

**Submissions Index – Local Approved Products Policy
(Psychoactive Substances)**

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2	01	Derek Nees		No
3	02	Debbie Christie	Nelson Bays Primary Health	No
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5	04	Katie Greer		No
6	05	Queenie Ballance	National Council of Woman	No
8	06	Rosey Duncan	Health Action Trust	Yes
13	07	Nelson Youth Council	Nelson Youth Council	Yes
14	08	Kathy Carr (C&F Legal)	On behalf of: Be Adult Boutique Limited	Yes
25	09	Grant Hall	The STAR Trust	Yes
30	10	Dr Ed Kiddle	Public Health Service	No

Bev Mcshea

From: Submissions
Sent: Friday, 13 December 2013 11:38 a.m.
To: Administration Support
Subject: FW: Draft psychoactive substances policy submission

From: website@nelsonctiycouncil.co.nz[SMTP:WEBSITE@NELSONCTIYCOUNCIL.CO.NZ]
Sent: Friday, December 13, 2013 11:38:24 AM
To: Submissions
Subject: Draft psychoactive substances policy submission
Auto forwarded by a Rule

Draft psychoactive substances policy submission

Your name

Derek Nees

Organisation represented (if applicable)

Contact telephone number

03 5451563

Email address

derek.nees@vodafone.co.nz

Do you wish to speak at the hearing in support of your submission?

No

Your submission

I believe that it is abhorant that we allow these substances, which have been proved to cause harm to users, to be marketed at all. It is irresponsible of Govt both National and Local to continue to provide for their sale while we try to ban smoking of tobacco in this country.

Central Govt should be lobbied to ban all harm-causing so-called recreational chemically produced substances and should empower local bodies to do the same.

Listen to the people who have been affected by the use of these substances.

Would you like to upload a file in support your submission?

Please note all submissions are will be made available to the media and members of the public

Natascha Van Dien

From: Submissions
Sent: Wednesday, 8 January 2014 2:58 p.m.
To: Administration Support
Subject: FW: Draft psychoactive substances policy submission

From: website@nelsonctiycouncil.co.nz[SMTP:WEBSITE@NELSONCTIYCOUNCIL.CO.NZ]
Sent: Wednesday, January 08, 2014 2:58:15 PM
To: Submissions
Subject: Draft psychoactive substances policy submission
Auto forwarded by a Rule

Draft psychoactive substances policy submission

Your name

debbie christie

Organisation represented (if applicable)

nelson bays primary health

Contact telephone number

035458873

Email address

debbie.christie@nbph.org.nz

Do you wish to speak at the hearing in support of your submission?

No

Your submission

In addition I would like to see a limited number on new licenses for the sale of approved products under the Psychoactive Substances Act 2013 approved by council

Would you like to upload a file in support your submission?

Please note all submissions are will be made available to the media and members of the public



08 JAN 2014

NELSON CITY COUNCIL
Records

Submission to Nelson City Council's Draft Local Approved Products Policy from Nelson Community & Whanau Network, CWTAS (Community Workers Training & Support) and the Victory Community Centre.

Thank you for the opportunity to have input on the sale and availability of legal highs/party pills in Nelson.

We commend the Nelson City Council for acknowledging the current situation is unsatisfactory.

As you will be aware the Nelson Community & Whanau Network is a collective of over 50 local NGOs and other agencies that represent the community or not-for-profit sector.

Our members include representatives from mental health and youth organisations, who are seeing the impact of freely available legal highs on their clients.

We are extremely concerned that legal highs remain widely available and that the businesses selling them do not appear to self regulate as to who they sell to – eg youth, mental health clients etc.

Dealing with the impact of these substances is tying up health resources at Accident & Emergency and at the Acute Mental Health Unit in a way that is unsustainable, and that is an unnecessary waste of the health dollar.

Our preference is to see legal highs banned from sale in Nelson city. We also urge the Nelson City Council to lobby central government to limit their sale and to run a media campaign to raise awareness of the serious risks they pose to young people's mental health.

Submitted on behalf of Community and Whanau Network, CWTAS and Victory Community Centre by:

Jacquetta Bell jacq@nelsonmedia.co.nz 11 Harper St Nelson, 54 69661

Others individuals supporting this submission and involved in the above groups include:

Kindra Douglas – Victory Community Centre
Penny Molnar – Victory Community Health
Dee Cresswell – Stopping Violence Services
Claire Nichols - CWTAS

Natascha Van Dien

From: Submissions
Sent: Monday, 13 January 2014 9:36 a.m.
To: Administration Support
Subject: FW: Draft psychoactive substances policy submission

Categories: Yellow Category

From: website@nelsonctiycouncil.co.nz[SMTP:WEBSITE@NELSONCTIYCOUNCIL.CO.NZ]
Sent: Monday, January 13, 2014 9:36:24 AM
To: Submissions
Subject: Draft psychoactive substances policy submission
Auto forwarded by a Rule

Draft psychoactive substances policy submission

Your name

Katie Greer

Organisation represented (if applicable)

Contact telephone number

03 5477850

Email address

katiegreerishere@gmail.com

Do you wish to speak at the hearing in support of your submission?

No

Your submission

I ask the the number of outlets be restricted to two within the district, and that no advertising of the products be visible from the street. I agree with not allowing retail outlets within the Stoke and Tahunanui areas.

Would you like to upload a file in support your submission?

Please note all submissions are will be made available to the media and members of the public

Natascha Van Dien

From: Submissions
Sent: Tuesday, 14 January 2014 12:08 p.m.
To: Administration Support
Subject: FW: submission on Draft NCCA pproved Products Policy for Psychoactive Substances.
Attachments: Psychoactive Products sub Jan 2014.doc

Categories: Yellow Category

From: Queenie Ballance[SMTP:QUEENIEBEE@CLEAR.NET.NZ]
Sent: Tuesday, January 14, 2014 12:08:11 PM
To: Submissions
Subject: submission on Draft NCCA pproved Products Policy for Psychoactive Substances.
Auto forwarded by a Rule

I attach submission from Local Issues Group Nelson Branch National Council of Women.

Queenie Ballance, group convener



NATIONAL COUNCIL OF WOMEN OF NEW ZEALAND (Inc)

Te Kaunihera Wahine o Aotearoa

Nelson Branch
6 Brougham Street
Nelson 7010
Jan. 2014-01-11

To Nelson City Council

**Statement of Proposal
Draft Local Approved Products Policy for Psychoactive Substances**

Name: Queenie Ballance, representing Local Issues Group of Nelson Branch of National Council of Women of New Zealand (NCWNZ)

Address: 6 Brougham Street, Nelson South, Nelson 7010

Phone: 539 0459

Email: queeniebee@clear.net.nz.

I do not wish to be heard.

Introduction:

This submission has been prepared by Nelson Local Issues Group Nelson Branch NCWNZ. Members of the branch reflect the wider community in having a range of ages, socio-economic and educational backgrounds, and as women help to represent 50% of the ratepayers and the 'average' person.

NCWNZ works for the well-being of women, families and society by informing women, encouraging debate and action, and then conveying comment to relevant authorities. The organisation networks with member affiliations.

2. OBJECTIVES OF THE POLICY

Ideally our group would prefer the banning of sale of these substances, however we appreciate that is not possible at present. We approve of the steps taken to minimize the exposure and potential for harm to vulnerable communities by restricting where sales are allowed.

3 LOCATION OF PREMISES FROM WHICH APPROVED PSYCHOACTIVE PRODUCTS CAN BE SOLD

We support suggestions put forward in this section, and approve no licenses to sell be available in Stoke and Tahunanui. We suggest over time that the 100 metre restriction be extended as attitudes, hopefully, change.

Bev Mcshea

From: Submissions
Sent: Monday, 20 January 2014 11:32 a.m.
To: Administration Support
Subject: FW: Submission to NCC Draft Local Approved Products Policy - PDF attached.
Attachments: Submission to NCC Local Approved Products Policy 2013 - FINAL as PDF.pdf

From: Rosey Duncan[SMTP:ROSEYD@HEALTHACTION.ORG.NZ]
Sent: Monday, January 20, 2014 11:31:48 AM
To: Submissions
Cc: Mary Ellis
Subject: Submission to NCC Draft Local Approved Products Policy - PDF attached.
Auto forwarded by a Rule

Submission to Nelson City Council Draft Local Approved Products Policy

Name	Rosey Duncan
Organisation represented (if applicable)	Health Action Trust
Position	Health Promoter
 Your address	 26 New Street, Nelson 7010
Your email address	roseyd@healthaction.org.nz
Your phone number	03 548 2798 xtn 3

Your submission

Would you like to include a file in support of your submission? Yes, **PDF attached.**

Would you like to speak at the hearing in support of your submission? Yes.



Rosey Duncan
 Health Promoter – **Community Action on Youth and Drugs – [CAYAD] – Nelson** 03 548 2798 xtn 3 Like our page: [facebook.com/CAYADNelson.thePAGE](https://www.facebook.com/CAYADNelson.thePAGE)
 Health Action Trust - 26 New Street Nelson 7010. Postal: PO Box 691 Nelson 7040 www.healthaction.org.nz

"It's not WHAT we're drinking, it's WHY we're drinking" - Emma Hart

Submission to Nelson City Council Draft Local Approved Products Policy

Your name	Rosey Duncan
Organisation represented (if applicable)	Health Action Trust
Position	Health Promoter

Your address	26 New Street, Nelson 7010
Your email address	roseyd@healthaction.org.nz
Your phone number	03 548 2798 xtn 3

Your submission

Would you like to include a file in support of your submission?	Yes, PDF.
Would you like to speak at the hearing in support of your submission?	Yes.

The draft NCC Policy states:

3. LOCATION OF PREMISES FROM WHICH APPROVED PSYCHOACTIVE SUBSTANCES CAN BE SOLD

3.1 Premises licensed for the sale of approved products under the Psychoactive Substances Act 2013 must be located within the Nelson Inner City Zone – City Centre, as defined in the Nelson Resource Management Plan.

3.2 Premises licensed for the sale of approved products under the Psychoactive Substances Act 2013 are not permitted within 100 metres of a kindergarten, early childhood centre, school, library, community centre, reserve, playground or place of worship.

3.3 New licenses for the sale of approved products under the Psychoactive Substances Act 2013 are not permitted from premises within 100 metres of an existing premise holding a licence (interim or full) to sell approved products.

Background

The new Psychoactive Substances Act (2013) was introduced to respond to emerging substances such as “party pills” and synthetic cannabis. The onus is on the manufacturer to prove any new product has a “low risk of harm” prior to introducing it to the market. Once approved by the Ministry of Health, new products can be sold for purchase by persons aged over 18.

However, as with alcohol, a legal purchase age will not prevent use by under 18s, and “low risk” products may not translate into low overall harm;

“[Harm from drugs] can ... be greatly influenced by the profile of the user group ... such as risk taking adolescents, those with mental health issues, and those already dependent on alcohol and [other] drugs. ... Adolescents are natural risk takers who socialise with other risk taking young people, creating high-risk group social norms around alcohol and drug use (Babor et al., 2010). Adolescents also have less experience of alcohol and [other] drug use and hence less knowledge of moderate consumption levels.”ⁱ

Although little research is available on the use and availability of these newer legal highs, use of similar substances was shown to be relatively popular among urban NZ youth in 2006; 40% of males aged 18-24 years reported using a BZP legal high in the previous year.ⁱⁱ

Locally, Nelson Marlborough Alcohol and Other Drug Service has told us:

“There has been a big increase in the use of legal synthetic drugs locally and unfortunately this is not confined to over 18 year olds. There hasn’t been a survey done yet about prevalence of use amongst the region’s young people, but anecdotally, as many as 50% may have tried legal synthetics.

