

Auckland Council Signage Bylaw 2015 compliance audit for alcohol off-licenses in selected areas of South Auckland

- 66 bottle stores audited across Māngere, Manukau, Manurewa, Ōtāhuhu, Ōtara, Papakura and Papatoetoe
- 100% non-compliance with up to 14 breaches across criteria in Sections 14, 16, 19-21 of the Bylaw
- Veranda signage (Section 19) had the highest number of breaches by bottle stores

BACKGROUND

Alcohol is not an ordinary commodity¹ being the most harmful drug to society and the fourth largest risk factor for health loss in New Zealand^{2,3}. Despite this, alcohol has been normalised and largely accepted by society.⁴ 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.⁵ Alcohol-related harm is not evenly distributed across the population and disproportionately affects Māori, men, young people, and those living in more socioeconomically deprived areas.⁶

The World Health Organisation (WHO) recommends the following three 'best buy' evidence-based policies to address alcohol related harm: Increase the price of alcohol; regulate the availability of alcohol; and restrict or ban alcohol advertising and promotions.

Through the Auckland Signage Bylaw 2015, Auckland Council controls the signs that can be displayed at shops and businesses, including bottle stores. Auckland Council therefore has the opportunity to regulate alcohol advertising, minimising its impact and protecting the health of the people, particularly children, living in Tāmaki Makaurau.

This summary report provides a high-level overview of the results of a compliance audit that Auckland Regional Public Health Service (ARPHS) has undertaken. The audit highlights issues with regards to compliance with the current Bylaw and recommends that the revised Bylaw should include a specific section to regulate the signage of off-licence bottle stores.

AUDIT METHOD

All trading off-licence bottle stores (excluding supermarkets and grocery stores) in Māngere, Manukau, Manurewa, Ōtāhuhu, Ōtara, Papakura and Papatoetoe were identified and

¹ Babor, T. 2010 Alcohol: No ordinary commodity: research and public policy. Oxford; Oxford University Press.

² Institute for Health Metrics and Evaluation (2017). Global Health Data Exchange: GBD Results Tool 2017. Available from: <http://ghdx.healthdata.org/gbd-results-tool> (Accessed: 21 June 2020).

³ Nutt, D et al. 2010. Drug harms in the UK: a multicriteria decision analysis. *The Lancet*, 376 (9752), 1558-1565.

⁴ Ibid.

⁵ Connor J, Casswell S. 2012. Alcohol-related harm to others in New Zealand: evidence of the burden and gaps in knowledge. *The New Zealand Medical Journal*. 125(1360), 11-27

⁶ Chambers et al., (2018) Quantifying the Nature and Extent of Children's Real-time Exposure to Alcohol Marketing in Their Everyday Lives Using Wearable Cameras: Children's Exposure via a Range of Media in a Range of Key Places. *Alcohol and Alcoholism*, Volume 53, Issue 5, September 2018, Pages 626–633.

extracted from a list of alcohol off-licenses provided by Auckland Council. The audit areas were chosen based on the population composition, percentage of children living in the area and deprivation.

Data collectors visited the sites, photographed and measured the signage present using a laser measure or a 0.3m x 1.5m portable board for reference. Compliance of the signage was then assessed against relevant sections of the Signage Bylaw 2015 being; Portable signage (section 14), Free standing signage (section 16), Veranda signage (section 19), Wall mounted signage (section 20) and Window signage (section 21).

Note: despite great efforts taken to be objective and accurate in estimating the dimensions of the signs, the current compliance results are only indicative and preliminary. A follow up investigation is required by the relevant authority.

RESULTS

All 66 trading bottle stores in the areas of Māngere, Manukau, Manurewa, Ōtāhuhu, Ōtara, Papakura and Papatoetoe were audited.

The top three most common signage types found at stores are Veranda Fascia, Wall Mounted and Window signage (see table 1 below). 98% of stores with Veranda Fascia signage were in breach with the Bylaw. This was followed by Portable signage and Wall Mounted signage where 90% and 88% of stores were in breach with the Bylaw.

Table 1: Breaches per signage type

Signage type	No. of stores with signage type	No. of breaches per 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%)
Window	58 (88%)	37 (64%)
Horizontal Wall Mounted	2 (3%)	1 (50%)

Table 2 shows the number of breaches against the bylaw provisions. It shows that all 66 audited bottle stores were in breach with at least one section of the Bylaw, so 100% non-compliance.

Table 2: Stores with breaches across all audited signage types

No. of breaches across all signage types	No. of stores
≥4	18
<4	43
1	5
TOTAL	66

Graph 1 (see next page) shows the overall number of breaches made by each audited store. All stores have breached at least one criteria of the Bylaw with one store breaching 14 criteria.

Graph 1: Number of stores and total number of breaches



SUMMARY

Bottle stores audited in selected areas of South Auckland show 100% non-compliance with at least one section of the Auckland Council Signage Bylaw 2015. All non-compliant bottle stores breach one or more criteria across each signage type (with up to 14 breaches). This excess exposure to alcohol signage is of particular concern as alcohol is the most harmful drug used in New Zealand’s society, contributing to significant health and social inequities by disproportionately affecting Māori, men, young people, and those living in more socioeconomically deprived areas.⁷

Research furthermore shows that Māori and Pacific children are 14 and five times more likely to be exposed to alcohol marketing than New Zealand European children.⁸ Increased exposure to alcohol marketing is linked with an earlier uptake and increased alcohol consumption amongst young people leading to alcohol-related harm.⁹

Actively protecting Māori, particularly Māori children, is a principle of the Treaty of Waitangi and the proliferation of alcohol signage contributes to Māori not achieving health and social equity and their aspirations.

Recommendations

The regulation of alcohol marketing is proven to be one of the most effective strategies to reducing alcohol-related harm.¹⁰ Auckland Council has the opportunity to prevent further harm caused by alcohol marketing by including a separate specific section in the revised Bylaw to reflect that alcohol is not an ordinary commodity, but one that causes death, illness and other harms. For this reason, ARPHS supports recommendations proposed by Alcohol Health Watch that request specific restrictions on alcohol signage to prevent alcohol harm, 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

⁷ Chambers et al., (2018).

⁸ Ibid.

⁹ Ibid.

¹⁰ World Health Organisation. (2018). SAFER: Preventing and Reducing Alcohol-Related Harms. Retrieved from https://www.who.int/substance_abuse/safer/msb_safer_framework.pdf?ua=1