



A Compliance Audit of Off-Licence bottle stores with the Auckland Council Signage Bylaw 2015 in Selected Areas of South Auckland

Auckland Regional Public Health Service

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Contents

Executive summary..... 1

Introduction..... 2

Methods 7

Results 9

Discussion 11

Recommendations..... 12

Limitations 14

Conclusion 15

References..... 16

Appendices 18

Executive summary

Promoting and protecting people's health and wellbeing is central to the vision set out by the Auckland Regional Public Health Service (ARPHS). When people are able to live free from the harms associated with commodities, such as alcohol, it builds healthier communities and keeps children safe.

In Tāmaki Makaurau, aspects of the built environment can make it harder for communities to live well and free from harm. In many streets, the store-front signage on off-licence premises promotes and markets the availability of alcoholic products.

A summary of the most recent evidence concluded the association between alcohol marketing and drinking among young people is causal. This means, for children and young people, exposure to the marketing of alcoholic products leads to earlier initiation of drinking and heavier drinking for those who already drink. Inequities exist, with more exposure to alcohol advertisements being experienced by Māori and Pacific children.

Store front signage is regulated by the joint Auckland Transport and Auckland Council Signage Bylaw 2015 (the Bylaw). Previous exploratory studies conducted in Tāmaki Makaurau suggest there is a low level of compliance of off-licence store-front signage. This Bylaw is currently under review. As ARPHS has a statutory role in alcohol licensing and minimising harm from alcohol, this provided an opportunity for ARPHS to conduct an audit of compliance with the intention of contributing to the review process.

The audit described in this report aimed to establish the level of compliance of store-front signage of off-licence premises with the Bylaw. Store-front signage on 66 off-licence premises across seven suburbs in south Auckland was audited. One hundred percent were non-compliant with the Bylaw on at least one of the criteria assessed. The number of breaches per store ranged from one to 14, with a median six breaches.

The findings of this audit demonstrate the need for more rigorous enforcement of the existing Bylaw. Additionally, opportunities exist in the Bylaw review process to include an alcohol-specific section. This would allow greater controls to be placed on alcohol-related signage, reducing the alcohol marketing experienced by the public and the effects of alcohol marketing exposure.

While local action is important, concurrent national action is required to advocate for stronger regulation of the advertising of alcoholic products. This is one of the strongest policy levers to protect communities and children from alcohol-related harm, as identified by the World Health Organisation. Doing so would demonstrate active protection of Māori health in line with Te Tiriti o Waitangi.

No matter where people live, they deserve to work, move and play in communities that are protected from the influence of marketing and advertising of alcoholic products. This audit shows widespread non-compliance with the current controls in place through the Bylaw. There is an opportunity, through the Bylaw review process and national advocacy, to address existing inequities and make it easier for people to live healthier lives in their communities.

Introduction

Auckland Regional Public Health Service's (ARPHS) vision is Te Ora ō Tāmaki Makaurau – promoting and protecting the health and wellbeing of the region's people. Part of realising this vision is enabling people in Tāmaki Makaurau to live free from harms associated with commodities such as alcohol.

Alcohol is the most harmful drug to society, creating a significant yet preventable burden of harm (Nutt., et al). Advertising and marketing of alcohol products is present in communities as part of the built environment, making it harder for people to lead healthy lives. This includes signage on off-licence (places that sell alcohol to take home) store fronts. This is often a highly visible and frequently used area to advertise and promote goods and services available in stores. However, this advertising does not discern viewership, resulting in unsolicited and in many cases unavoidable, exposure to alcohol advertising.

Using widely established criteria, a comprehensive evidence summary by Sargent and Babor (2020) has recently concluded the association between alcohol marketing and drinking behaviours among young people is causal. This built on previous systematic reviews of longitudinal studies showing alcohol advertising increases the likelihood that young people will start to drink and encourage heavier drinking amongst those who already drink alcohol (Jernigan et al., 2008; Anderson et al., 2009). Alcohol advertising affects attitudes, knowledge and awareness of alcohol in children and young people (Petticrew et al., 2017). It influences social norms and sustains a harmful, normalised drinking culture that is resistant to change (Jackson et al., 2018).

