

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4134
Kathleen.Smithram@cdhb.health.nz

29 July 2021

9(2)(a)

RE Official Information Act request CDHB 10620 and WCDHB 9563

I refer to your email dated 10 May 2021 to the Ministry of Health which they subsequently partially transferred to us on 31 May 2021 requesting the following information under the Official Information Act from Canterbury DHB and West Coast DHB. Our response specifically answers questions 4,5,6,7 and 8 of your request regarding alcohol licensing and staff numbers.

4. What number of following alcohol licence application types for each financial year split by each Public Health Unit were investigated and had a positive outcome.

Please see the data in **Tables 1, 2 and 3** (overleaf). These tables show the data for each of the three DHB regions for which Community and Public Health is public health unit (Community and Public Health is a regional service for Canterbury DHB, West Coast DHB and South Canterbury DHB).

5. As well as the above, by Public Health Unit, how many of each licence type were:

a. Applied for in high Maori population areas

Please refer to the figures in brackets in **Tables 1, 2 and 3** (overleaf).

None of the three DHB regions served by Community and Public Health have high Māori populations relative to the overall proportion of Māori in the population nationally. However, for the purposes of this response, areas with high Māori population in relation to the local context in each DHB have been defined as follows:

- For Canterbury, licenses applied for in areas identified as having 10% or greater Māori population (based on 2013 Census figures). These areas all have a proportion of Māori higher than the overall proportion of 9.8% for the entire Canterbury DHB region
- For South Canterbury, licenses applied for in either Temuka or Waimate
- For West Coast, licenses applied for in Hokitika or Haast

Table 1 – Canterbury (excluding Ashburton*)

PHU	Community and Public Health – Canterbury (excluding Ashburton*)					
Licence type	2018/2019		2019/2020		2020/2021 (to May)	
	Investigated	Positive Outcome	Investigated	Positive Outcome	Investigated	Positive Outcome
New off licences	54 (21)	1 (1) opposition withdrawn	47 (22)	1 (1) opposition ongoing 1 (1) application withdrawn	54 (25)	2 (0) application withdrawn
Renewal off licences	108 (49)	3 (3) opposition withdrawn 1 (1) application withdrawn	122 (55)	2 (1) opposition ongoing 1 (1) opposition withdrawn	119 (37)	1 (0) opposition withdrawn 3 (2) opposition ongoing
New on licences	196 (117)	7 (6) opposition withdrawn 1 decline	140 (66)	5 (3) opposition withdrawn	139 (60)	1 (0) opposition withdrawn 2 (1) opposition ongoing
Renewal on licences	269 (130)	9 (8) opposition withdrawn 1 decline	267 (128)	1 (0) opposition ongoing 1 (0) application withdrawn 1 (0) opposition withdrawn	247 (96)	3 (2) opposition ongoing
New club licences	2 (0)	0	1 (0)	0	1 (1)	0
Renewal club licences	109 (48)	1 (0) opposition withdrawn	31 (12)	0	36 (14)	0
Specials	1251 (222)	12 (2) opposition withdrawn 1 (1) application withdrawn	617 (96)	4 (0) opposition withdrawn 1 (0) declined	568 (29)	1 (0) application withdrawn 3 (0) opposition withdrawn
Total	1989	37	1225	17	1164	16

***Please note** Ashburton License Applications are reported by Ashburton Community Alcohol and Drug Service not Community and Public Health.

Table 2 – South Canterbury

PHU	Community and Public Health – South Canterbury					
Licence type	2018/2019		2019/2020		2020/2021 (to May)	
	Investigated	Positive Outcome	Investigated	Positive Outcome	Investigated	Positive Outcome
New off licences	9 (3)	1 (1) application withdrawn 1 (0) opposition withdrawn 1 (0) opposition on hold	4 (1)	0 (0)	5 (0)	1 (0) application withdrawn
Renewal off licences	29 (4)	0	23 (3)	1 (0) opposition on hold	15 (3)	0
New on licences	18 (2)	0	14 (3)	1 (0) negotiated	6 (1)	0
Renewal on licences	45 (7)	0	43 (1)	0	29 (6)	0
New club licences	2 (0)	0	0	0	0	0
Renewal club licences	31 (5)	0	6 (1)	0	10 (1)	0
Specials	234 (47)	0	148 (25)	1 (0) decline	163 (26)	0
Total	368 (68)	3 (1)	238 (34)	3 (0)	228 (37)	2

