

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission from

Canterbury District Health Board

**(Community and Public Health (CPH) Division on behalf of
the whole of Canterbury DHB)**

**And incorporating the submission from the
Medical Officer of Health for Canterbury,**

Dr. Alistair Humphrey

June 2013

**Christchurch City Council's draft Local Alcohol Policy
2013**

SUBMISSION DETAILS

This document covers the Canterbury District Health Board's (CDHB) written submission on Christchurch City Council's draft Local Alcohol Policy and it is the combination of multiple inputs from across the service including the Medical Officer of Health for Canterbury, Dr. Alistair Humphrey.

Given the unique perspective experienced by the Emergency Department at Christchurch Hospital they have included a separate submission as Appendix 3.

The CDHB as a whole represents over 8300 employees across a diverse range of services. Every division of the CDHB is affected by alcohol misuse and alcohol-related harm.

The CDHB response is based on extensive evidence for alcohol-related harm. It is important that evidence-based submissions are given a higher weighting than those based on opinion or hearsay in the final formulation of the Local Alcohol Policy.

There are important evidence based issues, clinical issues and public health issues which need to be articulated by the CDHB and therefore the CDHB requests four submission slots (including the Emergency Department submission in Appendix 3) at the hearings to hear the content of this submissions. Thanks

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Introduction

The Canterbury District Health Board (CDHB) and Medical Officer of Health greatly welcome the opportunity to comment on the Christchurch draft Local Alcohol Policy (LAP) with reference to the health of the people of Christchurch.

The reasons for health services contributing to this submissions process are entirely consistent with the policy goals of this draft Local Alcohol Policy and of the Sale and Supply of Alcohol Act 2012 from which the Local Alcohol Policy originates, namely that (4.1) *the sale, supply, and consumption of alcohol should be undertaken safely and responsibly; and the harm caused by the excessive or inappropriate consumption of alcohol should be minimised.*

In addition District Health Boards have a legal responsibility under s22 of the New Zealand Public Health and Disabilities Act 2000 *to improve, promote, and protect the health of people and communities* and CDHB is making this submission as alcohol has a manifest effect on people's health and the LAP is an important tool with which New Zealand communities can minimise alcohol-related harm.

Alcohol directly causes significant death, disease, illness and injury to Cantabrians and therefore represents a significant burden to the work of the whole DHB, which employs over 8300 Canterbury residents. In making this submission, we have combined representations from staff and their departments across the whole District Health Board.

Responding in a professional capacity, our primary concern is for the health and welfare of the people of Christchurch, be they residents, visitors and/or part of the workforce in the City. Preventable admissions to our hospitals have a direct financial cost to every New Zealand taxpayer. The human cost is immeasurable.

Consequently, we anticipate that considerable weighting will be given to this consultation response, including during that time allocated for the hearings, at which the full impact of alcohol on local health services, on public health and the ways in which the District Health Board will support a truly harm minimising Local Alcohol Policy will be explored.

Submission Form

1. Please indicate your level of satisfaction with the following provisions in the draft LAP

Overview of the draft Local Alcohol Policy (LAP)

Alcohol is by far the most commonly used recreational drug in New Zealand, but also the drug that causes the most amount of damage. There are 70,000 physical and sexual assaults each year associated with alcohol use in New Zealand (Connor J, 2009) and even the most conservative estimate of the numbers drinking at hazardous levels give a figure of 700,000 (25%) of adult Kiwis drinking in this way (Wells JE, 2006).

In Christchurch, the development of new tools to track alcohol-related emergency and in-patient admissions is giving us direct evidence and detail of the impact of alcohol on the health of the local population. What it tells us is that in addition to the highly visible crime, violence, anti-social behaviour, deaths, accidents, alcohol dependence and intoxication that results from alcohol misuse in Christchurch, there is also a significant amount of chronic disease and ill-health experienced by many Christchurch residents (see Appendix 1).

The 2012 Sale and Supply of Alcohol Act's goals are clear; to rebalance much of the previous few decades' liberalising alcohol laws and to reduce the harm that has arisen from them.

Not least in those aspirations is the need to re-position alcohol back to its status as a product with a very high potential for causing harm. To quote the recommendation report, "*Curbing the Harm*", on which the Sale and Supply of Alcohol Act was based, '*The trend towards regarding alcohol as a normal food or beverage product needs to be reversed. In truth, alcohol is no ordinary commodity. Alcohol is a psychoactive drug that easily becomes addictive and that can produce dangerous behaviours in those who drink too much.*'

The 2012 Act goes some way to repositioning alcohol and addressing the harm it causes directly, but it also gives legal recognition to Local Alcohol Policies, as a way of passing some of that responsibility on to Territorial Local Authorities, and determines that any policy developed legitimately through the LAP process need only be justified as being reasonable for the purposes of reducing alcohol-related harm.

Christchurch needs a Local Alcohol Policy to control licensed premises and alcohol availability, as part of a broader package of harm minimising measures. The evidence for this approach is clear and well documented - reduce alcohol availability and we will reduce alcohol-related harm (see Appendix 2).

	Please Indicate
<p>(a) The proposed maximum trading hours for on-licensed premises such as bars, taverns, clubs and night-clubs in the Central City. (section 2.2.2 of the draft LAP)</p>	<p>AGREE</p>
<p>The Canterbury District Health Board gives unreserved support for the inclusion of this policy in the draft Local Alcohol Policy for Christchurch, but would ask that further consideration be given to related issues, as follows:-</p> <p>As a positive outcome of the way that the regulatory framework around alcohol licensing has been enforced in Christchurch, bars, taverns and night-clubs in the City are on the whole, well managed and incidents inside the large majority of these types of venues occur at acceptably low frequencies, and problem premises are promptly and effectively dealt with.</p> <p>However, what is also clear from the data from sources such as the Liquor Licensing Inspectors, the Police and from Christchurch Emergency Department is that many of these bars are serving customers up to and beyond the point of intoxication, and this practice is at the root of the problems the Central City faces in creating a genuinely safe, amenable and vibrant night time economy.</p> <p>Understandably, under the current licensing arrangements, on-licensees attribute much of their customers' intoxication to the availability of cheap alcohol from off-licenses and to customer 'pre-loading'. This is certainly a relevant factor, however, if bars can open beyond 3am in the morning they are effectively reinforcing the late entry of their customers into the night time economy, and encouraging those pre-loading behaviours.</p> <p>Furthermore, very late alcohol licenses are only appealing to those younger groups at high risk of alcohol –related harm and are by no means a pre-condition for a successful, vibrant night time economies. Those vertical drinking establishments that add nothing to the character of an entertainment precinct lack any real amenity value to mainstream patrons. If anything they create threatening and chaotic social spaces that are difficult to police.</p> <p>In fact those countries that have late night licenses and drinking behaviours characteristic of New Zealand (like the UK and Northern Europe) have bad reputations locally for their out-of-control night time economies that are a drain on emergency services and cultivate a negative image in the mainstream image of these cities and towns.</p> <p>In August 2009, Christchurch City Council (Safer Christchurch Team) commissioned a study of City Centre patrons' drinking behaviours at SOL (South of Lichfield) Square and found that:-</p> <ul style="list-style-type: none"> • Most patrons had come straight into the city centre without attending a licensed premise first (over 80%). • Many patrons were coming into to the city centre well after midnight having NOT visited another licensed premise beforehand. • Instead of spending time in other licensed premises the majority of patrons had 	

spent the early evening “preloading” with off-license bought alcohol. They had consumed an average of 10 standard drinks, equivalent to 7 (330ml) bottles of strong beer prior to coming into the city.

Though many people enjoyed visiting the city, the late closing time meant that most left it until after midnight to do so. Instead of spending the early evening contributing to the night time economy and vibrancy of the city, they would spend several hours pre-loading on cheap liquor. This results in greater levels of intoxication, and potentially lowers revenue for local on-licensed premises, who in many cases can *only* maintain their income by serving intoxicated patrons.

Clearly then, one of the most effective things we can do to reduce alcohol-related harm after 3-4am is to bring patrons into the city earlier, thereby reducing the opportunity to preload.