Exposure to the advertising and marketing of alcoholic products has been shown to be inequitable. New Zealand research conducted by Chambers et al (2018) showed that children (aged 11-13 years) were exposed to alcohol advertisements 4.5 times per day on average. Māori and Pacific children were five and three times more likely to be exposed to alcohol marketing than New Zealand European children, in adjusted models.

In Tāmaki Makaurau, store front signage is regulated by the joint Auckland Transport & Auckland Council Signage Bylaw 2015 (the Bylaw). The Bylaw controls the size, number and type of signage allowed on businesses including alcohol outlets. As with all bylaws, the Signage Bylaw is subject to a review process by Auckland Council.

The aim of this audit was to establish the degree of compliance of off-licence outlets (places where alcohol is sold for consumption off-site) with the Bylaw in the south Tāmaki Makaurau area. The findings of this audit were intended to contribute to the review process of the Bylaw and provide an understanding of the extent of compliance within areas of Tāmaki Makaurau.

ARPHS, along with all national and government agencies and representatives, have a responsibility to the principles of active protection of Māori health and equity as outlined in Te Tiriti o Waitangi. With the noted inequities in exposure to alcohol marketing, and the link between this and alcohol related harm, this is an increasing area of concern for ARPHS. Additionally, the Medical Officer of Health within ARPHS has a statutory role under the Sale and Supply of Alcohol Act 2012 as one of three

agencies involved in the alcohol licensing application process. This includes an assessment of applicant suitability.

Alcohol harm is unfairly distributed across population groups

Alcohol has a pervasive presence in the lives of New Zealanders, for both adults and children alike. The ubiquitous nature of alcohol is unacceptable given the extensive harm it has been demonstrated to cause (Babor et al., 2010). Similar hazardous products such as tobacco (another class 1 carcinogen) are extensively regulated and aggressive actions have been taken by governments worldwide to address their harm, including New Zealand's own goal of near-eradication, Smokefree 2025. There are no such regulated, proportionate and effective measures for alcohol policy as yet, despite the evidence showing alcohol causes more societal harm than tobacco.

Alcoholic products fuel violence, disease (including as a cause of several types of cancer), accidents, mental health conditions, suicide and reduce child wellbeing. Harm from alcohol extends beyond the individual and can result in harm to children (including those exposed to alcohol during pregnancy), whānau, friends, and the wider community (Connor & Casswell, 2012). Alcohol is the leading behavioural risk factor for death and Disability Adjusted Life Years (DALYs) lost among 15 to 49 year old New Zealanders, ahead of high body mass index and smoking (Institute for Health Metrics and Evaluation, 2016).

It is unjust that alcohol-related harm is unevenly distributed across the population and disproportionately affects Māori, Pacific men, young people, males and those living in more socio-economically deprived areas.

In 2018/19, Māori males were 1.4 times more likely than non-Māori males to drink hazardously and Māori females were 2.1 times more likely than non-Māori females. When looking at past year drinkers, Pacific men were 1.4 times more likely to drink hazardously than non-Pacific men. Additionally, people living in the most deprived neighbourhoods are 1.3 times more likely to drink hazardously than those in the least deprived (Ministry of Health, 2019). There are also more places to buy alcohol in deprived neighbourhoods (Hay, et al., 2009). The most recent analysis of alcohol mortality found that Māori rates of alcohol-related death are 2.5 times higher than non-Māori (Connor, et al., 2015).

The factors that contribute to Māori experiencing disproportionately more harm from alcohol are complex and likely reflect the ongoing impact of colonisation and the subsequent institutional biases. Experience of discrimination is associated with increased hazardous drinking amongst Māori (Winter, et al., 2019).