Table 3 – West Coast

PHU	Community & Public Health – West Coast					
Licence type	2018/2019		2019/2020		2020/2021 (to May)	
	Investigated	Positive Outcome	Investigated	Positive Outcome	Investigated	Positive Outcome
New off licences	6 (1)	1 opposition withdrawn	5 (2)	1 (1) opposition withdrawn	12 (4)	1 (0) opposition withdrawn
Renewal off licences	18 (4)	1 (1) opposition withdrawn	20 (2)	1 (0) opposition withdrawn	17 (1)	0
New on licences	15 (6)	3 (1) opposition withdrawn 1 application withdrawn	14 (3)	1 (0) opposition withdrawn	11 (5)	1 (0) opposition withdrawn
Renewal on licences	40 (6)	5 (1) opposition withdrawn	33 (5)	2 (0) opposition withdrawn	39 (5)	0
New club licences	0	0	0	0	1 (0)	0
Renewal club licences	17 (3)	1 (1) opposition withdrawn	2 (1)	0	3 (0)	0
Specials	110(16)	4 (0) opposition withdrawn	80 (18)	4 (2) opposition withdrawn	84 (12)	0
Total	206	16	154 (31)	9 (3)	167 (27)	2

NB: I am aware that health may need to work with the Council on some of this information – I would expect that this is done routinely as part of annual evaluation and can be completed easily under s295 of the Sale and Supply of Alcohol Act 2012.

NB: Positive outcome can mean licence refused at a hearing such as a District licensing Committee (DLC), applicant withdrew, and opposition withdrawn after negotiated outcome before or at DLC. Please itemise positive outcome i.e. 2 declines, 1 withdrawn, 3 negotiated outcomes before opposing.

b. Investigated by health regulatory officers in consultation with Maori under public health's obligation to te Tiriti o Waitangi?

None of the applications have been investigated in consultation with Māori specifically, however, the impact on Māori of the application being reported on is routinely considered by the regulatory officers.

6. In relation to the Sale and Supply of Alcohol Act 2012 could you provide me with the following since 2013.

- a. Each PHU's 'Duty to Collaborate s295(b) collaborative plan of intervention and prevention strategies developed with the tri-agencies and other partners to prevent alcohol related harm.
- b. If there is no plan, please provide activities per PHU that shows collaboration to reduce and prevent alcohol-related harm under Duty to Collaborate under s295(b).
- c. Please provide each PHU's successful strategies and interventions under s295(b).

For the avoidance of doubt, for both questions (a) and (b) this does not mean regulatory and alcohol licensing tasks such as meetings to discuss applications and preparation for DLC hearings etc, which would be s295(a)

Please see the Te Hiringa Hauora guidance of what Duty to Collaborate s295(b) entails:

<https://www.alcohol.org.nz/management-laws/administering-alcohol-law/guidance-for-regulatory-agencies/collaboration-a-guide-for-regulatory-agencies/part-a-understanding-s295-b>

Canterbury

Christchurch Alcohol Action Plan (CAAP)

<https://ccc.govt.nz/the-council/plans-strategies-policies-and-bylaws/plans/alcoholactionplan>

The Christchurch Alcohol Action Plan (CAAP) has been developed in response to community concern and the need for a cross-agency, collaborative approach to reduce alcohol-related harm in the community.

The concept arose from consultation regarding a Local Alcohol Policy for Christchurch City, where the community expressed a desire to be involved in addressing alcohol-related harm outside of regulatory processes. The key CAAP partners are Christchurch City Council, NZ Police and Canterbury District Health Board. The plan is also supported by a number of local organisations (Sport Canterbury, Community Law, Community Action on Youth and Drugs (CAYAD), etc), groups and individuals. Development began in 2016 including several large community consultation events, and the CAAP was formally launched in 2018.

The CAAP offers:

- A unified and coherent voice in alcohol-harm reduction for Christchurch
- A local, coordinated, strategic approach to effective harm-reduction activities
- A way to increase the profile of alcohol-related issues in the community
- A blueprint for action, and a process for monitoring progress.

Key priorities for action:

1. Collaborate, Coordinate, communicate: area which encompasses the development of strong leadership. Strategic approaches such as utilising the CAAP to maintain a structure and process that supports leadership, collaborative planning and coordinated action, build partnerships across sectors, data collection, consistent information and messaging, building workforce capacity.

2. Create safer spaces: area which promotes initiatives which address harm in non-regulated drinking environments such as homes, public spaces, parties and social gatherings.
3. Reduce Exposure, Accessibility & Availability: The 5+ Solution has been shown to be the most effective way to reduce alcohol-related harm. The CAAP supports 5+ and identifies local collaborative opportunities, such as ways to prevent social supply to young people, further restrictions on alcohol advertising and sponsorship and enabling citizen participation in licensing processes.

A part-time coordinator has been employed for 2020-2021 by Christchurch City Council to support the implementation of the plan and the tri-partner working group for.

Some of the activities and projects that have happened under the CAAP or have been supported by the CAAP include:

- Annual Community forums and network meetings which highlight experts in the field of alcohol harm and local projects. The forums also provide a feedback mechanism to set the direction of CAAP focus and an opportunity for the wider community interested in reduce alcohol-related harm to gather.
- An electronic newsletter with updates on activities, events and links to resources
- Following a trial, a successful bylaw amendment for a seasonal alcohol ban on rugby fields during game time
- Improved sharing of information and data
- Health promotion work with sports clubs to strengthen alcohol policies and attitudes
- A social media “Mates Share Crates” campaign was co-developed, encouraging less drinking on Crate Day 2020 and looking after each other. The post was shared by various groups, including student groups at ARA and the University of Canterbury.