Not only will this ensure that the patron-intoxication is not fueled after 3am, but it will also improve the policing and turnaround of the City Centre in the small hours of the morning. We also anticipate that, aligned to other supporting measures like ensuring that bars go further to restrict the entry of drunk/intoxicated patrons to their premises, it will bring patrons into the City Centre night time economy at an earlier hour which will inevitably lead to less pre-loading and less intoxication at the end of the night.

One issue that may need to be addressed alongside this LAP development process is whether the Entertainment Precinct as it is currently designated is entirely fit for purpose, both in terms of the capacity of venues that the designated area is likely to provide and as to whether the precinct, being so close to the City’s high end retail spaces, is an appropriate area to provide on-licensed premises to young adults.

We would ask that a formal appraisal be commissioned outside of the LAP development process, as to whether a young adult-oriented entertainment precinct outside of the City’s Central Frame were also required to meet the needs of the population. Furthermore we would ask that Christchurch’s Local Alcohol Policy (LAP) have the flexibility built into it, to incorporate the findings of that appraisal.

<p>(b) The proposed maximum trading hours for on-licensed premises such as bars, taverns, clubs and night-clubs in other parts of the city, including Lyttleton, Akaroa and Victoria Street. (section 2.2.3 and 2.2.4 of the draft LAP)</p>	<p>AGREE</p>
<p>The Canterbury District Health Board gives its unreserved support for the inclusion of this policy in the draft Local Alcohol Policy for Christchurch.</p> <p>Currently, the use of suburban settings for 3am ‘bar’ licenses in Christchurch is an unfortunate but unavoidable consequence of the loss of the City Centre’s entertainment venues resulting from the September 2010 and February 2011 earthquakes.</p> <p>This migration of 3am licenses has caused significant operational and logistical challenges for the Police to control and manage the attendant crime and anti-social behavior across a wide area of greater Christchurch. The consequence for health services is an increase in injury, assaults and other avoidable alcohol-related hospital admissions.</p> <p>3am liquor licenses need to be allocated within a small number of well defined and central areas that can provide the highest level of prevention, control and management of those attendant alcohol-related problems. Small townships, residential areas and remote clusters of entertainment venues (like Victoria Street) are difficult to manage and do not provide the potential for harm-minimising ‘natural surveillance’ that comes with a well-policed Entertainment Precinct.</p>	

<p>(c) The proposed maximum trading hours for on-licensed premises such as restaurants and cafes in all parts of the city. (section 2.2.1 of the draft LAP)</p>	<p>AGREE</p>
<p>We give our unreserved support for the inclusion of this policy in the draft Local Alcohol Policy for Christchurch.</p> <p>Restaurants and cafes, as much as theatres, cinemas, etc. represents a social entertainment space within the night time economy, that not being focused primarily around the consumption of alcohol, are a welcome addition to the diversity of entertainment options within that night time economy, and a genuine contributor to the vibrancy of that social space.</p>	

By allowing the maximum hours that alcohol can be sold across the City in restaurants and cafes to be the same as that of suburban bars, taverns and night clubs, the City is effectively declaring its support for a vibrant and diverse social space.

The presence of 1am-licensed restaurants and cafes in the City Centre’s Entertainment Precinct in particular, as part of a diverse and culturally enriching mix of entertainment options, will help contribute to there being a ‘patron profile’ in that area which in turn will have a socialising effect of improving the behaviour of patrons there.

(d) The proposed maximum trading hours for off-licensed premises such as supermarkets, bottle stores and grocery stores in all parts of the city. (section 2.1.1 of the draft LAP)

AGREE

The Canterbury District Health Board gives unreserved support for the inclusion of this policy in the draft Local Alcohol Policy for Christchurch.

A global evidence base of detailed research and analysis of alcohol supply and impact data tells us the simple obvious truth that:

the more alcohol is made available to a population...

the more excess (i.e. hazardous levels of) alcohol will be consumed and,

the more harm will be experienced by that population

regardless of the time of day that alcohol is sold, and that evidence exists for both on- and off-licensed premises. **(See Appendix 2 for an overview of that evidence).**

In highlighting this fact it is acknowledged that a balance has to be struck between the need to reduce alcohol-related harm and the need not to inconvenience consumers unreasonably. However, alcohol is not an ordinary commodity and although supermarkets have conditioned consumers to view alcohol in that way, for the reasons set out below, it should not be the expectation of consumers to be able to purchase alcohol at all hours of the day, and as the survey that preceded the drafting of the LAP confirmed, there was public support for a reduction in licensing hours.

It is for these reasons that we support the City Council’s proposal to limit the maximum hours that alcohol can be sold in off-licenses from 9am – 9pm.

Specifically, we support the earliest alcohol sales in off-licenses being after 9am because:-

- It will send out a message to impressionable young people that alcohol (being a psychoactive substance, etc.) is no ordinary commodity and is a dangerous product

and deserves their respect

- It will align to the opening hours of many bottle stores
- It will prevent the purchase of alcohol before the school day starts and therefore go some way to protecting minors
- It will provide a barrier to access for people at risk of dependent/harmful drinking

Specifically, we support the latest alcohol sales in off-licenses being before 9pm because:-

- It will reduce alcohol-related crime and anti-social behaviour around bottle stores
- Many bottle stores close at 9pm already
- It will align supermarket opening hours to the time that many bottle stores close
- It reinforces the 'no ordinary commodity' message

The most important reason for the 9pm close on off-sales is that it will create a clear break between the time when alcohol can be purchased from off-licenses, and when those people (i.e. young adults) who bear the brunt of acute alcohol-related harm access alcohol in on-licensed premises in the night time economy.

We also have direct evidence that reducing off-license hours back to 9pm has a significant positive impact. The Canton of Geneva in Switzerland prohibited alcohol sales after 9pm (and banned all sales from gas stations and video stores) and consequently saw an estimated 25-40% reduction in hospitalisations for alcohol intoxication (Wicki & Gmel, 2011). See Appendix 2: Section A for further evidence.

We anticipate and have evidence to support (see Appendix 2) that, along with other measures, this policy will encourage young adults to access the night time economy earlier in the evening, reduce pre-loading and bring about a reduction in the high rates of intoxication that lead to so many problems in the night time economy.

Those with a vested interest in maintaining off-license hours to match their core business hours have incorrectly stated that the liberalising 1989 Sale of Liquor Act brought about a doubling in the number of off-licenses between 1990 and 2010 without placing a significant additional health burden on the population. Again our own Christchurch hospital episode data exposes the inaccuracy of that assertion (Appendix 1: Figure 1) and shows an increase in the burden of alcohol-related conditions in the Christchurch population over time.

The SOL Square research undertaken by Safer Christchurch found that 70% of patrons had a drink before coming to the Square and had drunk an average of 10 standard drinks each and 90% of those patrons had previously consumed alcohol bought from off-licenses. 20% more patrons had used a supermarket as their chosen off-license and the dominant purchase, at 50% share of alcohol sold, was beer.

Despite protestations from the supermarkets and a lack of publicly available data from them, it is clear that they, as the largest provider of off-licensed alcohol in sales terms, contribute to a significant proportion of the sales of alcohol that fuel pre-loading and binge drinking.

In the consultation that preceded the release of Christchurch's draft Local Alcohol Policy, supermarkets were asserting that they did not play a considerable part in fueling binge drinking because pre-loading was largely down to the sale of RTDs (alcopops). However the SOL Square research found that only 15% of alcohol sales were due to RTDs in that survey group.

The Ministry of Justice's guidance is explicit that Local Alcohol Policies enable Territorial Local Authorities to determine their own maximum sales hours, even if they don't correspond to the opening hours of supermarkets; Specifically it says that local community input into licensing conditions, as has occurred in the development of Christchurch's LAP, *"means local outlets of national businesses (e.g., supermarket chains) may have different opening hours or conditions depending on where they are located."*

To further the issue about supermarkets, the Law Commission review on the sale and supply of alcohol, *Alcohol in Our Lives: Curbing the Harm*, found that *"[alcohol] has been "normalised" after being available for more than 20 years among the foods sold in our supermarkets and local groceries. In a retail sense, alcohol has become no different from bread or milk and is often sold at cheaper prices than these commodities."*

The Sale & Supply of Alcohol Act 2012 that this Law Commission review informed will introduce the first correction in this miss-step in the governance of the way alcohol is provided in that, from December 2013, it will require supermarkets to section off alcohol from the rest of the goods it provides and away from the entrance points and main routes through the store.