Alcohol is a highly addictive substance, so the choice to consume it is not always freely made. People with alcohol-use disorder have a particular vulnerability to alcohol advertising as it induces craving and cue reactivity via a conditioned response. Additionally, children and young people are more susceptible as they lack the ability to differentiate advertisements as marketing a product, or to

make accurate judgements about them. Both these vulnerable groups experience disproportionate harm from alcohol (Babor, et al., 2017).

Evidence for stronger regulation of alcohol marketing

The causality association between alcohol marketing and drinking among young people established in the review by Sargent and Babor (2020) is mediated by several pathways. Social norms appear to be a driver of alcohol behaviours amongst adolescents i.e. other's behaviours and attitudes. Alcohol advertisements also contain content that appeals directly to youth such as humour, cartoons and imagery describing the social benefits of drinking alcohol, thereby creating positive expectancies for drinking. Exposure to alcohol advertisements can affect attitudes and thoughts of young people, as their developing brain is vulnerable to these impacts (Henehan, et al., 2020).

International recommendations from the World Health Organisation as well as several previous reviews and inquiries commissioned by the New Zealand Government have resulted in the same conclusion: there needs to be higher standards set on alcohol advertising and marketing in order to reduce harm from alcohol. These are summarised below:

- **World Health Organisation (WHO) SAFER model (2018)**

The WHO SAFER model sets out the five high impact strategies countries can put into place to reduce the harmful use of alcohol (see Appendix one for further detail). Relevant to this report is recommendation three, to enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion. This has been shown to be a cost-effective strategy and impactful, particularly for protecting children, young people and abstainers.

- **Alcohol in our Lives; Curbing the Harm (New Zealand Law Commission, 2010)**

Commissioned as part of the review of alcohol laws in 2009-2010, the Law Commission investigated the evidence around the advertising, marketing and sponsorship of alcohol. The authors were particularly concerned with the targeting of young people and noted repeated concerns with density of alcohol outlets driving price competition and extensive, dominating shop-front marketing, leading in turn to the degradation of community wellbeing and amenity. The authors proposed a three stage plan to increase the regulation of alcohol promotion, advertising and sponsorship over a period of five years. The ultimate end point was no alcohol advertising in any media, other than that which communicates objective product information. Despite the strength of evidence underpinning this, only stage one of this plan was enacted.

- **Ministerial Forum on Alcohol Advertising and Sponsorship (the Forum) (Ministry of Health, 2014)**

Tasked with assessing the appropriateness of introducing new restrictions for regulating alcohol advertising and sponsorship, the Forum was particularly concerned by the exposure of minors to alcohol advertising and recommended reducing exposure. In addition to noting the growing body of evidence since the review in 2010, stakeholder consultation showed

clear community concern with the volume of alcohol advertisements outside bottle stores that children were exposed to. The strength of this concern was evident in recommendation 11 to “introduce additional restrictions on external advertising on licensed venues and outlets”. However, none of the recommendations within the report have been actioned to date.

- **He Ara Oranga: report of the Government Inquiry into Mental Health and Addiction (New Zealand Government, 2018)**

The Government inquiry was in response to widespread concern about the current mental health situation in New Zealand. The purpose was to hear the voices of those involved with or affected by mental health and addiction problems within the mental health sector and the broader community, and to develop subsequent recommendations. The recommendation to take strong action on alcohol recognised that the case for change has been made and what is needed is government action on alcohol reform.

What regulatory frameworks currently regulate alcohol signage?

There are a number of regulatory frameworks that affect where and what alcohol advertising and promotion can legally occur in New Zealand.

The main mechanism of control of alcohol marketing in New Zealand is via the voluntary Advertising Standards Authority (ASA) Code for Advertising and Promotion of Alcohol 2013 (the Code). The ASA committee comprises advertisers, agencies, media and public representatives. The stated purpose of the Code is to ensure any advertising or promotion of alcohol by product, brand or outlet (by an alcohol producer, distributor or retailer) is “consistent with the need for responsibility and moderation in merchandising and consumption, and does not encourage consumption by minors”. The complaints process is reliant on members of the public having knowledge of the Code when making complaints. A large systematic review by Noel et al (2017) consistently showed voluntary industry-regulated mechanisms to be ineffective at reducing harm.

The Sale and Supply of Alcohol Act 2012 (the Act) is the key piece of legislation that controls how alcohol is sold, supplied and consumed in New Zealand. It has a dual object, to ensure that this is done safely and responsibly, and to minimise the harm caused by excessive or inappropriate use. Section 237 of the Act covers the irresponsible sale of alcohol, making it an offence to do so whether by encouraging people to consume alcohol in excess, discounting alcohol by more than 25% below the price usually sold, promoting alcohol as being free of charge or promoting alcohol in a way that may appeal to minors.

The Act also empowers territorial authorities to develop, in consultation with communities, their own Local Alcohol Policies (LAP). This would allow greater controls over when, where and how alcohol is sold locally. In some regions, a LAP has been implemented with specific sections on alcohol signage restrictions. However, in Auckland litigation from the alcohol industry through the appeal process continues to delay the adoption of an Auckland LAP drafted in 2013.

The particulars concerning alcohol signage on premises in Tāmaki Makaurau is predominantly controlled by the Auckland Council and Auckland Transport’s Signage Bylaw (Auckland Transport & Auckland Council, 2015). The Bylaw came into effect in 2015 and regulates signage that is on, or visible, from a public place, alongside the Auckland Unitary Plan. The Bylaw ensures that signage is safe, maintains amenity and does not cause a nuisance. It covers specific requirements such as the size, type and number of signs allowed in different business zones (as identified in the Unitary Plan). Guidance on this is available online for businesses. The business owner is responsible for compliance. However, considerable grey areas within the Bylaw can leave compliance open to interpretation. Additionally, council staffing resource determines whether or not compliance can be monitored.

Methods

Aim

This audit aimed to assess compliance of off-licence bottle stores against the Auckland Council Signage Bylaw 2015 Inspector Graphics and Customer Fact Sheets guide (2015). This included assessing Sections 14, 16, 19-21 of the Bylaw. As this was an observational audit, ethical approval was not required.

Sample selection

A list of all current off-licences as at December 2019 was obtained from the Auckland Council Licensing and Regulatory department. Data were cleaned and sorted according to the recorded suburb. The initial audit areas were Māngere, Manukau, Manurewa, Ōtāhuhu, Ōtara, Papakura and Papatoetoe. These areas were prioritised for auditing as they have a high level of deprivation, high proportion of children and young people, and high proportion of people who identified as Māori or Pacific peoples ethnicity. To allow for an Auckland wide comparison, investigators initially intended to audit all areas in Auckland. However, due to the outbreak of COVID-19 in early 2020, auditing of other areas was put on hold as staff were redeployed to support the public health unit COVID-19 response.

All off-licences in the study suburbs were identified and exported to Microsoft Excel. Off-licences that were complementary, remote sellers, or part of a business operating primarily as an on-licence, were excluded as by nature they do not have external alcohol signage. Off-licences situated in grocery stores or supermarkets were excluded as findings from previous audits showed they did not have any alcohol-specific signage (Cowie & Jackson, 2019a; 2019b). This is because advertising and promotion of alcohol at any place on the premise outside the single alcohol area under section 112-114 of the Sale and Supply of Alcohol Act (2012) is prohibited.

An internet search and use of Google Maps determined the location and trading hours of each off-licence premises.

Data collection

Premises were visited during core opening hours (Monday – Friday, 9am – 3pm) over the course of nine months. Premises with portable signs were revisited during closing hours to check if signs were removed at the end of the day (as per criteria 9, Section 14 of the Bylaw).

A portable reference board (PRB) of a standard size (150cm by 30cm) was used to calculate the size of all alcohol-related signage at each premise. This was the most accurate methodology available, given the limitations of other methodologies trialled. Alternative methodologies considered were use of measuring applications on a smart phone, a laser measurer and a standard tape measure. However, phone apps could not always detect signage and required measurements to be taken within 2-3 metres. This meant that for signs with very high placement (such as those above a shop

veranda) the phone apps could not process the measurement. A laser measure requires a flat surface to reflect off which was also not possible for most signs. Lastly, some signs were very large or inaccessible making use of a standard tape measure inappropriate.

Data collection was carried out by one of two key assigned collectors, with assistant data collectors to take photos and record data. For consistency, a key collector was always present for site visits. On arrival, the data collectors introduced themselves to the store keeper. They explained the purpose of their visit and informed them of the external signage measurements being collected. The data collectors identified all the signage types present. The PRB was then held in line with or over the top of exterior signs. The second data collector took a photograph of the process. To ensure accuracy a spirit level was used to confirm the PRB was straight. A laser measure was used to calculate the ground clearance of all accessible signage.

Data processing

A data entry spread sheet was created using Microsoft Excel. Premises were listed in the spread sheet. This included their relevant business zone and the audit date. Premises with a key frontage overlay are subject to specific window signage controls within the Bylaw, whereas those with no key frontage overlay are exempt from these controls. Details of key retail frontage were determined by using the Auckland Unitary Plan Operative in part maps and relevant details recorded in the spread sheet.

The Bylaw and the Inspector Graphics and Customer Fact Sheets were used to establish the specific signage types to be audited; the relevant sections are listed below:

- Portable signage (section 14)
- Free standing signage (section 16)
- Veranda signage (section 19)
- Wall mounted signage (section 20)
- Window signage (section 21)

Criteria were identified and listed within each identified category of signage. For the purposes of analysis, veranda signage was split into two categories – “under veranda” and “veranda fascia”. Similarly, wall mounted signage was divided into “wall mounted” and “horizontal wall mounted” signage. Exemptions for different business zones were noted.

Analysis was carried out by identifying the pixels of the known dimensions of the PRB, and calculating the number of pixels in 1cm. Pixel dimensions were identified on Microsoft Paint, converted into metres on Microsoft Excel and included in the analysis spread sheet. Data collectors worked together to verify signage types and dimensions. Using the manually recorded data and the analysed dimensions, stores were given an “F” (fail), “C” (compliant) or “NA” (non-applicable) for each of the criteria.

Results

A total of 66 off-licence bottle stores were identified and assessed in the areas of Māngere, Manukau, Manurewa, Ōtāhuhu, Ōtara, Papakura and Papatoetoe.

Table 1. Distribution of premises by area

Area	Stores audited
Māngere	12
Manukau	5
Manurewa	15
Ōtāhuhu	6
Ōtara	7
Papakura	10
Papatoetoe	11
TOTAL	66

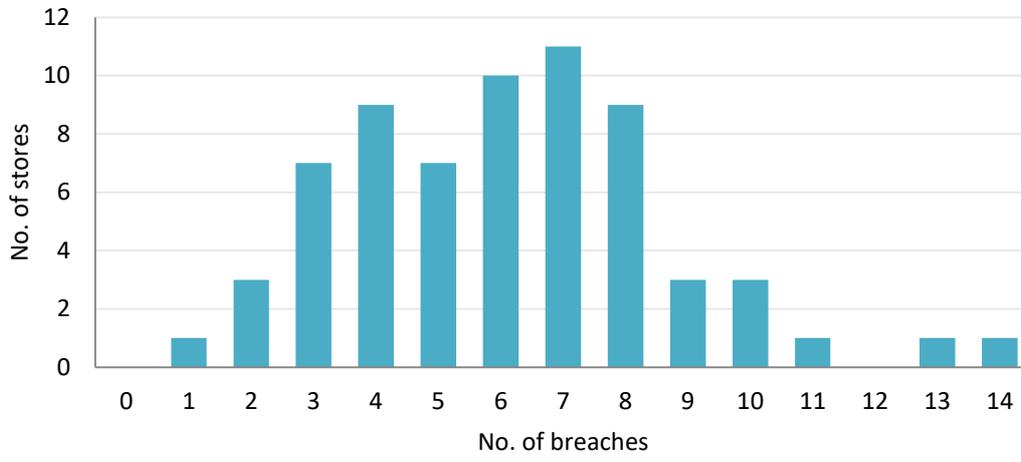
The most common type of signage was veranda fascia (the street-facing aspect of a veranda overhanging the footpath outside the store) and window signage, with 88% of the stores featuring both. The top three most commonly breached signage types were veranda fascia, portable and wall mounted signage. In other words, the majority of stores with these types of signs breached the sign specifications.

Table 2. Proportion of stores with a particular signage type and the corresponding number of breaches

Signage type	No. of stores with signage type	No. of breaches by signage type
Portable	29 (44%)	26 (90%)
Free Standing	21 (32%)	18 (86%)
Under Veranda	15 (23%)	11 (73%)
Veranda Fascia	58 (88%)	57 (98%)
Wall Mounted	49 (74%)	43 (88%)
Horizontal Wall Mounted	2 (3%)	1 (50%)
Window	58 (88%)	37 (64%)

The distribution of breaches per store is shown in figure 1 below. All stores breached at least one criteria in the Bylaw, with a range of one to 14 breaches. Both the median and average number of breaches per store was six.

Figure 1. Distribution of number of breaches by store



Discussion

The results of this audit showed that, across all types of signage, all premises were non-compliant with at least one of the Bylaw requirements. There were a high number of breaches per store. The results of this audit require validation from the appropriate enforcement officers at Auckland Council due to the equivocal nature of the Bylaw and to potential signage legacy elements. Legacy element may enable some off-licences to retain certain signage which were lawfully approved prior to the introduction of the Bylaw in 2015. However, it can be inferred from the frequency and extent of Bylaw breaches that the current approach to enforcement of regulations is inadequate in achieving the aims of the Bylaw and protecting communities from alcohol marketing harm.

Research shows children in Aotearoa New Zealand are being exposed to alcohol advertisements, with Māori and Pacific children more likely to be exposed, as demonstrated in the study by Chambers et al. This combined with the evidence that Māori and Pacific proportionately endure the most harm from alcohol demonstrates existing inequities. Article 3 in Te Tiriti o Waitangi promises protection of Māori health. It is clear this is not currently being realised in relation to exposure to alcohol advertising and subsequent alcohol-related harm. In New Zealand the Government has an obligation to act to support Māori to achieve their aspirations and obtain the rights and privileges they are entitled to.

The research by Chambers et al. also demonstrated 19% of alcohol advertising exposure was from on-licence alcohol retailers and 16% was from off-licence shop fronts. As an exposure medium, shop front signage made up 31% of exposure. This was likely an underestimation of actual exposure rates, as exposure to marketing within off-licence alcohol retailers, via screen based marketing and on product packaging was not included. The authors concluded there is a pressing need for increased regulation on alcohol retailer's shop fronts to protect children from harm.

The current audit builds on the work carried out by Alcohol Healthwatch in their exploratory audit of off-licence compliance with the Bylaw conducted in two local board areas (Albert-Eden and Ōtara-Papatoetoe) in 2019 (Cowie & Jackson, 2019a; 2019b). The Alcohol Healthwatch audit demonstrated wide-spread non-compliance with the Bylaw, with 97% of bottle stores audited having at least one breach. The current audit extends this work as it provides a methodology to obtain a physical measurement of signage, allowing the extent of non-compliance to be validated.

Recommendations

To realise the vision of health equity for Māori and to enable communities to live free from the harms of alcohol, action is needed that sets higher standards for alcohol advertising and marketing. Opportunity to do this exists at a number of levels. Ultimately, working towards the recommendation to ban all alcohol advertising and marketing as outlined in the Law Commission report would have the biggest impact on reducing communities' exposure to alcohol advertising and marketing. The reduction of alcohol marketing through governmental regulation is proven to be one of the most effective strategies to reducing alcohol-related harm (World Health Organisation, 2013)

Based on the findings of this audit and the research to date on effective policies to protect vulnerable communities and children from alcohol related harm, the following recommendations are made:

1. Validation of these findings by Auckland Council and enforcement of compliance for stores found to be in breach.

A way for territorial authorities to take a step towards reducing the exposure of alcohol advertising to communities is to investigate the current compliance with the Bylaw along with clarity on requirements for signage and enforcement of the Bylaw if breaches are identified.

2. Creation of a specific section for alcohol in the Bylaw to regulate specific aspects of alcohol signage.

In the current Bylaw, separate sections are specified for commercial sexual services and real estate signs. Development of a separate section related to alcohol signage would provide Council with the opportunity to acknowledge alcohol's status as a harmful commodity, take action on community concerns and allow for detailed requirements specific to alcohol signage including:

- No third-party alcohol advertising or price information available
- Clear windows, frosted below 1.2m height
- No signage of alcohol products or drinking occasions
- Signage displaying the name of the store limited to one sign and not exceed 2m²

The recommendations above aim to reduce the visual presence, amount and appeal of alcohol advertisements, particularly to children and young people. Additionally, provision of a separate section in the Bylaw would make both compliance and enforcement of the Bylaw clearer. Given the difficulties the auditors experienced in navigating the Bylaw and its accompanying guidance, efforts to clarify and socialise the Bylaw with the store owners may increase compliance. These recommendations align with the principles for safer bottle stores developed by Te Hiringa Hauora (previously Health Promotion Agency). This includes keeping windows clear of shelving, displays and advertising to increase visibility in to the store (Health Promotion Agency, 2019).

3. Strengthen national regulatory frameworks to specify effective regulations on the marketing and advertising of alcohol in line with international best practice.

There is potential to amend the Sale and Supply of Alcohol Act 2012 (the Act) to strengthen the regulation of alcohol marketing and advertising. Within the Act there already exist restrictions on supermarkets to prevent store front advertising of alcohol. Extending provisions to restrict all off-licence premises in a similar way would achieve a reduction in marketing and advertising.

The Act also allows territorial authorities ability to create a LAP. Some regions in Aotearoa New Zealand have managed to control alcohol signage through a LAP. However, the majority of regions, including Tāmaki Makaurau, have struggled to adopt an LAP due to the current appeals process within the Act. Alteration to this process to see the industry removed from the process would make it easier for territorial authorities to establish an LAP following consultation with their communities. Consequently it would create potential to limit signage at a territorial authority level.

4. Progress implementation of a staged approach to phasing out alcohol advertising, other than objective product information.

Recent systematic and narrative reviews have made it clear that exposure to alcohol advertising is causal in youth underage drinking. A staged approach to ultimately phase out all alcohol advertising other than product information is required, in line with the recommendations made in the Law Commission report (New Zealand Law Commission, 2010). This would require collaborative action from stakeholders across a diverse range of groups at a national level. Importantly, given the disproportionate level of harm experienced by Māori whānau, their voices need to be amplified in this forum alongside capacity for joint decision making.

Limitations

There are several limitations to this audit. Photographs of signage used to calculate the sizes of the signage only provided an estimate of the actual signage sizes. Despite best efforts to ensure that photographs were straight and the signage was aligned with the PRB, some variability may have been introduced. Additionally, some signage was located in places that made taking accurate photographs difficult.

Auditors experienced difficulty in accurately interpreting the Bylaw. Several times they sought additional clarification from the Auckland Council Regulatory Team regarding definitions of signage types and measurements. These grey areas include multiple businesses which share a single freestanding sign post, defining parameters to measure the road frontage of stores and whether stores met the specification of signage being “located directly outside the premises”. Signage that was affixed to means of display other than that specified in the Bylaw, such as bollard sleeves, was also difficult to accurately categorise. Additionally, it was difficult to identify whether a store was under key frontage overlay regulations.

This audit began in November 2019 with the intention to conclude in early 2020. Due to the outbreak of COVID-19, auditing staff were not able to complete this project within the planned timeframe. As a result, further areas of Tāmaki Makaurau were not able to be audited. Additionally, due to the project’s extended timeframes, some premises and signage may have changed since conducting this audit.

Finally, auditors did not have access to information on pre-existing legacy arrangements or special conditions which may have exempted some stores from complying with the Bylaw. It has been recommended that Auckland Council conduct an assessment of the stores involved in this audit to validate the findings of this audit.

Conclusion

When rigorous systems of standards and enforcement are set for the advertising of alcoholic products, it protects children from exposure to alcohol marketing and enables communities to live healthier lives.

This audit demonstrated widespread non-compliance with the Bylaw by alcohol retailers in the south Auckland region. This means more alcohol signage contributing to the overall exposure of communities to the harmful impacts of alcohol marketing.

There is an opportunity to strengthen the standards for the store-front advertising of alcohol, through inclusion of a specific and detailed section for alcohol within the Bylaw. Ultimately, stronger regulation of advertising and marketing of alcohol nationally would protect children across Aotearoa New Zealand. This would send a clear message that the health of the community and the protection of children is a priority, while recognising alcohol as a harmful, addictive drug which should not be granted the same status as other commodities.

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Appendices

Appendix one: World Health Organisation, SAFER model.



SAFER is a World Health Organization (WHO)-led initiative to reduce death, disease and injuries caused by the harmful use of alcohol using high-impact, evidence-based, cost-effective interventions.

The SAFER action package |||

- S** Strengthen restrictions on alcohol availability
- A** Advance and enforce drink driving counter measures
- F** Facilitate access to screening, brief interventions and treatment
- E** Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion
- R** Raise prices on alcohol through excise taxes and pricing policies

SAFER initiative |||

The SAFER initiative includes three interlinked components to support country implementation:

1. WHO action package of effective alcohol policy and programme interventions;
2. WHO/UN-led programme focusing on country action; and
3. Multi-stakeholder communications and advocacy campaign.

The harmful use of alcohol: A health and development priority |||

More than 3 million people die every year - one person every 10 seconds - from an alcohol-related cause. The harmful use of alcohol is a major obstacle to sustainable development and adversely affects the health and well-being of alcohol users, their families, colleagues and communities.

Alcohol consumption causes death and disability relatively early in life, reducing the economic capacities of societies: 13.5% of all deaths among youth who are 20 to 29 years of age are attributed to alcohol.

Over 5% of the global burden of disease and injury is attributable to alcohol. Harmful use of alcohol is a causal factor in more than 200 diseases, health conditions and injuries, including:

-  Noncommunicable diseases, including cancer and cardiovascular diseases;
-  Death and disability, including workplace and road traffic injuries and fatalities;
-  Interpersonal violence, including domestic violence and child abuse;
-  Infectious diseases, including TB and HIV/AIDS; and
-  Maternal morbidity and child under-development.



Public enquiries including after hours, contact:

Auckland Regional Public Health Service (09) 623 4600

About Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services on behalf of all three Auckland district health boards – Waitemata District Health Board, Counties-Manukau Health and Auckland District Health Board, to the populations they serve. ARPHS is funded by the Ministry of Health and is based at the Greenlane Clinical Centre.

The Auckland Regional Public Health Service's role is to protect and promote public health. This includes a statutory role in monitoring and advising on liquor licensing and smoke-free environments. The service works in disease control, it provides monitoring and expert advice on air and water quality and other environmental issues affecting public health. ARPHS plays an active role in regional planning, advising on policies, plans and regulations with a view to improving the health of all Aucklanders as the city grows.