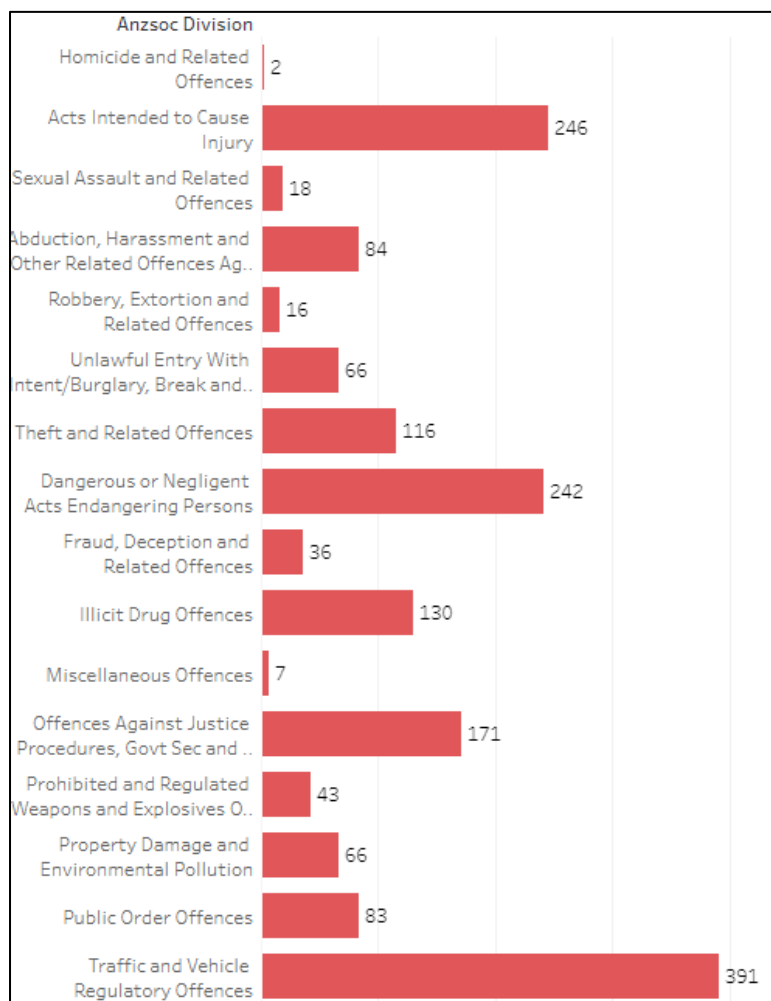
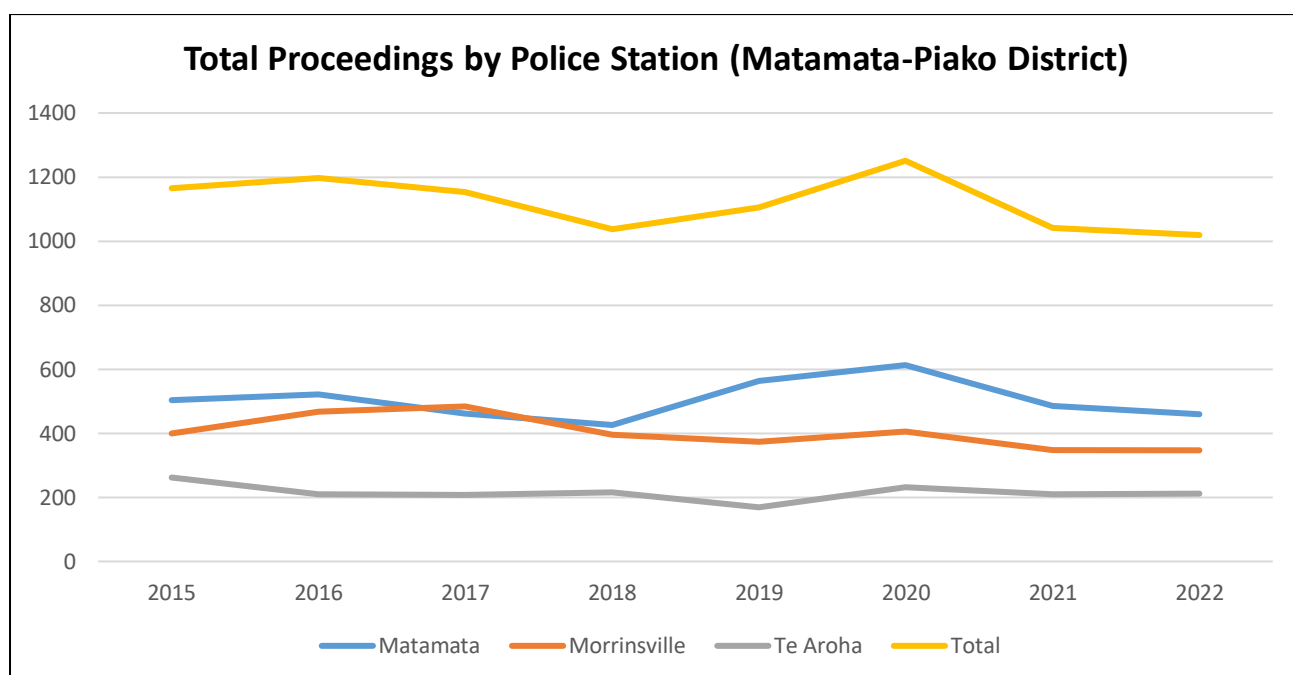


Figure 60: Total Police Proceedings Comparison by Police Station January 2015 – January 2023



6.6.3 Alcohol-Specific Traffic Offences

The following information details traffic offences, which are a combination of “infringements” and “proceedings against offenders” data. This shows an increasing trend across the District with a particular rise noted in Te Aroha. In the last half of 2022, the number of alcohol-specific traffic offences had nearly reached the same number of traffic offences as in the whole of 2021.

Figure 61: Number of Alcohol-Specific Traffic Offences by Police Station January 2017 – July 2022

	2017	2018	2019	2020	2021	Jan-Jul 2022
Matamata	76	84	92	91	93	76
Morrinsville	57	56	61	71	74	51
Te Aroha	34	23	20	42	44	45
Total	167	163	173	204	211	172

6.6.4 Sale and Supply of Alcohol Act Offences (excluding breach of liquor ban offences)

The below table shows the number of reported occurrences where an offence under the ‘Sale and Supply of Alcohol Act 2012’ was recorded after initial attendance by Police for the period of January 2017 to July 2022 within the police stations of Matamata, Morrinsville and Te Aroha.

Across the District there has been a total of 10 offences recorded with five occurring in Morrinsville, three in Te Aroha, and two in Matamata. The most common day recorded for Sale and Supply of Alcohol Act Offences was Wednesday.

Figure 62: Sale and Supply of Alcohol Act 2012 (Excluding Breach of Liquor Ban Offences) by Police Station January 2017 to July 2022

	Matamata	Morrinsville	Te Aroha
Unknown	1		
Monday			1
Tuesday			
Wednesday	1	3	
Thursday		1	
Friday		1	1
Saturday			1
Sunday			
Totals	2	5	3

6.6.5 Number and Location of Liquor Ban Breaches

The below table shows the number of Alcohol Infringement Offence Notices (AIONS) issued within the Matamata, Morrinsville and Te Aroha Police Stations. The data shows a marked increase in the number of liquor ban breaches in 2021 (from seven in 2020 to 17 in 2021 – an increase of 143%). In 2021, the highest number of liquor ban breaches occurred in Morrinsville.

Figure 63: Number of Liquor Ban Breaches by Police Station January 2017 – July 2022

	2017	2018	2019	2020	2021	Jan – Jul 2022
Matamata	1	0	1	3	5	0
Morrinsville	0	1	0	4	7	0
Te Aroha	0	5	0	0	5	0
Total	1	6	1	7	17	0

6.7 What support is available?

Support is available to support those in need through various service agencies including those funded by Whatu Ora - Waikato and Non-Government Organisations.

In addition to the support provided in the community, there are alcohol and drug addiction helplines including 1737 and the Alcohol and Drug Helpline as part of the National Telehealth Service (0800 787 797). Comprehensive resources are available online including recovery support groups.

7 Local Insights

Section 78(4) of the Act requires Council to consult with the Police, Council licensing inspectors and Medical Officers of Health.

In addition to the legislative requirements, Council asked key stakeholders to provide their views on alcohol in the community via an online survey. Staff also held drop in sessions and community walkabouts to meet with interested parties to hear their insights regarding any alcohol-related harm occurring in the District and if anything in Council's current LAP should change. Feedback received has been incorporated into this report and detailed below.

Representatives from NZ Police, Te Whatu Ora – Waikato and licensing inspectors attended a Council workshop on 8 February 2023 to discuss alcohol-related harm in the community and to talk to their recommendations for the LAP prior to public consultation.

7.1 New Zealand Police

Staff met with local Police to discuss any alcohol-related harm and disorder in the Matamata and Te Aroha areas and also received a written submission from Morrinsville Police; a summary of which is detailed below:

Matamata and Te Aroha

Overall, Police opinion is there is no need for any more off-licences, unless there is a niche business. It is a good idea to have licensed premises located in one area – concentrated around the business zones as it allows for Police to be able to actively monitor the area and try to prevent any disorder from happening/escalating.

The Police are experiencing disorder in the Matamata CBD late at night after 12 Midnight as some on-licences close and others remain open. Police recommend the inclusion of a one-way door policy from 12 Midnight in Matamata to prevent groups and individuals from travelling from bar to bar as most venues close at 12 Midnight, however there are venues open until 1am. A one-way door policy will also provide Police with a tool to help reduce any harm, disorder and disturbances and may minimise the harm that occurs in the town after 12.

Police report responding to disorder at/outside on-licensed venues in Te Aroha. These incidents can involve large groups of intoxicated people and this can be challenging to respond to.

There are no particular issues to note regarding the opening hours, therefore no changes were recommended.

Police are responding to a large number of family harm incidents at home. Alcohol is often involved, though it is not known where/when the alcohol is purchased from due to the general availability of alcohol i.e. bottle stores in our community.

Morrinsville

Morrinsville Police provided the following written response to a request from staff to provide their views on alcohol-related harm in the community and what (if anything) needed to change in Council's LAP.

1. What are your thoughts on how the Matamata-Piako District Council Local Alcohol Policy is contributing to the following goals as stated in the policy:
 - a) Contributing to the Matamata-Piako being a safe and healthy district;
Appropriate measures by MPDC in the LAP.
 - b) Reflecting our local community's character and amenity, values, preferences and needs;
Limiting the numbers of licensees to a maximum number to prevent the number of outlets

available growing out of control such as south Auckland and some parts of Hamilton City.

- c) Encouraging licensed environments that foster positive and responsible drinking behaviour;

I fail to see anything in the policy that encourages positive and responsible drinking behaviour except for signage to be displayed and the wording of this policy.

- d) Minimising alcohol related harm in Matamata-Piako.

Alcohol related harm is HUGE in NZ as a whole and MP District is just one region of NZ that reflects the true effects of the harm caused by alcohol within the community. From a Policing perspective and looking at the LAP I can see that the MPDC is taking a responsible approach and Police are committed to supporting the Policy.

2. What if anything needs to change about the Policy?

I would like to see the hours for Liquor Licences reduced in the morning. What good reason is it that the hours start at 7:00am? I see this as quite ridiculous as most people are either going to work or still asleep. The only reason for people wanting alcohol at this time of the morning would be to carry on from the night before, and probably creating work for Police to clean up. Would the council consider reducing the time so that the licences for trading are from 9:00am to 1:00am?

3. Do you have any specific comments relating to:

- a) The number and density of outlets (off-licensed premises, on-licensed premises, club-licensed premises)

Definitely no more off licences, but on-licence and club licences can be taken with strong stance of declining unless there are very good reasons to approve.

- b) Proximity to community facilities e.g. schools, places of worship, playgrounds/parks etc.

I think the Policy for off licence distances from community facilities is 50m too close. An ideal distance would be 100m to keep our vulnerable people safe from any adverse behaviours that may stem from a licenced premise.

- c) Hours of trade

As mentioned above – reduce the opening trading time to 9:00am. The end of trading time is about right for small rural NZ.

- d) One-way door restrictions

I think one way door restrictions will be hard to enforce, however if identifiable on-licensed premises become problem sites then perhaps warnings given to the managers and then look at one-way door restrictions ideally from around midnight.

- e) Discretionary conditions

Police agree with the discretionary conditions especially the CPTED criteria which is a well known and documented crime prevention strategy used globally.

- f) Special Licences

Police do not oppose the application and granting of Special Licences but would like to be more involved into the application assessing and submissions side especially for the more abstract licences.

4. Any other information that would support Matamata-Piako District Council's review of the

effectiveness of its current Local Alcohol Policy.

Nothing that I haven't yet mentioned, but I am sure there will be other matters that will come to mind.

Note: Statistics relating to the nature and severity of the alcohol-related problems arising in the District are detailed in section 6 of this report.

7.2 Medical Officer of Health

On behalf of the Medical Officer of Health, the Public Health Service, Te Whatu Ora – Waikato provided a detailed report entitled 'Alcohol-related health information pack, 2022'. Information has been included in this report (section 6) and attached at appendix 9.1.

7.3 Licensing Inspectors

The following response was provided to assist Council in the review of its current LAP:

1. What are your thoughts on how the Matamata-Piako District Council Local Alcohol Policy is contributing to the following goals as stated in the policy:

- a) Contributing to the Matamata-Piako being a safe and healthy district;

The policy has a Limited effect on contributing to the goal fo making MPDC a safe and healthy community as it is limited to what can be regulated. However there are some changes that can make a difference ie. Restrictions on stand alone bottle stores

- b) Reflecting our local community's character and amenity, values, preferences and needs;

Difficult to judge as the feedback is limited.

- c) Encouraging licensed environments that foster positive and responsible drinking behaviour;

Again difficult to judge but discretionary conditions can help promote this.

- d) Minimising alcohol related harm in Matamata-Piako.

Limited at present as the policy basically reiterates the Act with the main use of the policy limiting hours of trade.

2. What if anything needs to change about the Policy?

The policy needs the ability to restrict numbers of alcohol outlets.

3. Do you have any specific comments relating to:

- a) The number and density of outlets (off-licensed premises and on-licensed premises)

A number of Councils are taking a serious look at the number of stand alone bottle stores as the availability of alcohol and the density of these stores has an impact on consumption. The increasing numbers of these stores increases the risk of price cutting and dubious promotions. So the preference would be to limit the number of bottle stores by way of a cap.

The policy would only apply to bottle stores only so would not deter legitimate grocery stores or taverns/brewery pub etc that can legally hold off licences.

I see no need to limit the number of on licences. Usually these are restaurants/cafes with alcohol being ancillary to the food. Planning restrictions limits the locality and would place other restrictions.

- b) Proximity to community facilities e.g. schools, places of worship, playgrounds/parks etc.
No specific comment.

- c) Hours of trade
Hours to be granted in line with trading hours rather than maximum hours given.
On licence -10am to 1.00am the following day Bottle stores 10am to 9.00pm
Special Licences 11.00am to 1.00am the following day

- d) One-way door restrictions
One way door policy to be used where appropriate.

- e) Discretionary conditions
Types of alcohol being sold. Ability to limit single sales.

- f) Special Licences
Special licences as a rule do not create any problems.

- 4. Any other information that would support Matamata-Piako District Council's review of the effectiveness of its current Local Alcohol Policy

7.4 Community Insight

Pre-engagement was undertaken in mid-late 2022 with key stakeholders. A letter/email was sent to all licence holders to advise them of Council's LAP review and to provide them with an opportunity to submit their views to Council via an online survey. Community groups as well as people who had provided input into the original policy and submitted on the draft policy were also contacted.

In addition to the survey, drop in sessions and 'walkabouts' in each town were organised. Licence holders and community groups/support groups in the community were asked for comment on any alcohol-related harm in their communities and suggestions for any changes to the current LAP.

It was a common in all communities for people to comment on the high number of licensed premises (particularly bottle stores) and to feel left out of the licensing process. There was strong sentiment that the community should have more of a say in the number and location of licenses in their communities, as they are the ones who see (and deal with) the harm first hand.

Licensed premises that were spoken to were generally happy with the current policy and hours. They reported that they are well aware of their responsibilities under the Act and their liquor licence. They are part of the community and are keen to work with Council to help minimise any harm and create a responsible drinking environment.

The following summarises conversations with community members in each of the three towns:

Matamata

- Community groups suggested that there was a proliferation of licensed premises in Matamata, particular bottle stores. However some people suggested there was room for more on-licences, particularly due to the numbers of tourists visiting the town, such as wine bars.
- People spoken to did not want licensed premises near community facilities and comment was made about bottle stores in the main street detracting from the character of the town.
- Due to the increase in cost, more people are drinking at home which is an uncontrolled/unsupervised environment. The number of venues is controlled by the market – if there are too many, they will close down.
- Some venues already operate a one-way door policy.
- Social service agencies noted the negative culture around alcohol and the risks for youth in terms of alcohol related harm. Alcohol is so much part of our society that it is normalised.