The Law Commission review goes on to say that *"regulating the physical availability of alcohol through restrictions on time, place and density of outlets"* is one of the *"major policy levers available to reduce alcohol-related harm"* and it is on that basis that the CDHB strongly agrees with the inclusion of this policy in the draft Local Alcohol Policy for Christchurch.

<p>(e) The proposed one-way door restriction on bars and night clubs in the Central City. (section 2.2.2 of the draft LAP)</p>	<p>AGREE</p>
<p>The Canterbury District Health Board gives its unreserved support for the inclusion of this policy in the draft Local Alcohol Policy for Christchurch.</p> <p>The movement of intoxicated groups of people around the City Centre in the early hours of the morning is one of the drivers for serious crime and sexual assaults in the night time economy.</p> <p>One-way door policies work to reduce serious crime when they are used comprehensively across a designated area because they discourage patrons from moving around the City Centre at those key times when problems typically arise.</p> <p>Voluntary one-way door systems have reportedly failed in the past because some licensees have been known to disregard the option of applying the one-way door, and so the case for making one way doors mandatory is very strong.</p> <p>We support the position of the Police in their preference for a two hour duration to the one way door policy (so that it commences at 1am) given that it will bring about greater reductions in serious crime.</p>	

<p>(f) The proposed controls on the location of new bottle stores. (section 2.4 of the draft LAP)</p>	<p>DISAGREE</p>
<p>(g) The proposed controls on the location of new taverns (section 2.4 of the draft LAP)</p>	<p>DISAGREE</p>
<p>The Canterbury District Health Board does not agree that the policy outlined in section 2.4. is adequate for the following reasons:-</p> <p>The Christchurch City Council has suggested that the provisions of the Sale and Supply of Alcohol Act 2012 which provide for community representation for appeals against new alcohol licenses will be enough of a control on alcohol license density. The draft of Christchurch’s Local Alcohol Policy therefore does not provide a specific objective to control alcohol license density in relation to bottle stores and taverns.</p> <p>However evidence clearly demonstrates that bottle store and tavern densities are key driver for alcohol-related harm (see Appendix 1); A Local Alcohol Policy should, at the very least, prescribe a standard for the management of bottle store and tavern density that indicates</p>	

its intention to restrict or reduce the number of this type of licensed premise in those neighbourhoods where there is a disproportionate incidence of alcohol-related harm. The CDHB has detailed local-level data from alcohol-related hospital admission that highlights a 2-3 fold difference in alcohol-related harm experienced by different areas across the City (see Appendix 1: Figure 2). Clearly, if some neighbourhoods in Christchurch are experiencing more alcohol-related harm than others, and this is indicated to be linked to bottle store or tavern density, then Christchurch's Local Alcohol Policy should go further than current draft LAP policy proposals currently allow.

The question also needs to be answered as to whether any level of alcohol-related harm currently experienced in even the most affluent areas of Christchurch is acceptable.

The CDHB proposes instead that the Local Alcohol Policy prescribe for a moratorium on the issuing of new bottle store and tavern licenses across all areas outside the Central City, except where a Community Board expressly indicates that more licenses should be granted. This will benefit those localities most affected by alcohol related harm.

Alcohol-related hospital admissions can be used as an accurate benchmark for understanding which geographical areas are most affected by alcohol-related harm (see Appendix 1: Figure 2) and these can easily be cross-referenced to data from the Licensing Department of the City Council.

The CDHB does not propose that a moratorium should be placed on restaurant licenses..

<p>(h) The proposed special license and discretionary conditions (section 2.3 and 2.5 of the draft LAP)</p>	<p>AGREE</p>
<p>The Canterbury District Health Board gives its support for the inclusion of this policy in the draft Local Alcohol Policy for Christchurch, with the following proviso:-</p> <p>Not only do discretionary conditions allow for the careful management of off- and on-licenses that cause problems in their communities, the existence and awareness of these measures, and the costs to on-licensees associated with introducing them, also acts as a useful deterrent to licensees losing control of their host responsibilities.</p> <p>One gap in the list of options for discretionary conditions has been identified. A new on-line training tool for bar staff will be available by the time this Local Alcohol Policy comes into effect. Therefore, licensees should be required to ensure that all new staff, when they start their employment, have completed the training, or do so within a short period of the commencement of their employment.</p> <p>The CDHB recommends that this condition be applied to every new license as that way we</p>	

could ensure that staff moving around the on- and off-license industry were consistently skilled and aware of the standards expected of them.

<p>2. Overall, do you support the direction of the draft Local Alcohol Policy?</p> <p>3. What are the best aspects of the draft Local Alcohol Policy?</p> <p>4. What aspects of the draft Local Alcohol Policy do you think need to be changed?</p> <p>5. Do you have any other comments about the content of the draft Local Alcohol Policy or about other matters which you want to see included in the Local Alcohol Policy?</p>	<p>AGREE</p>
<p>The Medical Officer of Health for Canterbury and Canterbury District Health Board give their overall support to this Local Alcohol Policy (LAP).</p> <p>In summary, we have provided evidence to support the conclusion that those policies that bring about a reduction in the hours of on- and off-licenses and the one-way door proposals will significantly reduce alcohol-related harm in Christchurch and are the best aspect of the LAP.</p> <p>The Canterbury District Health Board believes that more work needs to be done to control license density on the basis of the harm they cause as indicated by alcohol-related hospital admissions, including a moratorium on creation of new bottle stores and taverns outside the City Centre.</p> <p>The Canterbury District Health Board looks forward to working with Christchurch City Council on the development of a range of alcohol harm minimising projects that will support objectives of the City's Local Alcohol Policy.</p> <p>We commend Christchurch City Council for the conscientious way they have developed this draft Policy and we believe that it will reduce harm in the City, not just in the City Centre at the weekends but across the City all of the time.</p>	

Works Cited in Body of Consultation Response

Connor J, Y. R. (2009). Alcohol-related harm to others: a survey of physical and sexual assault in New Zealand. *NZ Medical Journal*.

Department of Mental Health and Substance Dependence. (2000). *Internation Guide for Monitoring Alcohol Consumption & Related Harm*. Geneva: World Health Organisation.

Jones L., e. a. (2008). *Alcohol-attributable fractions for England*. Liverpool: Centre for Public Health.

Wells JE, B. J. (2006). *Substance use disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey. Final Report*. Wellington: Alcohol Advisory Council of New Zealand.

Wicki, M & Gmel G. (2011). Hospital admission rates for alcohol intoxication after policy changes in the canton of Geneva, Switzerland. *Drug & Alcohol Dependence*, 209-215.

Appendix 1: Local data to highlight the harmful impact of alcohol on the Christchurch population.

The latest and best data available on the impact of alcohol-related harm on the population of Christchurch comes from in-patient hospital episode data. Figures 1 and 2 analyse these admissions in Christchurch over time and geographically.

Box 1: How Alcohol Attributable Fractions (AAFs) can be applied to understand alcohol-related harm in Christchurch?

Alcohol causes certain diseases and also contributes to increases in a wide variety of other diseases and conditions, all of which are recorded in hospital in-patient admissions.

Extensive international research has pinpointed how much of these alcohol-related diseases and conditions are due to the alcohol itself by studying populations who drink different amounts of alcohol and comparing health outcomes for each group. These are referred to as Alcohol Attributable Fractions (AAFs). This particular set of AAFs originated, from an international guide for monitoring alcohol consumption published by the World Health Organisation (Department of Mental Health and Substance Dependence, 2000), and adapted to a population that has the same characteristic drinking behaviours as New Zealand. (Jones L., 2008).

Using these AAFs we can look at every alcohol-related hospital admission in Christchurch and get a reliable indication of the amount of alcohol-related harm experienced by that population and even predict how many hospital admissions would be avoided if people didn't drink at hazardous levels.