An increasing number of clients are presenting to the NMDHB Alcohol and Drug Service reporting problems with their use, and difficulty stopping. Likewise, a number of clients have presented to the Hospital Emergency Department with extremely negative physical and mental symptoms such as seizures, hallucinations, tachycardia, respiratory difficulties, vomiting, acute anxiety, depression of central nervous system.

Little is known about the toxicology of the chemical compounds used in legal synthetic drugs, but they may be more harmful than their illegal counterparts and are certainly more potent. JWH-017 is one compound used that is a known carcinogenic. JWH-018 is known to precipitate psychosis in vulnerable individuals. The negative side-effects are alarming and the drugs have also been implicated in some deaths worldwide. These drugs can lead to dependence, and may be associated with an increase in use of illegal drugs.”ⁱⁱⁱ

Our comments

- ✓ We fundamentally agree with NCC's 3 points from their draft in the box above.
- ✓ Locating outlets in the CBD will ensure that outlets do not end up in marginalised areas, where there might not be much community surveillance.
- ✓ Outlets in Nelson CBD are accessible by police if required.

Benefits of the Act

Although the law does not permit banning outlets entirely, some people advocate bans. Even if a community didn't have any outlets, there would still be some people who would acquire psychoactive substances online; either for personal use, or purchasing large quantities to on-sell.

Despite the risks, we believe the Act in fact goes some way to reducing risk by:

- requiring labelling of ingredients (thereby ensuring that the content of products can be laboratory tested by MoH)
- enabling the age of purchasers to be monitored
- identifying retailers
- enabling police to know WHERE sales are most likely to be taking place

Anecdotally we have heard that communities without licensed outlets have ended up with unlicensed people driving elsewhere, loading up their vehicle, then on-selling unlicensed products from an unlicensed location (ie from wherever they wanted).

If there *are* outlets in a community, we imagine it is less likely that people would choose to buy on-line when instead they can go into the shop, see what is available & ask questions about the likely effects etc. (And of course, they have the incentive of getting their product immediately.)

With internet sales neither age nor ingredients can be monitored or in any way controlled, and anonymous retailers have no relationship with the local community.

Recommendations

1. We RECOMMEND restricting sales outlets to a 100 metre distance from NMIT as per the distance from schools, especially given the demographic of the student age-group is central to the target demographic of the sales. (This may already be the case by locating within CBD, although map shows an NMIT icon located within the red box).
2. We RECOMMEND restricting sales outlets to a minimum distance of 50 metres from ALCOHOL OUTLETS.

Advantages:

- Slight reduction in permissible outlet locations
- Less likelihood of people leaving bars and purchasing psychoactive substances while under the influence of alcohol.
- Reduces the likelihood of town developing “druggy areas”.
- Increased difficulty with which people can purchase alcohol and other psychoactive substances on the same journey, thereby reducing likelihood of combined usage.

Disadvantages

- May be too restrictive and therefore be seen to constitute a ban
3. Finally, although we understand that council is not permitted to require health promotional information at the point of sale, we RECOMMEND that council provide relevant health promotional information to all local psychoactive outlets when licenses are granted by the authority. We could assist with providing such material.

References

ⁱ (1 May 2013) Dr Wilkins, Chris, SHORE & Whariki Research Centre - *Submission on the Psychoactive Substances Bill* Retrieved from Parliament NZ website: <http://www.parliament.nz/resource/0001580395>

ⁱⁱ (Wilkins et al. 2006) cited in email correspondence 1 Nov 2013 from Wilkins, Chris. Senior Researcher, Drugs Team Leader, SHORE & Whariki Research Centre Massey University

ⁱⁱⁱ (3 Oct 2013) - Email correspondence from Alice Evatt, - Youth Counsellor , Alcohol and Other Drug Service, NMDHB



PO Box 645 Nelson 7040
P 03 546 0200
F 03 546 0239

17 January 2014

Rachael Large
545 8746
rachael.large@ncc.govt.nz
www.nelsoncitycouncil.co.nz

Nelson City Council
P O Box 645
Nelson

To The Mayor and Councillors

DRAFT LOCAL APPROVED PRODUCTS POLICY SUBMISSION

Nelson Youth Council believes that psychoactive substances should not be sold anywhere in Nelson. However, we do support the three main points in Council's draft proposal. We request that Council lobby Central Government to ban these substances from our region.

We consider these substances to be very dangerous and harmful to young people, therefore, making them easily accessible to everyone is putting people at risk. The damage caused to our youth by these substances, if easily accessible, would be immediate and also long-lasting in our community.

We wish to speak to our submission so please liaise with Rachael Large for a suitable time.

Yours sincerely

Carla Lindley

Harry Tod-Smith

Chloe Rumsey

Apitoni Filiai

Samantha Stephens

Hannah Malpas

Chelcie Phillips

Nick Erasmuson

Bev Mcshea

From: Submissions
Sent: Monday, 20 January 2014 1:35 p.m.
To: Administration Support
Subject: FW: Submission on Draft Local Approved Products Policy for Psychoactive Substances
Attachments: 20012014132904-0001.pdf

Importance: High

Categories: Blue Category

From: Karen Fallow | C F Legal on behalf of Kathy Carr | C F Legal[SMTP:KATHY@CFLEGAL.CO.NZ]
Sent: Monday, January 20, 2014 1:35:11 PM
To: Submissions
Cc: kathy@bkinky.co.nz; Kathy Carr | C F Legal
Subject: Submission on Draft Local Approved Products Policy for Psychoactive Substances
Importance: High
Auto forwarded by a Rule

Dear Sir/Madam

Please find **attached** submission form on behalf of our client, Be Adult Boutique Limited.

Regards

Kathy Carr Director / Solicitor

Ph +64 3 545 8080 | Fax +64 3 545 8082 | Mob: 021 861 035 | Email: kathy@cflegal.co.nz

C&F LEGAL LTD, Solicitors, PO Box 1049, Nelson 7040 : 211 Bridge Street, Nelson 7010 : www.cflegal.co.nz

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Please note that we have moved premises. We are now located at 211 Bridge Street, Nelson, opposite the Suter Café and Queens Gardens.

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Office Use Only			
		Submission Number	
File Ref		INITIALS	

BE ADULT BOUTIQUE LIMITED
RESPONSE TO STATEMENT OF PROPOSAL

This Submitter

Be Adult Boutique Limited is located at 18A Vanguard Street, Nelson. This location is shown coloured red on the **attached** plan marked "A". One of the company's shareholders and directors, Katherine Anne Hemi, holds an interim retail licence under the Psychoactive Substances Act 2013 for the sale of psychoactive substances from those premises.

Be Adult Boutique Limited submits specifically on Section 3.2 in the Statement of Proposal

1. Limit to Nelson Inner City Zone – City Centre (as defined in the Nelson Resource Management Plan (NRMP))

The first bullet point of Section 3.2 of the proposal imposes a location limitation on premises from which the approved products under the Psychoactive Substances Act 2013 may be sold, stipulating that such premises may only be located only in the Nelson Inner City Zone as defined under the current NRMP.

Be Adult Boutique Limited supports a location limitation in principle, but submits that the designated area should also include the Western City Centre Expansion Area as identified in the Heart of Nelson Central City Strategy and which is shown highlighted in pink on the **attached** map marked "B". The inclusion of the Western City Centre Expansion Area is appropriate for the following reasons:

- (a) It is clear that the Heart of Nelson Centre City Strategy already identifies the Western City Centre Expansion Area as an intended expansion of the Nelson Inner City Zone. The Heart of Nelson Central City Strategy document is a document which has gone through public submission process and to which the Council should therefore be expected to give some considerable weight in its planning decisions. On the basis of the intentions expressed in the Nelson City Council website and the priority afforded the Western City Centre Expansion Area in the Strategy (D7), it would seem that the formal expansion of this area under the Nelson Resource Management Plan could be fairly imminent. The Local Approved Products Policy (LAPP) should therefore anticipate this change, which would maintain consistency with The Heart of Nelson Central City Strategy.
- (b) It is recognised that the LAPP seeks to minimise exposure of these types of products to vulnerable sections in the community. However, the Western City Centre Expansion Area has already been identified as an area that would be suitable for affordable and flexible office space and furthermore does not currently contain any schools or early childhood centres. It is also well separated from the nearest residential neighbourhood. It is submitted that when each of those factors is considered, the Western City Centre Expansion Area can be seen in the same way as the Nelson Inner City Zone, as an appropriate area for the legitimate sale of psychoactive substances.

2. Restriction on location within 100 metres of kindergarten, early childhood centre, school, libraries, community centre, reserve, playground or place of worship

- (a) Be Adult Boutique Limited considers that a 100 metre buffer with reference to kindergartens, early childhood centres, schools, libraries, community centres, parks, places of worship and playgrounds as provided for in the proposal is more than is necessary for appropriate visual and special separation. It is submitted that in the built

up inner city environment, including the Western City Centre Expansion Area, a 50 metre buffer is adequate to afford good spatial and visual separation between premises licenced under the Psychoactive Substances Act and those identified as "sensitive" community sites. In this regard, Be Adult Boutique Limited supports the industry submission of the Star Trust of December 2013, a copy of which is **attached** and marked "C".

- (b) In the alternative, Be Adult Boutique Limited submits that parks and places of worship are not as sensitive as those areas listed in (a) above, and that a graduated buffering should be imposed based on the sensitivity of the receiving environment. 50 metres provides adequate separation for parks and places of worship in the built up inner city environment. It would only be necessary to have a 100 metre buffer for the other sensitive community sites.

3. Negative impact of current proposed location limitation

In its current form the proposed LAPP effectively concentrates the location of licenced premises within the Bridge Street, Buxton Square and Trafalgar Street precinct, because approximately half of the designated city centre would be excluded by virtue of the buffer areas currently proposed. Premises selling psychoactive substances would therefore be forced into the heart of the retail area, where visibility to both locals and visitors to the CBD is not seen as necessarily desirable or acceptable to other retailers, shoppers and other persons present in the city centre. Extending the permitted area to include the Western City Centre Expansion Area with some reduced buffer requirements would create an area which is:

- Still contained
- Fairly uniform in its land use character
- Provides for some flexibility for location of premises, taking into account also the third element of the proposed LAPP which is to limited licenced premises within 100 metres of one another.

4. Licenced premises may not be located within 100 metres of each other

Be Adult Boutique Limited does not oppose the third bullet point of Section 3.2 of the Statement of Proposal which is that licenced premises may not be located within 100 metres of other premises licenced for the sale of approved products.