Morrinsville

- The large number of bottle stores was regularly mentioned with community members asking how and when certain liquor licence applications were advertised and why they were approved with a high level of community objection.
- Alcohol is impacting on families and many need support, however due to COVID, providers haven't been available as much.
- It was mentioned that as a growing District (i.e. Lockerbie) what will happen with new licensed premises? E.g. will they be allowed? And what about proximity to community facilities such as playgrounds?
- Many people spoken to thought the 50 metre distance from community facilities should be increased. Licensed premises should not be located near playgrounds, schools or churches.

Te Aroha

- Comments were received about the high number of bottle stores with people questioning why we need so many in Te Aroha.
- Availability is linked to harm and there's too many places to get it in Te Aroha.
- There are regularly tragedies involving alcohol and young people. There isn't the support available in small towns to support people following these events.
- Education in schools is critical to help prevent any harm to our young people.
- There is a lot of alcohol-related rubbish around town, e.g. empty bottles in the Domain.

7.4.1 Community Patrols of New Zealand

Community Patrols of New Zealand (CPNZ) is an organisation founded in 2002 by the Government and Police. There are over 150 affiliated Community Patrols across New Zealand who work as volunteers with Police as extra “eyes and ears” through intelligence and observation. Their work assists Police and other agencies to build safer communities. Whilst Community Patrols are independent of the Police and organised locally, they regularly receive Police guidance, training and tasking⁸¹.

The District has Community Patrols operating in the three main towns: Matamata, Morrinsville and

⁸¹ Community Patrols of New Zealand: Who We Are <https://cpnz.org.nz/who-we-are/>

Te Aroha. Due to their experience of being 'on the ground', and experiencing alcohol-related incidents first hand, the patrols were contacted to request of their experiences during patrols relating to alcohol-related harm.

Matamata Community Patrol

'Please find below a summary of recorded/reported alcohol incidents by our patrol members whilst on patrol over approx. the last 24 – 30 months.'

- *Public urination in full view in alley ways and on retail properties entrances*
- *Intoxicated persons immobilised on grass verges within 1 meter of SH 27*
- *Vomiting on streets and in retail entrances*
- *Ignoring rail crossing warnings when trains are approaching*
- *Trying to flag down truckies for a ride standing in the middle of SH27*
- *Verbal abuse and inappropriate gestures towards anyone within the area*
- *Fighting (at least 20 persons involved)*
- *Staggering along in middle of main roads*
- *Placing of objects on road to endanger traffic*
- *Uprooting traffic signage*
- *Domestic arguments*
- *Swinging from and damaging shop signage.*
- *Large numbers of broken alcohol bottles in public places.'*

Te Aroha Community Patrol

From the Patrols observations over time we have seen a declining number of Public altercations. We cannot say 100% that these are all Alcohol related. However, the number of incidents at local drinking places has certainly declined. Sometimes parties get out of hand and spill into the street. Once again the numbers for this type of incident is less now than say 5 years ago. Perhaps Covid has played a part in this?

7.4.2 Budgeting Services

Services in Matamata-Piako providing budgeting advice provided information about what they experience when working with clients and how alcohol-use affects them and their families.

Matamata Household Budgeting Advisory Service

Staff noted that people are struggling with alcohol abuse and this is an ongoing issue. There are enough places selling alcohol in Matamata for the size that we are. 7am seems very early to be allowed to sell alcohol.

Morrinsville Ezekiel Trust – Budgeting Service

The following written submission was received:

'Here at the Morrinsville Ezekiel Trust Budgeting Service and Food Bank we get to see firsthand some pretty sad examples of people affected badly by alcohol use.

We see mothers who have worked hard all their lives financially bailing out their sons needing car

repairs when the son has spent all his money on booze, so Mum uses up all her retirement savings on him and now has no nest egg to fall back on in her later years; sisters who time and again have to take on the day to day care of their sibling's children as well as their own while their sister sleeps off the party from the night before – and they have to find the food to feed their nieces and nephews because their sister spent all the money on alcohol; women who have been co-erced into spending all their benefit for the week on booze for the boyfriend's mates while she is beaten the next day for not being able to afford to put food on the table. Women seem to be disproportionately affected by the harm caused by alcohol abusers. It is not that we never see women who have drunk to excess and have been the cause of their own lack of money to feed themselves and their kids, but we do see a much higher number of women who are having to pick themselves and their kids up from the muck of an alcoholic partner or family member and the aftermath of their binge-party-lifestyle.

We have had a rise in the number of abused women referred to our services from Victim Support and most if not all acknowledge alcohol as a contributing factor to the escalation of family violence and the harm that resulted.

There are other factors to consider relating to the effects of alcohol overuse that impact our community. For example, there are children who do not get to school nearly enough days of the year because Mum and/or Dad were heavily drinking the night before and no one got up the next morning to take them to school. The flow-on of increasing numbers of children who cannot get the basic qualifications from school and will end up unemployable as adults is not hard to imagine. And who in the community is going to service their needs or find places for them to live?

We see clients now who are regularly turning to alcohol to numb the pain of past trauma or abuse as they cannot afford private counselling fees and the wait to see someone for “four free counselling sessions” is just too many months away... You may debate whether or not alcohol causes harm on its own, but people are hurt and broken and a lot of people in our community are struggling hard, and alcohol for them seems like a real option when you can't afford to fix a problem properly. We see budgeting clients with unaffordable weekly alcohol expenses but an inability to make better choices because things are always hard, and they have just given up on hoping for anything better.

Alcohol alone does not produce these outcomes - people make choices every day that impact their and their families' livelihoods, but from what we see at our service, alcohol is making things a lot worse for those at the vulnerable end of our community'.

Te Aroha Family Budgeting Services

The following written submission was received:

ere is some feedback from one of our Financial Mentors and this is typical of what we encounter regularly with our clients.

I have one client with alcohol issues. He does not attend AA. He has advised that the number of outlets selling liquor is an ongoing problem for him - it's a temptation that he doesn't need. He sees them everywhere when he's out and about and it's very easy for him to slip up on his endeavours to reduce drinking. His expenditure on liquor was prodigious - \$114 per week when he first registered with us

Luckily, we do have AA meetings in Te Aroha – not that this is obvious or widely advertised. Maybe the new policies / legislation could include having this information promoted more – with posters and signs at the liquor stores and any outlet that sales alcohol (and not just a small sign hidden among many others?!).

Amazingly, clients can now buy alcohol (and food) using one of the many AfterPay vendors that are in New Zealand. So, if they don't have the money they can still purchase it and worry about it later!'

7.5 Pre consultation Survey

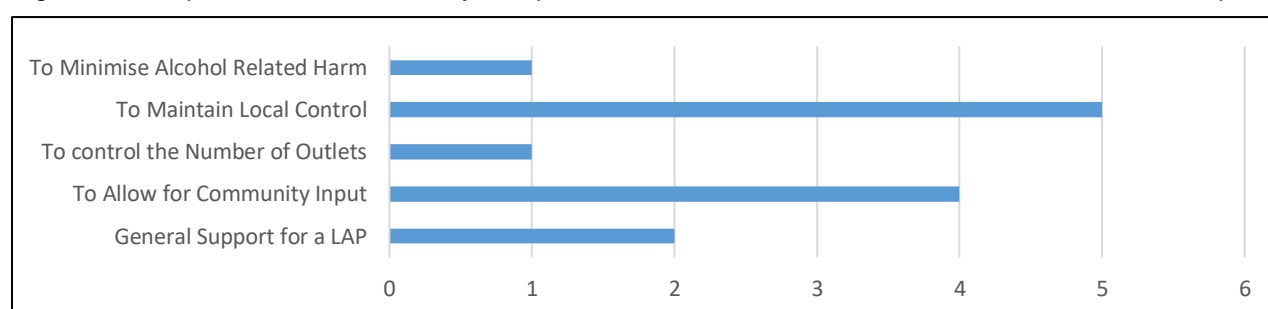
In October 2022, a community survey was sent to key stakeholders including licence holders, social service organisations and those who had input into the initial LAP and/or made a submission. A total of 27 responses were received.

Although the response numbers were low, there was still some important insights gained, though not representative of a large sector of the community. Therefore, Council will ensure wide-ranging engagement during the submission period in March/April 2023. Key results from the survey are detailed below.

Should Council continue to have a LAP?

19 out of 27 respondents thought that Council should continue to have an LAP to maintain local control and allow for community input. The themes are captured below:

Figure 64: Response to Question – In your opinion, should Council continue to have a LAP? Please explain



Comments Received:

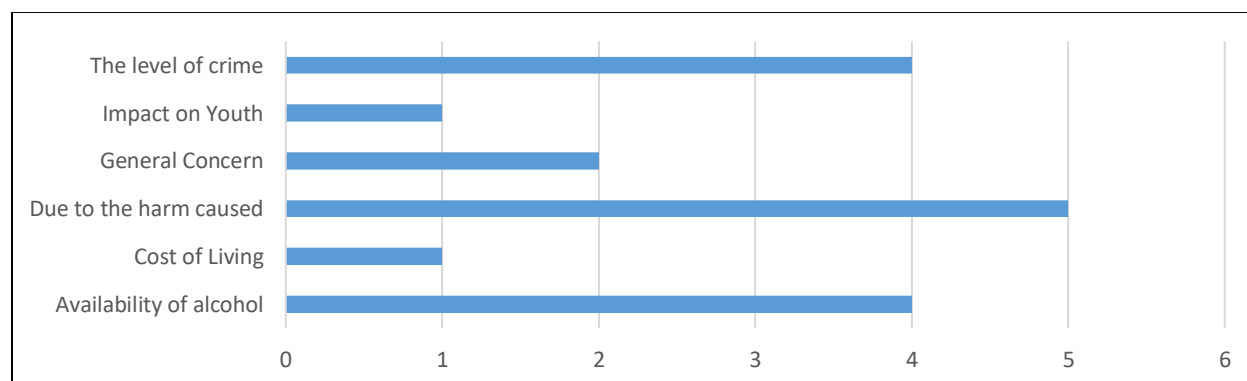
'Gives local control all places differ and can not be covered by a blanket policy.'

'The default national provisions in legislation are not sufficient to reduce the harmful effects of alcohol. Local Alcohol Policies allow people, through council, to have greater say in decisions and to set limits.'

Alcohol-related Harm

The survey results demonstrated that there was concern about alcohol related harm in the community with respondents noting a range of impacts on individuals and families:

Figure 65: Response to Question - Are you concerned about alcohol-related harm in your community? Please explain



Comments Received:

'There are just too many outlets where alcohol can be sold in our small community.'

'I do feel that a larger number and greater main street visibility of alcohol retailers creates a normative effect for the community in terms of alcohol use/consumption.'

'The level of domestic violence, crime and especially youth crime is growing so we need to do something to help curb the growing numbers.'

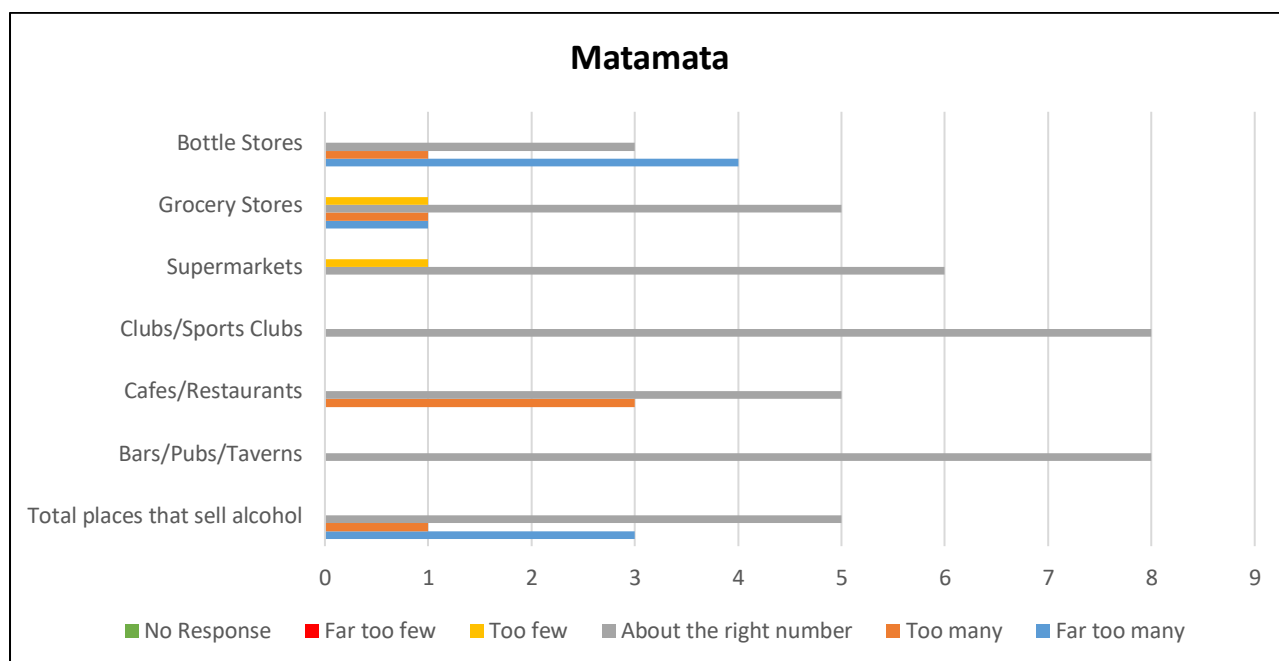
'Maori and Pacific males, youth and low socioeconomic communities are disproportionality impacted by hazardous drinking and alcohol-related harm. This can further exacerbate existing social, health and economic inequities.'

Licensed Premise Numbers

The survey showed that overall, people think there are too many places that can sell alcohol across the District.

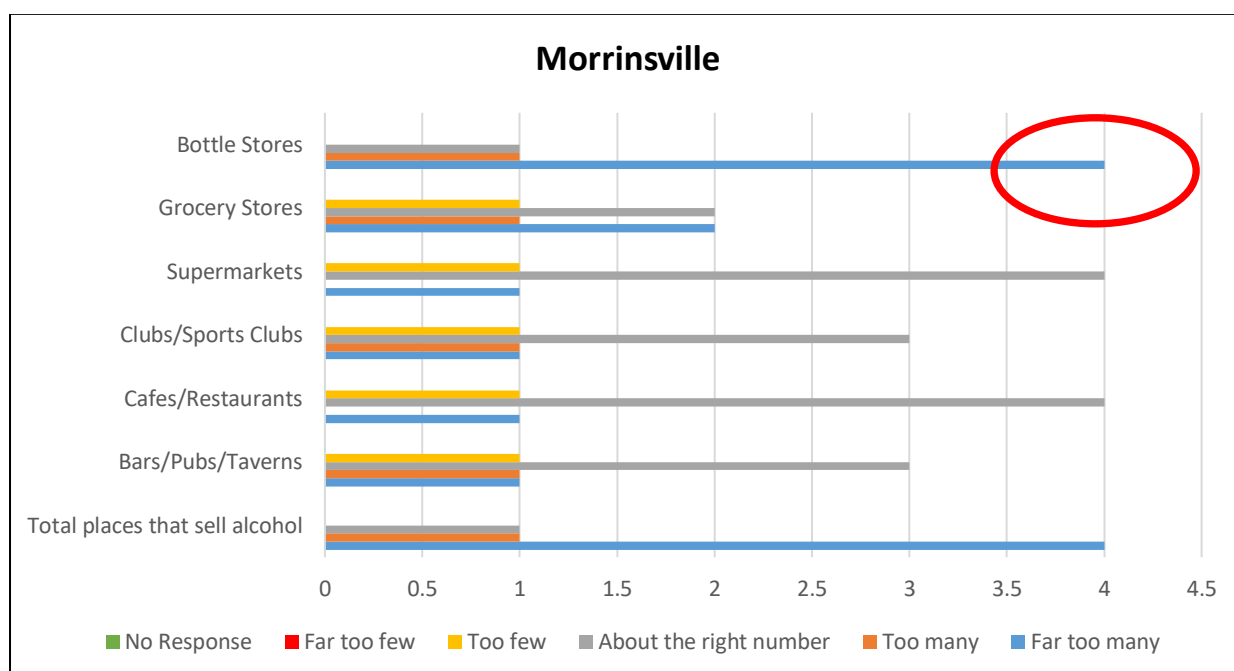
In Matamata, there was the least concern with most people saying there was about the right number overall. However, the majority said there were far too many bottle stores in Matamata.