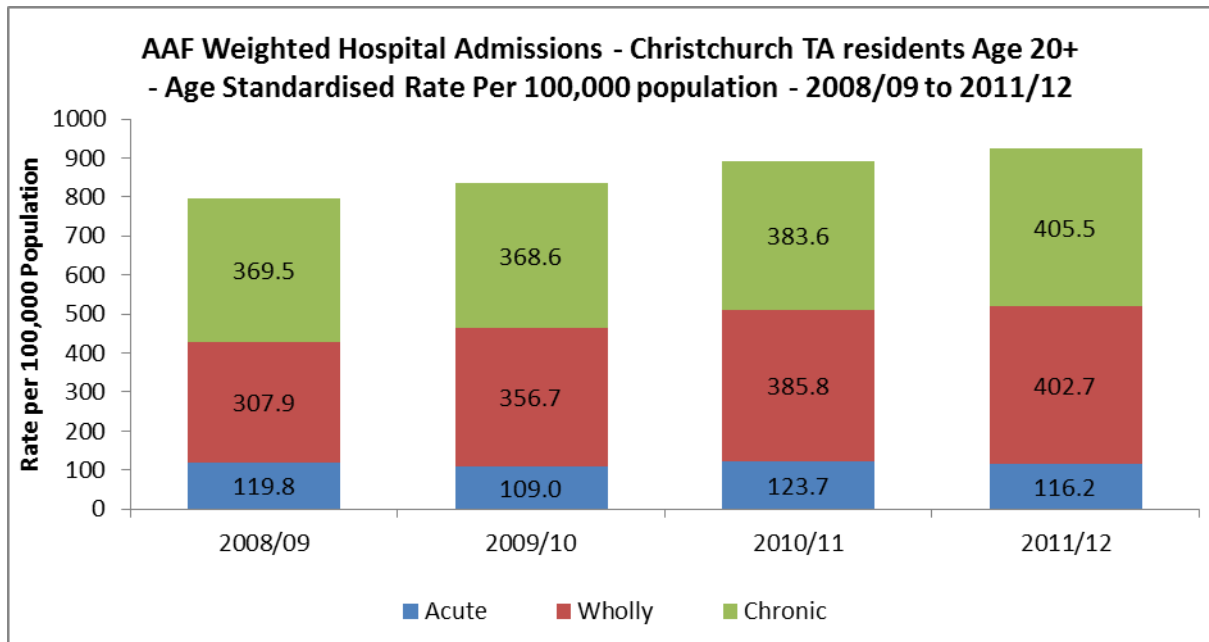
They have the added advantage that they can be broken down in to 3 sub-categories that match different types of alcohol-related harm; Acute conditions like assaults and accidents, wholly attributable episodes that broadly equate to dependent drink, and chronic conditions which include cancers, gut and circulatory diseases.

AAFs are at their most powerful when highlighting the differences in alcohol-related harm, either in the City over time, between different populations and across different areas of the City.

For any partially attributable alcohol-related disease or condition we will find that a proportion of hospital episodes identified through the use of AAFs will indeed not be attributable to alcohol to any extent, but equally in other episodes for that same condition, alcohol will have made a larger contribution. The balance point is described by the AAF, and that is why they are the most robust tool available for estimating the burden of disease caused by alcohol and are strongly advocated for by the World Health Organisation.

Alcohol Attributable Fractions (AAFs) represent the likelihood that the condition is the result of alcohol consumption, rather than the likelihood that one admission is the result of alcohol consumption, so it is a strong and reliable proxy for alcohol-related harm in populations.

Figure 1: Alcohol-related admissions for Christchurch residents



Notes on Figure 1: This graph is specifically measuring the contribution of alcohol only to hospital admissions, based on Alcohol Attributable Fractions (AAFs) and broken down by sub-condition (see Box 1). Figure 1 highlights the increase in alcohol-related hospital admissions over time. It shows a steady increase in alcohol-related hospital admissions in Christchurch residents over the past four years.

The graph also highlights increases in alcohol-related admissions for chronic and wholly alcohol-attributable conditions and a slight fall in acute consequences which might be due to the loss of a central entertainment precinct in Christchurch as a consequence of the February 2011 earthquake.

Notes on Figure 2 (Overleaf): Figure 2 highlights the difference in alcohol-related admissions between different domiciles (census area units) across Christchurch and how strongly those differences relate to the relative deprivation rates in those areas, i.e. the most affluent parts of the City are the least affected by alcohol and vice versa.

The most deprived neighbourhoods experience 2-3 times the rates of alcohol-related hospital admissions that the most affluent.

2012 AAF Weighted Hospital Admissions - Christchurch Area Unit - Rate per 1,000 Population Aged 16+

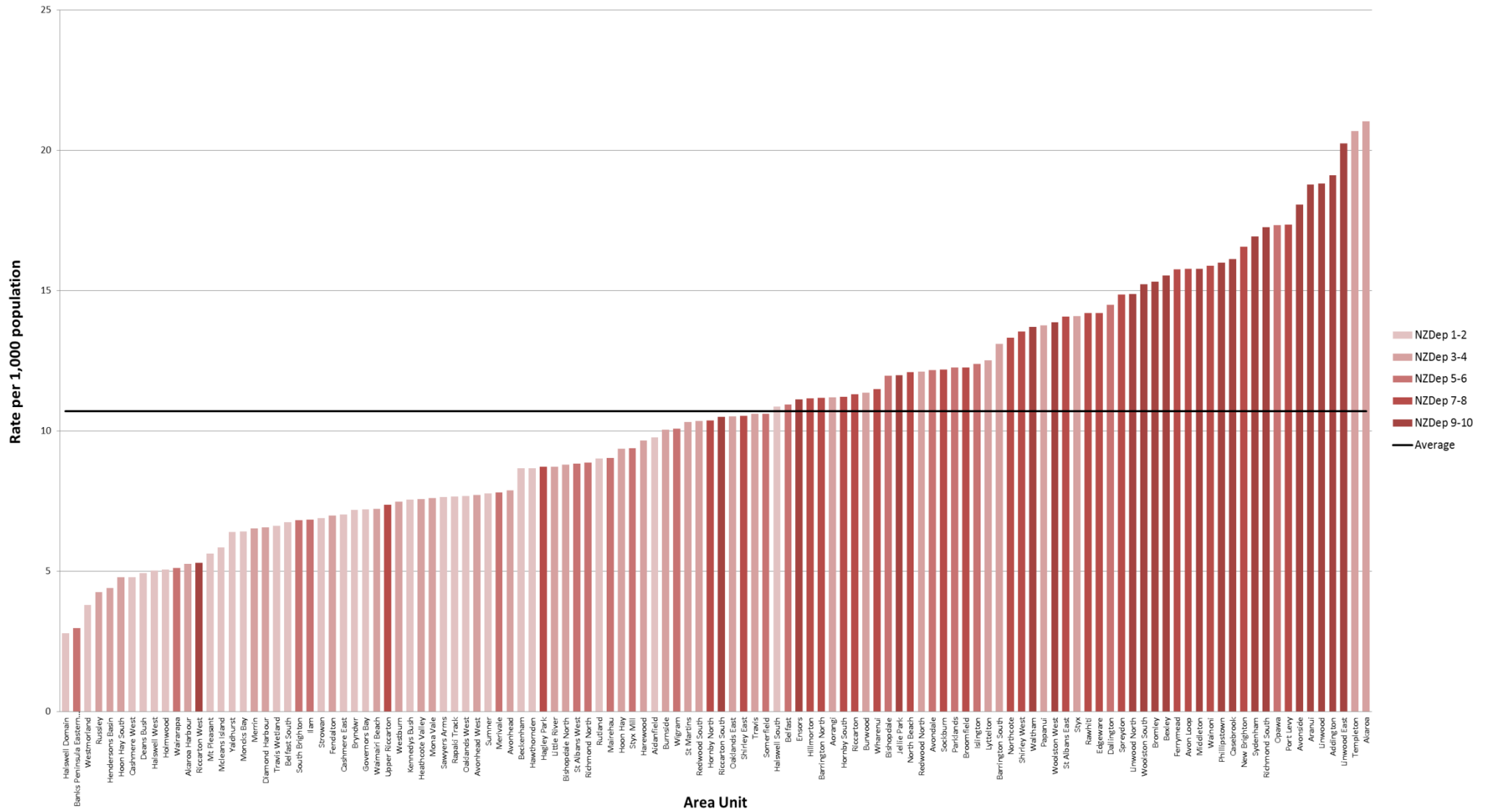
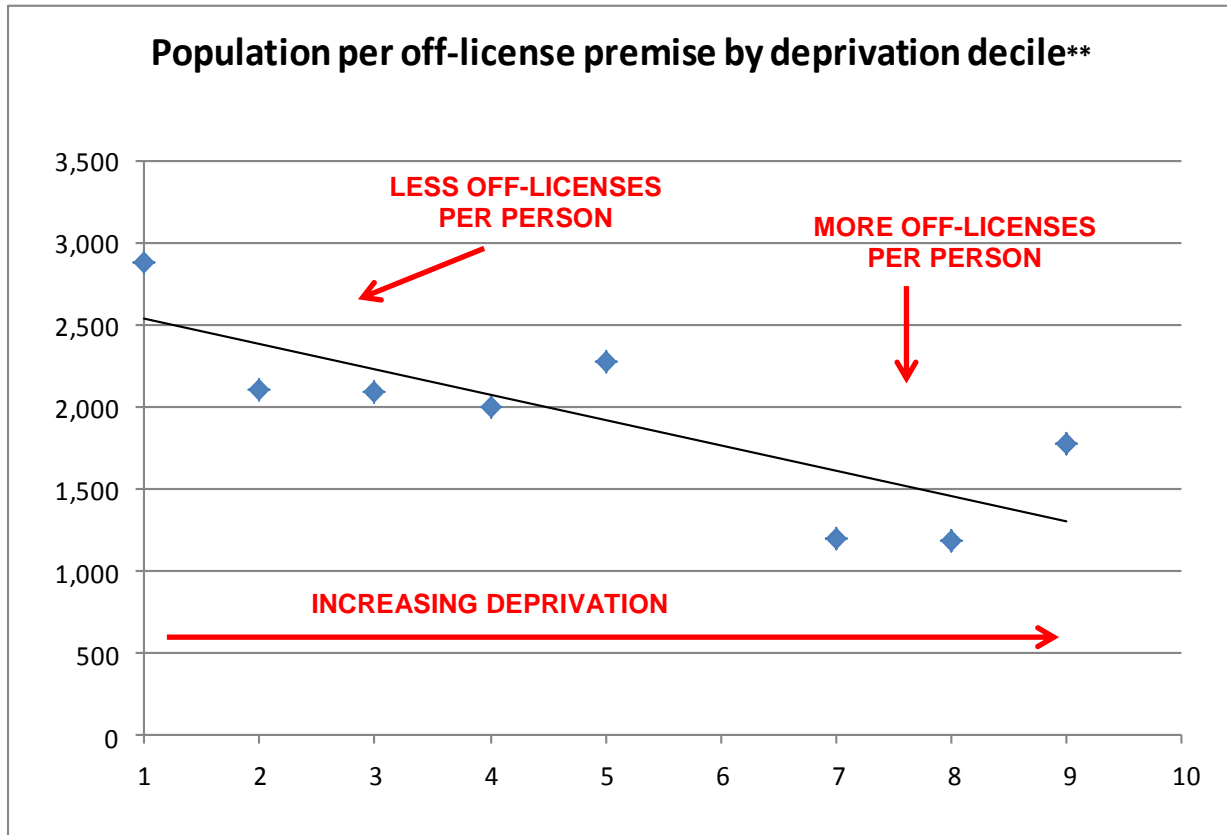