5. Current responsible and sensitive operation

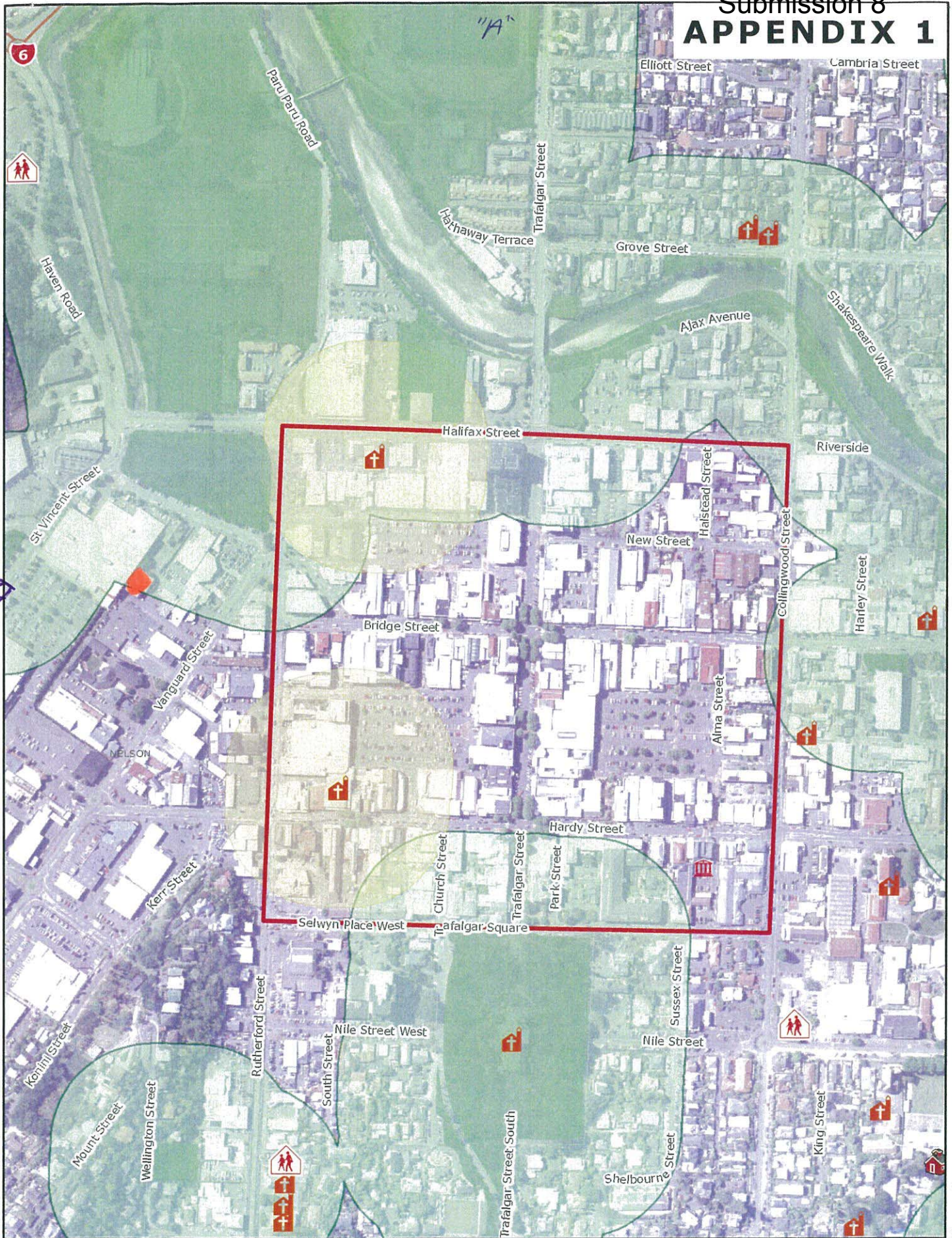
- (a) As a store specialising in adult themes, entry into Be Adult Boutique has always been restricted to persons aged 18 years and over. The proprietors have taken great care to consistently seek proof of age and enforce this age limitation for the nine years they have operated this business (six years from its current location). Now as a licenced retailer of Psychoactive Substances Be Adult Boutique is subject to even more rigorous regulation. Be Adult Boutique maintains that it has consistently conducted its business responsibly, and with a commitment to regulatory compliance. In addition, the proprietors of Be Adult Boutique have gone above and beyond regulatory compliance to recognise and accommodate any sensitivities of other retailers and business operators sharing the same general location. Be Adult Boutique operates a "no tolerance" policy in terms of customers lingering and in particular smoking outside its premises, and supports this by engaging in positive discussion with customers about responsible and appropriate behaviour.

- (b) With reference to its surrounding environment, if Be Adult Boutique Limited is excluded from the sale of Psychoactive Substances due to the LAPP, then the risk for the city centre is that another operator who may not have age restricted entry or sensitivity to other retailers and its general environment would set up.

6. Response sought from Council

The response sought from the Council is:

- (a) To include the Western City Centre Expansion Area within the location limitation from which approved products under the Psychoactive Substances Act 2013 may be sold; and
- (b)
 - (i) Adopt a 50 metre buffer between licenced premises and “sensitive” community sites.
 - (ii) Alternatively, adopt a graduated buffer system based on the sensitivity of the receiving environment, allowing a 50 metre buffer between the licenced premises and parks and places of worship, and a 100 metre buffer with reference to kindergartens, early childhood centres, schools, libraries, community centres and playgrounds.



**DRAFT LOCAL APPROVED
PRODUCTS POLICY**

Retailers of Approved Products Permitted within
Inner City Zone - City Centre

Nelson City Council
PDF #A1176242

- Inner City Zone - City Centre
- 100m Buffer
- Parks
- Park Buffer
- ✠ Places of Worship
- ✠ Early Childhood Centre
- ✠ School
- ✠ NMIT

December 2013

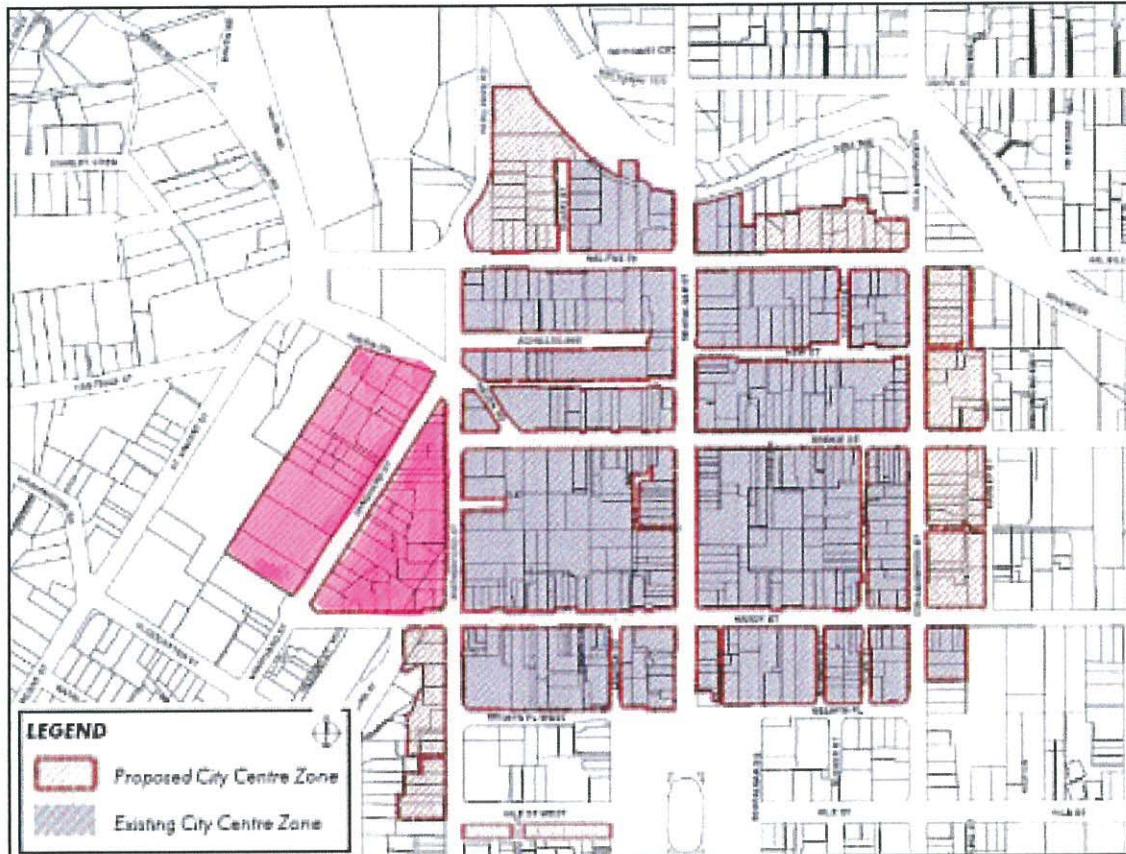
Scale 1:5,000

0 200 400 m

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The map is an approximate representation only and must not be used to determine the location or size of items shown, or to identify legal boundaries. To the extent permitted by law, the Nelson City Council, their employees, agents and contractors will not be liable for any costs, damages or loss suffered as a result of the data or plan, and no warranty of any kind is given as to the accuracy or completeness of the information represented. Nelson City Council information is licensed under a Creative Commons Attribution-NonCommercial 3.0 New Zealand License. Nelson City Council data must not be sold without prior written consent. For more information please contact us. Cadastral information derived from the Land Information New Zealand CROWN COPYRIGHT RESERVED.

D.1-D.8 – CBD EXPANSION . . .



D.7 – *PROPOSED* QUALITY AFFORDABLE OFFICES . . .



Demand for affordable office space is increasing. These buildings are to remain flexible for future conversion into a higher end product as demand dictates.

December 2013



THE
STAR
TRUST

SOCIAL TONICS
ADVOCACY & RESEARCH

INDUSTRY SUBMISSION REGARDING THE ESTABLISHMENT OF A LOCAL APPROVED PRODUCT POLICY

BACKGROUND

1. The STAR Trust is an industry body that represents the majority of retailers licensed under the Psychoactive Substances Act 2013 [PSA]. The STAR Trust is also a non-profit NGO that advocates for drug policy reform and funds research into the use of psychoactives as medicine.
2. The Psychoactive Industry Training Association [PITA] was established in September 2013 and is managed by The STAR Trust. Approximately 80% of licensed retailers are members of PITA and have formally made a commitment to a Code of Conduct that sets a standard above that required by the PSA. PITA audits industry members to ensure compliance with the Code of Conduct.
3. Parliament enacted the PSA as a public health initiative. The PSA aims to create a strictly regulated market for psychoactive products that are proven to pose no more than a low risk of harm, and bans the sale and possession of psychoactive products which are not proven to be low risk.
4. The PSA commenced in July this year and resulted in a 95% reduction of retail outlets and strict controls around how products were created and sold. The few remaining retailers are committed to the success of the PSA and understand that during this 'interim' period some members of the public may still have concerns about what a regulated marketplace means for local communities.
5. The PSA empowers territorial authorities to create Local Approved Product Policies [LAPPs]. The STAR Trust, on behalf of licensed retailers, is engaged with territorial authorities across NZ to provide assistance in the development of fair and appropriate LAPPs. This submission is designed to assist territorial authorities in that process.

RETAIL RESTRICTIONS AND REQUIREMENTS UNDER THE PSA

6. The PSA provides for comprehensive regulation of the retail of approved psychoactive products, and a LAPP is one of a number of mechanisms in the Act for this purpose. Understanding the other mechanisms in the Act will assist a territorial authority in determining whether they need a LAPP and the proper scope of a LAPP if one is made. In particular, a territorial authority should be aware of the:
 - (a) requirement that products be approved;
 - (b) retail restrictions imposed directly by the Act;
 - (c) retail restrictions that can be imposed through regulation; and
 - (d) retail restrictions that can be imposed by an LAPP.
7. Each of these is explained below.