Figure 66: Response to Question – When thinking about the number of licensed premises in your town/the town closest to you, are there: far too many, too many, about the right number, too few, far too few places that sell alcohol? (Matamata)



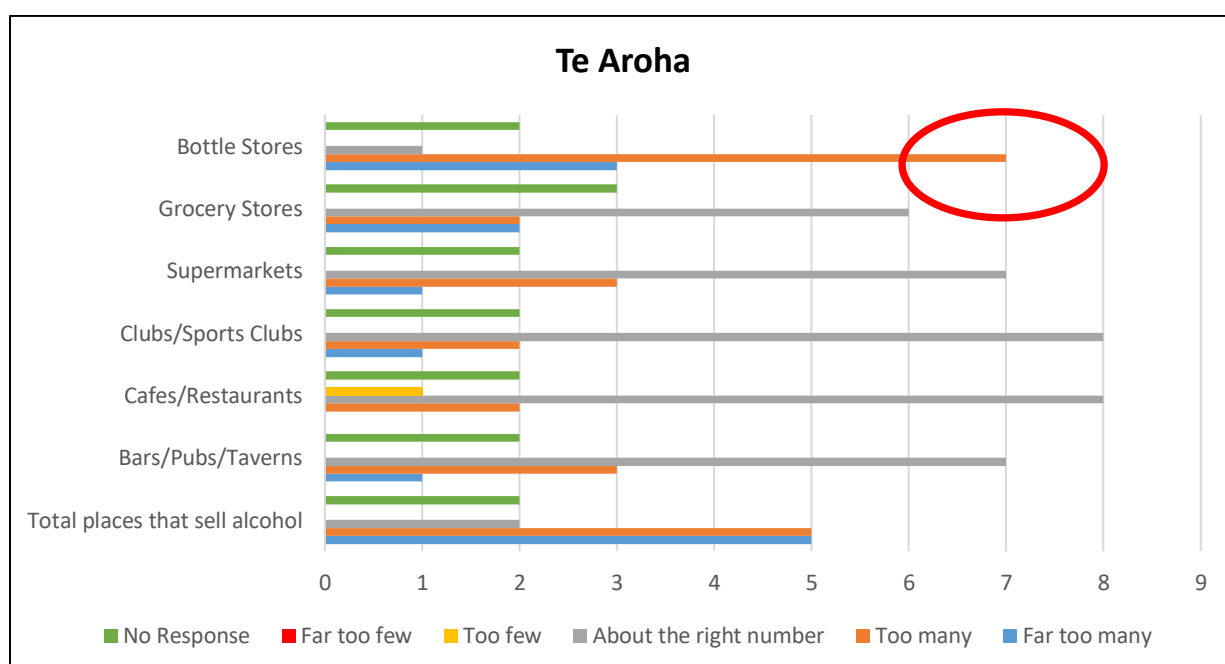
Most people who responded about the number of licensed premises in Morrinsville thought there were far too many bottle stores in Morrinsville.

Figure 67: Response to Question – When thinking about the number of licensed premises in your town/the town closest to you, are there: far too many, too many, about the right number, too few, far too few places that sell alcohol? (Morrinsville)



Of the 13 people who responded about the number of licensed premises in Te Aroha, 77% thought there were either too many or far too many places that sell alcohol. There was a higher percentage of people who said there were too many bottle stores in the town as shown in the graph below.

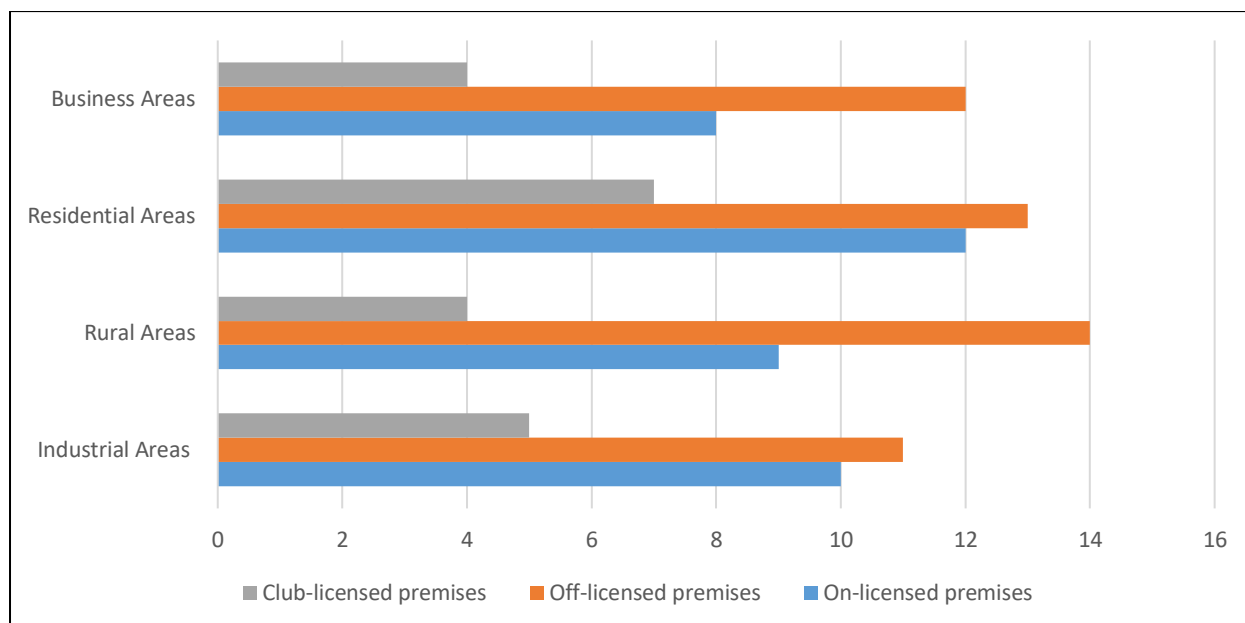
Figure 68: Response to Question – When thinking about the number of licensed premises in your town/the town closest to you, are there: far too many, too many, about the right number, too few, far too few places that sell alcohol? (Te Aroha)



Location of Licensed Premises

The survey asked if Council should prevent new licensed premises from opening certain areas in relation to the District Plan. The most common option selected was for off-licences to be prevented from opening in rural areas.

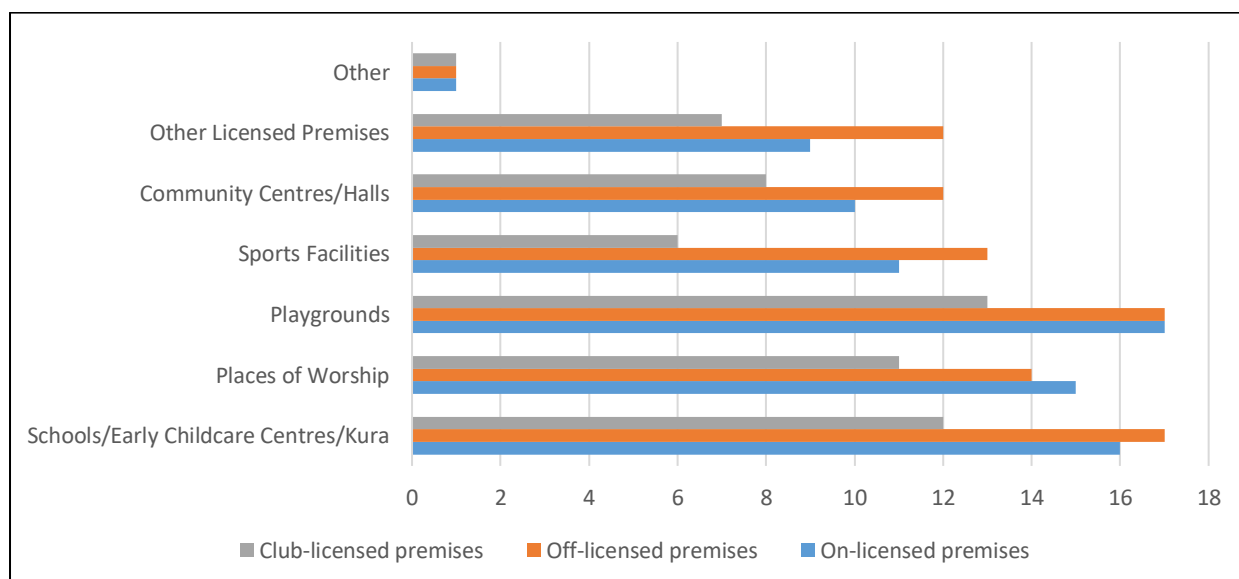
Figure 69: Response to Question – Should Council prevent new places that sell alcohol from opening in certain areas?



Proximity to Community Facilities

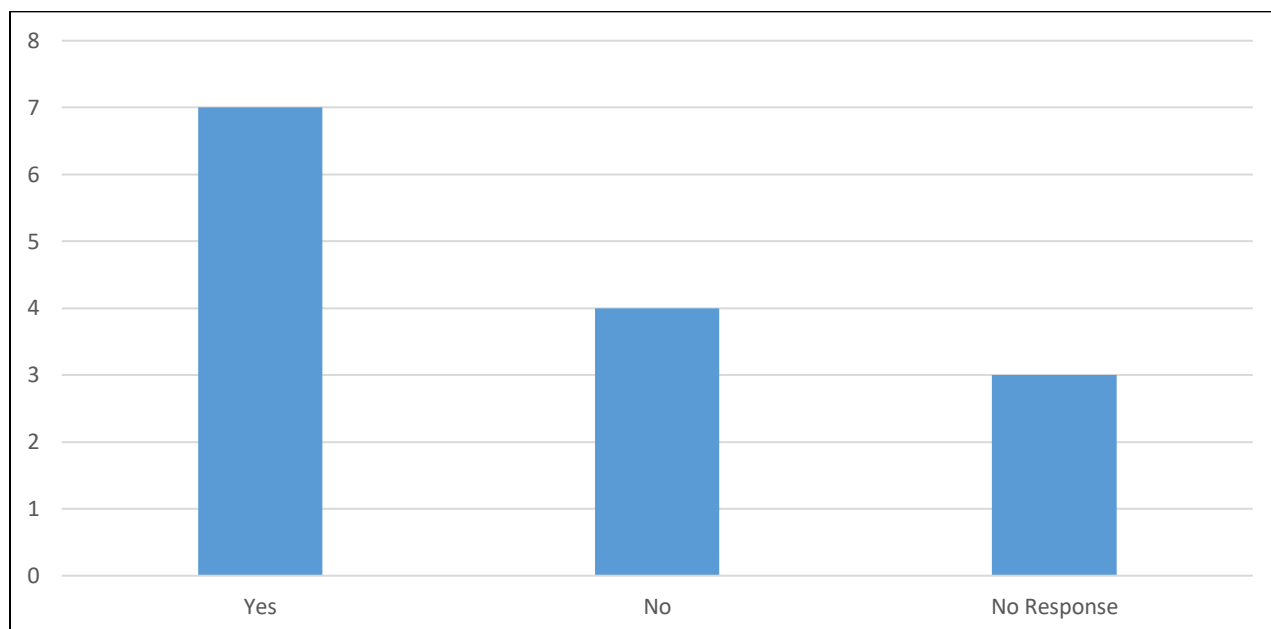
The survey asked if Council should prevent new licensed premises from opening nearby to community facilities and other licensed premises. The most common option selected was for off-licensed and on-licensed premises to be prevented from opening near playgrounds and education facilities.

Figure 70: Response to Question - Should Council restrict new places that sell alcohol from opening near certain community facilities e.g. schools and places of worship?



Of those who responded to the above question, the majority thought that 50 metres was the right distance away from community facilities (as stated in the current policy).

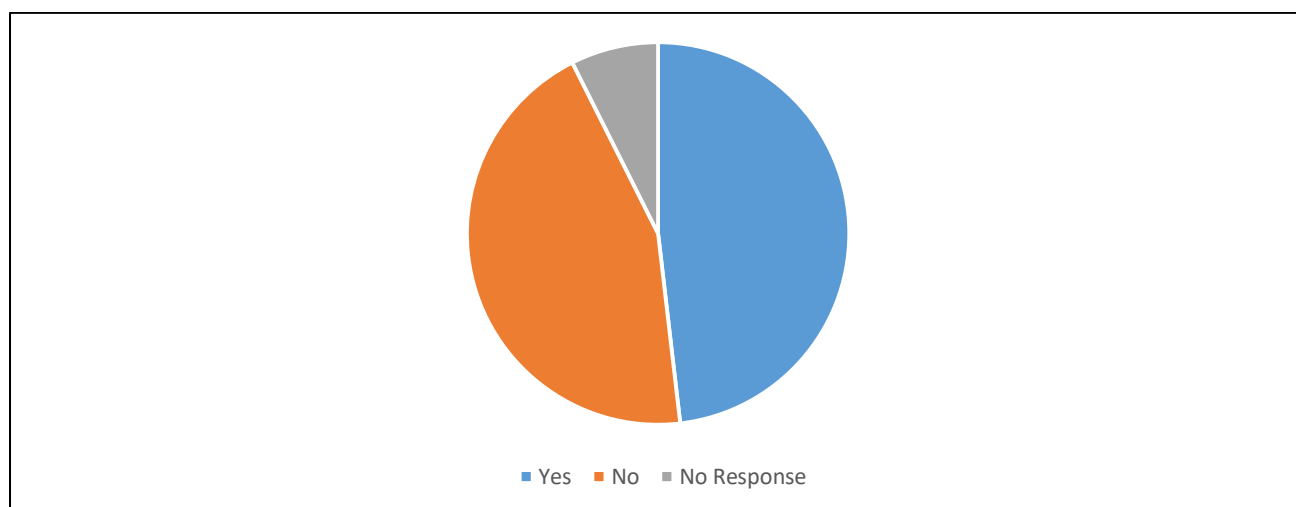
Figure 71: Response to Question – Council has the ability to set a minimum distance of 50 metres away from other licensed premises and community facilities. If you selected yes to the above, do you think this distance is right for our community?



Maximum Trading Hours

When asked if the maximum trading hours as per the current LAP were right for the community, there was a relatively even split with 13 stating yes (therefore no changes required) and 12 responding no. Of those who responded to what the trading hours should be, the majority thought that off-licensed premises should open from 10am with an 8pm closing time.

Figure 72: Response to Question – Council has the ability to set maximum trading hours to suit our local needs. The current maximum hours are Monday to Sunday 7am – 1am for on-licensed and club premises, and 7am – 9pm for off-licensed premises. Do you think these hours are right for our community?



Summary of Pre-Consultation Survey

- **Everyone who responded to the question, ‘should Council still have a policy?’ responded in the affirmative.** The reasons for continuing to have a policy included; Council supporting a reduction in alcohol related harm, maintaining local control, talking to local organisations who have a better idea of how their community works, controlling the number of outlets selling alcohol and acknowledging that all communities have different needs.
- **Respondents were concerned about alcohol related harm.** The availability of alcohol was frequently mentioned especially with young people having easy access to alcohol, as there are too many outlets, with alcohol use increasing with the increase in the number of shops that sell alcohol. The proliferation of outlets is leading to normalising alcohol, and the level of family violence, crime (especially youth crime) was cited as a concern, and lower-socio economic groups seem to suffer more from alcohol-related problems.
- **The effects of alcohol on individuals and society as a whole was mentioned** including concern about suicide, drink driving, strain on the health system that this harm affects Māori and Pasifika males, youth and low socioeconomic communities who are disproportionately impacted by hazardous drinking and alcohol-related harm.
- An **increase in crime** was noted including the use of drugs and vandalism. Greater access to alcohol generally leads to an increase in drinking and therefore harm.
- **Overall, the majority of respondents thought there were too many places that sell alcohol in the District.** Most often people are concerned that there are too many bottle stores, with the highest concern in Morrinsville.
- In terms of location, the most common option selected was for **off-licences to be prevented from opening in rural areas.**
- In terms of location to facilities, the most concern was raised about playgrounds, followed by education facilities. **People were most likely to be concerned about off-licensed premises being close to community facilities.**
- **The majority of respondents thought 50 metres was the right distance from community facilities.**
- **A majority of respondents (48%) agreed with the maximum trading hours in the current policy verses 45% not in agreement** (with 7% not responding).

Summary of Community Views

There is a high level of community concern about alcohol-related harm. Harm from alcohol has a wide range of negative effects and consequences to the individual, their family and the community, e.g. through family violence, financial hardship, and crime (especially youth crime) and disorder.

The availability of alcohol was frequently mentioned especially with young people having easy access to alcohol, with alcohol consumption increasing as the number of outlets increases and the proliferation of outlets leading to the normalising of alcohol. It was thought that lower-socio economic groups seem to suffer more from alcohol-related problems.

It was a common in all communities for people to comment on the high number of licensed premises (particularly bottle stores) and to feel left out of the licensing process. There was strong sentiment that the community should have more of a say in the number and location of licenses in their communities, as they are the ones who see (and often deal with) the harm first hand.

Licensed premises that were spoken to were generally comfortable with the current LAP. They reported that they are well aware of their responsibilities under the Act and their liquor licence. They are part of the community and are keen to work with Council to help minimise any harm and create a responsible drinking environment.