Figure 3: Christchurch population numbers per off-license by deprivation decile



Notes on Figure 3: Figure 3 highlights the strong correlation between the density of off-licenses as measured by the population number per off-license premise and the deprivation levels in the areas those off-licenses are found.

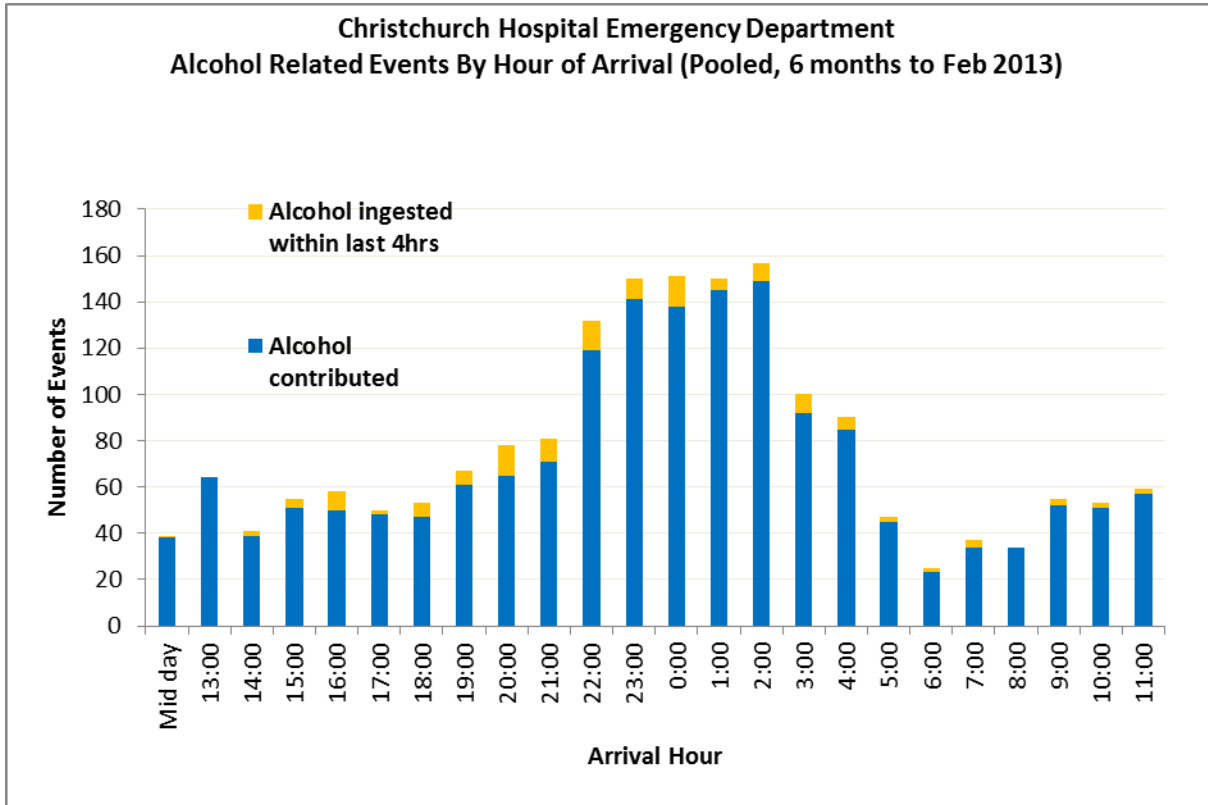
The figure highlights that on average there are twice as many off-licenses per head of population in decile 7, 8 and 9 (the most deprived in this graph) that there are in decile 1-5. NB: Decile 6 and 10 are under-represented in Christchurch and were omitted.

Notes on Figures 4 & 5 (overleaf): The Emergency Department at Christchurch Hospital is a high pressure environment that deals with high patient volumes around the clock. Consequently we do not anticipate that the involvement of alcohol is captured across all alcohol-related events, just the most obvious, most intoxicated individuals and in this data only ACC patients are included.

However what that does give us is a good indication of the distribution of alcohol-related and largely acute harm in ED and highlights the fact that most of the most difficult to

manage alcohol-related cases have to be dealt with from 10pm up to 5am, most likely as a result of current on-license hours in Christchurch.

Figure 4: Alcohol incidents captured in the Emergency Department at Christchurch Hospital by hour of arrival



The same data set also highlights how young this population of alcohol-affected individuals are in terms of age. Figure 5 (overleaf) describes that a disproportionate number of patients in ED for an alcohol-related incident are youths and young adults.

Again this highlights the role that those on-license premises, whose customer base is typically younger adults, play in causing intoxication in this population and the role of pre-loading of cheap off-license bought alcohol has in harming this population, as these traits are common in young adults.