Canterbury Health System Alcohol-related Harm Reduction Strategy

<https://ccn.health.nz/Portals/18/4.%20SLAs/Population%20health/Page%20resources/Alcohol-related-Harm-Reduction-Strategy-book%20-%20digital%20-%20proof%201.pdf>

The Canterbury Health System Alcohol-related Harm Reduction Strategy was launched in 2019 after developments that began with the 2012 Canterbury District Health Board Alcohol Position Statement. The Strategy vision is Reduced harm from alcohol: a Canterbury health system working together to prevent and reduce the impact of alcohol-related harm in our community.

The Strategy provides a mechanism for Canterbury DHB to support work under the CAAP. Focus areas are:

- Influence social norms and behaviour change
- Promote healthy environments
- Coordinate prevention, identification, treatment and support
- Measure harm & monitor performance

The Alcohol Strategy Working Group (ASWG) supports the implementation of the Strategy. Part of this is to better understand services in the region, identify points of engagement and act as a connection/coordination point which ensures alcohol-related harm reduction work across the health system is visible and has a ‘whole of system approach’. Representatives on the ASWG cover a wide range of departments within the Canterbury DHB, primary care, midwifery, treatment providers and related agencies such as ACC and St John’s. The CAAP coordinator also attends meetings.

While focused on the health system, work under the Strategy also supports harm reduction the wider community by collaborating with local agencies to support professional development opportunities in areas related to alcohol-harm and a variety of health promotion projects, improving referral information with other agencies such as NZ Police and St Johns, and providing policy support and submissions with recommendations for strategies that reduce alcohol-related harm.

West Coast

There is no formal collaborative plan of intervention and prevention strategies developed with the tri-agencies and other partners to prevent alcohol related harm on the West Coast.

There are three distinct tri-agency groups that hold monthly meetings, one for each of the territorial authorities, and a further West Coast Alcohol Liaison Group that meets three times a year to review issues at the whole of region level.

The tri-agency meetings regularly discuss alcohol licence applications in progress, applications pending and general issues surrounding licensing in the district. These meetings are essential in that they ensure consistent messaging about alcohol harm reduction are conveyed by members of the tri-agency to members of the local alcohol industry. In addition, the meetings are a means of facilitating planning for pending licensed events and strengthening working relationships between tri-agency members.

Examples of events that have been planned in collaboration with the tri-agencies include: The Downtown Showdown amateur boxing event, Hokitika Wildfoods Festival and the establishment of the West Coast Brewery.

Actual or alleged breaches of the Act are addressed by the tri-agencies in a graduated response meeting at the relevant Council. Breaches are discussed, and formal plans made to minimise the potential for further incidents. The meeting is documented and filed by the tri-agency and the Licensee is clearly advised that a prosecution path will be followed should further breaches occur. Serious breaches of the Act are referred direct to the District Licensing Committee and subsequently the Alcohol Regulatory Licensing Authority if required.

West Coast tri-agencies also plan compliance monitoring visits and controlled purchase operations collaboratively.

South Canterbury

There is no formal collaborative plan of intervention and prevention strategies developed with the tri-agency and other partners to prevent alcohol related harm in South Canterbury.

There is one tri-agency group covering the entire region which meets regularly and, as for the West Coast, meetings are used to facilitate consistent alcohol harm reduction messages, collaborative planning for special events, compliance monitoring and controlled purchase operations.

7. The workforce capacity of alcohol licensing staff per each of the Public Health Units before COVID-19 (as of December 2020) including vacancies held.

Table 5

Public Health Unit	Regulatory officers FTE	Regulatory officers head count	Dedicated legal support FTE	Medical officer of health FTE	Administrative support FTE
Community & Public Health - Canterbury	2	2	0	0.5FTE** across the three regions	0
South Canterbury	1	1	0		0
West Coast	1	1	0		0

8. The workforce capacity of alcohol licensing staff per each of the Public Health Units as of May 2021 (including vacancies held).

Table 6

Public Health Unit	Regulatory officers FTE	Regulatory officers head count	Dedicated legal support FTE	Medical officer of health FTE	Administrative support FTE
Community & Public Health - Canterbury	2	2	0	0.1FTE** across the three regions	0.2
South Canterbury	1	1	0		0
West Coast	1	1	0		0

**** Note** there is no specific Medical Officer of Health FTE dedicated solely to alcohol licensing and the FTE included here is an estimate of the amount of Medical Officer of Health time used for these matters over the time periods for which the information has been requested. For the period covered by **Table 6** (above), it therefore reflects the reduced Medical Officer of Health capacity for this function due to the demands of the COVID-19 pandemic response.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB and West Coast DHB websites.

Yours sincerely



Tracey Maisey
Executive Director
Planning, Funding & Decision Support