8 Conclusions

The following key points have been identified following research and pre-engagement with the community:

- Although most people who drink, do so responsibly, there is harm occurring in our community;
- As at 18 January 2023, there were a total of 109 licensed premises located in the District; comprising of: 46 on-licences, 34 off-licences and 29 club licences;
- The alcohol sector (including the hospitality sector as a whole) is an important contributor to the District's economy;
- The tourism industry is growing (and recovering) after COVID-19 with Matamata in particular a popular place to visit, therefore, access to alcohol and associated entertainment should be considered;
- The community supports having a LAP to provide for local rules that suit our District;
- Many people in our community are concerned about the availability of alcohol and think there are too many places to buy alcohol in our towns;
- Māori, youth and those living in deprived areas, are more at risk of alcohol-related harm in our community. Our District has a slightly higher Māori population than the national average and this population group has a large cohort of young people;
- Police raised concerns about the number of late night incidents related to on-licensed premises in Matamata and recommended the implementation of a mandatory on-way door policy to apply from 12 Midnight;
- Police does not currently produce statistics that detail if a crime or proceeding is alcohol-related or not. However, the data shows an increase in victimisations with a reduction in the number of Police proceedings in the District.
- Over six years, there were 208 crashes in the District that involved alcohol, with seven recorded as fatal. Police data shows an increase in the number of alcohol-specific traffic offences over time;
- Te Whatu Ora – Waikato detailed evidence that suggests a strong link between the availability of alcohol, and alcohol-related harm, i.e. greater availability leads to greater consumption of alcohol which in turn leads to negative social outcomes, including alcohol harm, antisocial behaviour, and alcohol-related offences;
- Alcohol use can lead to severe acute and chronic harms to health and is associated with a wide range of physical, mental and social harms. Harm from alcohol has a wide range of negative effects and consequences not only to the individual, but also to their family and the wider community, e.g. family violence, financial hardship, and crime and disorder.
- Between 01/01/2020 to 31/12/2021, 320 Emergency Department presentations at Waikato Hospital were flagged as alcohol related and from the Matamata-Piako District. Sadly, 10 people died during their presentation with Matamata-Piako residents taking up over 1,000 ED bed hours during those two years.
- The busiest time for ED's across the country is 'after hours' - on weekends, evenings and overnight with 57% of alcohol related presentations occurring in the period from Friday night to Monday morning;

Overall, it can be determined that alcohol is causing harm within the community. Therefore, it may be appropriate to consider further measures to mitigate/reduce this in Council's LAP.

9 Appendices

9.1 Alcohol-related Health Information Pack 2022 Prepared by Public Health Service, Te Whatu Ora – Waikato

Alcohol-related health information pack, 2022

For the review of the Matamata-Piako District Local Alcohol Policy

Prepared by Public Health Service, Te Whatu Ora – Waikato
October 2022

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Forward by John Bonning, Clinical Director, Waikato Emergency Department⁸²

Emergency Departments (ED) are the first port of call for acute presentations to hospital. We receive patients from the youngest new born to the very old, and see a huge range of illnesses and injuries every week - from a child with meningitis or an elderly patient with a broken hip to motor vehicle crashes resulting in multiple injuries. ED staff have to be ready to receive, triage and treat these patients, and also collaborate with other hospital departments regarding admission, investigation or outpatient follow up.

Waikato Hospital's Emergency Department is the third busiest ED in the country. There are regularly more than 200 patient presentations per day and the majority arrive outside of 'business hours'. Our staff have to be highly organised and our processes structured, whilst still maintaining the level of flexibility necessary to appropriately respond to whatever comes through the door 24/7.

The burden of alcohol on ED presentations is substantial. The busiest time for EDs across New Zealand is after hours – evenings, overnight and on the weekends, when we often have to respond to patients who have injured themselves, been in fights and sometimes have consumed so much alcohol that they are unconscious and at risk of death without our care.

Drunken patients and their intoxicated associates are generally labour intensive and can prove very difficult to manage. Staff are at risk of verbal or physical abuse, other patients and their relatives are subjected to noise and disruption, and our department may be subject to drunken patients vomiting or making a mess in the department. Commonly security staff or the police have to be called to control patients or associates who are intoxicated and a danger to themselves or others. Other (non-intoxicated) patients not infrequently complain about the disruption that intoxicated patients cause during their treatment.

Another impact of alcohol that is not accurately measured is those non-intoxicated patients who are assaulted or involved in car crashes with intoxicated third parties.

It is important to note that patients with problems related to alcohol consumption take time to look after, denying resources from other patients with medical emergencies and tying up staff and beds. This contributes to difficulties reaching Ministry of Health targets and good patient care. They represent significant costs for the Waikato District Health Board⁸³ (DHB) and for providers such as the Accident Compensation Corporation. Alcohol-related injury and illness is a type of self-inflicted injury that can be avoided by using alcohol in moderation.

New Zealand's legal blood alcohol level for drivers is too high and society have a message that is ok to drink one or more drinks an hour and still stay under our too high limit. This sends the wrong message, that driving drunk is ok, and also contributes significantly to the impact on road trauma.

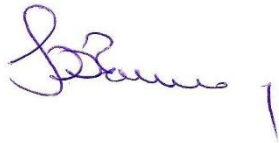
⁸² The forward was written for the original information pack supplied in 2013 and has not been updated for the current revision.

⁸³ Waikato DHB has been incorporated into Te Whatu Ora – Waikato District subsequent to the writing of this piece.

The majority of weekend ED presentations relating to alcohol consumption involve young people. This is of concern, as their drinking habits leave them at risk of becoming alcohol dependent, of injuring themselves to a degree that causes long term disability, or of harassment or physical abuse. Our department, along with many others in the hospital, is also involved in providing care for those impacted by the longer term effects of alcohol misuse, for example people with alcohol-related liver disease.

The Sale and Supply of Alcohol Act (2012) is an opportunity for local governments to address some of the issues relating to alcohol abuse in our community. There is strong evidence which shows that reducing access to alcohol in the community results in fewer alcohol-related injuries and presentations to hospital. This would allow our department to function more effectively and allocate our time and resources more efficiently. I encourage the council to utilise its powers to address alcohol harm, and reduce its burden on the Emergency Department and wider health care system.

Yours sincerely,

A handwritten signature in purple ink, appearing to read 'John Bonning', followed by a vertical line.

Dr John Bonning,
Clinical Director, Emergency Department.
Waikato District Health Board

Introduction

Public Health has a significant interest in how alcohol impacts the health and wellbeing of communities. Public Health is involved in a number of different fields, from health promotion through to regulatory work (FIGURE 1).

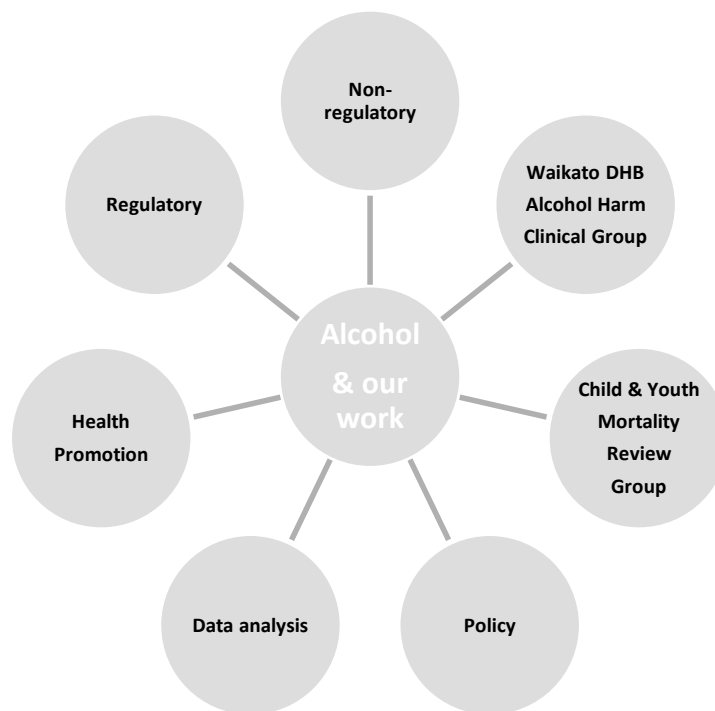


FIGURE 1: PUBLIC HEALTH'S ALCOHOL-RELATED WORK.

This document provides information on the harms associated with alcohol consumption from a health perspective. Local data has been used where available. This document has three main parts: firstly, international literature pertaining to the harms of alcohol is reviewed; secondly, local alcohol-related health data is presented; thirdly, recommended changes to the current Matamata-Piako District Local Alcohol Policy are discussed.

This document was originally created in 2013 and had been updated with data relevant to 2022 upon request from the Matamata-Piako District Council to assist with a review of their Local Alcohol Policy.

Literature review of alcohol use and associated harms

Alcohol use is associated with a wide range of physical, mental and social harms. Its consumption can affect many organs in the human body and is linked to more than 60 diseases and 3 million deaths globally per annum (1). This accounts for 5.3% of all deaths, which is greater than the number caused by HIV/AIDS, tuberculosis and diabetes (1). In New Zealand, about 800 people under 80 years die because of alcohol annually (2). Of these, 43% are due to injury and 30% are due to cancer (2). The link between alcohol and health is dependant both on the volume of alcoholic units consumed and the pattern of consumption, with binge drinking being particularly dangerous (3). Alcohol has the potential to harm individuals acutely by means of intoxication, alcohol poisoning or accidental harm while drunk, and chronically by means of long-term damage to organ systems.

Who drinks alcohol?

Alcohol is consumed liberally in New Zealand. Seventy-nine percent of New Zealand adults have drunk alcohol in the previous year (4). Heavy drinking patterns are all too common with nearly 20% of adults considered to have a potentially hazardous drinking pattern, and 21% of people consume 6 or more alcoholic drinks on one occasion on a monthly bases (4). Though alcohol consumption is spread diffusely across society the volume and related harms are more concentrated in certain groups such as lower socioeconomic groups and ethnic minorities internationally (3). Males are 1.09 times as likely as females to have consumed alcohol in the past 12 months (4). Twenty-three percent of women consume alcohol during pregnancy (5). Young people also drinking dangerously, with over 70% of secondary school students having drunk alcohol, and 46% of student drinkers consuming over five units the last time they drank (6). People who live in areas of high deprivation are less likely to have consumed alcohol in the past 12 months; however, they are 1.32 times more likely to consume in a hazardous fashion, and 1.59 times more likely to have consumed 6 or more drinks on a single occasion on a weekly basis (4). A similar pattern of drinking is observed in Māori and Pacifica communities, likely resulting from their minority and marginalised status and subsequent exposure to socioeconomic deprivation (4). Māori are more likely to suffer from alcohol-related harm than non-Māori including 2.5 times the age-standardised mortality rate (2).

Acute alcohol effects

Alcohol is classed as a sedative and hypnotic drug. In low doses it acts as a stimulant (which is why many people drink); however, in larger doses alcohol leads to drowsiness, central nervous system depression, and, in severe cases, coma and respiratory suppression (3). Even in low doses, consumption of alcohol increases the probability of certain injuries and illnesses. Alcohol increases self-confidence, while at the same time decreases fine motor skills and balance. This can lead to an individual attempting a physical activity that is beyond their ability, resulting in a fall or crash and physical injury. Other acute alcohol effects include a shortened attention span, and impaired judgement. Implications of this could include distraction while driving leading to a crash or an individual making a poor judgement while drunk, for example, getting into a car with a drunk driver, or overreacting to a perceived insult, which results in a physical altercation. As alcohol intake increases, an individual suffers impaired memory, delayed reaction time and difficulty balancing. Nausea, vomiting and impaired senses can also become a problem. The end result is a person who is not able to react normally, makes poor judgments and has poor balance and coordination. This leaves the individual at risk of injuring themselves and those around them (6).

If an individual makes it to bed without injury, when severely intoxicated they are at risk of vomiting in their sleep and aspirating their vomit. Alcohol disrupts normal sleep cycles resulting in poor sleep quality (3). Hangovers results in poor reactions, attention and motor skills, and an ongoing increased risk of injury. Productivity in the workplace is also decreased (6).

Many people associate the acute effects of alcohol with a good night out. Indeed alcohol is often seen as a requirement for social participation and enjoyment. Alcohol-related harm is anticipated and there is a degree of tolerance to it which is not extended to other drugs. Temporal dissociation between acute alcohol consumption and chronic disease from alcohol contributes to the establishment of regular drinking patterns in young people, which continue into adulthood. For many people, alcohol consumption will never cause any serious harm. For others addiction or dependence will develop, which can have social, economic and health effects. For many more longer term alcohol consumption will lead to one of the many health problems associated with sustained alcohol intake, a few of which are discussed in the following sections.

Chronic alcohol effects

Chronic liver disease

Consumption of alcohol can lead to a fatty liver, hepatitis and cirrhosis. It can also cause pancreatitis (inflammation of the pancreas). Alcohol is one of the leading cause of liver cirrhosis in developed countries (7). The first stage of alcohol-related liver disease is a fatty liver, a build-up of fat cells. Almost all heavy drinkers will have a degree of fatty liver disease. This does not normally cause any symptoms, and if a person stops drinking, it usually reversible. If heavy drinking continues, it can progress to alcoholic hepatitis, an inflammation of the liver. Mild hepatitis causes problems such as weight loss, nausea and vomiting. Hepatitis causes an increase liver enzymes in the blood because of damaged liver cells. Severe hepatitis can cause symptoms of abdominal pain, fevers and jaundice. It can lead to liver failure. Cirrhosis is scarring of the liver and is a result of prolonged or severe hepatitis. It is irreversible and reduces the livers ability to function normally. Ten to twenty percent of heavy drinkers get cirrhosis (3). Complications of cirrhosis include bleeding abnormalities, accumulation of fluid in the abdomen, bleeding from veins in the stomach and liver cancer or liver failure requiring transplant.

Cancer

Alcohol consumption is associated with malignancies at 27 anatomical sites, including cancer of the mouth, oesophagus, stomach, liver and colon and rectum. It is also associated with female breast cancer (8). Daily consumption of alcohol raises the likelihood of cancer by two to three times, an affect that is augmented by smoking (9). Alcohol is a group one carcinogen, meaning that the association between alcohol and cancer strongly supported by evidence.

Cardiovascular disease

Cardiovascular disease causes 19.8% of all deaths attributable to alcohol (1). Despite some evidence that low-to-moderate alcohol consumption can have beneficial effects on the cardiovascular system, the harms outweigh the benefits (10). For instance, in Europe 10.5% of all cardiovascular disease deaths were attributable to alcohol (1). A myriad of cardiovascular diseases can be caused by alcohol, including heart attacks, strokes, hypertension, heart failure and cardiac arrhythmias such as atrial fibrillation.

Mental health and neurological disorder

Alcohol can reduce stress and tension in low dose, and indeed this is one of its attractions to many. However, in higher doses it can create, rather than relieve, stress, and can make people sad, aggressive or prone to mood swings. Alcohol is commonly consumed by people before they self-harm or attempt suicide (3). Heavy alcohol use is associated with a 37-fold increase risk of suicide (1). Alcohol use can lead to dependence, with withdrawal symptoms (including delirium tremens) in people who abruptly abstain, and difficulties maintaining a job or social relationships in people who are addicted.

Alcohol dependent individuals have been shown to have a two-fold increased risk of depressive disorders (1). Alcohol use is not only a cause of depression, but it also worsens symptoms in depressed people, demonstrated by an improvement of symptoms with abstinence and worsening of symptoms with increased consumption. Alcohol use is also linked to poorer control of psychiatric conditions such as anxiety and schizophrenia and neurological conditions such as epilepsy. Chronic alcohol abuse can lead to peripheral neuropathy (loss of feeling in hands and feet) and damage to areas of the brain, which are responsible for speech generation, vision, memory and balance (Wernicke-Korsakoff syndrome).

Foetal alcohol spectrum disorder and pregnancy

Alcohol consumption during pregnancy can have negative health effects for both the mother and the developing foetus. Alcohol passes freely to the foetus across the placenta, and can lead to miscarriage or spontaneous abortion, stillbirth, low birth weight and Foetal Alcohol Spectrum Disorder (FASD) (1). FASD is characterised by physical, behavioural and cognitive abnormalities (11). In addition to dysmorphic facial features, children with FASD suffer prenatal and/or postnatal growth retardation, and structural brain abnormalities which can lead to behavioural problems, a low IQ and learning difficulties. Consequences are life long, and are not always evident at birth (3).

The volume of alcohol consumption which is required to cause these problems is unclear due to multiple confounding factors, although damage to the foetus is more likely if the mother consumes large amounts of alcohol in one sitting, or consumes alcohol regularly throughout pregnancy (12). Drinking alcohol during the first trimester can be particularly dangerous. The Ministry of Health (MoH) acknowledges that there is no known “safe” level of alcohol use at any stage of pregnancy (12). The MoH and the Alcohol Advisory Council of New Zealand (ALAC) recommend that alcohol be avoided while pregnant or when planning a pregnancy. Following this advice could be difficult if a pregnancy is unplanned, if a woman does not know she is pregnant for some weeks following conception, or if she feels compelled by societal norms to drink alcohol at social events. A study in Canada estimated that health care costs related to FASD were \$6.7 million in 2008/09, and considers this to be an underestimate (13).