Products must pose no more than a low risk of harm

8. One of the key functions of the PSA is to require that all psychoactive products sold in New Zealand must be approved. A product cannot be approved unless the Psychoactive Substances Authority [the Authority] is satisfied that the product poses **no more than a low risk of harm**. Further, if a product is approved and the Authority later considers that the product poses more than a low risk of harm, then they can revoke their approval.

Retail restrictions imposed directly by the PSA

9. The PSA imposes some retail restrictions directly. In particular, the following retail restrictions are imposed directly by the PSA, and apply nationwide:
 - (a) **Retailers must be licensed, and their licenses can be cancelled.** All retailers of approved products must hold a license to sell psychoactive products issued by the Authority. Under section 16 of the Act the Authority can only issue a licence to an individual that is a fit and proper person, or to a body corporate that is of good repute. Section 22 of the Act empowers the Authority to cancel or suspend a license if the licence-holder fails to comply with the Act, or has ceased to be a fit and proper person, or of good repute.
 - (b) **Approved products cannot be sold in dairies, convenience stores, supermarkets, liquor stores, temporary stores, or petrol stations.** Section 52 of the Act provides prohibitions and restrictions on the place of sale of approved products. The Act prohibits the sale of approved products from: dairies; convenience stores; supermarkets or grocery stores; petrol stations or places for servicing vehicles; premises that are not fixed permanent structures (such as a tents, marques or stalls); or vehicles.
 - (c) **There are strict restrictions on advertising approved products, including that advertising cannot be easily visible or audible outside a retail premise.** Section 56 of the Act contains restrictions and requirements relating to the advertising of approved products. Advertising of approved products is confined only to inside the premises of the retailer, and the advertising must not be easily visible or audible from outside the premises. Advertising must be limited to objective information, and cannot convey that the product is safe or be designed to appeal to minors. Approved products cannot be advertised on television, radio, the internet, or in a newspaper or periodical.
 - (d) **Approved products cannot be sold to, or by, people under 18.** Section 49 of the Act prohibits retailers from selling approved products to a person under 18 years old. Further, section 51 prohibits retailers from employing anyone under 18 to sell approved products.
 - (e) **Approved products cannot be offered for free, and cannot be sold as part of a promotion.** Section 54 of the Act prohibits retailers from providing an approved product free of charge for the purpose of their retail business (such as in a promotion). Section 54 further prohibits retailers from offering any gift, cash rebate or any contest, lottery or game to the purchaser of approved products.

Restrictions that can be imposed by regulations

10. The PSA also allows the Government to create regulations to further restrict and control the retail of approved products. Under section 101 of the PSA, these regulations can cover:

- (a) Place-of-sale restrictions (in addition to the current restrictions in the Act);
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 - (d) Packaging restrictions or requirements;
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 - (f) Internet sale restrictions and requirements;
 - (g) Quantity, dosage, and serving restrictions or requirements; and
 - (h) Storage, display and disposal restriction or requirements.
11. There are some regulations that the Authority must create to bring the PSA into full effect. Territorial authorities can expect that regulations will be made in early 2014.

LOCAL APPROVED PRODUCT POLICIES

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12. The PSA empowers territorial authorities to create LAPPs. Section 68 of the Act provides that a LAPP may specify the location of premises from which approved products can be sold, by reference to one or more of:
- (a) broad areas within the district;
 - (b) proximity to other premises from which approved products are sold within the district; or
 - (c) proximity to premises or facilities of a particular kind or kinds within the district (for example, kindergartens, early childhood centres, schools, places of worship, or other community facilities).
13. The PSA *does not* empower territorial authorities to use LAPPs to:
- (a) create other forms of retail regulations;
 - (b) prohibit, or effectively prohibit, the retail of approved psychoactive products in their district; or
 - (c) regulate internet sales within a district.
14. The STAR Trust submits that LAPPs can be legitimately used for planning or zoning purposes, to ensure that retail outlets are not too close to each other, and to ensure that they are not too close to "sensitive" sites such as schools. The STAR Trust believes that any purpose would be inconsistent with the requirements of the PSA.

Matters to take into account in developing a LAPP

15. The STAR Trust believes that, in developing LAPPs, territorial authorities should take into account that:
- (a) The products being sold pose no more than a low risk of harm.
 - (b) There are very tight retail restrictions in the PSA, and further restrictions are likely to be applied through regulations which are yet to be created.
 - (c) The PSA is only new, and regulations should not be created based on evidence or anecdote about the pre-PSA period.

16. Taking those matters into account, the STAR Trust believes that these principles should guide territorial authorities in developing LAPPs:
- (a) Territorial authorities have an interest in upholding the integrity of the PSA as a public health initiative. This will minimise the illicit trade of drugs and ensure responsible and regulated retailers within your district.
 - (b) The interests of current licenced retailers (who must be considered of good character or good repute) should be taken into account. In particular, retailers should not be unreasonably expected to move location during the interim period. The STAR Trust submits that where it is proposed that a current retailer must move, that there be a decision making process which involves an independent adjudicator which can make an assessment of what is fair and reasonable in the circumstances.
 - (c) Restrictions on retail outlets being in proximity to other premises (such as sensitive sites or other retailers) should not be any harsher than policies affecting the location of alcohol or tobacco outlets. There would be no rational basis for a harsher policy to be applied to psychoactive products. This is especially so given that, unlike for liquor stores, there can be no advertising of psychoactive products outside a store. The STAR Trust submits that it would be appropriate for retailers to be no less than 50 metres away from an agreed 'sensitive' community site.
 - (d) Territorial authorities may wish to consider developing relationships with responsible retailers in their districts, and promoting the enforcement of the requirements in the PSA. Partnering with the industry and the Authority to ensure that retailers uphold the requirements in the PSA, including the "good character" requirement, may be a more effective mechanism for protecting the public health of a district than a blunt LAPP.
17. The STAR Trust remains available to territorial authorities to discuss this submission, and other matters to do with the PSA within your area.

Sincerely,
GRANT HALL

Bev Mcshea

From: Submissions
Sent: Monday, 20 January 2014 2:02 p.m.
To: Administration Support
Subject: FW: Draft psychoactive substances policy submission
Attachments: LAPP-Industry-Statement.pdf

Categories: Blue Category

From: website@nelsonctiycouncil.co.nz[SMTP:WEBSITE@NELSONCTIYCOUNCIL.CO.NZ]
Sent: Monday, January 20, 2014 2:01:28 PM
To: Submissions
Subject: Draft psychoactive substances policy submission
Auto forwarded by a Rule

Draft psychoactive substances policy submission

Your name

Grant Hall

Organisation represented (if applicable)

The STAR Trust

Contact telephone number

021900728

Email address

grant@thestartrust.org

Do you wish to speak at the hearing in support of your submission?

Yes

Your submission

Please see attached document

Would you like to upload a file in support your submission?

LAPP-Industry-Statement.pdf - [Download File](#)

Please note all submissions are will be made available to the media and members of the public

December 2013



THE
STAR
TRUST

SOCIAL TONICS
ADVOCACY & RESEARCH

INDUSTRY SUBMISSION REGARDING THE ESTABLISHMENT OF A LOCAL APPROVED PRODUCT POLICY

BACKGROUND

1. The STAR Trust is an industry body that represents the majority of retailers licensed under the Psychoactive Substances Act 2013 [**PSA**]. The STAR Trust is also a non-profit NGO that advocates for drug policy reform and funds research into the use of psychoactives as medicine.
2. The Psychoactive Industry Training Association [**PITA**] was established in September 2013 and is managed by The STAR Trust. Approximately 80% of licensed retailers are members of PITA and have formally made a commitment to a Code of Conduct that sets a standard above that required by the PSA. PITA audits industry members to ensure compliance with the Code of Conduct.
3. Parliament enacted the PSA as a public health initiative. The PSA aims to create a strictly regulated market for psychoactive products that are proven to pose no more than a low risk of harm, and bans the sale and possession of psychoactive products which are not proven to be low risk.
4. The PSA commenced in July this year and resulted in a 95% reduction of retail outlets and strict controls around how products were created and sold. The few remaining retailers are committed to the success of the PSA and understand that during this 'interim' period some members of the public may still have concerns about what a regulated marketplace means for local communities.
5. The PSA empowers territorial authorities to create Local Approved Product Policies [**LAPPs**]. The STAR Trust, on behalf of licensed retailers, is engaged with territorial authorities across NZ to provide assistance in the development of fair and appropriate LAPPs. This submission is designed to assist territorial authorities in that process.

RETAIL RESTRICTIONS AND REQUIREMENTS UNDER THE PSA

6. The PSA provides for comprehensive regulation of the retail of approved psychoactive products, and a LAPP is one of a number of mechanisms in the Act for this purpose. Understanding the other mechanisms in the Act will assist a territorial authority in determining whether they need a LAPP and the proper scope of a LAPP if one is made. In particular, a territorial authority should be aware of the:
 - (a) requirement that products be approved;
 - (b) retail restrictions imposed directly by the Act;
 - (c) retail restrictions that can be imposed through regulation; and
 - (d) retail restrictions that can be imposed by an LAPP.
7. Each of these is explained below.

Products must pose no more than a low risk of harm

8. One of the key functions of the PSA is to require that all psychoactive products sold in New Zealand must be approved. A product cannot be approved unless the Psychoactive Substances Authority [**the Authority**] is satisfied that the product poses **no more than a low risk of harm**. Further, if a product is approved and the Authority later considers that the product poses more than a low risk of harm, then they can revoke their approval.

Retail restrictions imposed directly by the PSA

9. The PSA imposes some retail restrictions directly. In particular, the following retail restrictions are imposed directly by the PSA, and apply nationwide:
 - (a) **Retailers must be licensed, and their licenses can be cancelled.** All retailers of approved products must hold a license to sell psychoactive products issued by the Authority. Under section 16 of the Act the Authority can only issue a licence to an individual that is a fit and proper person, or to a body corporate that is of good repute. Section 22 of the Act empowers the Authority to cancel or suspend a license if the licence-holder fails to comply with the Act, or has ceased to be a fit and proper person, or of good repute.
 - (b) **Approved products cannot be sold in dairies, convenience stores, supermarkets, liquor stores, temporary stores, or petrol stations.** Section 52 of the Act provides prohibitions and restrictions on the place of sale of approved products. The Act prohibits the sale of approved products from: dairies; convenience stores; supermarkets or grocery stores; petrol stations or places for servicing vehicles; premises that are not fixed permanent structures (such as a tents, marques or stalls); or vehicles.
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Sincerely,

GRANT HALL

Bev Mcshea

From: Submissions
Sent: Monday, 20 January 2014 3:21 p.m.
To: Administration Support
Subject: FW: draft local approved products policy
Attachments: MOH covering letter NCC 20012014jca.pdf; psychoactive substances outlets_final.pdf; NCC LAPP Submission 10012014 JCA.pdf

Categories: Blue Category

From: Jan Anderson[SMTP:JAN.ANDERSON@NMHS.GOV.T.NZ]
Sent: Monday, January 20, 2014 3:21:04 PM
To: Submissions
Subject: draft local approved products policy
Auto forwarded by a Rule

Afternoon

Attached are three documents supporting Nelson's Draft Local Approved Products Policy

- A covering letter
- The Public Health Submission for Nelson City Council's Draft Local Approved Products Policy.
- The full document referred to in our submission.