Figure 5: Alcohol incidents captured in the Emergency Department at Christchurch Hospital by age of patient

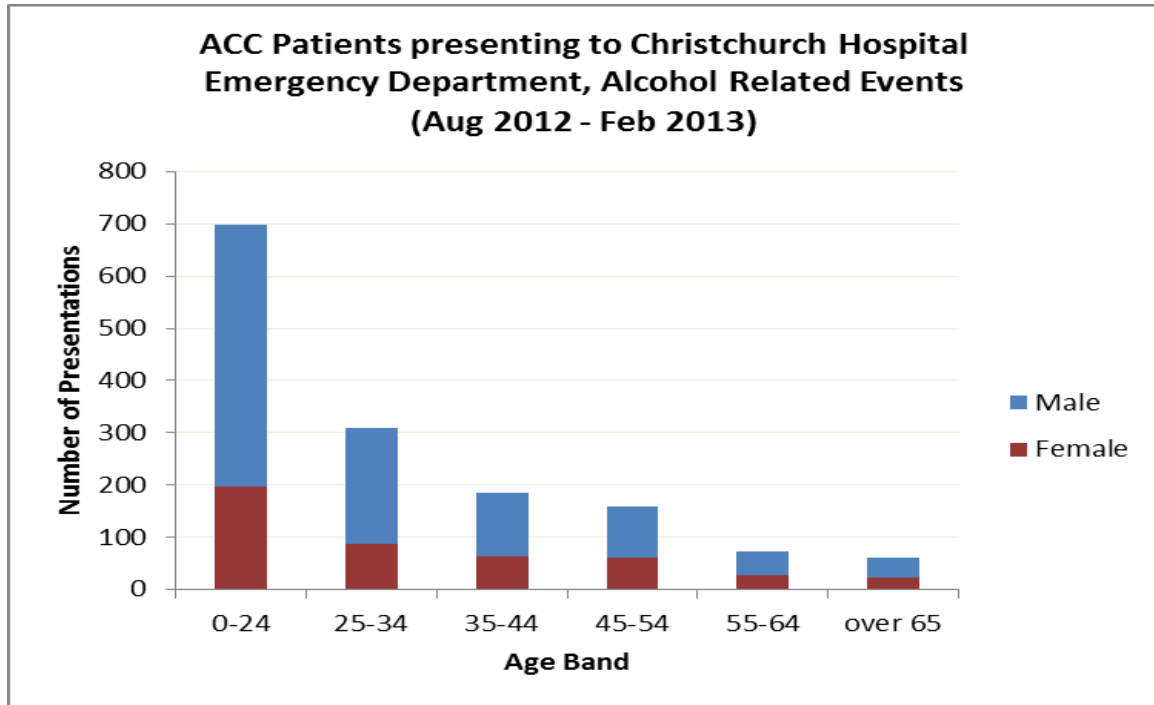


Table 1: Top ten places of residence by domicile for Emergency Department admissions for ACC patients for the 6 months to February 2013

Domicile Code	Domicile name	ED Presentations
2662	Linwood	41
2658	Aranui	36
2663	Phillipstown	30
2640	Avon Loop	28
2675	Sydenham	28
2487	Hornby South	26
2488	Sockburn	26
2676	Addington	26
2632	Riccarton	25
2685	North Beach	25

Notes on Table 1: Table 1 highlights that many of the people from many of the most deprived at-risk and vulnerable parts of the City contribute disproportionately to ED admissions for alcohol-related incidents.

Appendix 2: Research and other evidence to highlight the expected impact of the proposed policies in the draft Local Alcohol Policy (LAP)

A. Evidence affirming that a reduction in the hours of sale of licensed premises will reduce alcohol-related harm

A large body of evidence exists to prove that...

the more alcohol is made available to a population...

the more excess (i.e. hazardous levels of) alcohol will be consumed and,

the more harm will be experienced by that population

...therefore reducing alcohol availability will reduce alcohol-related harm...

Here is a selection of that evidence...

1. Babor T, Caetano C, Casswell S et al. 2nd edition. (2010). Alcohol: No Ordinary Commodity-Research and Public Policy. Oxford: Oxford University Press.

Alcohol: No ordinary Commodity is a comprehensive report to the World Health Organisation setting out the most important policy options available to governments to reduce alcohol-related harm. It finds that according to all of the independent reviews available nationally and internationally, restricting trading hours is the most effective and cost-effective measure available to policymakers to reduce alcohol-related harm associated with licensed venues.

“Studies of restrictions of alcohol availability support the conclusion that such strategies can contribute to the reduction of alcohol problems. The best available evidence comes from studies of changes in retail availability, including reductions in the hours and days of sale, limits on the number of alcohol outlets, and restrictions on retail access to alcohol”.

and

“ These studies consistently show that restrictions on availability are associated with reductions in both alcohol use and alcohol-related problems”.

2. Kypri K, Jones C, McElduff P, Barker D. (2010). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*; 106(2), 303-310.
Full article- <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3041930/pdf/add0106-0303.pdf>
“a restriction in pub closing times to 3/3.30 a.m. in Newcastle, NSW, produced a large relative reduction in assault incidence of 37% in comparison to a control locality.”

3. Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes.
By: Hughes, Karen; Anderson, Zara; Morleo, Michela; Bellis, Mark A.
Addiction, Jan2008, Vol. 103 Issue 1, p60-65, 6p, 2 Charts;
Aims: To explore differences in alcohol consumption and negative nightlife experiences between young people who drink prior to attending city nightlife venues and those who do not drink until reaching bars and nightclubs.
Findings: Participants who reported drinking prior to attending nightlife (e.g. at their own or a friend's home) reported significantly higher total alcohol consumption over a night out than those not drinking until reaching bars and nightclubs. Over a quarter (26.5%) of female and 15.4% of male alcohol consumption over a night out occurred prior to attending nightlife. Individuals who drink before going out were over four times more likely to report drinking >20 units [14 standard drinks] on a usual night out and 2.5 times more likely to have been involved in a fight in the city's nightlife during the previous 12 months.
Conclusions: Measures to tackle drunkenness and alcohol-related violence in nightlife should expand beyond those targeted solely at nightlife environments. Continued disparities in pricing and policing of alcohol between on- and off-licensed premises may increase at-home drinking prior to nights out and alcohol-related problems in residential areas.

4. Popova S, Giesbrecht N, Bekmuradov D, Patra J. (2009). Hours and days of sale and density of alcohol outlets: Impacts on alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism*; 44(5), 500-516.
Full article-<http://alcalc.oxfordjournals.org/content/44/5/500.full.pdf+html>
“availability of alcohol is an effective measure to prevent alcohol-attributable harm.”

5. Chikritzhs T and Stockwell TR. (2002). The impact of later trading hours for Australian public houses (hotels) on levels of violence. *Journal of Studies on Alcohol*; 63(5), 591-599. Full article-
http://www.jsad.com/jsad/article/The_Impact_of_Later_Trading_Hours_for_Australian_Public_Houses_Hotels_on_/1260.html
“Late trading was associated with both increased violence in and around Perth hotels and increased levels of alcohol consumption during the study period. It is suggested that greater numbers of patrons and increased levels of intoxication contributed to the observed increase in violence and that systematic planning and evaluation of late trading licenses is required.”

6. Rossow I, & Noström, T. (2011). The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. *Addiction*; 107(3), 530-537. Full article- <http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2011.03643.x/pdf>
“In Norway, each additional 1-hour extension to the opening times of premises selling alcohol is associated with a 16% increase in violent crime.”
7. Schofield TP, Denson TF. (2013). Alcohol outlet business hours and violent crime in New York State. *Alcohol and Alcoholism*; Published online: 10.1093/alcalc/agt003, 2013. Abstract- <http://www.ncbi.nlm.nih.gov/pubmed/23349067>
“The findings suggest that alcohol outlet business hours affect the incidence of reported violence even in regions that would not be considered to have severe problems with alcohol-fuelled violence”
8. Effectiveness of Policies Restricting Hours of Alcohol Sales in Preventing Excessive Alcohol Consumption and Related Harms. Robert A Hahn et al. *Am J Prev Med* 2010;39(6):590–604) Full article- <http://www.thecommunityguide.org/alcohol/EffectivenessofPoliciesRestrictingHours ofAlcoholSalesinPreventingExcessiveAlcoholConsumptionandRelatedHarms.pdf>
10 studies affirming that reductions in on-licensing trading hours of more than 2 hours has an effect of reducing excessive alcohol consumption and related harms.
9. Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. Stockwell, Timothy R.; Chikritzhs, Tanya N. Article [364.24 SPE] 2009. Full article- <http://www.palgrave-journals.com/cpcs/journal/v11/n3/pdf/cpcs200911a.pdf>
It is concluded that the balance of reliable evidence from the available international literature suggests that extended late-night trading hours lead to increased consumption and related harms.