Sexually transmitted diseases and fertility

Alcohol consumption has been shown to be associated with the spread of sexually transmitted diseases in both men and women (14). Being drunk lowers one's sexual inhibitions making one more likely to engage in sexual activity, and to engage in risky sexual activity, e.g. having unprotected sex or having sex with strangers. Women also have the risk of unplanned pregnancies.

Long-term heavy alcohol use can lead to impotence, loss of sex drive, wasting of testicles and reduced fertility in men as it affects testosterone levels. In women, alcohol use can cause reduced fertility, heavy irregular periods or

amenorrhea (6). Chronic infections with sexually transmitted diseases such as chlamydia or gonorrhoea can also affect fertility.

Burden of disease

It has been estimated that alcohol causes the most harm of all recreational drugs in the United Kingdom (15). In 2016, 5.3% of deaths were a result of harmful alcohol use globally (1). This burden falls disproportionately on males, for instance, 7.7% of male deaths are attributable to alcohol, compared to 2.6% for females (1). Not only do males consume more alcohol, they do so in a riskier way by binge drinking and concurrent smoking (1). Mortality rates are higher in younger age groups, particularly those aged 20 to 39 years (1). The burden of disease in terms of morbidity and mortality is greatest in lower-middle income countries; however, the burden of alcohol attributable cancer is higher in upper-middle-income countries such as New Zealand (1).

In New Zealand, a study in Auckland found that alcohol was consumed in the 6 hours prior to injury in 35% of injured people who presented to an emergency department (16). This is high in comparison to international studies which report that 10-18% of injury presentations to EDs involved alcohol. Youths and males are over-represented in essentially all studies. Furthermore, violence was the cause of 17% of injury cases, and alcohol was involved (victim and/or perpetrator) in 79% of these cases.

Cost burden of alcohol

Quantifying the costs relating to alcohol use on society is complex. Alcohol misuse has costs to many areas of government and health provision including law enforcement, CYFS, St John, and the health care system – both primary and secondary care. As discussed alcohol may often play a part in any given problem or disease, but determining its attributable fraction is complex. However, there is no denying that social costs of alcohol are significant. A 2009 study undertaken by Business and Economic Research Limited (BERL) estimated that alcohol use cost New Zealand society \$4.9 billion in 2005/6 and up to 50% of these costs were avoidable (17). A subsequent report found that alcohol-related injuries and illnesses are costing Canterbury healthcare \$63 million in 2011, and this is a conservative estimate (18). This was a significant and rapid increase from the 2006 estimate of \$38.8 million (18).

Costs to the health care system from alcohol use are not merely limited to particular conditions, but also have knock on effects. For example, the time and resources involved with looking after an intoxicated person in ED denies the health system funds for other services, such as elective surgery. These represent opportunity costs. Reigning in costs associated with alcohol would free up resources for use elsewhere.

Alcohol outlet density and opening hours

Evidence suggests that there is a strong link between the availability of alcohol and alcohol-related harm. Most studies consider *availability theory* when examining the relationship between alcohol outlet density and alcohol-related harm, i.e. greater availability of alcohol leads to greater consumption of alcohol which leads to negative social outcomes (19). Studies have generally found that in areas where there is greater availability of alcohol

through a high density of outlets, there is a higher level of alcohol consumption (20). This often leads to higher levels of alcohol harm, antisocial behaviour and alcohol-related offences. People who drink alcohol later into the night (into the next morning) are both more likely to consume 6+ drinks on a typical occasion and to drink alcohol daily (21). Indeed, in New Zealand an association has been found between hazardous alcohol consumption and availability of alcohol retailers for the following groups: younger Māori and Pacifica males; younger European females; middle-aged European men; and older men (22). Another study found an association between outlet density and alcohol-related harm and off-licence outlet density and binge drinking (23). An association between off-licence outlet density and social harms, but a mixed relationship with on-licence stores has also been found (24) as well as an association between off-licence outlets and motor vehicle accidents and police events (25).

International evidence suggests that high outlet density in areas of high deprivation is disproportionately harmful, compared to areas of low deprivation (26, 27). A New Zealand study showed a relationship between the harm from on-licence outlets density and social deprivation in addition to a relationship between rurality and harm from off-licence outlet density (24).

There are several studies that link opening hours to consumption and alcohol-related harm (28). Studies from several countries concluded that extensions in opening hours for alcohol stores resulted in increased alcohol-related injuries, chiefly vehicle related injuries and assaults. Studies looking at the effect of a reduction in opening hours have shown a significant decrease in alcohol-related harm (29). Local data from the Police following a reduction in opening hours in Timaru showed a reduction in violent offending, not just a change in the time these occurred (30). Furthermore, the introduction of national trading restrictions in 2013 resulted in an 11% reduction in weekend hospitalisations for assault and 9.7 fewer police documented night-time assaults per week (31). People aged 15 to 29 years saw the greatest benefit with an 18% reduction in weekend hospitalisations for assault. The effect of closing hours on alcohol sales appears to be greater than opening hours; however, earlier opening hours are associated with greater amount of alcohol sales (32).

Notably, 73% of alcohol is consumed in private homes, suggesting that policy that affects off-licences has the greatest potential to reduce alcohol consumption (33).

Alcohol pricing packaging

The price of alcohol is inversely proportional to consumption and harm. For instance, a 10% increase in the price of alcohol is estimated to reduce consumption by 5% (34). Data from New Zealand suggests that there is an association between lower priced alcohol and drinking 6+ drinks on a typical occasion (21). This effect is observed in both on- and off-licenced premises. There is also an association between the low price of alcohol and daily drinking; however, this is only observed in off-licences premises.

The quantity of alcohol sold per package can affect harm. A study from the USA found an association between single serve alcoholic beverages and violent crime (35). Furthermore, the implementation of restrictions on single-sale beverages in inner city, urban minority communities in the USA resulted in a decrease in the rates of ambulance pickups for intentional injuries in 15 to 24 year olds (36).

Visual impact of alcohol marketing

Whilst there are many factors that may contribute to an individual's decision to consume alcohol, the impact of marketing is considerable. Marketing plays a significant role in the normalisation of alcohol as part of everyday life. At a community level, this is seen most clearly through the visual impact of off-licence stores, where advertising features heavily on the outside of the building. There is increasing evidence that alcohol advertising can impact on an individual's decision to take up drinking, or to increase consumption if they are already drinking (37). Studies in the United States have shown that young people in areas with higher levels of expenditure on alcohol advertising drank more than areas of lower spending (37). Studies into the effects of long-term exposure have also shown a change in beliefs towards alcohol and increased self-reported consumption (37). Alcohol advertising has been linked with identity formation in young people, which may have an impact on decisions to drink. In addition to young age, people with incomplete neurocognitive development or a history of alcohol dependence may also be more vulnerable to alcohol marketing (38). Research has suggested that the effects of marketing on beliefs about alcohol counteract possible effect from health promotion messages (37).

In New Zealand, children aged 11 to 13 years are exposed to alcohol marketing 4.5 times per day (39). Of these, 31% are shop front signage, 19% on-licence retailers and 16% off-licence retailers. Tamariki Māori have a 5.4 times greater exposure to alcohol advertising compared to European children.

Hospitalisation data

Coding alcohol-related presentations in Waikato Emergency Departments

Emergency Departments were mandated to record whether alcohol was involved in each presentation (attendance at an ED whether admitted to hospital or not) since July 2017 nationally; however, the data quality was low in the Waikato until November 2019 when the electronic field became a compulsory entry field on each patient's discharge summary.

Alcohol involvement is recorded in to the following categories:

- Primary, alcohol consumption is directly associated with this presentation.
- Secondary, where the presentation was related to alcohol consumption of a person other than the patient. For example, an alcohol-related assault or car crash involving a drunk driver.
- Unknown, could not determine if alcohol is associated with this presentation.
- No, Alcohol consumption is NOT directly associated with this presentation.

Coding of presentation is still limited in that the involvement of alcohol is unknown in 18% of ED presentation. It is likely that a significant portion of this represents poor data entry by over-stretched staff, rather than cases where alcohol involvement could not be obtained. For this analysis we assume that unknown is not alcohol-related. Furthermore, it is currently unknown if this process is consistent across all facilities collecting these data.

The data collected with this method is very useful in terms of identifying the burden of alcohol on acute presentations (e.g. presentations that are at least in part attributable to alcohol consumption), it still fails to identify

the myriad of chronic conditions in which alcohol is a risk factor. An example of this is oral cancer, which is linked to alcohol abuse, but also has other risk factors, e.g. smoking.

The following data pertains to ED presentations from 01/01/2020 to 31/12/2021 unless otherwise specified, and from all hospitals in the Waikato region (Waikato Hospital, Thames Hospital, Te Kuiti Hospital, Tokoroa Hospital and Taumarunui Hospital). It does not include data about A&Es, GP, or ambulance attendances.

Overview

In the two-year period 01/01/2020 to 31/12/2021 6079 (2.5%) of the 241,986 ED presentation in the Waikato region were flagged as alcohol-related. These presentations cost the Waikato District Health Board nearly 18,000 bed hours and \$2 million. Ninety-seven percent of alcohol-related presentations are in people who are the primary consumers of alcohol. Sadly, 170 people died during their presentation. It is worth reiterating that these presentations predominantly represent acute presentations, where alcohol can be confidently identified as a causal factor, and does not capture the many cases of chronic disease for whom alcohol is a contributing factor.

Three hundred and twenty (5.2%) alcohol-related ED presentations during this period were of people with a usual place of residence in the Matamata-Piako District. This is smaller than the 8.2% of the Waikato District Health Board population that resides in the Matamata-Piako District as estimated by Statistics New Zealand population estimates. However, given the districts proximity to Tauranga, some patients may present to Tauranga Hospital rather than Waikato hospital; therefore, these data are potentially an undercount the true alcohol-related presentation for this district. Ten (5.9%) of the alcohol-related hospital deaths were of people who resided in the Matamata-Piako District.

Patients receive a triage code when they present to ED. This code ranges from 1 to 5 with 1 being emergencies who required immediate attention due to imminently life-threatening conditions, and 5 being the least urgent cases. Of the 320 alcohol-related ED presentations from Matamata-Piako District in 2020 and 2021 239 (75%) had a triage code of 1 (immediately life threatening), 2 (imminently life-threatening, or important time-critical >10 minutes) or 3 (potentially life-threatening, potential adverse outcomes from delay > 30 minutes, or severe discomfort or distress) indicating moderate to high acuity. Not only does this reflect potential harm to the patients, but also the significant burden on ED staff who may be drawn away from other patients to address high acuity issues. Matamata-Piako District residents took up over 1000 ED bed hours during these two years, each averaging 390 minutes (6.5 hours). Twelve of these patients presented to Thames Hospital, five to Tokoroa Hospital and the rest (303) to Waikato Hospital.

Timing of presentations

Due to the small amount of available data, this section uses data for the Waikato region, allowing for a better assessment of patterns. Trends for Matamata-Piako would not be expected to be substantially different from what is reported. Summer is a particularly busy time for EDs with respect to alcohol-related presentations. The months from December to March are the four months where the proportion of presentation that are alcohol-related are at their highest (Figure 2: Alcohol-related presentation by month). Forty percent of alcohol-related presentation fall within that four-month period (40).

Alcohol Related ED Presentations by Month

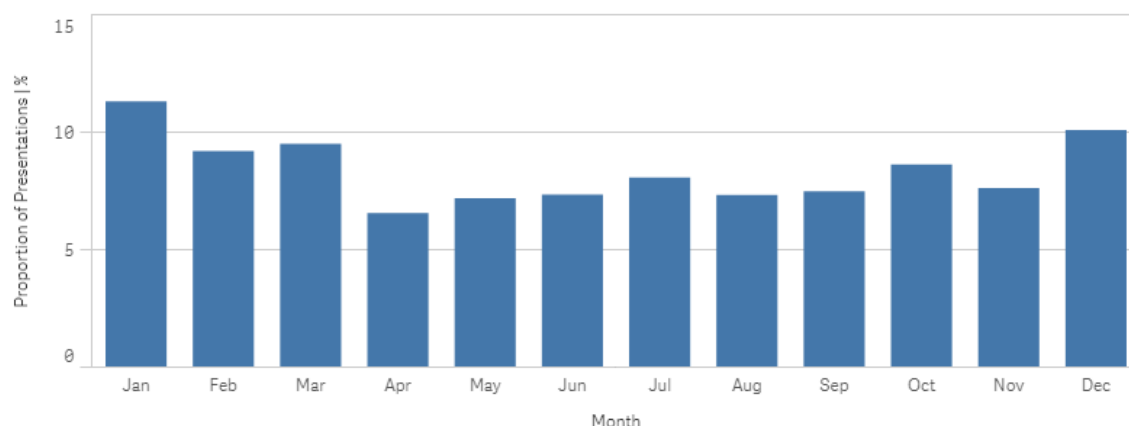
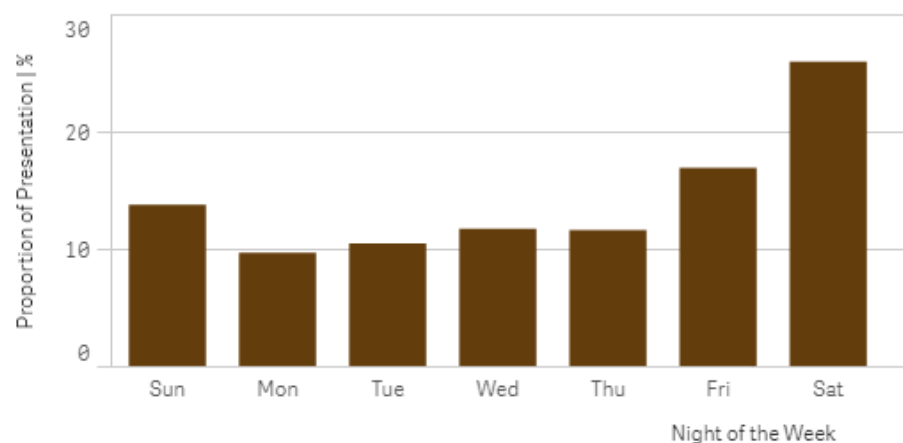


FIGURE 2: ALCOHOL-RELATED PRESENTATION BY MONTH AS A PROPORTION OF ALL ALCOHOL-RELATED PRESENTATIONS, WAIKATO REGION 2020-2021.

As might be expected, the majority (57%) of alcohol-related presentations occur in the period from Friday night to Monday morning. The peak burden of ED is on Saturday night (including Sunday morning) when a quarter of alcohol-related cases occur (**FIGURE 3**).

Alcohol Related ED Presentations by Night of the Week



Time shifted back 12 hours eg Mon morning arrivals are in Sun night bar

FIGURE 3: ALCOHOL-RELATED PRESENTATIONS BY NIGHT OF THE WEEK AS A PROPORTION OF ALL ALCOHOL-RELATED PRESENTATIONS, WAIKATO REGION 2020-2021.

The ED arrival time of alcohol-related presentations is bimodal, with a large peak between midnight and 01:00 and a smaller peak between 11:00 and 12:00 (FIGURE 4). Alcohol-related presentations start to increase from 18:00 in the evening and increase steadily until the midnight peak.

Alcohol Related ED Presentations by Hour of the Day

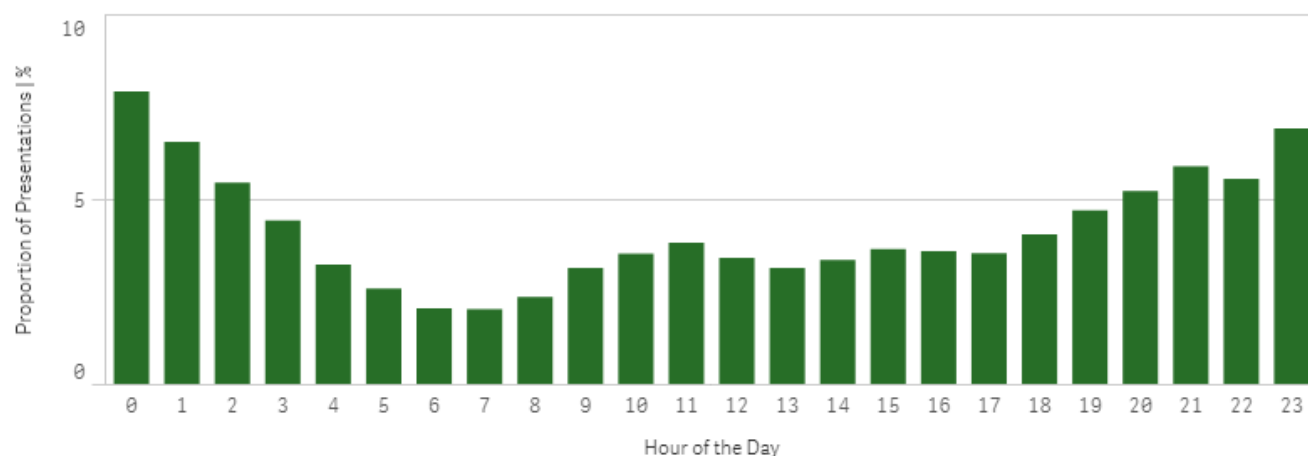


FIGURE 4: ALCOHOL-RELATED PRESENTATIONS BY ARRIVAL TIME AS A PROPORTION OF ALL ALCOHOL-RELATED PRESENTATIONS, WAIKATO REGION 2020-2021.