Thank you
Jan Anderson

Jan Anderson
SSAA Licensing Health Promoter
Health Protection Officer
Public Health Service
36 Franklyn Street PO Box 647
Nelson
Phone (03) 546 1279 Fax (3) 546 1542
<mailto:jan.anderson@nmdhb.govt.nz>



Please consider the environment before printing this email

PO Box 647, Nelson 7040
Phone: (03) 546 1537
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Public Health Service

PO Box 46, Blenheim 7240
Phone: (03) 520 9914
Fax: (03) 546 1542

20 January 2014

Nicky McDonald
Manager
Policy & Planning
Nelson City Council
PO Box 645
NELSON 7040

Dear Nicky

Draft Local Approved Products Policy Submission

Attached is the Public Health Service Submission on Nelson City Council Draft Local Approved Products Policy for Psychoactive Substances. We have referred to some work done by Community and Public Health for the Christchurch City Council (CCC) in our submission. Also attached is that piece of work.

I understand that Claire Bryant at CCC Claire.Bryant@ccc.govt.nz has been preparing a fuller report and you may wish to contact her for further information.

Yours sincerely



Dr Ed Kiddle
MEDICAL OFFICER OF HEALTH
Ed.kiddle@nmdhb.govt.nz

Evidence relating to the density and location of outlets that sell potentially harmful substances and association with harm

Prepared for the Christchurch City Council in support of the development of Locally Approved Products Policy (LAPP) pursuant to the Psychoactive Substances Act (2013)



Canterbury
District Health Board
Te Poari Hauora o Waitaha

Author: Susan Bidwell, Information Team, Community and Public Health

Peer Review: Tania McCall, Policy Manager, Community and Public Health

January 2014

Summary of key points

- New psychoactive substances, although legal, have been associated with a range of health and behavioural harms which include neurological and psychiatric effects.
- Direct evidence linking this harm to the availability and density of psychoactive substance outlets and their proximity to sensitive locations such as schools, churches, and community facilities is lacking.
- There is, however, ample evidence from studies on the environmental placement of outlets that market alcohol, fast food and gambling, including studies in the New Zealand context.
- These studies show that increased availability of any of these substances is likely to lead to increased consumption/use and to be associated with greater rates of the relevant harms such as addictions, accidents, violence, crime, and poor mental and physical health outcomes.
- Outlets for all the substances mentioned tend to be more readily available in disadvantaged areas, further increasing disadvantage.
- Disadvantaged populations and children and young people are those who are impacted the most from being exposed to harmful substances.
- There is considerable public support for appropriate restrictions on outlets for potentially harmful substances.
- Specific distance recommendations for restricting availability and/or density are not given in published studies and are likely to be relevant to the local context.
- In the absence of direct evidence as yet in relation to psychoactive substances it would seem reasonable to draw on these studies which, though of widely different products, are consistent in showing that increased availability is likely to be associated with increased harm.

Background

New¹ psychoactive substances (NPS) also known as “designer drugs”, “legal highs” and “herbal highs” are not a new phenomenon but in recent years have come into prominence because of the speed which new substances are being developed, and the existence of efficient communications which enable knowledge and distribution to spread rapidly through the internet (UNODC 2013; Reuter 2011). Broadly speaking, the substances mimic the effects of illicit drugs and are produced by introducing slight modifications into the chemical structure of controlled drugs (UNODC 2013). They therefore are not subjected to the same restrictions and are a legal alternative which is attractive to those who look for altered states of consciousness but do not wish to engage in illegal activities and become associated with the crime and stigma of the “drug user” identity (Reuter 2011; Sumnall et al 2011). The number of NPS has proliferated over recent years and continues to do so, making bans on specific substances virtually impossible given the almost infinite possibilities of altering the structures of chemical molecules (UNODC 2013).

¹ “New” in this context does not necessarily refer to new inventions but to substances that have recently become available (UNODC 2013, p. iv)

Harm from new psychoactive substances

Research on most of the NPS is limited. The UNODC (2013) recently reported on the known adverse effects of over 251 NPS but noted that scientific evidence on their toxicity is largely unavailable, and current knowledge is based on animal studies, fatal poisonings attributed to NPS in humans, and clinical observations. Adverse effects that have been reported include a variety of disturbances in cardiovascular, neurological and psychological functioning (for example, tachycardia and hypertension, agitation, psychosis, memory loss and cognitive dysfunction). These adverse effects have far reaching public health implications (BCHOC 2011). In New Zealand, cases of life-threatening effects from BZP party pills (now banned) have been reported (Gee et al 2005; 2010) that involved toxic seizures and respiratory acidosis.

New Zealand evidence on various types of harm from the use of the currently permitted psychoactive substances is also emerging. A recent audit of admissions to an acute psychiatric ward in Dunedin over a three and half month period found that 21 of 162 (13%) admissions were associated with the use of K2, a synthetic cannabis product (Glue et al 2013). These 21 admissions involved 17 individuals, 4 of whom had no previous background of psychiatric problems and had presented with psychotic symptoms. Four of the patients with a previous psychiatric history presented with novel symptoms. The patients who were admitted after K2 use were younger than patients admitted for alcohol and drug dependence to the same unit in 2010 (26 vs. 37 years). This study suggests that synthetic cannabis products may trigger psychiatric episodes in susceptible populations. A separate review of presentations to the Emergency Psychiatric Service in Dunedin has shown that between April and October 2013, 79 of 1702 (4.6%) attendances involved synthetic cannabinoids (Mason 2013). Presentations may have dropped since the legislation came into force, with 70% of the synthetic cannabinoid-related presentations occurring prior to July 2013 (Mason 2013).

Other anecdotal evidence of harm is also emerging. The New Zealand Herald reported (Collins 2013) the Deputy Police Commissioner stating that psychoactive substances were becoming "...an increasingly concerning factor in a number of crimes, including violent offending ... driven by people either committing crime to get their hands on these drugs, or committing crimes while on them." He noted that he was aware of cases where children as young as nine or ten had been affected, and others where the substances were linked to suicide, or crimes where knives and firearms had been used. In a very recent example, a case in the Christchurch District Court reported in The Press on January 15 2014 stated that an 18-year old had been referred to a rehabilitation programme after engaging in criminal behaviour fuelled by use of herbal highs (Clarkson 2014). The youth admitted charges of assault, demanding money with intent to steal, theft, and shoplifting. In the same court report another teenager who had been using herbal highs was remanded for sentencing after admitting trying to steal from an elderly woman on a mobility scooter.

The number of substances, the speed of their development, and global marketing that is difficult to control has made prohibition increasingly unrealistic and other approaches have come to be seen as a more realistic option, including licensing regimes, and various combinations of civil and criminal based legislation. Large policy development documents issued by the UK Drug Policy Commission (Reuter 2011) and the British Columbia Health Officers Council (2011) provide an excellent overview of the issues. These documents discuss the issues in depth and both support a move to harm minimisation rather than prohibition (BCHOC 2011; Reuter et al). Whatever approach is adopted, there are challenges for policy makers. For a concise overview of the major issues and the social, policy and public health perspectives the papers by Winstock and Ramsey (2010) and Sumnall et al (2011) are helpful.

Approaches to controlling harm from psychoactive substances

In New Zealand², the use of psychoactive substances is high, reflecting our relative isolation from the global trade in hard drugs such as cocaine and heroin. A lack of regulation also contributed to the spread of NPS, until the prominence of problems with BZP party pills saw the introduction of a new schedule into the Misuse of Drugs Act 1975 which made it illegal to sell restricted substances to those under 18, to supply free promotional products or to advertise in print and broadcast media (Donald 2013; Sheridan and Butler 2010). BZP was the first substance to be regulated under this change in the legislation and in 2008 the legal trade in either BZP or TFMPP (another type of “party pill”) was banned. The introduction of other new (and unregulated) substances followed the ban. The legislation at the time required harm to be proven before a substance could be restricted which enabled the introduction of other new and unregulated substances to replace those that had been banned. As the risk profile of many of the new substances was unknown, the government was in favour of changing the approach to one of requiring manufacturers to establish the safety of their product before it was allowed to be sold rather than waiting to prove harm through a series of fatalities and adverse reactions.

In July 2013 the Psychoactive Substances Bill was passed, regulating the importation, manufacture and supply of psychoactive substances. The Act has a harm minimisation approach. Its purpose is:

To regulate the availability of psychoactive substances in New Zealand to protect the health of, and minimise the harm to individuals using psychoactive products (PCO 2013b)

Under the new legislation a psychoactive product can only be sold if it poses no more than a low risk of harm to the user. It is up to the manufacturer to prove this by submitting toxicology and human clinical trial data to the Psychoactive Substances Regulatory Authority within the Ministry of Health. A risk assessment framework has been developed that explains the criteria used by the Authority to measure low risk of harm (Ministry of Health 2013). Alcohol, tobacco, and drugs listed under the Misuse of Drugs Act 1975 are not included under the 2013 Act.

Currently an interim regime for the manufacture and sale of psychoactive products is in place while detailed regulations are worked out. All business who sell psychoactive substances must have an interim retail or wholesale licence. A list of approved substances that may be sold and a list of licenced manufacturers and retailers is available on the Ministry of Health website.³ The Act restricts the sale of products to those aged 18 years and over and places limits on how the products may be promoted. The Psychoactive Substances Regulatory Authority has the power to recall any interim approved product if it considers that it poses more than a low risk of harm. Dairies, convenience stores, service stations, grocery stores, supermarkets, and premises where alcohol is sold or supplied are specifically banned as is their sale from temporary structures such as tents, marquees or vehicles. Monitoring and enforcement of the Act is done by the Police and District Health Board Public Health Units.

² The information in this section is from a draft report by Sarah Donald, Public Health registrar, Southern DHB (2013) which has been shared with Community and Public Health.

³ See <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/psychoactive-substances/interim-licences> and <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/psychoactive-substances/interim-product-approvals>. These links also have listings of refused or delisted products and licences that have been refused, suspended, cancelled or surrendered.

Locally Approved Products Policies (LAPP) provisions

The 2013 Act allows local authorities to create a Locally Approved Products Policy to control the location and density of premises selling psychoactive substances in their district and their proximity to particular places (for example, schools or community sports facilities). Section 68 of the Act states that councils are able to have policies on one or more of the following matters:

- the location of premises from which approved products may be sold by reference to broad areas within the district
- the location from which approved products may be sold by reference to proximity to other premises from which approved products are sold within the district
- the location of premises from which approved products may be sold by reference to proximity to premises or facilities of a particular kind or kinds within the district (for example kindergartens, early childhood centres, schools, places of worship or other community facilities)

Councils must adopt policies after undertaking consultation under Section 83 of the Local Government Act 2002 and policies must be reviewed every five years. Councils are not permitted to ban the sale of psychoactive substances or have policies that are so restrictive that they effectively amount to a ban.

There appears to be considerable public support for tight controls on psychoactive substances outlets. Negative public reaction to the presence of a shop selling them in particular communities has been widely reported in recent news media articles. For example, the Waikato Times reported on 28 August 2013 (Adams and Smallman 2013) that Hamilton East retailers were upset by the opening of one such premise in their precinct and were investigating options to have it closed down. Even more recently the Greymouth Star reported on 17 January 2014 that Greymouth community leaders were “outraged” at the opening of a second herbal high shop in the town and were organising a protest and petition to have it closed down (Logie 2014).

Evidence on location and density of outlets of potentially harmful substances and the association with harmful effects

At present, there is little or any data on the effect of limiting the location of premises which sell psychoactive substances. However, considerable evidence is available on the placement of outlets for the sale or use of substances which, although legal, have potentially harmful effects. An important characteristic of many of these studies is the association of greater harm with the most vulnerable individuals and population groups, particularly children and young people, and those who live in low socio-economic areas. The majority of this evidence comes from studies on alcohol availability, but there is also useful literature on fast food and gambling outlets. It is likely therefore, that evidence drawn from these areas is a useful way of supporting policy development that focuses on harm minimisation. A selection of studies from which this evidence is drawn is presented below. In each case, studies from New Zealand (where available) are presented first, followed by international evidence. Note that while these studies make a strong case for the association of availability with consumption and resulting harm, they stop short of recommending minimum distances between outlets or maximum number of outlets per area. However, many do state how they measured density and/or availability. For example, some have calculated density by

using the number of on- and off-licences per roadway mile/kilometre. Other studies have measured density by calculating outlets within a radius (for example, one kilometre) from a particular location.

Alcohol

The availability and density of alcohol outlets has been associated in a wide range of studies with the harm caused by alcohol. The biological effects of alcohol are well documented (South Island DHB Position Statement on Alcohol 2012). They include impairment of memory and psychomotor function, reduction of inhibitions leading to risk taking, and aggressive behaviour. Alcohol is linked to a wide range of major diseases including cancers, psychiatric and neurological conditions, heart disease, birth defects and foetal alcohol syndrome. Unborn children and adolescents are particularly vulnerable to the biological effects of alcohol. Alcohol also causes a range of harms that affect both those who drink and those who do not drink alcohol. These include effects on friendships, home life, social life, work and employment opportunities, financial position and legal problems. Alcohol is a key contributor to assaults, homicides, violence (including domestic violence), traffic accidents and injuries, and other events reported to police. Many of the studies on alcohol availability and density focus on this type of incident-related harm.

Alcohol outlet density in Manukau City was found to be significantly associated with police events and motor vehicle accidents in a study by Cameron et al (2012). Over the period of the study, (1 July 2008-30 June 2009) data showed that adding one new off-licence outlet in a given area was associated with 85.4 additional police events and 10.3 additional motor vehicle accidents; an additional club or bar was associated with 34.7 additional police events and 0.5 additional motor vehicle accidents; and an additional restaurant or café was associated with 13.2 additional police events and 2.1 additional motor vehicle accidents. The authors noted that the association does not imply causality but is consistent with availability theory, and imply that local policy needs to take into account the effect of allowing licencing of additional outlets.

Day et al (2012) in another New Zealand study, examined distance to the nearest alcohol outlet and its association with serious violent offences between 2005 and 2007 for 286 police station areas throughout New Zealand. Access to alcohol was calculated by examining road travel distance to the closest alcohol outlet for each area. They found that compared to areas with least access to alcohol outlets, those areas with close access to any licensed premises had greater levels of violent offending. The study concluded that greater geographical access to alcohol was an important contextual determinant of alcohol-related harm in New Zealand.

It is worth noting that there is considerable public support for restrictions on alcohol availability including evidence from published literature. A survey in 2007 of 2337 residents in diverse set of New Zealand communities found that problem drinking was considered a leading problem and that alcohol was considered to play a major role in traffic crashes, violence, vandalism and dangerous driving (McLennan et al 2012). In another example, respondents to the Hutt Valley Alcohol Survey of 1065 residents (Hutt Valley City Council 2013) "...felt that when it is easier to buy alcohol people drink more, and that there are more problems in areas where it is easier to buy alcohol" (p.12). Overall, the largest number of comments in this survey focused on the desire to have more controls on the availability of alcohol.

International studies are consistent with these findings. Three Australian studies (Kavanagh et al 2011; Liang and Chikritzhs 2011; Livingston 2011) all found increased density of alcohol outlets was associated with increased risk of particular types of harm. Kavanagh et al (2011) looked at the number of alcohol outlets with a one kilometre road network from a person's home and found that density of alcohol outlets was associated with increased risk of consumption at a level likely to cause harm. Liang and Chikritzhs (2011) in a study in Perth found that average alcohol sales volume per off-site outlet was significantly associated with all types of assault. Numbers of on-site outlets significantly predicted violence, and alcohol sales from off-site outlets predicted violence occurring both at on-site and residential settings. Livingston (2011) reported that in Melbourne the density of premises licensed to sell alcohol was positively associated with domestic violence over time and that effects were particularly large for off-licence outlets.

Babor et al (2010) have examined in detail the international evidence that relates traffic crashes and other alcohol-related harm to the location and density of alcohol outlets. Specific examples, include a Canadian study (Ray et al 2008) which looked at the association between the risk of being hospitalised due to assault and the volume of alcohol sales across Ontario. The investigators found that for every 1000 litres more of alcohol sold per store per day, there was an increased risk of being hospitalised due to assault. The risk was greater for males, for youth aged 13-20 years, and for those in urban areas. Car crashes and related injuries as well as assaults have also been shown to be related to the presence of bars and off-licence premises in California (Treno et al 2007; Gruenewald and Remer 2006), as have self-reported injuries (Treno et al 2001).

As noted above, adolescents are particularly vulnerable to the effects of alcohol, and higher density of outlets was found to be a key factor that was positively related to past-year alcohol use and heavy drinking in adolescents (Bryden et al 2012). Similarly, increased alcohol outlet density examined in 50 Californian cities (Paschall et al 2012) was positively related to heavy drinking in adolescents. Parker et al (2011), who studied data from the 91 largest US cities between 1984 and 2006 found that, after adjusting for social and economic characteristics, drug use, street gang activity and gun availability, density of alcohol outlets was shown to have a significant effect on adolescent and young adult homicide. Kuntsche et al (2008) concluded from their study of a nationally representative sample of adolescents (mean age 14.8 years) in Switzerland that adolescents who have access to wide physical availability of alcohol in the community may develop the impression that underage drinking is common and socially endorsed.

Restricting proximity to particular locations is also supported by research evidence. Barbor et al (2010) in a detailed discussion of reducing alcohol-related harm recommended zoning restrictions as an effective way of restricting the availability of alcohol near schools and churches. In contrast, easy availability to young adults in college residence halls was correlated with extremely risky drinking behaviour, especially those halls where peer drinking was the norm (Park et al 2009). Scribner et al (2010) found that both on- and off-premise alcohol outlet density for 32 U.S. colleges was associated with campus reported violence including rapes, assaults, and robberies.

There is good evidence that reduced availability of alcohol is associated with lower use. A high level overview published in the *Lancet* (Anderson et al 2009) drew attention to meta-analyses and systematic reviews that had consistently shown policies regulating the environment in which alcohol is sold (particularly its price and availability) are effective in reducing alcohol related harm. Paschall et al (2009) reported on a study of the relationship between adolescent alcohol use and alcohol control policies in 26 countries (including New Zealand). They found that more stringent alcohol policies, particularly those affecting availability and marketing were associated with lower prevalence and frequency of adolescent drinking. Yu et al (2008) who studied the effect of the Rodney King civil unrest incident in Los Angeles in 1992 which left many alcohol outlets damaged found that the reduction of alcohol availability in the census tracts where alcohol outlets had been destroyed was associated with a lower level of assaultive violence over the following five years.

Another example is found in a study by Hingson et al (2005) that showed interventions to reduce alcohol availability in five Boston communities resulted in substantially reduced alcohol-related traffic crashes compared to comparison communities and compared to the years before the implementation of the interventions.

By far the majority of evidence on availability and density of outlets and associations with harm from a particular legal substance or activity is from these and other studies on alcohol. However, there is also consistent evidence from studies of fast food consumption and gambling that supports the association between increased availability, increased use/consumption and subsequent harm.

Fast food

Much of the relevant literature on fast foods has examined the impact of the availability and density of fast food outlets on low socio-economic sectors of the population and on child overweight and obesity. Of local relevance is a New Zealand study (Day and Pearce 2011) that linked the locations in 2008 of all schools, with fast food outlets and convenience stores in five urban regions across New Zealand. Food outlet type, school level, socio-economic status, the degree of population density and commercial land use zoning around each school were compared. Primary and intermediate schools proved to have 19.3 outlets per 1000 students within 800 metres compared to 6.6 outlets for secondary schools. Moreover the most socially deprived quintile had up to three times the number and proportion of food outlets compared to the least deprived quintile, and there was a high degree of clustering, with up to 5.5 times more outlets than might expected. Outlets were most densely clustered up to 800 metres from schools, socially deprived schools, and schools in densely populated and commercially zoned areas. The authors of this study concluded that food environments within walking proximity to schools are characterised by a high density of food outlets and convenience stores, particularly in socially deprived areas, which provide ready access to obesity-promoting foods that may have a negative impact on student health and contribute to inequalities in health. Although this study did not directly examine the impact on student health, evidence is available from other studies that have done so.

More availability was clearly associated with more consumption of fast food in two US studies. Hickson et al (2011) observed that each standard deviation increase in 5-mile fast food restaurant availability in Jackson, Mississippi, was associated with increased energy intake, particularly for men. They concluded that availability of fast food outlets may contribute to energy intake among younger African Americans, particularly as they were more likely than those of other ethnicities to consume fast food. In another US study, Boone-Heinonen et al (2011) found that fast food consumption was related to its availability among low-income respondents, particularly within a 1-3km distance from home and particularly among men.

Several recent studies have linked availability with increased BMI in school children. In a Chinese study, school environments that included school shops and fast food outlets within the school were associated with higher BMI (Li et al 2011). Proximity of food retailers to schools in California (within 10 minutes walking distance) was found to be associated with a higher rate of overweight 9th grade students (Howard et al 2011) compared to schools without such stores nearby. The association was independent of other variables such as ethnicity, gender, and socio-economic status in both these studies. Kipke et al (2007) examined the food environment in East Los Angeles, a community with one of the highest rates of child obesity in the wider city. The study revealed that there were 190 food outlets in the study area, of which 49% were fast food restaurants, 63% within walking distance of schools. There were 62 grocery stores, of which only 18% sold good quality fresh produce, and only four of these were within walking distances of a school.

Gambling

The same sort of association with availability, increased use, and associated harm has been reported in the literature on gambling, with people in low-socioeconomic circumstances being the most affected.

A three year project funded by the Ministry of Health and carried out by the SHORE and Whariki Research Centre, Massey University⁴ showed a generally consistent positive relationship between exposure to electronic gaming (pokie) machines and a range of individual and community harms, even after allowing for the level of deprivation of the community. Higher crime levels, lower levels of social cohesion and volunteering, and higher number of food parcels given out by the Salvation Army were all associated with a higher density of gaming machines. In rural areas the association between crime and density measures was less clear, but the distance to the nearest gaming venue proved to be strongly associated with crime rates. In another report for the Ministry of Health (Francis Group 2009), it was shown that gambling machines were concentrated in the most vulnerable communities in New Zealand (ratio 1:465 in wealthy areas compared to 1:75 in poorer areas). The analysis in this report estimated that for every new machine that became available there would be an increase of one person with a gambling problem.

International studies are consistent with these findings. Wickwire et al (2007) questioned young adult college students in Tennessee on their personal perceptions of the availability, risks and benefits of gambling. Participants generally rated gambling as more available than alcohol or marijuana and less risky than alcohol or cigarettes, and having benefits including financial gain, social enhancement and improvement in mood. The study found that perceptions of availability and benefit were an important predictor of actual gambling behaviour. The geographical distribution of video lottery terminals (VLTs) in a particular section of Montreal was studied by Robitaille and Herjean (2008). Results showed that accessibility was highest in the most vulnerable communities. In some neighbourhoods, a lottery terminal was within a three minute walk, and the average walking time across the region was only nine minutes. VLTs were also clustered along main highways. The authors drew attention to the risk of increased problems in pathological gambling from the density of gambling outlets in this type of already vulnerable community. Another study that examined distance to casino gambling across Quebec (Sevigny et al 2008) established a positive link between casino proximity and gambling participation.

Association between gambling availability, increased use, and increase in gambling problems has been documented in several studies from Canada and the United States. A survey of 2631 adults in New York State (Welte et al 2004) showed that neighbourhood disadvantage was positively related to both to frequency of gambling and gambling problems. The presence of a casino within 10 minutes of the respondent's home was also positively related to problem gambling. The investigators concluded that the availability of gambling opportunities promoted both gambling participation and gambling problems. Two Canadian studies reported results consistent with these findings. A national survey of gambling problems in Canada (Cox et al 2005) showed that the highest prevalence was in areas with high concentrations of video lottery terminals, and particularly in those where there were also permanent casinos. An earlier Canadian survey sampled residents of two urban areas in Quebec (Jacques et al 2000), in one of which a new casino had been opened. Participants in the casino area (the exposed group) were compared with those in the other (control) area before the opening of the casino and one year afterwards. Results showed that compared to

⁴ See details of this project and associated publications at <http://www.massey.ac.nz/massey/learning/departments/centres-research/shore/projects/gambling-community-harm.cfm>

the control group, participants in the exposed group had a significant increase in gambling on casino games, the maximum amount of money lost in one day's gambling, and the number of participants who knew someone who had developed a gambling problem over the past 12 months.

Limitations of this paper

It is important to note that this paper has been prepared in a limited timeframe in response to an urgent request from the Christchurch City Council. In the time available it has not been possible to conduct a fully systematic and comprehensive paper. The cited papers are a selection of those that were readily available and should not be considered the best, or only evidence available.

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References

- Adams, D., Smallman, E. 2013. Retailers want Council curbs on legal highs. Waikato Times 28 August. Available: <http://www.stuff.co.nz/waikato-times/news/9094403/Retailers-want-council-curbs-on-legal-highs> Accessed 17.1.14.
- Anderson, P., Chisholm, D., Fuhr, D.C. 2009. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*. 373(9682), 2234-2246.
- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J. et al. 2010. *Alcohol: no ordinary commodity. Research and public policy*. 2nd ed. New York: Oxford University Press.
- Boone-Heinonen, J., Gordon-Larsen, P., Kiefe, C.I., Shikany, J.M., Lewis, C.E., Popkin, B.M. 2011. Fast food restaurants and food stores: longitudinal associations with diet in young to middle-aged adults: the CARDIA study. *Archives of Internal Medicine* 171(13), 1162-1170.
- British Columbia Health Officers Council. 2011. *Public health perspectives for regulating psychoactive substances: what we can do about alcohol, tobacco, and other drugs*. Vancouver: BCHOC. Available: <http://drugpolicy.ca/wp-content/uploads/2011/12/Regulated-models-Final-Nov-2011.pdf> Accessed 16.1.14.
- Bryden, A., Roberts, B., McKee, M., Petticrew, M. 2012. A systematic review of the influence on alcohol use of community level availability and marketing of alcohol. *Health & Place* 18(2), 349-357.
- Cameron, M.P., Cochrane, W., McNeill, K., Melbourne, P., Morrison, S.L., Robertson N. 2012. Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. *Australian & New Zealand Journal of Public Health* 36(6), 537-542.

- Canterbury District Health Board. 2012. South Island DHB Position Statement on Alcohol: Background paper of supporting evidence to the South Island DHB's Position Statement on Alcohol. Christchurch: CDHB. Available: <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Documents/CDHB%20-%20Alcohol%20Position%20Statement%20-%20July%202012.pdf> Accessed 16.1.14.
- Collins, S. 2013. Legal highs take a dreadful toll. New Zealand Herald May 9. Available: http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10882477 Accessed 16.1.14.
- Clarkson, D. 2014. Herbal highs 'fuel criminal behaviour'. Christchurch Press January 15 2014, p. 2.
- Cox, B.J., Yu, N., Afifi, T.O., Ladouceur, R. 2005. A national survey of gambling problems in Canada. Canadian Journal of Psychiatry 50(4), 213-217.
- Day, P., Breetzke, G., Kingham, S., Campbell M. 2012. Close proximity to alcohol outlets is associated with increased serious violent crime in New Zealand. Australian & New Zealand Journal of Public Health 36(1), 48-54.
- Day, P.L., Pearce, J. 2011. Obesity-promoting food environments and the spatial clustering of food outlets around schools. American Journal of Preventive Medicine 40(2), 113-121.
- Donald, S. 2014. Psychoactive substances: patterns of use and harm in New Zealand. Information to inform the development of a Local Approved Products Policy (LAPP). [Unpublished draft report] Dunedin: Southern District Health Board.
- Francis Group. 2009. Informing the 2009 Problem Gambling Needs Assessment: report for the Ministry of Health. Wellington: Francis Group. Available: <http://www.health.govt.nz/publication/informing-2009-problem-gambling-needs-assessment-report-ministry-health-0> Accessed 16.1.14
- Gee, P., Jerram, T., Bowie, D. 2010. Multiorgan failure from 1-benzylpiperazine ingestion--legal high or lethal high? Clinical Toxicology 48(3), 230-233.
- Gee, P., Richardson, S., Woltersdorf, W., Moore, G. 2005. Toxic effects of BZP-based herbal party pills in humans: a prospective study in Christchurch, New Zealand. New Zealand Medical Journal 118(1227), U1784.
- Glue, P., Shaqsi, S., Hancock, D., Gale, C., Strong, B., Schep, L. 2013. Hospitalisation associated with use of the synthetic cannabinoid K2. New Zealand Medical Journal 126(1377), 18-23.
- Gruenewald, P.J., Remer, L. 2006. Changes in outlet densities affect violence rates. Alcoholism: Clinical & Experimental Research. 30(7), 1184-1193.
- Hickson, D.A., Diez Roux, A.V., Smith, A.E., Tucker, K.L., Gore, L.D., Zhang L., Wyatt, S.B. 2011. Associations of fast food restaurant availability with dietary intake and weight among African Americans in the Jackson Heart Study, 2000-2004. American Journal of Public Health 101(Suppl 1), S301-309.
- Hingson, R.W., Zakocs, R.C., Heeren, T., Winter, M.R., Rosenbloom, D., DeJong, W. 2005. Effects on alcohol related fatal crashes of a community based initiative to increase substance abuse treatment and reduce alcohol availability. Injury Prevention 11(2), 84-90.
- Hutt City. 2013. Local alcohol plan: results of survey for the Hutt Valley. Appendix 1. Available: http://www.huttcity.govt.nz/Documents/Have%20your%20say/Alcohol%20Policy/Draft_Local_Alcohol_Policy.pdf Accessed 17.1.14.

- Jacques, C., Ladouceur, R., Ferland, F. 2000. Impact of availability on gambling: a longitudinal study. *Canadian Journal of Psychiatry* 45(9), 810-815.
- Kavanagh, A.M., Kelly, M.T., Krnjacki, L., Thornton, L., Jolley, D., Subramanian, S.V., Turrell, G., Bentley, R.J. 2011. Access to alcohol outlets and harmful alcohol consumption: a multi-level study in Melbourne, Australia. *Addiction* 106(10), 1772-1779.
- Kipke, M.D., Iverson, E., Moore, D., Booker, C., Ruelas, V., Peters, A.L., Kaufman, F. 2007. Food and park environments: neighborhood-level risks for childhood obesity in East Los Angeles. *Journal of Adolescent Health* 40(4), 325-333.
- Kuntsche, E., Kuendig, H, Gmel, G. 2008. Alcohol outlet density, perceived availability and adolescent alcohol use: a multilevel structural equation model. *Journal of Epidemiology & Community Health*. 62(9), 811-816.
- Li M. Dibley MJ. Yan H. 2011. School environment factors were associated with BMI among adolescents in Xi'an City, China. *BMC Public Health*, 11:792.
- Liang W. Chikritzhs T. 2011. Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability. *Drug & Alcohol Review* 30(5), 524-535.
- Livingston, M. 2011. A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction*. 106(5), 919-925.
- Logie, V. 2014. Protests target pill shops. *Greymouth Star* 17 January. Available: <http://www.greystar.co.nz/content/protests-target-pill-shops> Accessed 17.1.14.
- Mason, E. 2013. An apparent drop in synthetic cannabinoid presentations. *New Zealand Medical Journal* 126(1387), 191.
- MacLennan, B., Kypri, K., Langley, J., Room, R. 2012. Public sentiment towards alcohol and local government alcohol policies in New Zealand. *International Journal of Drug Policy* 23(1), 45-53.
- Ministry of Health. 2013. Psychoactive substances: frequently asked questions. Available: <http://www.health.govt.nz/our-work/regulation-health-and-disability-system/psychoactive-substances/psychoactive-substances-frequently-asked-questions> Accessed 7.1.14.
- Park, A., Sher, K.J., Krull, J.L. 2009. Selection and socialization of risky drinking during the college transition: The importance of microenvironments associated with specific living units. *Psychology of Addictive Behaviors* 23(3), 404-414.
- Parker, R.N., Williams, K.R., McCaffree, K.J., Acensio, E.K., Browne, A., Strom, K.J., Barrick, K. 2011. Alcohol availability and youth homicide in the 91 largest US cities, 1984-2006. *Drug & Alcohol Review* 30(5), 505-514
- Paschall, M.J., Grube, J.W., Kypri, K. 2009. Alcohol control policies and alcohol consumption by youth: a multi-national study. *Addiction*. 104(11):1849-1855.
- Paschall, M.J., Grube, J.W., Thomas, S., Cannon, C., Treffers, R. 2012. Relationships between local enforcement, alcohol availability, drinking norms, and adolescent alcohol use in 50 California cities. *Journal of Studies on Alcohol & Drugs* 73(4), 657-665.
- Ray, J.G., Moineddin, R., Bell, C.M., Thiruchelvam, D., Creatore, M.I., Gozdyra, P., Cusimano, M. et al. 2008. Alcohol sales and risk of serious assault. *PLoS Medicine / Public Library of Science*. 5(5), e104.

- Reuter, P. 2011. Options for regulating new psychoactive drugs: a review of recent experiences. Evidence review. London: UK Drug Policy Commission. Available: <http://www.ukdpc.org.uk/publication/options-regulating-new-psychoactive-drugs-a-review-recent-experience> Accessed: 16.1.14.
- Robitaille, E., Herjean, P. 2008. An analysis of the accessibility of video lottery terminals: the case of Montreal. *International Journal of Health Geographics* 7:2.
- Scribner, R.A., Mason, K.E., Simonsen, N.R., Theall, K., Chotalia, J., Johnson S., Schneide, S.K. et al. 2010. An ecological analysis of alcohol-outlet density and campus-reported violence at 32 U.S. colleges. *Journal of Studies on Alcohol & Drugs* 71(2), 184-191.
- Sevigny, S., Lasdouceur, R., Jacques, C., Cantinotti, M. 2008. Links between casino proximity and gambling participation, expenditure, and pathology. *Psychology of Addictive Behaviors* 22(2), 295-301.
- Sheridan, J., Butler, R. 2010. "They're legal so they're safe, right?" What did the legal status of BZP-party pills mean to young people in New Zealand? *International Journal on Drug Policy* 21(7), 77-81.
- Sumnall, H.R., Evans-Brown, M., McVeigh, J. 2011. Social, policy, and public health perspectives on new psychoactive substances. *Drug Testing and Analysis* 3, 515-523.
- Treno, A.J., Johnson, F.W., Remer, L.G., Gruenewald, P.J. 2007. The impact of outlet densities on alcohol-related crashes: a spatial panel approach. *Accident Analysis & Prevention* 39(5), 894-901.
- United Nations Office on Drugs and Crime. 2013. The challenge of psychoactive substances: a report from the Global SMART Programme. Vienna: UNODC. Available: www.unodc.org/documents/scientific/NPS_Report.pdf Accessed 16.1.14.
- Welte, J.W., Wieczorek, W.F., Barnes, G.M., Tidwell, M.C., Hoffman, J.H. 2004. The relationship of ecological and geographic factors to gambling behaviour and pathology. *Journal of Gambling Studies* 20(4), 405-423.
- Wickwire, E.M., Whelan, J.P., West, R., Meyers, A., McCausland, C., Leulien, J. 2007. Perceived availability, risks, and benefits of gambling among college students. *Journal of Gambling Studies* 23(4), 395-408.
- Winstock, A.R., Ramsey, J.D. 2010. Legal highs and the challenges for policy makers. *Addiction* 105(10), 1685-1687.
- Yu, Q., Scribner, R., Carlin, B., Theall, K., Simonsen, N., Ghosh-Dastidar, B., Cohen D. et al. Multilevel spatio-temporal dual changepoint models for relating alcohol outlet destruction and changes in neighbourhood rates of assaultive violence. *Geospatial Health* 2(2), 161-172.



Nelson Marlborough
District Health Board

Public Health Service Submission on Nelson City Council's Draft Local Approved Products Policy

In regards to the Psychoactive Substances Act 2013

January 2014

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Nelson Marlborough District Health Board Public Health Service (NMDHB - PHS) is a key organisation involved in the health and well-being of the people within Te Tau Ihu. NMDHB - PHS appreciates the opportunity to comment from a public health perspective on Nelson City Council's *Draft Local Approved Products Policy for Psychoactive Substances*.

The NMDHB – PHS employ Enforcement Officers under the Psychoactive Substances Act 2013.

Background

The Psychoactive Substances Act 2013 came into force on the 17 July 2013.

The purpose of the Act is to regulate the availability of psychoactive substances in New Zealand to protect the health of, and minimize harm to, individuals who use psychoactive substances.

The Act is administered by the Ministry of Health and regulates the sale, importation, and manufacture of psychoactive substances. It creates the Psychoactive Substances Regulatory Authority (the Director General of Health) and the Psychoactive Substances Expert Advisory Committee (a group of up to 6 experts who may advise the Psychoactive Substances Regulatory Authority).

The Act also defines a Psychoactive Substance, Psychoactive Product and an Approved Product.

From the 18th July the Act immediately applied a number of restrictions on the sale and supply of psychoactive substances as legal products and early in 2014 it is expected that the Psychoactive Substances Regulatory Authority will develop Regulations which will govern issues such as advertising, labelling and packaging of the products.

Sections 66 – 68 of the Act states Territorial Authorities may develop a Local Approved Products Policy (LAPP) in consultation with its community.

A Local Approved Products Policy is a statement from Council outlining its policy for the Sale of Psychoactive Substances within its district. Once the policy has been adopted a copy must be forwarded to the Psychoactive Substances Regulatory Authority (PSRA).

Any licences issued in a local authority area are granted by the PSRA, not the Council. The PSRA in issuing licences is subject to a Council's LAPP but not bound by it as the basic premise of the legislation is harm reduction for people who wish to use psychoactive stimulating products.

A LAPP is not mandatory but a policy is an important way the Nelson City Council can further influence the sale of psychoactive products within its district.

Note psychoactive products may contain one or more psychoactive substances.

A LAPP may include policies on one or more of the following matters;

- The location of premises from which approved products may be sold by reference to broad areas within the district:
- The location from which approved products may be sold by reference to proximity to other premises from which approved products are sold within the district;
- The location of premises from which approved products may be sold by reference to proximity to premises or facilities of a particular kinds within the district (for example, kindergartens, early childhood centres, schools, places of worship, or other community facilities).

Health Issues

The misuse of psychoactive substances is a health issue, not a criminal issue.

Psychoactive substances are chemicals that cross the blood-brain barrier and act primarily upon the central nervous system to affect brain function. This results in alterations in perception, mood, consciousness, cognition, and behaviour. Such substances include party pills and synthetic cannabis.

The reported health effects include nausea, tremors, seizures, hallucination, reduced inhibitions, euphoria, chest pain, racing heart, high blood pressure, rapid breathing, dizziness, agitation, violent behaviour and paranoia. There have also been reports of renal damage. People with mental health conditions are at increased risk of psychosis. There are also reports of addiction and withdrawal problems such as insomnia, memory problems, vomiting, constipation, weight loss, anxiety and craving for the drug.

Little is known about the long-term effects of psychoactive substance use.

There is very limited data available on presentations to emergency departments and on hospital admissions from these substances.

Synthetic Cannabis is one psychoactive substance that retails under many different product names, for example K2, Spice, Northern Lights, White Rhino, Everest, Kryptonite and the well known Kronic. It is an unpredictable mixture of dried shredded plants sprayed with artificial chemicals that are usually smoked.

Until the Psychoactive Substances Act was passed manufacturers and retailers could supply products to the public without knowing or being responsible for the adverse effects that these products caused to individuals consuming them. They could be legally sold in dairies and convenience stores with no controls and large profit margins for the sellers.

The Act reverses the onus of proof so the people who want to sell the substances have to prove that the products are 'low risk' before they can be sold.

The Act does not ban people from selling psychoactive substances, however only approved products can be sold to the public at premises licensed to sell psychoactive substances.

The summary from a paper prepared by Community and Public Health at Canterbury District Health Board for the Christchurch City Council regarding Locally Approved Products Policy (LAPP) is useful to quote from in considering policy opinions NCC may wish to consider.

- “New psychoactive substances, although legal, have been associated with a range of health and behavioural harms which include neurological and psychiatric effects.
- Direct evidence linking this harm to the availability and density of psychoactive substance outlets and their proximity to sensitive locations such as schools, churches, and community facilities is lacking.
- There is, however, ample evidence from studies on the environmental placement of outlets that market alcohol, fast food and gambling, including studies in the New Zealand context.
- These studies show that increased availability of any of these substances is likely to lead to increased consumption/use and to be associated with greater rates of the relevant harms such as addictions, accidents, violence, crime, and poor mental and physical health outcomes.
- Outlets for all the substances mentioned tend to be more readily available in disadvantaged areas, further increasing disadvantage.
- Disadvantaged populations and children and young people are those who are impacted the most from being exposed to harmful substances.
- There is considerable public support for appropriate restrictions on outlets for potentially harmful substances.
- Specific distance recommendations for restricting availability and /or density are not given in published studies and are likely to be relevant to the local context.
- In the absence of direct evidence as yet in relation to psychoactive substances it would seem reasonable to draw on these studies which, though of widely different products, are consistent in showing that increased availability is likely to be associated with increased harm. “ (Bidwell 2014)

NMDHB - PHS Position

The PHS **supports** the Nelson City Council developing a LAPP.

We support the objectives of the Policy but suggest Nelson City Council adds a fifth objective;

- 2.5 To support the intent of the Psychoactive Substances Act 2013 through the development of a Local Approved Product Policy which allows for the sale of psychoactive products in a regulated way.

The following comments refer to specific policies in Nelson's Draft LAPP.

1. *Premises licensed for the sale of approved products under the Psychoactive Substances Act 2013 must be located within the Nelson Inner City Zone – City Centre, as defined in the Nelson Resource Management Plan.*

Supported

2. *Premises licensed for the sale of approved products under the Psychoactive Substances Act 2013 are not permitted within 100 metres of a kindergarten, early childhood centre, school, library, community centre, reserve, playground or place of worship.*

Supported with changes - proposed wording "Premises licensed for the sale of approved psychoactive products are not permitted within 50 metres of a kindergarten, early childhood centre, school, library, community centre, playground or place of worship"

3. *New licenses for the sale of approved products under the Psychoactive Substances Act 2013 are not permitted from premises within 100 metres of an existing premises holding a licence (interim or full) to sell approved products.*

Supported

Rationale

Policy 1 is supported as it restricts the sale of Psychoactive Substances to the Central Business Zone. This draft policy would be in addition to the prohibitions and restrictions on places of sale set out in the Act. For example approved psychoactive substances cannot be sold from premises such as dairies, convenience stores, supermarkets and alcohol outlets. This combined approach of mandatory prohibition of sales from premises under the Act and restriction of sales to the certain Zones under Policy 1 imposes a tight control over the sale of psychoactive substances in the Nelson City area. In practice it means no outlets in any urban areas as such as Stoke, Atawhai or Tahunanui.

These restrictions are greater than what currently exists for Alcohol and Tobacco, substances that are harmful to health and are sold in locations other than the Central Business.

Also like alcohol and tobacco, psychoactive substances will have regulatory controls around advertising, labelling and packaging and sales will also be restricted to persons over the age of 18 years.

While restrictive, inherent in Policy 1 is an acknowledgment there is a legal right to sell the approved products which is consistent with the intent of the Act.

Policy 2 is supported with variation. Policy 2 is seen as too restrictive and likely to exclude outlets from rightfully establishing. We question whether a reserve should be included in the policy as a sensitive site. A variation is proposed, *Premises licensed for the sale of approved psychoactive products are not permitted within 50 metres of a kindergarten, early childhood centre, school, library, community centre, playground or place of worship.*

A 50 metre buffer allows NCC to meet their Policy Objectives of limiting the proximity of licensed retailers to sensitive communities or inappropriate locations but allows premises to establish. It provides an appropriate degree of separation between an outlet and a sensitive site.

Also note that there will be restrictions on display and advertising outside the premises within the Regulations.

We note that on the attached map in Appendix 1, there is no restrictive circle in relation to the location of NMIT. Is a tertiary education organisation not defined as a “school” and therefore licensed retailers will not be subject to restrictions in relation to NMIT? We believe that as a place where young people congregate, there should be restrictions, and this should be made clear in the policy document.

Policy 3 is supported. Having a minimum distance between outlets effectively prevents a high density of outlets in the CBD. Research around outlets for other products suggests lower density is associated with better outcomes. However it is noted it is difficult to define an ideal separation distance.

Commercial reality will also dictate the number of outlets within a district.

Conclusion

Restricting the sales of psychoactive substances to the certain zones, a 50 metre buffer from sensitive sites and density restrictions are useful policy options to have in place. When the mandatory controls of the Act are taken into consideration in conjunction with the LAPP there will be a comprehensive approach to the control of approved psychoactive substance sales in the Nelson City area.

Thank you for the opportunity to submit on the proposal.

Reference

Bidwell, S. 2014. Evidence relating to the density and location of outlets that sell potentially harmful substances and association with harm. Canterbury District Health Board.