

# DRAFT LOCAL APPROVED PRODUCTS POLICY

SUBMISSIONS CLOSE 4.30 P.M  
FRIDAY 23 NOVEMBER 2018



**TE WAIROA**  
WAIROA DISTRICT

# STATEMENT OF PROPOSAL



## ADOPTION OF WAIROA DISTRICT COUNCIL'S DRAFT LOCAL APPROVED PRODUCTS POLICY

### REASON FOR THE PROPOSAL

Under the Psychoactive Substances Act 2013 Council can adopt a Local Approved Products Policy (LAPP). This policy is applicable to premises selling approved products under the Psychoactive Substances Act 2013 in the district. Under legislation Council must use the special consultative procedure to develop the LAPP.

*Council is considering whether it should adopt a Local Approved Products Policy, and if they adopt a Local Approved Products Policy what should be included in the policy. It considers that this is a matter for local communities to decide, there is also a legislative requirement for the special consultative procedure to be used. Council is therefore seeking feedback from its communities on whether they believe Council should adopt this policy and the provisions that should be in this policy.*

### More Information

#### Where to get a copy of the Summary of Information and submission form

The consultation document that includes the draft Local Approved Products Policy, LAPP Background Paper, and the submission form may be collected from the Council's Main Office in Wairoa, or from the Council's website [www.wairoadc.govt.nz](http://www.wairoadc.govt.nz)

#### Period for Consultation

Written submissions on the Draft Local Approved Products Policy may be made until **4.30pm Friday 23<sup>rd</sup> November 2018**.

Those who make a written submission may choose to make an oral submission. Hearing of oral submissions are tentatively scheduled for **Tuesday 4<sup>th</sup> December at 10am**.

Please indicate on your submission form if you wish to speak to your submission.

If you have any questions about this policy or the submission process please contact Charlotte Knight, Governance Advisor & Policy Strategist on 06 838 7309



# LOCAL APPROVED PRODUCTS POLICY

<b>COMMITTEE RESPONSIBLE:</b>	Council	<b>FILE REFERENCE:</b>	
<b>CATEGORY:</b>	Operations	<b>STATUS:</b>	Draft
<b>DATE POLICY ADOPTED:</b>	TBD	<b>APPROVAL BY:</b>	Council
<b>REVIEW PERIOD:</b>	5 years	<b>NEXT REVIEW DUE BY:</b>	2023
<b>DATE PREVIOUSLY ADOPTED:</b>	N/A	<b>REVISION NUMBER:</b>	0

## 1 PURPOSE

- 1.1 The Local Approved Products Policy (LAPP) for the Wairoa district sets restrictions for where approved products under the Psychoactive Substances Act 2013 can be sold in the district. It sets out restrictions on approved products premises based on:
- Location of premises in broad areas in the district;
  - Location of premises in relation to proximity to other premises in the district;
  - Location of premises in relation to proximity to sensitive sites in the district.
- 1.2 The LAPP aims to minimise the potential for harm to the Wairoa community from the sale of psychoactive substances; and to allow the community to have influence over the location and density of premises in the district.

## 2 POLICY PROVISIONS

- 2.1 The location of premises is restricted to the Town Centre Zone as defined in the Wairoa District Plan.
- 2.2 Premises are not permitted within 50 metres of a sensitive site existing at the time the licence application is made<sup>1</sup>. Only a site that has a portion of its street frontage outside the buffer zone is deemed suitable for the establishment of a premise<sup>2</sup>.
- 2.3 Premises are not permitted within 500 metres of other premises<sup>3</sup>.

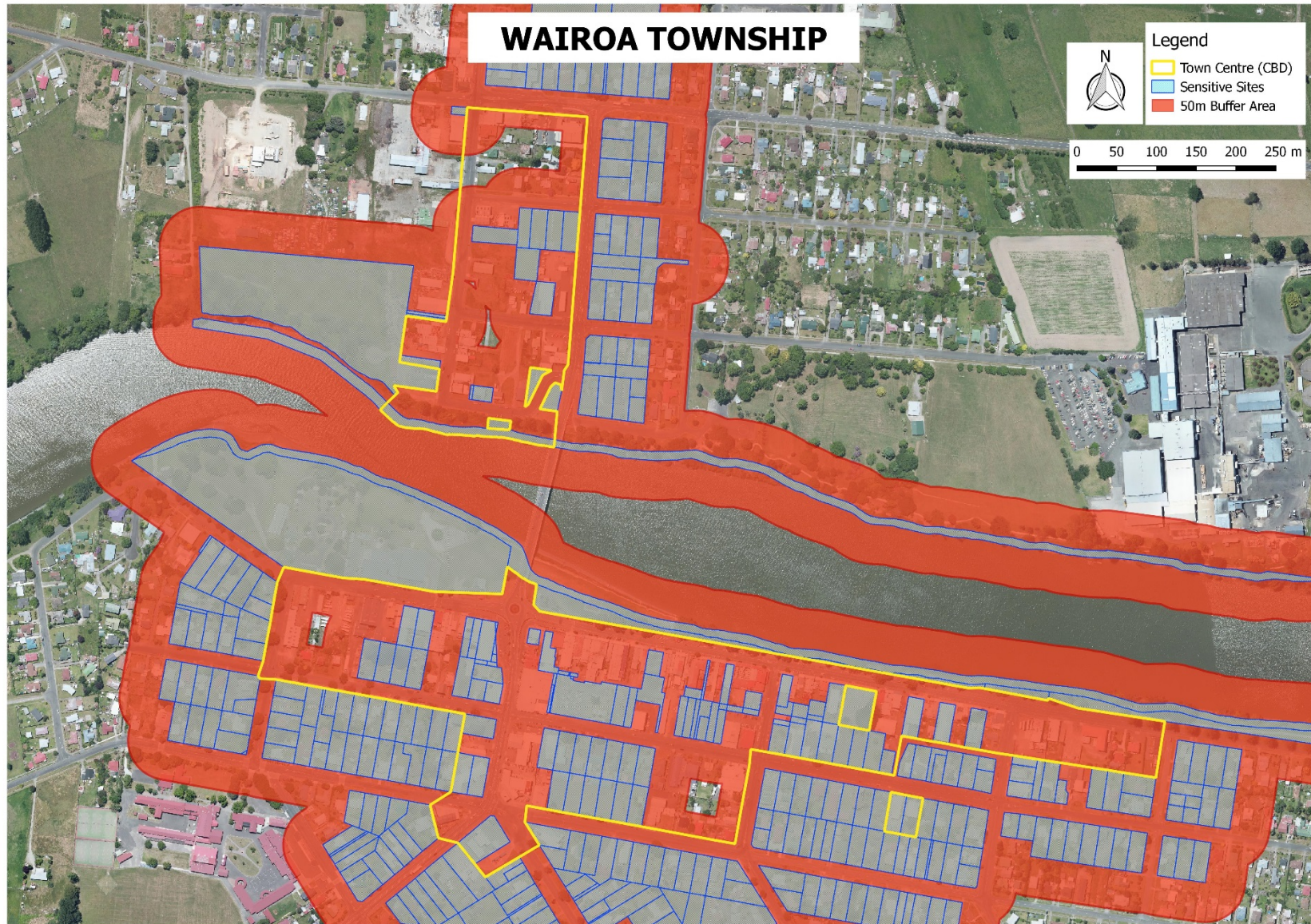
<sup>1</sup> Refer to maps in Figures 1 & 2 for location of sensitive sites and permitted areas in the district.

<sup>2</sup> For the purposes of clause 2.2 the separation distances are measured from the legal boundary of each sensitive site.

<sup>3</sup> For the purposes of clause 2.3 the separation distances are measured from the legal boundary of the premises from which approved products may be sold.



**Figure 1: Permitted areas for premises in the Wairoa District – township map**





**Figure 2: Permitted area for premises – North Clyde area**



# APPENDIX 1 – ADDITIONAL INFORMATION

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## 1. LEGISLATIVE FRAMEWORK

- 1.1 The Psychoactive Substances Act 2013 sets up a system of pre-market approval for psychoactive products by requiring manufacturers to show that they pose no more than a low risk of harm to individuals. It is only legal to retail or wholesale approved products that have gone through this process, not any psychoactive substance that has been manufactured.
- 1.2 The Psychoactive Substances Act 2013 allows a territorial authority to develop a LAPP in consultation with its community. A LAPP gives a community greater control over the location of premises from which approved products can be sold. It should be read in conjunction with the Act.
- 1.3 The LAPP must be reviewed five years after it is adopted, and then at intervals of not more than five years.
- 1.5 A LAPP provides the Psychoactive Substances Regulatory Authority (PSRA) with a policy framework, when making decisions on applications to sell approved products in Wairoa.
- 1.6 It is no longer legal to be in possession of a psychoactive substance. Until an approved product is available, anyone in possession of a psychoactive substance is committing an offence.
- 1.7 The sale of approved products cannot be banned outright. An LAPP cannot be so restrictive so that it prevents any area for approved products premises.
- 1.8 Approved products can be sold only from licensed premises. They cannot be sold from:
- dairies, or shops commonly thought of as dairies
  - convenience stores, grocery stores or supermarkets
  - petrol stations or vehicle repair outlets
  - liquor outlets
  - non-permanent structures (such as a tent)
  - any vehicle (such as a mobile street cart)

## APPENDIX 2 – DEFINITIONS

<b>Approved product</b>	A psychoactive substance approved by the PSRA under section 37 of the Act.
<b>Psychoactive substance</b>	Any substance capable of affecting the mind. Broadly speaking, it is anything: <ul style="list-style-type: none"> <li>• That can produce a psychoactive effect in a person using the substance, and</li> <li>• That is not a medicine, controlled drug, herbal remedy, food, dietary supplement, tobacco product or alcohol.</li> </ul>
<b>Psychoactive Substances Regulatory Authority (PSRA)</b>	The organisation that administers the Psychoactive Substances Act 2013.
<b>Retail licence</b>	A retail licence allows the holder to sell approved products to the general public.
<b>Regulations</b>	Regulations made under the Act.
<b>Sensitive site</b>	<p>Areas or premises that are either considered more sensitive to psychoactive-substance harm. These sites include childcare facilities, medical centres, schools, places of worship, and marae. They include:</p> <ol style="list-style-type: none"> <li>Any library, museum, community hall or recreational facility, ATM or financial institution.</li> <li>Any premises occupied by a social welfare agency.</li> <li>Any civic area, public garden, park and reserve, District Court, river walkway, public toilet facility.</li> <li>Any property in the residential zone.</li> </ol> <p><b>Childcare facilities:</b> Includes any crèche, day or after-school care centre, pre-school, kindergarten, kohanga reo or play centre.</p> <p><b>Schools:</b> Any educational premises, including primary, secondary, tertiary, vocational education institutes, and private tertiary establishments.</p> <p><b>Medical centres:</b> Premises used to provide essential medical, physical and mental health services. Includes any pharmacy, dental surgery, or health clinic.</p> <p><b>Places of worship:</b> Buildings and land used mainly for worship or religious purposes</p>
<b>Wholesale licence</b>	A wholesale licence allows the holder to sell approved products to others who hold a retail licence.



# LOCAL APPROVED PRODUCTS POLICY BACKGROUND PAPER

MARCH 2018



**TE WAIROA**  
**WAIROA DISTRICT**

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# INTRODUCTION

The Psychoactive Substances Act 2013 (the Act) was enacted by Parliament on 18 July 2013. The purpose of the Act is to regulate the availability of psychoactive substances in New Zealand, to protect the health of, and minimise harm to individuals who use these substances. It sets up a system of pre-market approval for psychoactive products by requiring manufacturers to demonstrate that they pose no more than a low risk of harm to the individuals who use them (Ministry of Health, 2016).

The Act also places restrictions on how and to whom psychoactive substances can be sold. Its adoption has given territorial authorities the power to develop Local Approved Product Policies (LAPPs). The purpose of LAPPs is to give communities greater control over and restrict the location of outlets from which approved products can be sold.

Developing a LAPP is about setting standards for the location of premises selling psychoactive products that are relevant to the needs of our community. Similar to local alcohol policies, they are able to specify those areas of town where the sale of approved products is permissible. They can also ensure that outlets are a minimum distance away from various types of community facilities, such as schools.

At a Council meeting in July 2013, the Wairoa District Council resolved to develop an LAPP. In developing a LAPP, Council will need to look closely at where the community wants psychoactive substances to be sold in Wairoa.

The purpose of this Background Paper is to provide relevant background information for the policy.



## BACKGROUND

In the early 2010s, the New Zealand market experienced an influx of psychoactive products. These products contained no illegal ingredients, and were used by many as an alternative to illegal recreational drugs. They were known as party pills, designer drugs, and legal highs.

Prior to commencement of the Act, these products were unregulated. They varied in strength and quality, and could be lawfully imported into, or made in New Zealand. Psychoactive products could be sold by any person to any other person, and from any location, unless they had been banned under the Misuse of Drugs Act 1975, or were a medicine, alcohol or tobacco (Psychoactive Substances Regulatory Authority, 2014).

The sale and use of these products was popular. “Approximately 20 million doses of party pills were sold in New Zealand between 2002 and 2006” (New Zealand Drug Foundation, 2014, p. 1). Although having been available in shops for about 10 years, their popularity increased in 2010 when they started being sold from dairies. By mid-2013, there were an estimated 200-300 different psychoactive products being sold from an estimated 3000-4000 premises (Psychoactive Substances Regulatory Authority, 2014).

There were many dangerous side effects that occurred as a result of their use. These effects included aggression, psychosis, and seizures. Unfortunately, the process of testing these substances was slow and expensive. Also, it seemed that as individual components were made illegal, the ‘legal highs’ industry was able to work around each new law and restriction by altering the components of their formulations.

When particular products were banned with Temporary Drug Class Notices, new products would immediately be developed and distributed.

In July 2013 the New Zealand government introduced the Psychoactive Substances Act 2013. The Act specified that if a substance was psychoactive, it must be approved before it could be sold. It could also only be distributed by licensed people and sold from licensed premises.

Before the Act, the government had to identify each harmful product and the risk it posed before it could act (Psychoactive Substances Regulatory Authority, 2014). The Act however, was designed to put the burden of safety on psychoactive drug manufacturers. Instead of these new recreational drugs being legal until proven to be unsafe, the Act forced manufacturers to prove that their product was safe before it could be legally sold.

The government took this approach because illicit street drugs and untested psychoactive products were already widely available, and a long-term effective prohibition of all psychoactive products was impractical (Psychoactive Substances Regulatory Authority, 2014). The Act also established the PSRA as the authority responsible for ensuring products meet adequate safety requirements before they can be distributed in New Zealand. The PSRA also licenses importers, researchers, manufacturers, wholesalers, retailers and sellers of unapproved psychoactive substances.

It is now illegal to sell these substances. No psychoactive substances will be returned to the market until they have gone through an approval process, which includes thorough testing to prove a low risk of harm (Ministry of Health, 2017).

## 1.0 WHAT'S AN LAPP?

Councils are able to make Local Approved Products policies that describe where psychoactive products approved by the PSRA can be sold within their territory. During the LAPP's development, Wairoa District Council will consult with its community about where the community wants psychoactive products to be sold in Wairoa. This will give local people greater control over the future location of approved products outlets.

The objectives of an LAPP would be to:

1. Minimise the harm to the community caused by psychoactive substances by defining the permitted location of retail premises, and
2. To minimise the potential for harm to sensitive communities (such as places of worship, family focussed and child focussed areas) from the sale of psychoactive substances, and
3. To allow the local community to have influence over the location of retail premises in the Wairoa district.

To do this, it establishes provisions on the following:

- Location of premises from which approved products may be sold by reference to broad areas within the District
- Location from which approved products may be sold by reference to proximity to other premises from which approved products are sold within the District
- 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

A LAPP provides the PSRA with a policy framework, when making a decision on an application to sell psychoactive substances in Wairoa. It also provides licence applicants with direction about where these products may be sold.

The sale of approved products cannot be banned outright under the LAPP (Psychoactive Substances Regulatory Authority, 2014). Therefore an LAPP policy cannot be so restrictive so that it prevents any area for an approved products premises in the district.

The LAPP must be reviewed five years after it is adopted, and then at intervals of not more than five years.

It is important to note, that while the LAPP will be adopted by Wairoa District Council, it will be *applied* by the PSRA. Unfortunately, the Act makes no provision for the Council to enforce its LAPP. In saying this, the Council can determine where specifically in their community it is, and is not, appropriate for retailers to be located so long as those restrictions contribute to the purpose of the Act.

## WHAT'S A PSYCHOACTIVE SUBSTANCE?

A *psychoactive substance* is any substance capable of affecting the mind (Psychoactive Substances Regulatory Authority, 2014). This term is clearly defined in Section 9 of The Act, but broadly speaking, it is anything:

- that is capable of producing a psychoactive effect in an individual who uses the substance, and
- whose primary purpose is to induce a psychoactive effect in an individual who uses the substance or product, and
- that is not a medicine, controlled drug, precursor substance, herbal remedy, food, dietary supplement, tobacco product or alcohol.

An example of a psychoactive substance is synthetic cannabis. It is an unpredictable mixture of dried shredded plants sprayed with artificial chemicals, which is usually smoked. Synthetic cannabis was known under many different brand names, including K2, Spice, Northern Lights, White Rhino and Everest.

Psychoactive substances are regulated under the Act. It is no longer legal to be in possession of a psychoactive substance. Anyone with a psychoactive substance is in possession of an unapproved product and is committing an offence (Ministry of Health, 2017).

## WHAT'S AN APPROVED PRODUCT?

The term *approved product* refers to a psychoactive substance approved by the PSRA under section 37 of the Act. It is only legal to retail or wholesale *approved products*. All psychoactive substances intended for human consumption require consent from the PSRA before they can be sold in New Zealand (Ministry of Health, 2016, p. 5).

Approved products can be sold only from licensed premises and cannot be sold from:

- dairies, or shops commonly thought of as dairies
- convenience stores
- grocery stores or supermarkets
- petrol stations or places where vehicles are repaired or maintained
- liquor outlets (both on-licence and off-licence)
- any structure that is not permanent (such as a tent)
- any vehicle (such as a mobile street cart)
- any other place, as specified in regulations.

*Currently there are no approved products.* Due to the prohibition on the use of animal testing, it is unlikely that there will be any approved products for some time (Psychoactive Substances Regulatory Authority, 2017, p. 1). While this is the case, prospective licence holders will still need to understand the requirements of the Act and Regulations.



## WHAT'S A LICENCE?

A *licence* to sell approved products by retail allows the holder to sell approved products to the general public. A wholesale licence enables the holder to sell approved products to others who hold a retail licence to sell approved products.

All people and businesses who want to retail, wholesale, import, research, manufacture, or sell unapproved psychoactive substances must hold a licence granted by the PSRA under section 16 of the Act. Licences are required to ensure that there is a level of regulatory control and traceability over these functions. When considering a licence application, compliance with the LAPP would be taken into account (Psychoactive Substances Regulatory Authority, 2014).

While applications for a licence to sell approved products can be made, it is unlikely that there will be any approved products for at least the next year or two. The PSRA has recommended that people not apply for a licence to sell approved products by retail or wholesale at this time (Psychoactive Substances Regulatory Authority, 2017, p. 1).

## 2.0 THE HARM

Where we could not access the relevant local data, we obtained anecdotal information from local Police and DHB staff about their observations and experiences in dealing with the harms caused by local psychoactive-substance use.

Although there are currently no approved products on the market, it is useful to consider the harms that existed historically. These experiences are still useful to building knowledge about the potential harms of psychoactive substances in our community. In addition to anecdotal data, we reference region-specific information from the Hawkes Bay District Health Board. We also consider some general information from the New Zealand Police Association.

## OUR HISTORY

Prior to commencement of the Act, the Wairoa community experienced the effect of psychoactive substance activity. According to local Police and DHB staff, psychoactive products were being sold from at least two premises.

Rather than buying direct from manufacturers, these retailers would purchase their products from retailers in Napier. The goods would be transported into town, and sold locally at a significant mark-up. Reports suggested that local distribution was not limited to dairies, since individuals associated to AFFCO would go to work early to purchase their products. With products being purchased wholesale for approximately \$2.00 and then on-sold for approximately \$20.00, this business was hugely profitable.

The Wairoa community did not respond well to the arrival of psychoactive products, and wanted to stop their supply. Local people were concerned about the harm they saw in such substance use, and were willing to disclose the names of those who were selling. Police and DHB staff reported receiving numerous calls

and complaints about the issue. As a result, retailers faced a high level of community pressure to stop sales of these substances.

During this time, local Police dealt with the effects of psychoactive substance use. Effects included out-of-character aggressive behaviour and violence. Police reported that during this time, the majority of users were younger males, generally under 25. Police were called to incidents where the use of substances had also triggered psychotic episodes.

Although psychoactive substance activity occurred in Wairoa, the challenges relating to its use were not as significant as in neighbouring regions. In the cities, people were lining up to buy product at these outlets. It was thought that the comparably lower demand locally for synthetics was due to the ease with which marijuana could be accessed.

Also, locals generally had a preference for natural substances, rather than synthetic ones, and viewed psychoactive substances as a real danger. In addition, unlike in the cities, there were no adult shops in Wairoa. It was thought that a lack of the types of outlets known for retailing these products had reduced the public's level of access to them.

Once the Act was enacted, Parliament initially required all those who wished to sell psychoactive products to apply for and hold an interim licence. This allowed the sale to continue until all provisions of the Act fully came into force.

An application for a retail licence made by the McLean Street dairy during the interim period was refused. Even though part of the shop was designated as a takeaway bar, an investigation found that the outlet operated primarily as a dairy. Section 52 of the Act provides that approved psychoactive products cannot be sold from a shop commonly thought of as a dairy. Therefore the application was denied.

In 2014, legal sales of psychoactive substances in Hawke's Bay were limited to 3 retailers, 2 in Hastings and 1 in Napier (Hawkes Bay District Health Board, 2014, p. 1). Community members across all socio economic groups, ages and ethnicities of the region were reported to have used these products (Hawkes Bay District Health Board, 2014, p. 1).

A Youth Addictions Counsellor in Hawkes Bay stated that "when synthetic cannabis was at its peak, the majority of users were oblivious to the risks." Their awareness of the dangers had been gained by "seeing others in their community have bad trips, including seizures." Yet, despite observing the effects, "many chose to take the risk", believing "that it would not happen to them." Often those "who still use 'synnies'...have no idea where it originated from, let alone what it is, nor the risks."

## VIOLENCE AND HEALTH ISSUES

Hospital emergency rooms have had to cope with the physical side-effects that synthetic cannabis caused in some people. Those effects included paranoia, panic attacks, headaches and prolonged vomiting, and, in extreme cases, kidney failure and heart conditions (New Zealand Police Association, 2013).

In addition to those noted above, the effects of synthetic drug use include nausea, tremors, seizures, hallucinations, reduced inhibitions, euphoria, chest pain, racing heart, high blood pressure, rapid breathing,

and dizziness. There have also been reports of renal damage. People with mental health conditions who used this drug were at increased risk of psychosis (Hawkes Bay District Health Board, 2014).

Other reports indicate that the effect of synthetic drug use include addiction and withdrawal problems, such as insomnia, memory problems, constipation, weight loss, anxiety and craving for the drug. Addiction is a serious side-effect. People suffering from addiction are at risk of injury, disease, social and financial problems. They have a reduced quality of life which effects not only the individual, but their family and community.

DHB staff reported that when combined with alcohol, the effects of synthetic drugs were very severe. Although prior to the Act, these products were legal, the chemical substances were considerably more potent than their 'natural' counterparts. Some indicated they were up to "ten times stronger than cannabis". "A+E were overloaded" and "crime had increased".

This feedback aligns with comments from participants in a study that explored systems in monitoring the safety of these products. "Synthetic cannabis...[was] very potent. So basically, it truncate[d] someone's six months of normal cannabis smoking into two weeks...it's just straight out potency" (Rychert, Wilkins, & Witten, 2017, wh. 3). A similar comment was that "the products that were deemed to be low risk were the strongest synthetic cannabis products that ha[d] ever been sold in this country...there was no way by anyone's standards that they were low risk, that was just a ludicrous thing to say" (Rychert, Wilkins, & Witten, 2017, wh. 4)

A drug worker quoted in an article 'legal highs' said that synthetic cannabis was "not used for relaxing like normal cannabis... it's a substitute for cannabis, but if you use the same does as cannabis, it wipes you out" (New Zealand Drug Foundation, 2014, p. 1). A growing level of evidence shows that using synthetic cannabinoids are more harmful than cannabis. Users of these products have suffered extreme reactions, including heart attacks.

The article also stated that during 2013, "three people were hospitalised with serious kidney problems after smoking synthetic cannabis" (p. 1). During this time, The National Poisons centre had reported an increase in calls from medical staff stating the effects of synthetic drug use as including "breathing problems, paranoia and recurrent psychotic episodes as a result of the drug" (p. 1). BZP was also a very popular psychoactive drug. Dangerous side effects of its use soon became apparent, and research began to link BZP with a number of health risks, including toxic seizures (New Zealand Drug Foundation, 2014).

The effects of synthetic drug use includes agitation and violent behaviour. In a news article from 2013, which reported on the harms associated to the use of psychoactive substances, Hawke's Bay Inspector Andy Sloan said that encounters with young people high on synthetic cannabis, which had been bought from their corner dairies, were a regular occurrence. Unfortunately, users could display violent and erratic behaviour, which could place officers in dangerous situations (New Zealand Police Association, 2013).



## USING PSYCHOACTIVE SUBSTANCES

The following is an abridged personal account from an individual who experienced the effects of heavy K2 synthetic cannabis use. Her account provides a useful first-hand narrative of the phenomena of psychoactive substance use and its effects. This person was eventually able to stop using the drug. She wants her account to be used to help others.

“By week 12 of using K2, I was buying bags 5 at a time and then I found myself using 2 bags a day, then 2.5, then more and more and more. My worst ever was having 10 grams in a day (5 bags).

I spent every day in a stupor, achieving nothing except getting high. I just sat and smoked 24/7. My mental health declined. I started hallucinating, hearing things, neglecting my daily duties, neglecting friends and family. I slurred my speech and had involuntary "tic like" body movements and the ongoing chronic cough. The enamel wore off my teeth and they have started to rot, my tongue peeled regularly, as did all the skin on the insides of my cheeks. I never showed any of the signs of violence though.

I was aware it was slowly killing me and that I had a big problem but still everything revolved around getting and using K2. I would panic if I didn't think I would have enough to last me till I could get some more and if I had to cut down, I was violently ill and extremely emotional. I was using every hour during the night just to be able to sleep and I was hiding the extent of my use from everyone, including my partner. I begged, borrowed and stole to get it. It consumed me. My little kit went everywhere with me and I would sneak into public loos and have a cone, or park up in the car park straight after buying it and have some. I couldn't even wait until I got home.

One of my Eureka moments was in fact in a car park in the middle of town and I saw an old friend come out of the adult shop and past my car, smoking a big cone full of her legal high. She looked like a stereotypical "druggie". I thought "God, look at how bad she looks, and she's smoking it in the street! Can't she even wait until she gets home? How desperate is that?!" Then the light went on. SHE was ME. I wasn't any better than her. We were both doing the same thing except I had a car to do it in and a house to go home to.

I went home that day and started doing some research on the internet about K2 and was horrified by what I was reading, I wanted to do as much research as I could on how to get off it and even though what I had heard and read scared me, I knew the time had come to do it.

After seeking advice on what to expect from the local Addiction Services and the NZ drug helpline, and confiding in a close friend, I started my first day of cold turkey. It was bearable the first half of the day, just a bit of anxiety and quite emotional but by the afternoon things were a bit different. I started to sweat profusely despite being really cold, random violent vomiting, heart palpitations, racing heart rate, chest pains, tremors, severe stomach pains (unlike anything I've ever felt before) Insomnia, panic attacks and raging emotions.

After 2-3 days of these symptoms and not being able to eat, drink or pass urine, I was forced to go to my GP for help. Not only was my blood pressure the highest it's ever been (still within the normal range but very high for me), I was treated for dehydration via IV fluids and given prescriptions for Diazepam (for anxiety) and Metoclopramide for nausea. I was also encouraged to sip on electrolyte replacement drinks, lemonade ice blocks and ice cubes. I had several more visits with the Dr to monitor my dehydration, blood pressure and ongoing low levels of urine output. He was unsure what to other than monitor the situation as there was

no way of knowing what I was actually withdrawing from, but he likened my symptoms to those of Heroin withdrawal.

I found after close on 2 weeks of pretty relentless physical withdrawals, things started to ease up. I didn't have all the symptoms every day. Some days I wouldn't feel nauseous but had high anxiety and palpitations, some days I would be vomiting but not shaking. Some days I would just sweat. I found as the physical symptoms eased and varied, the mental and psychological side came to the fore though. I didn't want to leave my room (where I'd been holed up for most of the previous 2 weeks), didn't want to talk to anyone outside my support people and I was experiencing high anxiety.

Anytime I felt stressed in the slightest I went into full fight or flight mode, adrenalin surging, heart racing, even in my sleep. I was still unable to eat anything at this stage (resulting in the drop of 3 dress sizes) but I was gradually able to increase my fluid intake. My urine output took close on another week to start increasing, all be it slightly, despite drinking more and I would say even now, nearly a month later it's still not back to "normal". My GP has thought there may be possible damage to my kidneys and maybe my gall bladder. (This is often an issue in users).

By the beginning of week 3, I was getting hunger pangs (always painful) but was still unable to keep anything down and now at almost 4 weeks I am able to keep small amounts down. Thankfully sleep is improving too and I am having less and less of the other symptoms. I am also forcing myself to try and reconnect with people, making phone calls, having visitors over etc. I still feel very uncomfortable being around people, overwhelmed almost but it is something I am prepared to work on as for me to stay clean, I cannot be isolated.

A friend on the phoned me the other day and they said, "Oh, it's you! The old you is back!" That to me is confirmation that it's all been worth it. I can only hope that my experiences will be able to help someone else."

## 3.0 OUR COMMUNITY

This section looks at Wairoa's demographic and economic profile. This includes population, households and affordability.

### POPULATION AND HOUSEHOLDS

Wairoa District is home to 8,210 people. Population decline in the area slowed noticeably during the 2014-2016 interval, and the latest estimates show that the district's population increased by 50 or 0.6% during the year to June 2017.

The Wairoa district accounts for 5% of the total Hawke's Bay population. The population growth result over the latest year compares to the total regional growth figure of 1.5%. The median age of the Wairoa population compares with the current Hawke's Bay figure of approximately 41 years whilst the district's Maori community share of the total population is more than double the regional proportion.

The age-groups that have recorded strongest population growth in the district since 2001 are, in order, 65+ years, 60-64 years and 50-59 years. The 30-39, 40-49 and 0-14 year age-groups have recorded the largest population declines. The median age of the total district population has been increasing gradually over time and currently stands at 38.7 years (compared with 37.7 years in 2013).

The actual total number of households in the district at the present time is estimated at 3,210. The total number of households in Wairoa district in June this year is projected to be in the range 3,120 (Low projection) to 3,280 (High projection), with a Medium or 'middle of the road' projection of 3,200 households.

Family based households comprise 68% of all households in the district and one-person households 31%. 'Couple without children' families account for 41% of all resident families, two-parent families 32% and one-parent families the balance of 27%. The total number of businesses/organisations in the district comprise primary production 42%, secondary industry 7% and service industries 51%.

Average household occupancy (average number of persons per household) in the area has continued to fall, from a level of 2.72 (persons per household) to 2.56 this year. As with the rest of New Zealand, this trend is the result of an increasing proportion of single-person households in the district and a decline in the average size of family based households.

### ECONOMY AND DEMOGRAPHY

Economic growth in Wairoa has fluctuated over the period but has averaged out at an underlying annual (growth) rate of 0.82%. This compares with the respective Hawke's Bay region and national growth rates of 1.66% and 2.54%.

It is noted that GDP per capita or per person in the district has increased at an average annual rate of 1.8% since year 2000, with the value in 2017 (\$35,172) being over 30% up on the year 2000 figure. Total employment in the district was relatively stable around the 3,500 mark during the 2000-2011 period. It then fell during the following two years but recovered sharply over the 2013-2015 interval. Since then employment in the area has fallen significantly down to around the 3,355 mark.



The average full/part time employee size of businesses in the district is 3.3, with the processing manufacturing sector figure being 43.3. The primary production and processing sector accounts for 56% of total industry GDP and employment in the district. In March 2017, the annualised Wairoa unemployment rate stood at an estimated 13.5%, compared to the overall Hawke's Bay-Gisborne figure of 6.8%.

**Table 1** below summarises the current demographic and economic situation in the Wairoa district, in terms of a range of local indicators. For a number of the indicators listed in the table, comparative Hawke's Bay region-level results are also provided.

**Table 1: Wairoa District Key Demographic and Economic Indicator Results 2016/17 Year**

<b>Indicator</b>	<b>Result 2016/17</b>
<b><i>Estimated Resident Population</i></b>	8,210
<b><i>Annual Population Growth %</i></b>	0.6
<b><i>15+ Working-Age Population</i></b>	6,240
<b><i>65+ Age-Group Population</i></b>	1,440
<b><i>Median Age (Years)</i></b>	38.7
<b><i>% Maori Population</i></b>	54.0
<b><i>Households</i></b>	3,210
<b><i>Average Household Occupancy (Persons Per Household)</i></b>	2.56
<b><i>Total Business Numbers</i></b>	940
<b><i>Leading Industries' Direct Contribution to Total Industry GDP \$M:</i></b>	
Agriculture & Forestry/Logging	107
Processing & Manufacturing	42
Health Social & Education/Training Services	31
Business & Professional Services	26
Construction & Utility Services	21
<b><i>Total Direct Visitor Spend \$M</i></b>	17
<b><i>Total Real GDP \$M</i></b>	287
<b><i>Real GDP Per Capita \$</i></b>	\$35,172
<b><i>Total Employment</i></b>	3,355
<b><i>Leading Industry Contributions to Employment:</i></b>	
Processing/Manufacturing	943
Pastoral farming	881
Education and Training	343
Health & Social Assistance	293
Retailing	186
<b><i>Estimated Total Unemployment</i></b>	525
<b><i>Estimated Unemployment Rate %</i></b>	13.5
<b><i>Number of Residents Receiving Job Seeker Support Benefit</i></b>	728

## AFFORDABILITY

This section reports on the relative ‘affordability’/‘ability to pay’ situation of the Wairoa district community. These related terms basically refer to the financial capability of individual Wairoa district residents, groups of residents or the community as a whole, to meet their financial obligations on a sustainable basis.

**Table 2** provides comparative results for the Wairoa district/Hawke’s Bay region/New Zealand, for a range of demographic, income and economic indicators that are considered to have a significant potential influence on the level of affordability/‘ability to pay’ in the above areas. The Wairoa district faces a significantly higher ‘ability to pay’ challenge than for the Hawke’s Bay region as a whole and nationally, in respect of many of the listed factors. The average standard of living (or GDP per person) in the district is only slightly behind the overall regional figure but noticeably below the national level. However, average labour productivity in the Wairoa area is noticeably higher than the regional result but less than the national figure.

The University of Otago’s Deprivation Index is a measure of socio-economic deprivation within local authority districts of the country. It measures the relative deficit of income, employment, communications, transport, support, qualifications, home ownership and living space in homes, in local areas. The results in **Table 2** show a significant orientation within the Wairoa area towards the more deprived end of the deprivation scale and a significantly greater level of overall deprivation for the district than at the regional and national levels.

**Table 2: Wairoa District Affordability/ Ability to Pay Indicator Results 2013-2018**

Indicator	Indicator Year	Area		
		Wairoa District	HB Region	NZ
<b>Demographic</b>				
% Two-parent families with children	Projected 2018	40.9	34.2	39.0
% One-parent families with children	Projected 2018	27.3	21.1	17.8
% Households with families	Projected 2018	65.6	69.5	71.5
% Single-person households	Projected 2018	31.3	27.4	24.4
% of Residents Aged 65+	Projected 2018	17.3	18.8	15.4
% of residents in own housing	2013 Census	45.6	53.4	49.8
% of residents in rented housing	2013 Census	54.4	46.6	50.2
<b>Economic</b>				
% No formal education qualification	2013 Census	37.3	26.5	20.9
% Level 1-6 certificate/diploma	2013 Census	53.4	55.6	52.3
% University based qualification	2013 Census	7.2	13.7	20.0
% Workforce in professional occupations	2013 Census	12.4	18.7	22.5
% Workforce in labouring occupations	2013 Census	31.8	18.1	11.1
% Workforce in lowest 3 Earnings Industries	2016	35.5	26.8	21.3

% Workforce in highest 3 Earnings Industries	2016	12.7	15.3	19.8
% Labour force unemployed	2017	13.5	6.8	5.0
% Working-age population employed	2017	69.9	64.0	66.7
Real GDP per person (standard of living) \$	2016	35,172	37,175	46,605
Real GDP per employee (labour productivity) \$	2016	85,545	75,195	89,364
<b>Income</b>				
Median annual earnings \$	2016	45,080	46,980	51,570
Median personal income \$	2013 Census	21,900	26,100	28,500
Median family income \$	2013 Census	49,000	62,800	72,700
Median household income \$	2013 Census	42,400	53,200	63,800
% Income earners receiving benefits	2013 Census	27.2	19.5	21.8
% Wage and salary earners	2013 Census	52.5	56.7	56.7
% Self-employed or in business	2013 Census	13.5	14.6	16.7
<b>Deprivation Index</b>				
% of population living in:	2013 Census			
Quintile 1 (least deprived group)	2013 Census	0	15	20
Quintile 2	2013 Census	1	14	20
Quintile 3	2013 Census	12	20	20
Quintile 4	2013 Census	23	24	20
Quintile 5 (most deprived group)	2013 Census	64	27	20

**Table 3** indicates the comparative annual personal income distribution profiles of the total Wairoa district, Hawke's Bay region and New Zealand areas, at the time of the 2013 Census. The three areas have similar proportions of income-earners earning \$10,000 or less for the year in question. Wairoa district then has a noticeably higher proportion of income-earners in the \$10,001-30,000 income range. The district has a significantly higher proportion of its earners in the \$30,000-50,000 band compared to the other two areas but a considerably lower proportion in the \$50,000+ category.

**Table 3: Wairoa District Comparative Personal Income Distribution Profile 2012/13 Census Year**

Income Band \$	% of Income Earners in Each Band 2012/13		
	Wairoa District	HB Region	NZ
<i>5,000 or less</i>	6.4	5.6	5.4
<i>5,001-10,000</i>	4.1	4.0	4.0
<i>10,001-20,000</i>	14.7	11.9	10.2
<i>20,001-30,000</i>	18.6	15.7	12.9
<i>30,001-50,000</i>	33.8	30.7	28.5
<i>50,001 or more</i>	22.4	32.1	39.0

In summary, it can be concluded that the Wairoa community in general terms faces significant affordability / ‘ability to pay’ challenges.

## ECONOMIC GROWTH OUTLOOK

Following the adverse regional economic effects of the Global Financial and Economic Crisis (GFC) during 2007/2008, the overall Hawke’s Bay economy (of which Wairoa district is a part) has recorded ongoing positive although fluctuating economic growth. The last two years have seen sustained improved economic growth in the region, up to an estimated annual level of 2.7% in June this year.

Overall employment has been increasing since 2013. Strongest industry growth within the primary and secondary sectors has been recorded by forestry and logging, rural sector support services, horticulture and fruit, manufacturing of forest product items, utility services (power/gas/water) and the manufacturing of metal products/machinery/equipment. The Wairoa district economy has grown at an average annual rate of 0.82%, since year 2000. Thus, there has been underlying growth, albeit it somewhat limited, in the area over the longer-term.

## DISTRICT PLAN

There are no explicit rules in the Wairoa District Plan regarding the regulation of psychoactive substances. However, the district plan does restrict land-use activity associated with the sale or supply of psychoactive substances within the Residential (Māhia) and Coastal (Māhia) zones (resource consent required).

Land-use activity associated with the sale or supply of psychoactive substances in all other district planning zones is regarded as a permitted activity if all of the performance standards for the relevant zone are complied with (however, the relevant legislation must also be complied with for consent to be granted).



## TOURISTS AND VISITORS

The Wairoa District covers a total area of about 4,118 square kilometres with approximately 130 kilometres of coastline.

The total number of nights spent by overnight visitors in commercial accommodation in the district generally fell over 2003-2012 but has stabilised since. Over the year ended September 2017, the total number of commercial accommodation visitor arrivals recorded for the Wairoa district was 31,211 and visitor-nights 60,944; an average visitor length of stay of 1.95 nights. The peak figures for these indicators over the past decade were the 44,163 arrivals recorded in the year ended September 2004 and 95,190 visitor-nights for the same period. The Wairoa i-Site has recorded a sharp 60% increase in 'foot-traffic' through its doors over the past 3-4 years.

Since year 2010, visitor spending data indicates total annual visitor spending in Wairoa district varying in the range \$15 million to \$18 million. Visitor spending for the year ended September 2017 was recorded at \$17 million, up 13% on the previous year. Estimates of total overnight visitor numbers for the Wairoa district currently stand at an annual 75,000. This covers visitors staying in commercial accommodation, holiday home visitors, other overnight visitors and day visitors.

Total annual visitor spend in the Wairoa district currently stands at \$17 million. This is forecast to increase to approximately \$25 million, by year 2028. The district presently accounts for just 2.8% of total direct Hawke's Bay visitor spend.

## REFERENCES

- Coriolis. (2014). *iFAB 2013 Beverages Review*. Ministry of Business, Innovation and Employment. Retrieved from <http://www.mbie.govt.nz/info-services/sectors-industries/food-beverage/documents-image-library/Beverages%20sector%20review%202013%20-PDF%20%20MB.pdf>
- Hawkes Bay District Health Board. (2014). *Psychoactive Substances: A Collaborative Approach to Reduce from Psychoactives in our Hawkes Bay Communities*. Retrieved from [www.hawkesbay.health.nz/assets/Public-Health-Advice/Vol-11-iss-1.pdf](http://www.hawkesbay.health.nz/assets/Public-Health-Advice/Vol-11-iss-1.pdf)
- Hawkes Bay District Health Board. (2017). *Alcohol-related Harm Statistics*.
- Hawke's Bay District Health Board. (2017). *Tackling Alcohol Harm in Hawke's Bay. Hawke's Bay District Health Board Alcohol Harm Reduction Strategy 2017 - 2022*.
- Health Promotion Agency. (2016). *Alcohol - The Body and Health Effects*. Retrieved from [https://www.alcohol.org.nz/sites/default/files/field/file\\_attachment/2.1%20AL802\\_Body%20and%20health%20effects\\_AUG2016\\_Online.pdf](https://www.alcohol.org.nz/sites/default/files/field/file_attachment/2.1%20AL802_Body%20and%20health%20effects_AUG2016_Online.pdf)
- Health Promotion Agency. (2017). *Attitudes and Behaviour towards Alcohol Survey 2013/14 to 2015/16: Hawke's Bay Regional Analysis*. Retrieved from <https://www.hpa.org.nz/sites/default/files/ABAS-Survey-2013-to-2016-Hawkes-Bay-Analysis-2017.pdf>
- Health Promotion Agency. (2018). *Drink Check: Is Your Drinking Okay?* Retrieved from [https://www.alcohol.org.nz/sites/default/files/field/file\\_attachment/2.5%20AL531\\_Drink\\_Check\\_EB\\_MAY%202016\\_%20AW%20%28back%20cover%29\\_For%20online.pdf](https://www.alcohol.org.nz/sites/default/files/field/file_attachment/2.5%20AL531_Drink_Check_EB_MAY%202016_%20AW%20%28back%20cover%29_For%20online.pdf)
- Health Promotion Agency. (n.d.). *Alcohol & You: Facts and Effects*. Retrieved from [https://www.alcohol.org.nz/sites/default/files/field/file\\_attachment/AL002\\_Facts\\_%26\\_effects\\_LR\\_May%202016.pdf](https://www.alcohol.org.nz/sites/default/files/field/file_attachment/AL002_Facts_%26_effects_LR_May%202016.pdf)
- Law Commission New Zealand. (2010). *Alcohol in Our Lives: Curbing the Harm*. Wellington, New Zealand. Retrieved from <http://www.lawcom.govt.nz/our-projects/regulatory-framework-sale-and-supply-liquor?id=897>
- Ministry of Health. (2016). *Psychoactive Substances: Licensing Scheme Guideline*. Retrieved from <https://psychoactives.health.govt.nz/industry/licences/licence-application-forms-and-guidelines>
- Ministry of Health. (2017). *Psychoactive Substances Amendment Act: What You Need to Know*. Retrieved from <https://www.health.govt.nz/your-health/healthy-living/addictions/alcohol-and-drug-abuse/psychoactive-substances>
- Ministry of Transport. (2017). *Alcohol and Drugs 2017*. Retrieved from <http://www.transport.govt.nz/assets/Uploads/Research/Documents/Alcohol-drugs-2017.pdf>
- New Zealand Drug Foundation. (2014). Synthetic solutions: the global response to 'legal' highs. *Matters of Substance*, 25(1). Retrieved from <https://www.drugfoundation.org.nz/matters-of-substance/february-2014/synthetic-solutions/>
- New Zealand Government. (2012). *Sale and Supply of Alcohol Act 2012*. Retrieved from <http://www.legislation.govt.nz/act/public/2012/0120/latest/DLM3339333.html>
- New Zealand Police Association. (2013). Fake Dope Does Real Harm. *NZPA*, 46(5). Retrieved from <https://policeasn.org.nz/newsroom/publications/featured-articles/fake-dope-does-real-harm>
- New Zealand Transport Agency. (2010). *Briefing Notes Road Safety Issues: Wairoa District*.
- New Zealand Wine Growers. (2017). *Annual Report 2017*. Retrieved from <https://www.nzwine.com/en/news-media/statistics-reports/new-zealand-winegrowers-annual-report/>
- Porirua City Council. (2013). *Local Alcohol Policy Porirua: The Issues Paper May 2013*. Retrieved from [www.inspireporirua.co.nz](http://www.inspireporirua.co.nz)
- Psychoactive Substances Regulatory Authority. (2014). *Local Approved Product Policy for psychoactive substances: Guidance for preparing and adopting your LAPP*. Ministry of Health.

- Psychoactive Substances Regulatory Authority. (2017). *Register of Products*. Retrieved from <https://psychoactives.health.govt.nz/>
- Research New Zealand. (2012). *Alcohol-related Injury: An Evidence-based Literature Review*. Retrieved from <https://www.acc.co.nz/assets/research/alcohol-injury-risk-report.pdf>
- Rychert, M., Wilkins, C., & Witten, K. (2017). Issues with monitoring the safety of psychoactive products under a legal regulated market for new psychoactive substances ('legal highs') in New Zealand. p. 8. doi:10.1111/dar.12507
- Waimakariri District Council. (2013). *Local Alcohol Policy Research Report*.
- Wairoa Safe Communities. (2016). *Alcohol Harm in Wairoa. A Scoping Project to Determine Alcohol Related Harm Priorities for the Region. Final Report*. Te Wairoa He Hapori Haumarū. Wairoa Safe Communities.
- Wilson, N., Gunasekara, F., & Thomson, G. (2011). The Benefits and Harms of Alcohol Use in New Zealand: What Politicians Might Consider. *The New Zealand Medical Journal*, 124(1335). Retrieved from <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2011/vol-124-no-1336/view-wilson>