Events with alcohol consumption increase harm. For instance, crate day is an unofficial observance in which participants attempt to consume an entire “swappa crate” of beer, taking place on the first Saturday of December. Crate day was conceived and promoted by The Rock radio station in 2009 with subsequent advertising produced by the alcohol industry (41). In 2019 and 2020 (2021 was interrupted with COVID-19 lockdowns) the number of alcohol-related ED presentations was two- to three-times greater on crate day compared to the following day (Figure 5). The rate of alcohol-related presentations across the weekend on which crate day falls is twice that of adjacent weekends. Crate day demonstrates how alcohol promotion can have a significant and sustained harmful effect on health.

Number of Alcohol Related ED Presentations on Crate Day and Day after Crate Day

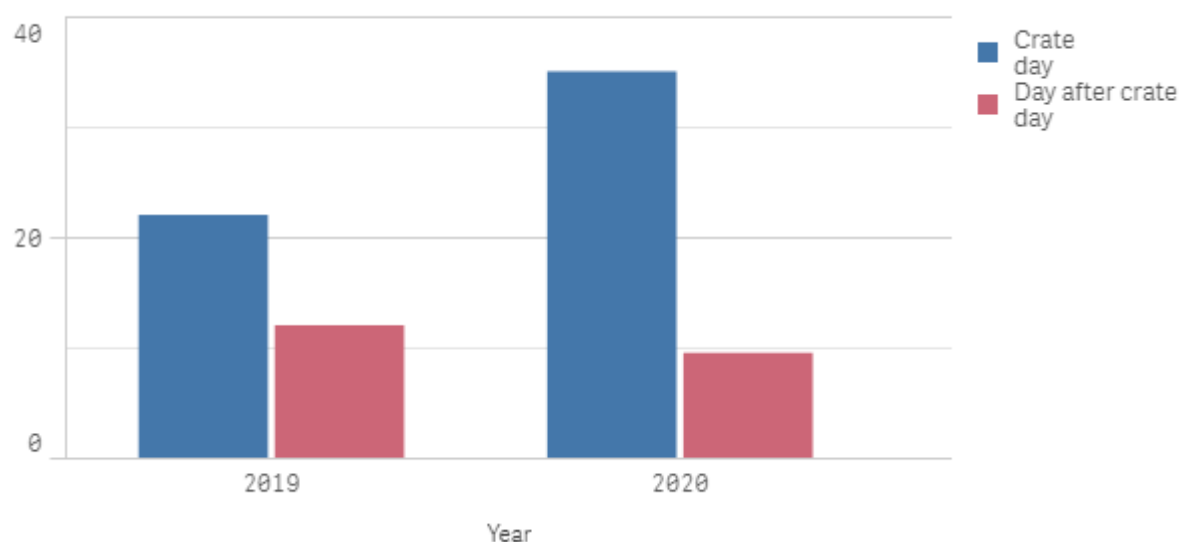


FIGURE 5: NUMBER OF ALCOHOL-RELATED PRESENTATIONS ON CRATE DAY AS COMPARED TO THE NEXT DAY, WAIKATO REGION.

Demographic patterns

The following data pertains to people who presented to a Waikato Region hospital and had a usual place of residence listed as Matamata-Piako District. The number of alcohol-related presentations are highest in the 15- to 24-year-old age group, and then decreases steadily as age increases (Figure 6). Although the absolute number of presentations decreases, so too does the population; therefore, the rate of alcohol-related ED presentations is more or less stable after the age of 55.

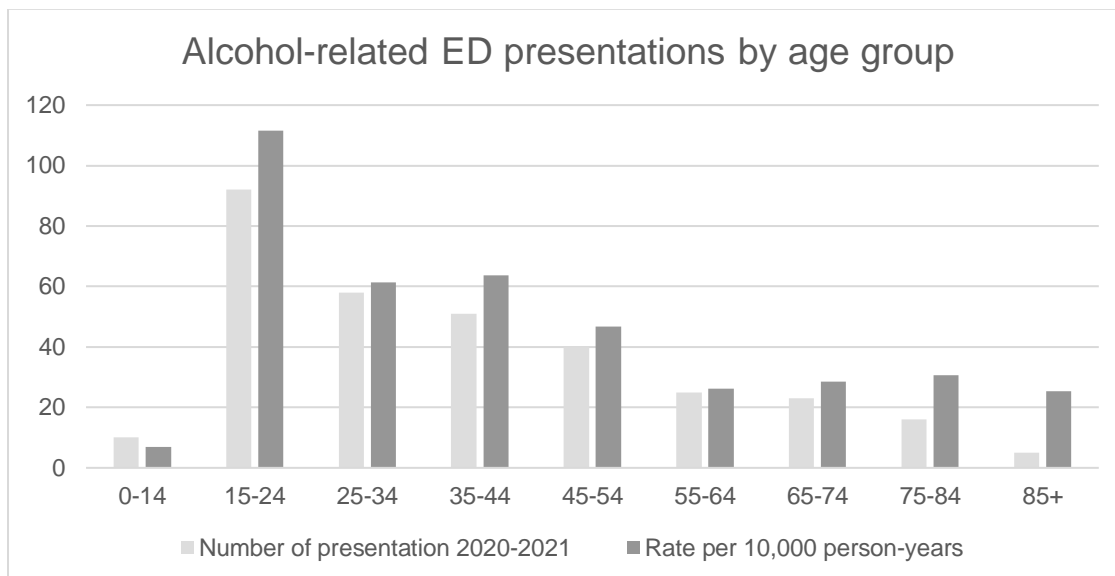


FIGURE 6: NUMBER OF ALCOHOL-RELATED ED PRESENTATIONS FROM MATAMATA-PIAKO DISTRICT BY AGE GROUP, 2020-2021.

Males are more likely to present to ED's within the Waikato catchment with an alcohol-related presentation in a 1.5-to-1 ratio (FIGURE 7). This is consistent with international data suggesting that the harms from alcohol falls disproportionately on males.

Gender

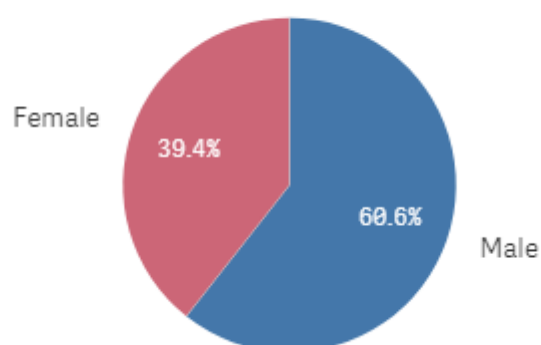


FIGURE 7: PROPORTION OF ALCOHOL-RELATED ED PRESENTATIONS FROM MATAMATA-PIAKO DISTRICT BY GENDER, 2020-2021.

Typically, there is a linear relationship between socioeconomic status and alcohol harm. In the Matamata-Piako District nearly all alcohol-related ED presentations are from people in middle- to high-deprivation areas (Figure 8). A peculiarity in the Matamata-Piako District is that the rate of alcohol-related presentation was higher in quintile 3 (medium deprivation) than 4 and 5 (high deprivation). A count of alcohol-related ED presentations for Waikato as a whole in 2020-2021 has been provided for comparison (Figure 9).

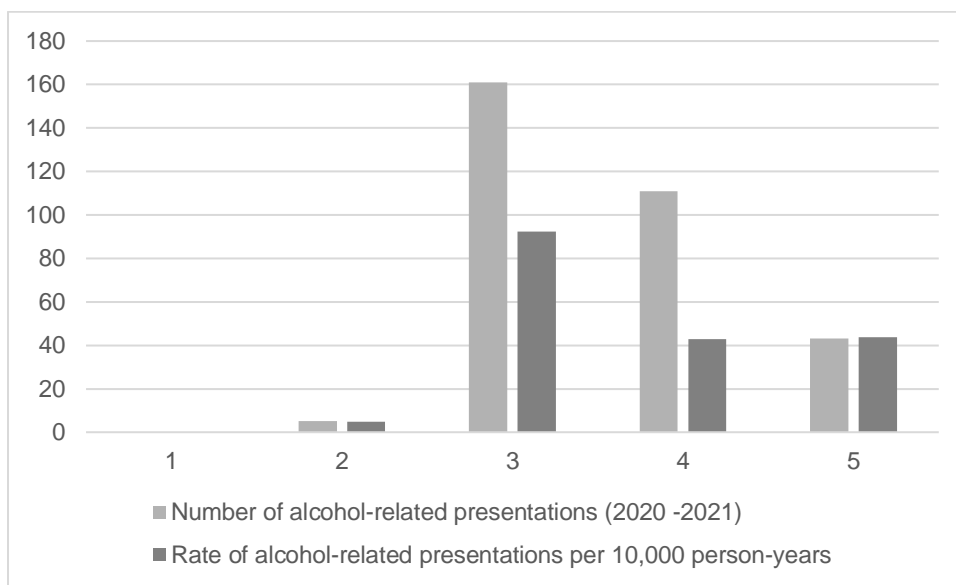


FIGURE 8: ALCOHOL-RELATED PRESENTATIONS FROM MATAMATA-PIAKO DISTRICT BY DEPRIVATION AREA (NZDep13), 2020-2021. THE POPULATION USED AS A DENOMINATOR FOR RATES WAS USUAL RESIDENT POPULATION 2018.

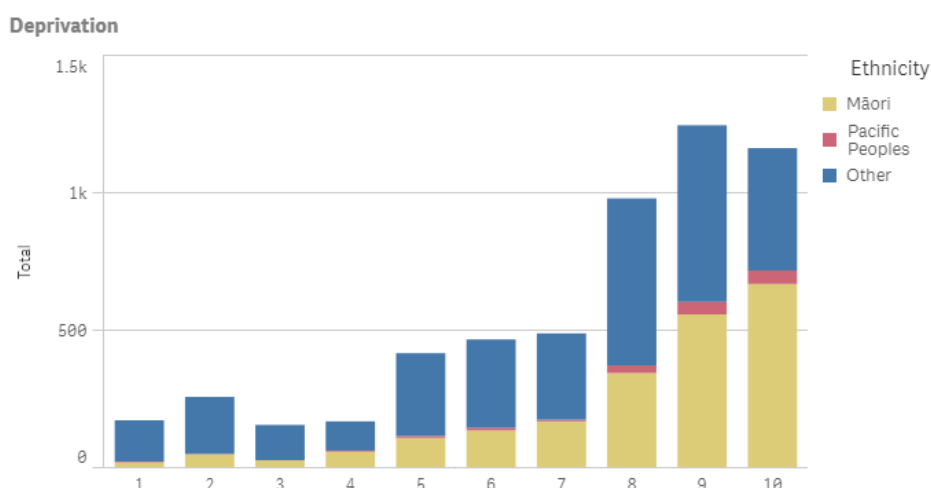


FIGURE 9: ALCOHOL-RELATED ED PRESENTATIONS FOR WAIKATO REGION 2020-2021 BY DEPRIVATION AREA (NZDep13) AND PRIORITISED ETHNICITY

Alcohol-related ED presentations tend to come from people who reside in a town (Te Aroha, Morrinsville and Matamata, **FIGURE 10**). Te Aroha had the highest absolute number of most cases.

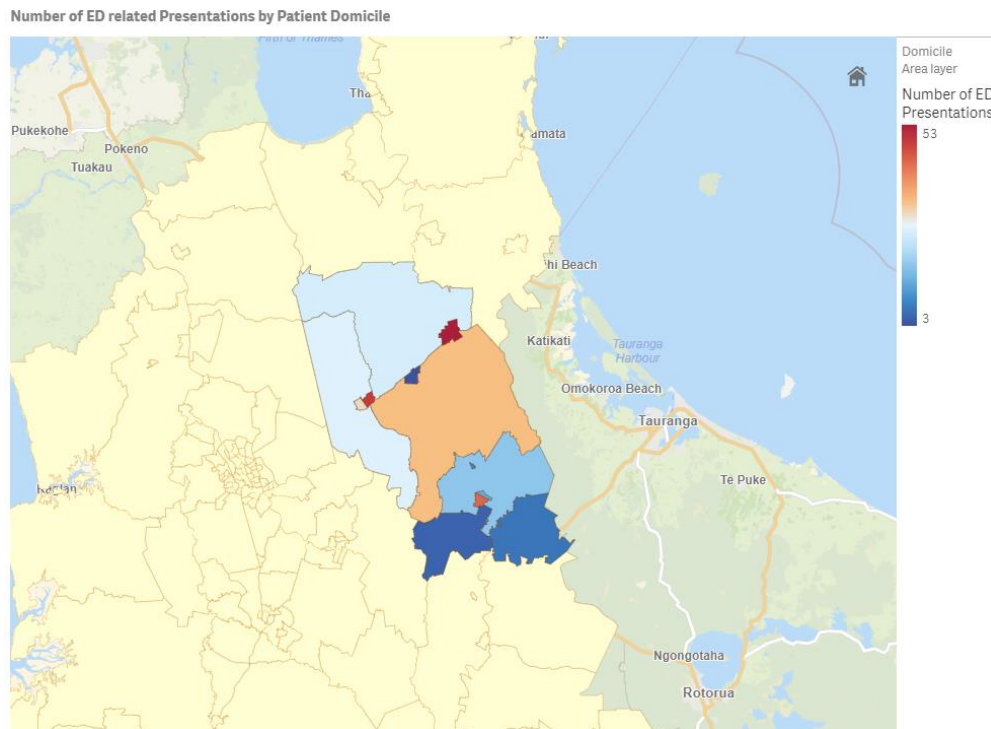


FIGURE 10: CHOROPLETH OF NUMBER OF ALCOHOL-RELATED ED PRESENTATIONS BY PATIENT DOMICILE 2020-2021.

A greater number of alcohol-related ED presentations from Matamata-Piako District are in non-Māori (76.3%); however, when considering population size Māori had a higher rate of alcohol-related ED presentations in 2020-2021 (Figure 11). This is likely driven largely by the disproportionate amount of socioeconomic deprivation in Māori communities, emerging from historical injustices.

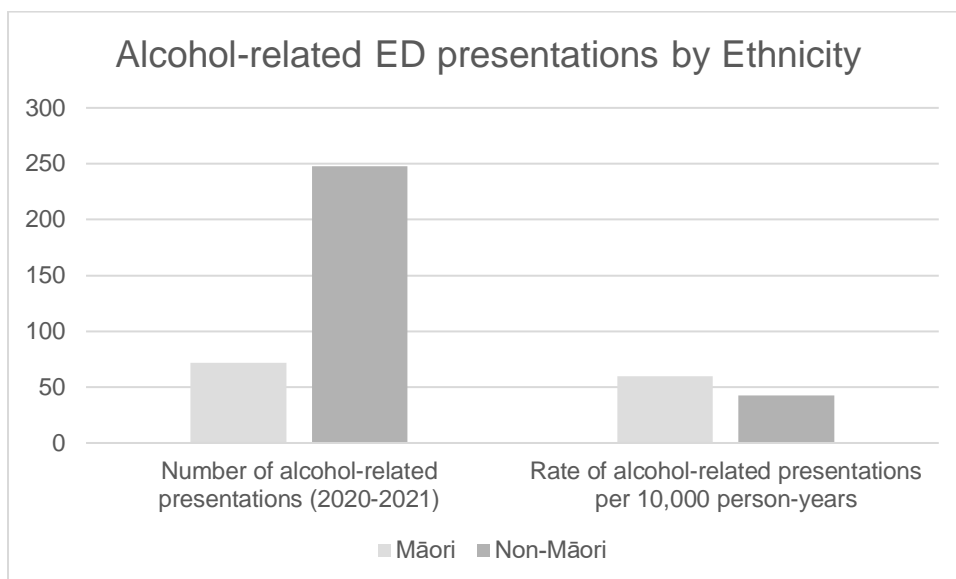


FIGURE 11: ALCOHOL-RELATED ED PRESENTATIONS FROM MATAMATA-PIAKO DISTRICT BY PRIORITISED ETHNICITY. REFERENCE POPULATION WAS THE 2018 USUAL PLACE OF RESIDENCE.

Alcohol-attributable hospitalisations

Estimating the burden of alcohol on health using the above methodology is informative; however, it will inevitably miss a large cohort of harm caused by alcohol, when the link between alcohol and disease is subtle, therefore, not immediately identifiable at the bedside. This is likely to be the case for conditions like cancer and heart attacks, where there is temporal dissociation between disease and consumption and the cause of disease is multifactorial.

Fortunately, there are statistical methods available to estimate this burden, which combine information about the cause of hospitalisations (or deaths), drinking patterns in the population, and the expected added risk of disease due to alcohol. For example, a study estimated that 5.4% of deaths in 2007 in New Zealand in people aged under 80 years were attributable to alcohol (2). It has also been estimated that 4.3% of deaths from cancer in that group were attributed to alcohol (42). The Waikato Public Health Service is currently working on a project that utilises these methods to estimate the amount of hospitalisations that are attributable to alcohol. Unfortunately, these estimates are not available at the current time.

Conclusions from the data

Alcohol places a significant burden on hospitals in the Waikato Region with 2.5% of Emergency Department presentations being identifiable as alcohol-related. This is an underestimate of the total burden as it only counts cases where alcohol was identifiable as a cause at the bedside, missing the multitude of illness for which alcohol is a hidden causal factor. This burden varies over time with the greatest burden falling in summer, over the weekend, midnight and on days with events that promote alcohol consumption. Local Alcohol Policies should be designed to mitigate harm during these high-risk periods. Some demographic groups are more vulnerable to the harms of alcohol than others. Those at greatest risk are young adults from the age of 15 to 25 years (though harm remains relatively high through to the age of 44), males, those of medium and high socioeconomic deprivation and

Māori. Notably, areas of medium deprivation in Matamata-Piako District appear to have been of particularly high risk in 2020 to 2021.

Geographic distribution of alcohol outlets

It can be helpful to visualise the distribution of alcohol outlets in relation to other entities of interest in order to identify risks and opportunities to improve policy. To these ends, we have created maps of alcohol outlets with deprivation and education centres. Please note that these data are from Public Health Unit records, which may differ slightly to MPDC records.

Error! Reference source not found. shows maps of alcohol outlets in Matamata-Piako District in relation to area level deprivation (statistical area 1 level), school, and early childhood education centres. The figure includes close in of Matamata, Morrinsville and Te Aroha. In Matamata-Piako and Morrinsville the alcohol outlets are concentrated in deprivation quintile 4 (decile 7 and 8) areas. In Te Aroha alcohol outlets are concentrated in quintile 5 (decile 9 and 10) areas. This means that alcohol outlets are concentrated in high deprivation areas, who tend to contain communities that are more vulnerable to the harms of alcohol.

In Matamata there is good separation between education centres and alcohol outlets with the exception of one school and one early childhood education centre which are within 2 blocks of several off licenced premises. In Morrinsville education centres tend to be separated from alcohol outlets; however, there are two early childhood education centres with an off licenced premise in the adjacent block. In Te Aroha there are two early childhood centres within 2 blocks of the majority of both on and off licence alcohol outlets.

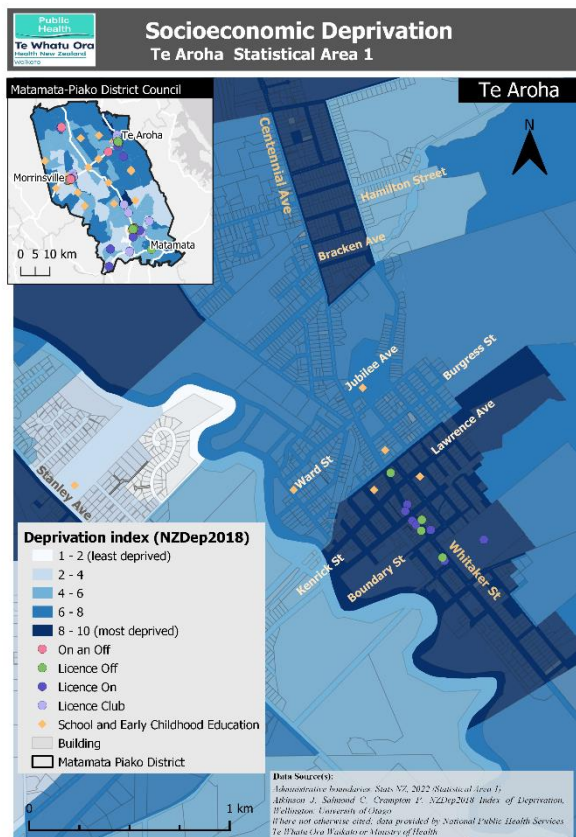
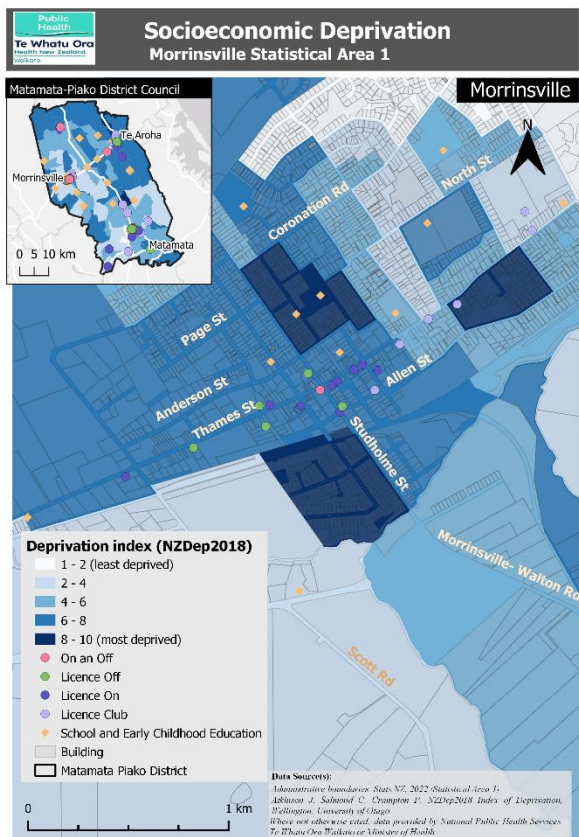
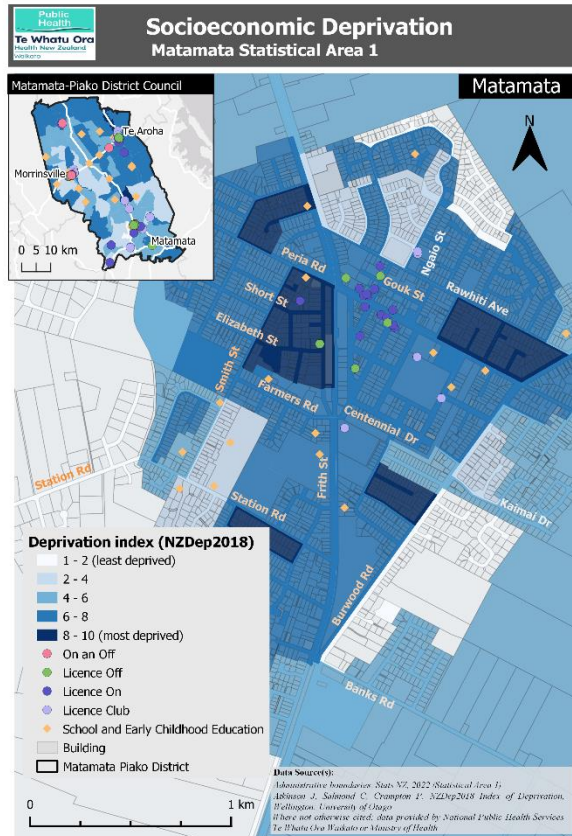
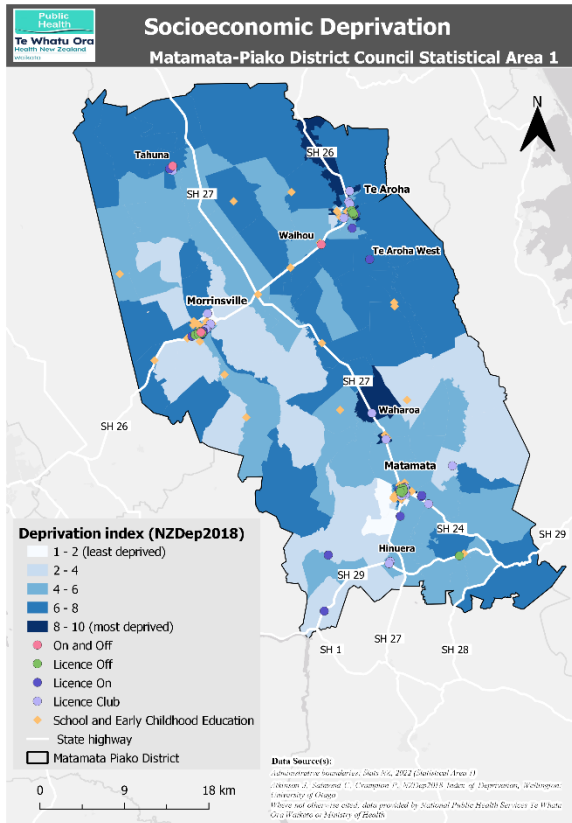


FIGURE 12. MAPS OF ALCOHOL OUTLETS IN MATAMATA-PIAKO DISTRICT WITH AREA LEVEL DEPRIVATION, SCHOOLS, AND EARLY CHILDHOOD EDUCATION CENTRES. TOP LEFT IS OF MATAMATA-PIAKO DISTRICT. TOP RIGHT SHOWS MATAMATA. BOTTOM LEFT SHOWS MORRINSVILLE. BOTTOM RIGHT SHOWS TE AROHA.

Public Health recommendations

The following table contains Public Health recommendations for changes to the current Matamata-Piako District Council's Local Alcohol Policy. This includes responses to an email request from the Matmata-Piako District Council to comment on policy changes and specific comments relating to outlet density, proximity to community facilities, hours of trade, one-way door restrictions, discretionary conditions, and special licences. Our recommendations are not limited to these specific areas. Unless otherwise specified we recommend no change to other sections of the current Matamata-Piako District Council's Local Alcohol Policy.

Current policy	Recommendations and rationale
Off-licences	
Number and density of outlets	
<p>4.3 Location of premises holding off-licences by reference to proximity to premises of a particular kind or kinds</p> <p>4.3.1 Other than in circumstances where the premises has held an off-licence during the 60 day period prior to the date of application, when considering a licence application in respect of any premises not currently holding an off-licence, the District Licensing Committee will have regard to the proximity of that proposed premises to other off-licensed premises within a 50 metre radius (measured from the main façade of the premises, being the principal front of a building that faces onto a street or open space) where it considers this relevant.</p> <p>4.5 Further issuing of off-licences in the district</p> <p>4.5.1 With regard to off-licences in the Matamata-Piako District there is a presumption that new licences will not be issued in the Matamata Ward, the Morrinsville Ward or the Te Aroha Ward, if, in the opinion of the District Licensing Committee, the amenity and good order of the locality would be likely to be reduced, to more than a minor extent, by the effects of the issue of the licence.</p> <p>4.5.2 The above policy 4.5.1 does not apply to licence applications for premises that are subject to an off-licence at the date of application or where the existing off-licensed business has to relocate.</p> <p>4.5.3 The above policy 4.5.1 does not apply to premises where the alcohol is an appropriate complement to goods of the kind or kinds sold (or to be sold) in a shop under section 35 of the Act.</p>	<p>Higher density of alcohol outlets results in greater accessibility, sales, consumption and harm. Setting limits on the density of outlets can reduce this harm.</p> <p>We recommend strengthening the current policy addressing off-licence density. We recommend creating limits within the policy rather than leave discretion to the District Licencing Committee. We also recommend significantly increasing the radius of consideration from 50 m. Waikato District Council has set a 1 km limit - "5.3.2 No new off-licence in respect of a bottle store shall be issued for any premises located within one (1) kilometre of the legal site boundary of any existing bottle store, licensed supermarket or grocery store". Additionally, they have set a cap to the number of available off licences per town - "5.5.1 The number of standalone bottle store off-licences issued in the urban areas of Ngaruawahia, Huntly and Raglan shall not exceed the number existing at the date this LAP comes into force: Ngaruawahia (2), Huntly (3), Raglan (1)".</p> <p>Such policies should consider the density of all types of off-licence premises such as bottle stores, supermarkets, grocery stores, taverns and hotels.</p>
Proximity to community facilities	

<p>4.4 Location of premises holding off-licences by reference to proximity to facilities of a particular kind or kinds</p> <p>4.4.1 Other than for premises in the Business Zone under the Matamata-Piako District Plan or in circumstances where the premises has held an off-licence during the 60 day period prior to the date of application, when considering a licence application in respect of any premises not currently holding an off-licence the boundary of the application site shall be a minimum of 50 metres from the closest boundary of any primary or secondary school, early childhood education centre, place of worship or Council administered playground existing at the time the application is made, unless it can be demonstrated to the reasonable satisfaction of the District Licensing Committee that the hours, signage or operation of the premises as they relate to alcohol sales will not have a material impact on those facilities and/or persons using those facilities.</p>	<p>We recommend increasing the radius from 50 m to 100 m on account of the brevity of 50 m.</p> <p>We recommend public parks and libraries (due to their use as shelters for the homeless) to list of sensitive sites. Implementing the above changes would bring this policy in line with the Waikato District Councils Local Alcohol Policy.</p> <p>Furthermore, we recommend adding and adding marae (due to inequitable burden of alcohol harm on Māori), medical facilities, and alcohol treatment centres to the list of sensitive sites.</p>				
<p>Hours of trade</p>					
<p>4.6 Maximum trading hours for premises holding off-licences</p> <p>4.6.1 The following trading hours apply to all premises holding off-licences in the Matamata-Piako District:</p> <table border="1" data-bbox="209 1115 855 1193"> <thead> <tr> <th>Maximum trading hours</th><th>All off-licence sales including over the counter sales</th></tr> </thead> <tbody> <tr> <td>Monday to Sunday</td><td>7am to 9pm the same day</td></tr> </tbody> </table> <p>4.6.2 The District Licensing Committee has discretion to set the permitted trading hours as more restrictive than the maximum trading hours in the LAP.</p>	Maximum trading hours	All off-licence sales including over the counter sales	Monday to Sunday	7am to 9pm the same day	<p>No change</p>
Maximum trading hours	All off-licence sales including over the counter sales				
Monday to Sunday	7am to 9pm the same day				
<p>Discretionary conditions</p> <p>4.7 Discretionary conditions</p> <p>4.7.1 Pursuant to sections 116(1) and 117 of the Act the District Licensing Committee may issue any off-licence subject to any reasonable conditions not inconsistent with this Act, the generality of which is not limited or affected by any other provision of the Act. There are mandatory conditions for off-licences outlined in the Act.</p>	<p>Addition of discretionary conditions that relate to the following.</p> <ul style="list-style-type: none"> - Display of certain alcohol product types. This may help address the display of particularly appealing products such as RTD within the view of the front entrance and windows of the premise. - Sale of alcohol products that pose high risk of harm due to price and packaging. For example, conditions 				

<p>4.7.2 Conditions relating to the following matters may be appropriate for off-licensed premises: a) designation of the premises as a supervised or restricted area b) display of safe drinking messages/material c) the nature and extent of alcohol branded signage d) the nature and extent of alcohol product signage e) Crime Prevention Through Environmental Design criteria i. provision of interior and exterior lighting ii. the installation and operation of CCTV cameras on the exterior of, and within the premises iii. visibility of the interior of the premises from the street iv. internal layout.</p>	<p>relating to the sale of single shots and single sale of beer, cider, or RTDs priced at, or less than, \$6 per unit. Such a policy was implemented by ARLA on a bottle store in Pleasant Point ([2021] NZARLA 123).</p> <ul style="list-style-type: none"> - Sale of non-alcoholic products that pose a high risk of harm. Such a condition should aim to prevent the sale of risky legal high type products such a nitrous oxide. - Remote sale of alcohol. Such conditions should aim to address the delivery of alcohol without proof of delivery, and delivery to intoxicated persons or under aged persons. A condition implemented by the Hamilton City Council DLC ([2021] NZDLCHAM 574) contained the following restriction - "The outside of the delivery package must contain the following words: COURIER WARNING - Do not leave at destination without proof of delivery. - Do not leave with persons under 18 years of age. If the receiver appears to be under the age of 25 years check valid identification such as current passport, NZ drivers 2 licence or Hospitality NZ 18+ Card/Kiwi Access Card, to ensure the receiver is 18 years of age or over. - Do not leave with intoxicated persons. - Contains alcoholic product."
<p>On-licences</p>	
<p>Proximity to community facilities</p>	
<p>3.2 Location of premises holding on-licences by reference to broad areas</p> <p>3.2.1 There are no policies for on-licensed premises locations by reference to broad areas.</p> <p>3.3 Location of premises holding on-licences by reference to proximity to premises of a particular kind or kinds</p> <p>3.3.1 When considering an on-licence application in respect to premises not currently holding a licence, the District Licensing Committee will have regard to the proximity of that proposed premises to other licensed premises where it considers this relevant.</p>	<p>No change</p>