B. Evidence that reducing on-license hours will encourage patrons of bars and clubs to come out earlier

A study of a crime prevention intervention in Newcastle, Australia that introduced a range of harm minimising measures including limiting on-license trading hours to 3.30am at the latest found that:-

A common theme from KIs [key Informants/Consultees] was that blanket reduction in trading hours would be likely to lead to positive changes in drinking cultures. For example: “If they were going out earlier, they wouldn’t have the time to stay at home. If you knew that you could only go out for two hours and you were paying twenty dollars to get into a club, you’d probably want to get your money’s worth.”

This was reinforced with additional explanations as to why reducing on-license hours would benefit the night time economy

Another KI also proposed that restricting trading hours might benefit the NTE culture, reducing the need for people to supplement their alcohol use with the use of other drugs simply to be standing at the end of the night, with the cultural status that carries.

“I think it would help not just the alcohol but I reckon the drugs. Kids think they’ve got to take the pills to keep them going until seven in the morning.” [Town Licensee]

Finally, as one very experienced venue operator suggested, changing the hours of operation will change the culture in which patrons socialise:

Q. So if there were no competition or licensing issues would 1 am still be your ideal time to close?

A. For me, yes. Because, personally, I don’t want to deal with the ... I’m not as young as I used to be, and I want to get home. And I know from experience that the later you open the later you get the clientele, and the later your clientele is—there is a difference between early clientele and later clientele as anyone in the industry would be well aware of. So for me personally, one o’clock is fantastic. I’ve had enough, and I know from experience and I’ve seen studies of it and observations I’ve done, the later your licence the later they come, so I’d rather get them in early and fresh when I know what they’re doing and I know what I’m doing and at one o’clock when I’ve had enough they can all go. [Town licensee]

These narratives suggest an important precedent—that changing trading hours changes drinking culture in a much more objective, measurable and immediate way than interventions such as ad-hoc advertising campaigns.

C. Evidence supporting the need for control over alcohol outlet density to reduce crime

There is an extensive body of evidence to support the strength of the relation between alcohol outlet density and the incidence of alcohol-related crime, violence, domestic violence, anti-social behaviour, road traffic accidents, etc. and harm to vulnerable groups like dependent drinkers, children and young people.

The following is just a sample of the evidence that evidence the link between alcohol outlet license density and a range of alcohol-related harms:-

1. Connor JL, Kypri K, Bell ML, Cousins K. (2011). Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: a national study. *Journal of Epidemiology and Community Health*; 65(10), 841-846. Abstract- <http://jech.bmj.com/content/65/10/841.long>
2. Huckle T, Huakau J, Sweetsur P, Hulsman O, Casswell S. (2008). Density of alcohol outlets and teenage drinking: living in an alcogenic environment associated with higher consumption in a metropolitan setting. *Addiction*; 103(10), 1641-1621. Full article

- [http://www.parliament.wa.gov.au/intranet/libpages.nsf/WebFiles/ITS+-+alco+article+Huckle+08/\\$FILE/alco+article+Huckle.pdf](http://www.parliament.wa.gov.au/intranet/libpages.nsf/WebFiles/ITS+-+alco+article+Huckle+08/$FILE/alco+article+Huckle.pdf)
3. Matheson A. (2005). Alcohol in Auckland: Reducing associated harm. Auckland: Auckland Regional Public Health Service. Full report- <http://www.arphs.govt.nz/Portals/0/Health%20Information/Alcohol%20and%20Tobacco/Liquor%20Licensing/Alcohol%20in%20Aklid.reslo.pdf>
 4. Cameron MP, Cochrane W, McNeill K, et al. *The Impacts of Liquor Outlets in Manukau City: Summary Report-Revised*. Wellington: ALAC, 2012. Full report- <http://www.alac.org.nz/sites/default/files/research-publications/pdfs/ManukauReportSummaryREVISED.PDF>
 5. Cameron MP, Cochrane W, McNeill K, et al. *The Impacts of Liquor Outlets in Manukau City: Report 1. A review of international academic literature and New Zealand reports*. Wellington: ALAC, 2012. Full report- <http://www.alac.org.nz/sites/default/files/research-publications/pdfs/ManukauReportNo1.pdf>
 6. Cameron MP, Cochrane W, McNeill K, et al. *The Impacts of Liquor Outlets in Manukau City: Report 2. Community stakeholders views on the impacts of liquor outlets in Manukau City*. Wellington: ALAC, 2012. Full report- <http://www.alac.org.nz/sites/default/files/research-publications/pdfs/ManukauReportNo2.PDF>
 7. Cameron MP, Cochrane W, McNeill K, et al. *The Impacts of Liquor Outlets in Manukau City: Report 3. The spatial and other characteristics of liquor outlets in Manukau City*. Wellington: ALAC, 2012. Full report- <http://www.alac.org.nz/sites/default/files/research-publications/pdfs/ManukauReportNo3.PDF>
 8. Cameron MP, Cochrane W, McNeill K, et al. *The Impacts of Liquor Outlets in Manukau City: Report 4. A spatial econometric analysis of selected impacts of liquor outlets density in Manukau City*. Wellington: ALAC, 2012. Full report- <http://www.alac.org.nz/sites/default/files/research-publications/pdfs/ManukauReportNo4.PDF>
 9. Cameron MP, Cochrane W, McNeill K, Melbourne P, Morrison S, and Robertson N. (2012). Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand, *Australian and New Zealand Journal of Public Health*; 36(6), 537-542. Abstract- <http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2012.00935.x/full>
 10. Livingston M. (2008). A Longitudinal Analysis of Alcohol Outlet Density and Assault. *Alcoholism: Clinical and Experimental Research*; 32(6), 1074-1079. Abstract- <http://onlinelibrary.wiley.com/doi/10.1111/j.1530-0277.2008.00669.x/abstract;jsessionid=FA0BF3ACCF117D9FC20230AA01352137.d04t01>
 11. Livingston M. (2011). Alcohol outlet density and harm: comparing the impacts on violence and chronic harms. *Drug and Alcohol Review*; 30(5), 515-523. Abstract- <http://onlinelibrary.wiley.com/doi/10.1111/j.1465-3362.2010.00251.x/abstract>
 12. Livingston M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction*; 106(5), 919-925. Submitted full article- <http://www.nabca.org/News/Files/Outlet%20Density%20and%20Domestic%20Violence.pdf>
 13. Treno AJ, Johnson FW, Remer LG, Gruenewald PJ. (2007). The impact of outlet densities on alcohol-related crashes: A spatial panel approach. *Accident Analysis and Prevention*; 39(5),894-901. Abstract- <http://www.ncbi.nlm.nih.gov/pubmed/17275773>