<p>3.4 Location of premises holding on-licences by reference to proximity to facilities of a particular kind or kinds</p> <p>3.4.1 There are no policies for on-licensed premises locations by reference to proximity to facilities of a particular kind or kinds.</p>									
<p>Number and density of outlets</p>									
<p>3.5 Further issuing of on-licences in the district 3.5.1 This policy does not limit the number of on-licensed premises in the Matamata-Piako District or restrict the issue of licences for premises not currently holding a licence, provided the other policy criteria are met.</p>	<p>No change</p>								
<p>Hours of trade</p>									
<p>3.6 Maximum trading hours</p> <p>3.6.1 The following maximum trading hours apply to all on-licensed premises in the Matamata-Piako District (other than hotel in-bedroom mini bar sales):</p> <table border="1" data-bbox="209 848 810 902"> <tr> <th>Maximum trading hours</th><th>All on-licensed premises</th></tr> <tr> <td>Monday to Sunday</td><td>7am to 1am the following day</td></tr> </table> <p>3.6.2 The following hours apply to hotel in-bedroom mini bar sales:</p> <table border="1" data-bbox="209 1023 783 1086"> <tr> <th>Maximum trading hours</th><th>Hotel in-bedroom minibar sales</th></tr> <tr> <td>Monday to Sunday</td><td>24 hours per day</td></tr> </table> <p>3.6.3 The District Licensing Committee has discretion to set the permitted trading hours as more restrictive than the maximum trading hours in the LAP.</p>	Maximum trading hours	All on-licensed premises	Monday to Sunday	7am to 1am the following day	Maximum trading hours	Hotel in-bedroom minibar sales	Monday to Sunday	24 hours per day	<p>We recommend changing the on-licence opening time to 8am (from 7am). This would bring the opening time in line with the national maximum trading hours (Sale and Supply of Alcohol Act, 2012 Section 48.1) and is consistent with evidence of reduced harm from later opening times.</p>
Maximum trading hours	All on-licensed premises								
Monday to Sunday	7am to 1am the following day								
Maximum trading hours	Hotel in-bedroom minibar sales								
Monday to Sunday	24 hours per day								
<p>One-way door restrictions</p>									
<p>One-way door restrictions are listed as a discretionary condition (3.7.2 d)</p>	<p>One-way door restrictions may be useful as a means of controlling where people drink alcohol and for how long. They can spread the time over which people leave bars and clubs thereby reduce the number of alcohol-related altercations.</p> <p>We recommend adding a one-way door policy from midnight to closure.</p>								
<p>Discretionary conditions</p> <p>3.7 Discretionary conditions</p> <p>3.7.1 Pursuant to sections 117 of the Act the District Licensing Committee may issue any on-licence subject to any reasonable conditions not inconsistent with this Act, the generality of which is not limited or affected by</p>	<p>If a one-way door restriction policy is implemented, then it could be removed from discretionary conditions (3.7.2 d)</p>								

any other provision of the Act. There are mandatory conditions for on-licences outlined in the Act.

3.7.2 Conditions relating to the following matters may be appropriate for on-licensed premises: a) conditions about how patrons are informed about transport options b) details of the maximum number of patrons to be permitted on the premises c) details of the management of patrons in outdoor areas to minimise impacts on the amenity of nearby properties d) one-way door restriction e) Crime Prevention Through Environmental Design criteria i. provision of interior and/or exterior lighting ii. the installation and operation of Closed Circuit Television Cameras (CCTV) cameras on the exterior of, and within the premises iii. visibility of interior of premises from the street iv. internal layout v. layout of outdoor drinking areas.

Club licence policies

5.5 Maximum trading hours for premises holding club licences 5.5.1 The following maximum trading hours apply to all club licensed premises in the Matamata-Piako District:

Maximum trading hours	All club licensed premises
Monday to Sunday	7am to 1am the following day

We recommend changing the club licence opening time to 8am (from 7am). This would bring the opening time in line with the national maximum trading hours (Sale and Supply of Alcohol Act, 2012 Section 48.1) and is consistent with evidence of reduced harm from later opening times.

Special Licences

6.4 Discretionary conditions

6.4.1 Conditions relating to the following matters may be appropriate for special licences:

a) alcohol risk management plans for large scale events
b) the maximum period for a series of events. Generally, a series of events for any special licence should not exceed a six month period c) the maximum number of events in any six month period. Generally, no premises should have more than 15 events under special licence in any six month period d) one-way door restriction e) Crime Prevention through Environmental Design criteria i. provision of interior and exterior lighting ii. provision of additional security (staff) after 'x' hour iii. visibility from the street iv. internal layout v. layout of outdoor drinking areas.

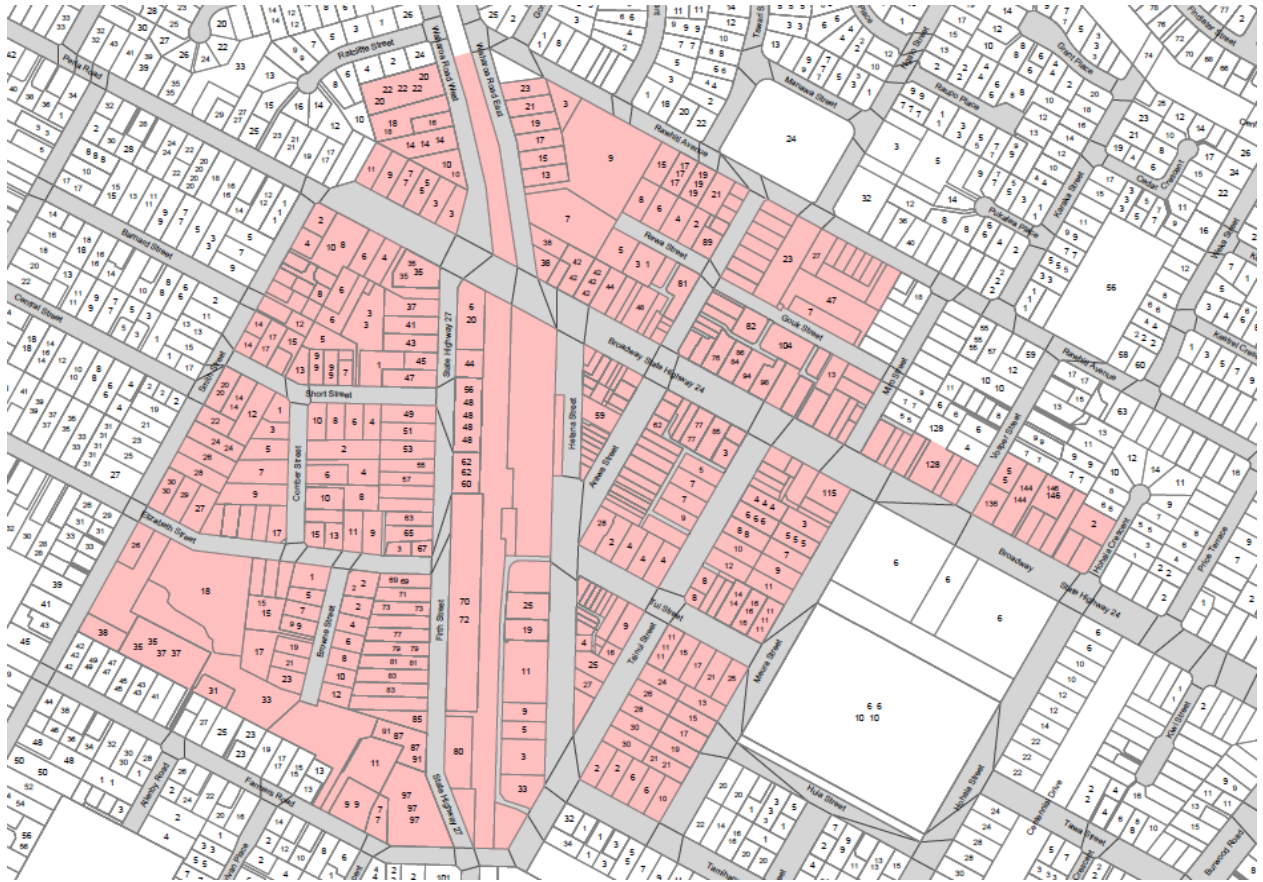
Specify a minimum threshold for Alcohol Management Plans for a large-scale event. We recommend a threshold of 400 people.

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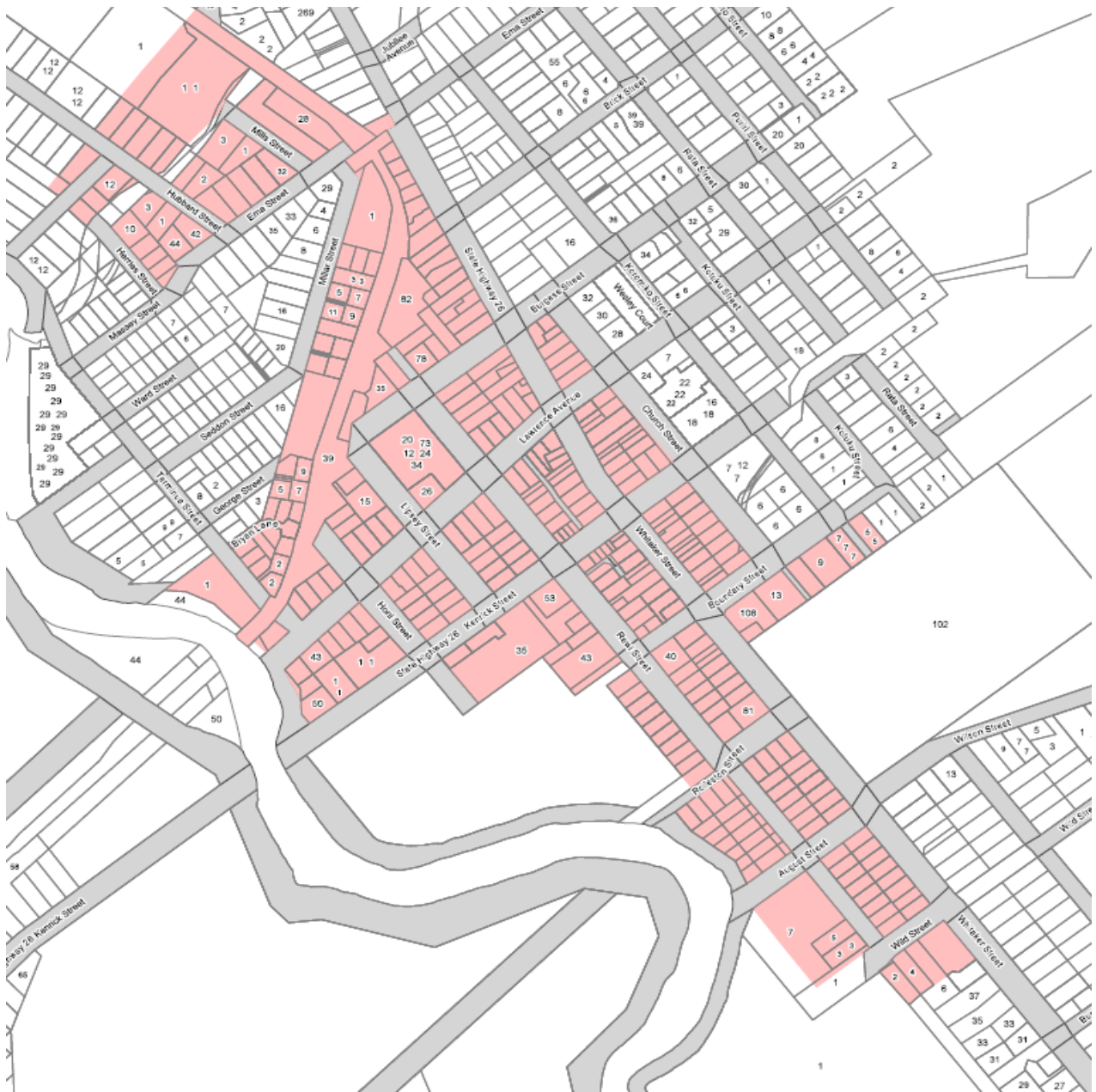
9.2.1 Matamata



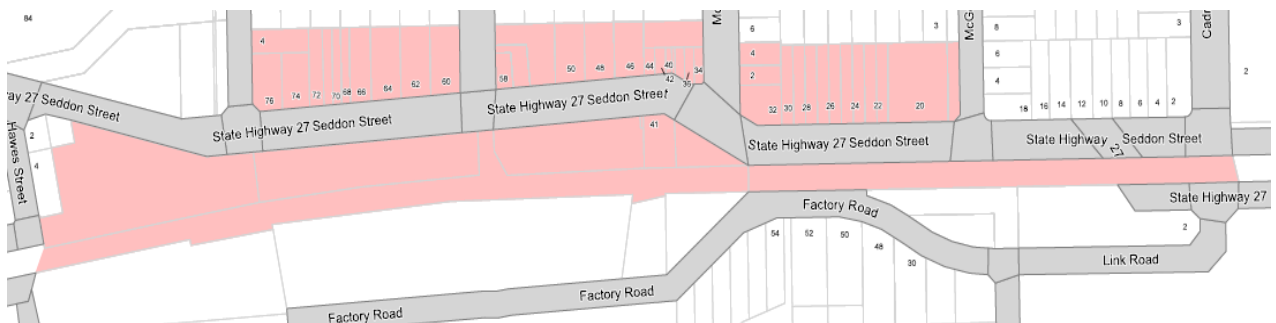
9.2.2 Morrinsville



9.2.3 Te Aroha

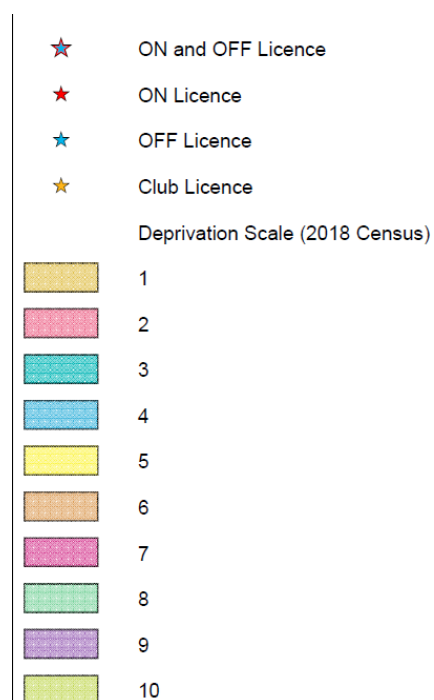


9.2.4 Waharoa



9.3 Licensed Premises by Deprivation Area

9.3.1 Legend

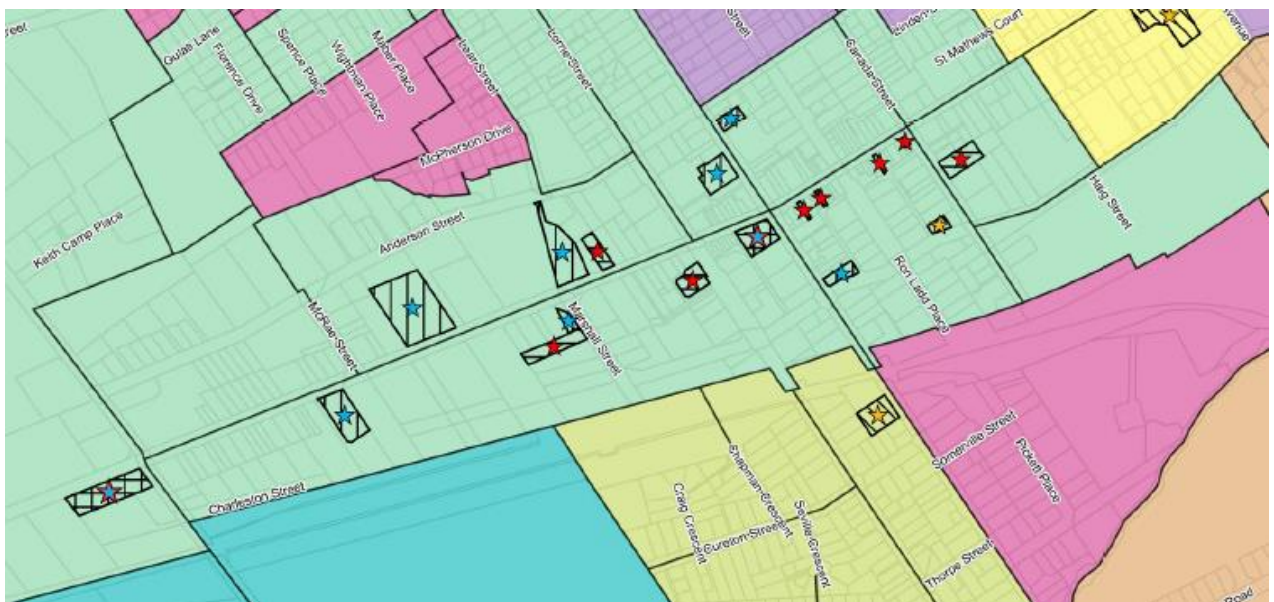


9.3.2 Matamata





9.3.3 Morrinsville



9.3.4 Te Aroha