14. Hay GC, Whigham PA, Kypri K, Langley JD. (2009). Neighbourhood deprivation and access to alcohol outlets: a national study. *Health & Place*; 15(4), 1086-1093. Abstract-
<http://www.ncbi.nlm.nih.gov/pubmed/19540790>
15. Burgess M, Moffatt S. (2011). The association between alcohol outlet density and assaults on and around licensed premises. *Crime and Justice Bulletin*; 147. NSW: NSW Bureau of Crime Statistics and Research. Full report-
[http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb147.pdf/\\$file/cjb147.pdf](http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb147.pdf/$file/cjb147.pdf)
16. Campbell CA, Hahn RA, Elder R, et al. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. *American Journal of Preventative Medicine*; 37(6), 556-569. Full article-
<http://www.thecommunityguide.org/alcohol/EffectivenessLimitingAlcoholOutletDensityMeansReducingExcessiveAlcoholConsumptionAlcohol-RelatedHarms.pdf>
17. Fone D, Dunstan F, White J, et al. (2012). Change in alcohol outlet density and alcohol-related harm to population health. *BMC Public Health*; 12, 428. Open access-
<http://www.biomedcentral.com/content/pdf/1471-2458-12-428.pdf>
18. Alcohol Concern. (2011). One on every corner- the relationship between off-licence density and alcohol harms in young people. London. Full report-
<http://www.alcoholconcern.org.uk/assets/files/Publications/one-on-every-corner.pdf>
19. Young R, Macdonald L, Ellaway A. (2013). Associations between proximity and density of local alcohol outlets and alcohol use among Scottish adolescents. *Health & Place*; 19(4), 124-130. Full article-
http://www.google.co.nz/url?sa=t&rct=j&q=changing%20the%20density%20of%20alcohol%20outlets%20to%20reduce&source=web&cd=21&cad=rja&ved=0CC0QFjAAOBQ&url=http%3A%2F%2Fwww.alcohol-focus-scotland.org.uk%2Fview%2Fdownload%2F320-drinking-and-proximity-to-alcohol-outlets&ei=LHM2UZGNJM2UiAeJrIDQCA&usq=AFQjCNErgPye6IPKUM_kOjhCXf02FN5GNg&bv=bv.43148975,d.dGY
20. Pereira G, Wood L, Foster S, Haggart F. (2013). Access to alcohol outlets, alcohol consumption and mental health. *PLoS ONE*; 8(1). Full article-
<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0053461>
21. Lipton R, Gruenewald PJ. (2002). The spatial dynamics of violence and alcohol outlets. *Alcohol*; 63 (2), 187-195. Abstract- <http://www.ncbi.nlm.nih.gov/pubmed/12033695>
22. Gruenewald PJ, Johnson F, Trepo AJ. (2002). Outlets, drinking and driving: a multilevel statistical analysis. *Journal of Studies on Alcohol*; 63, 460-468. Abstract-
<http://www.ncbi.nlm.nih.gov/pubmed/12160105>
23. Freisthler B, Gruenewald PJ, Remer LG, et al. (2007). Exploring the spatial dynamics of alcohol outlets and Child Protective Services referrals, substantiations, and foster care entries. *Child Maltreatment*; 12(2), 114-124. Abstract-
<http://www.ncbi.nlm.nih.gov/pubmed/17446565>
24. Freisthler B, Midanik LT, Gruenewald PJ. (2004). Alcohol Outlets and Child Physical Abuse and Neglect: Applying Routine Activities Theory to the Study of Child Maltreatment. *Journal of Studies on Alcohol and Drugs*; 65(5), 586-592. Abstract-
<http://www.ncbi.nlm.nih.gov/pubmed/15536767>
25. Stockwell T, Zhao J, Macdonald S et al. (2011). Impact on alcohol-related mortality of a rapid rise in the density of private liquor outlets in British Columbia: a local area multi-level

- analysis. *Addiction*; 106(4), 768-776. Abstract-
<http://www.ncbi.nlm.nih.gov/pubmed/21244541>
26. Briscoe S, Donnelly N. (2001). Assaults on licensed premises in inner-urban areas. *Alcohol Studies Bulletin* (No. 2). Sydney: NSW Bureau of Crime Statistics and Research. Full article-
http://www.popcenter.org/problems/assaultsinbars/PDFs/Briscoe&Donnelly_2001b.pdf
27. Wilkinson C, Livingston M. (2012). Distances to on- and off-premise alcohol outlets and experiences of alcohol-related amenity problems. *Drug and Alcohol Review*; 31(4), 394-401. Abstract- <http://onlinelibrary.wiley.com/doi/10.1111/j.1465-3362.2011.00346.x/abstract>
28. Kypri K, Bell ML, Hay GC, et al. (2008). Alcohol outlet density and university student drinking: a national study. *Addiction*; 103(7), 1131-1138. Abstract-
<http://www.ncbi.nlm.nih.gov/pubmed/18554346>

Appendix 3: Submission to the draft Local Alcohol Policy consultation by Christchurch Hospital Emergency Department's Senior Nursing and Medical Team

Introduction:

This submission has been prepared on behalf of the Christchurch Hospital Emergency Department's Senior Nursing and Medical Team, in response to the Christchurch City Council draft Local Alcohol Policy 2013.

The LAP provides an opportunity for the Christchurch population to identify areas where the impact of alcohol can be reduced and to minimise some of the secondary harm associated with its consumption in the community. Alcohol use and the way New Zealanders are drinking continues to have a negative effect in hospital Emergency Departments throughout New Zealand. This issue is of particular relevance to the staff of the Christchurch Hospital's Emergency Department (ED), as we are in a unique position to see the end product of overuse and misuse of alcohol.

The Christchurch Hospital ED has recently commenced collecting alcohol data related to patients presenting with ACC related injuries. Instead of relying on unsubstantiated claims, data collection will give a clear and accurate understanding of the impact of alcohol related presentations to ED.

Response to specific questions:

Q1 (a) The proposed maximum trading hours for on-licensed premises such as bars, taverns, clubs and night clubs in the Central City (section 2.2.2 of the draft LAP)

Agree

This is seen as beneficial in that it limits the ability to access alcohol, and therefore can be assumed to limit the degree and number of intoxicated individuals. While arguments have been made that this negates the ability of licence holders to carry out their business and to provide responsible drinkers with safe environments for socialising, it is suggested that previous evidence of alcohol impaired individuals presenting to ED argues this is not currently an effective process. It is significant to note that following the 2010/11 earthquake events that led to the closure of local bars ('the Strip' in the Central City), there was a temporary reduction in presentations to ED by intoxicated individuals, which contributed to a more manageable workload and an improved work environment. Many of

these alcohol related ED attendances occur in the early hours of the morning (0000-0400 hrs) at a time when there is significant demand on ED staff for other health emergencies.

Alcohol related presentations are frequently associated with behavioural issues which impact on staff and other health care consumers. Presentations linked to alcohol consumption can result in inappropriate and undesirable violence that is directed toward ED staff, other patients and innocent bystanders such as relatives and significant others. This type of behaviour can extend from verbal abuse and threats to episodes of physical violence and assault directed towards ED staff and indeed anyone present that they choose to direct it towards. The CDHB has a 'Zero Tolerance to Violence' policy but this may not register with intoxicated patients and places staff in the precarious position of having little control or protection from escalation of this behaviour. While the Christchurch Hospital's ED has access to CDHB security staff their role is not restricted to ED. With at times constrained resources their availability can be limited at times which further places ED staff at risk. If behaviour becomes unmanageable and is violent the ED staff have a low threshold to involve the police.

Aside from the patients, relatives and significant others who present to ED and unwittingly observe the behaviour of the intoxicated patient(s) the general public as a rule will never witness the unacceptable, violent behaviour and must rely instead evidence provided from health professionals who work in this environment.

The close proximity of the Central City area to the ED has in the past led to a perception that it is a convenient place to present for treatment of minor injuries by intoxicated individuals. It is an 'easy' walk from the city centre to the ED, and there appears an expectation that minor injuries should be treated here.

Q1 (b) The proposed maximum trading hours for on-licensed premises such as bars, taverns, clubs and night clubs in other parts of the city, including Lyttelton, Akaroa and Victoria Street (sections 2.2.3 and 2.2.4 of the draft LAP)

Agree

For reasons similar to those outlined above - the ability to limit access to alcohol is believed to contribute to a reduction in associated intoxication and secondary antisocial and risky behaviours.

Alcohol related presentations detract from the ability of the ED staff to provide what is referred to as core business. Presence of large numbers of intoxicated and unruly patients

makes it difficult to provide focussed care to more seriously unwell individuals. Anything that contributes to a reduction in alcohol misuse and alcohol related injuries will have a positive impact on patient waiting and treatment times, and the care of other patients.

Q1 (d) The proposed maximum trading hours for off-licensed premises such as supermarkets, bottle stores and grocery stores in all parts of the city

Agree

It is believed that access to alcohol for extended hours promotes 'preloading' with people being in an intoxicated state before they travel to venues across the city. When they arrive at various venues the ongoing drinking and mixing with others presents an opportunity for further intoxication and violence resulting in people seeking treatment in ED.

Q1 (e) The proposed one-way door restriction on bars and night clubs in the Central City

Agree

Moving around from venue to venue presents an opportunity for groups to gather. This situation coupled with alcohol intoxication can result in violent behaviour. Due to hospital's close proximity to the Central City, people who have sustained injuries seek treatment in the ED.

**** ** * * * * End of Whole Submission * * * * * ****

Submission signed off by Dr Alistair Humphrey, Medical Officer of Health for Canterbury on behalf of Canterbury DHB

..... Date: