



Whakatāne District Alcohol Strategy

2007-2011





FOREWORD

The objective of this strategy is to reduce alcohol-related harm in the Whakatāne District over the next five years.

Councils have a significant role in promoting the “social, economic, environmental and cultural wellbeing” of their communities. They are, in effect, lead agencies on local social issues. Alcohol-related harm is one of these issues for our community. Research conducted during the development of this strategy shows that alcohol misuse is causing problems for many people and groups in our District. Youth, at-risk families, and young adults are particularly affected.

Wider research shows that people’s drinking behaviour is influenced by their local environment and communities can do a great deal to reduce alcohol-related harm. Within Councils and within communities we should be encouraged to think about alcohol as a local social issue. It is not just a statutory responsibility for local government but is an issue that the community should have a more proactive approach to.

Thus, we have taken the first step; by developing this Alcohol Strategy for Whakatāne District. The strategy will guide our efforts to address alcohol-related issues over the foreseeable future. The strategy will specifically:

- Help us to integrate and coordinate alcohol-related activities within our Council.
- Raise the profile and priority of Alcohol issues among Councillors and our staff.
- Raise awareness of social and community impacts of alcohol.
- Show Council leadership on alcohol issues, and work with stakeholder agencies to become a catalyst for community action for the minimisation of alcohol-harm within our District.

The Strategy identifies a range of initiatives to reduce alcohol-related harm that will be implemented over time. The strategy will also support the development of a Council liquor licensing policy and that will set future parameters to guide the alcohol regulatory functions of our Council.

I commend this document to all members of the Whakatāne community and to stakeholder organisations that work with us locally to improve community outcomes and well-being.

Colin Holmes
Mayor



VISION

**Whakatane District Council encourages
the development of an environment
in which alcohol-related activity can be enjoyed
with minimal risk of harm to the community**



Photograph courtesy of Alcohol Advisory Council



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PURPOSE OF THIS STRATEGY

Local authorities address issues relating to alcohol in a number of ways. These include through their licensing functions, which control the establishment of liquor licences in local areas and the monitoring of licence holders. This licensing activity is conducted within a broader planning and policy framework that includes matters such as zoning, liquor outlet density and opening hours. The Local Government Act 2002 requires Local Authorities to “play a broad role in promoting the social, economic, environmental, and cultural well-being of their communities, in the present and for the future.” Thus, in recent years, local government has also become more involved in controlling wider aspects of the local environment to address alcohol and public safety issues. This has taken place through initiatives such as crime prevention through environmental design, establishing bylaws banning alcohol from at-risk public places, and working with community groups to establish local problem-solving approaches.

This strategy aims to:

- Identify issues causing alcohol-related harm within Whakatāne District.
- Identify the need for alcohol harm related services within the Whakatāne District.
- Align to the Whakatāne Council’s Long-term Council Community Plan (LTCCP)
- Focus on realistic measurable outcomes.
- Present a coordinated and coherent implementation plan, clearly identifying actions, outputs and responsibilities.
- Provide a strategic framework upon which the Council may seek further investment from Central Government.

The strategy will enhance relationships and co-ordination between all stakeholders in addressing alcohol-related harm in the Eastern Bay of Plenty and hence will promote community centred collaboration.



THE COMMUNITY IMPACT OF ALCOHOL

Benefits

Alcohol is a legal product in New Zealand, and is widely available. The broad availability of alcohol has a number of social, economic and potential health benefits. Economically, alcohol plays an important role in local leisure and tourist industries. There are purported health benefits of moderate consumption. Moderate consumption of alcohol is implicated as leading to a reduced risk of heart disease.¹ Alcohol is accepted as a useful and enjoyable social element across much of New Zealand society. Alcohol is a locally recognised symbol of hospitality and is used in many situations.

However, despite these benefits, alcohol supply is regulated. Alcohol supply to certain people and alcohol use in certain situations carries considerable risk. For example, there are controls over the supply of alcohol to children and to intoxicated persons. Likewise, there are often limitations on using alcohol prior to activities such as driving and in certain workplaces.

Harm

Alcohol-related harm covers such diverse situations as alcohol-related accidents and illnesses, road crashes, children/families affected by parents with alcohol problems, youth drinking problems, alcohol-related violence and other crime, and alcohol-related impacts on worker productivity and safety. These linkages between alcohol misuse and crime or other harm is the subject of a substantial body of research. Plant (1992) conducted a review of this literature and highlighted evidence linking the consumption of alcohol, particularly intoxication, with violence and other crime. There is particularly strong evidence concerning the influence of alcohol on increasing aggressive behaviour among men. This impact has been shown to be particularly pronounced amongst younger people². Heavy drinkers have also been shown to be more likely to engage in other types of at-risk behaviours that may also precede risky activity.^{3,4}

¹ Though the encouragement of moderate alcohol consumption to promote health benefits is controversial. For example refer. C Lieber Alcohol and Health: A drink a day won't keep the doctor away. The Globe. Global Alcohol Policy Alliance. Issues No 1 & 2. 2004.

² Rossow I (1996) Alcohol-related violence: the impact of drinking pattern and drinking context. Addiction 91, 1651-1661

³ Plant M & Plant M (1992) Risktakers: Alcohol, Drugs, Sex and Youth. Tavistock/Routledge: London.

⁴ Plant M, Plant M, Thornton C (2002) People and places: some factors in the alcohol-violence link. Journal of Substance Use (2002), 7, 207-213



Intoxication in public places is a well-known societal problem in western cultures. For example, in Australia it is reported⁵ that one in four patrons leaving licensed premises has blood alcohol levels of 100mg/100ml and one in ten exceeds 150mg/100ml⁶. Furthermore, there is an established link between intoxication and aggression, particularly among male drinkers. This can range from verbal aggression to serious violent offending. Alcohol has been reported to be associated with up to 90% of all crime late at night and in the early morning (10pm to 2am)⁷.

The link between alcohol consumption and personal harm resulting from violent assault is also well established in New Zealand. The most recent local evaluation of this relationship was carried out by the Injury Prevention Research Unit, which focussed a WHO funded study on Dunedin City⁸. That study found that the prevalence of hazardous drinking in Dunedin was very high. A large proportion of drinkers were reported to experience problems related to their drinking, or to inflict harm on others.

To emphasise the high social costs of alcohol misuse, the 2003 annual report tabled in Parliament by the Alcohol Advisory Council of New Zealand (ALAC) noted that alcohol costs the country an estimated \$14 billion each year, and causes one in every five deaths of people aged 15-34 years.⁹

⁵ Stockwell, T., et al. (1993). High risk drinking settings: The association of serving and promotional practices with harmful drinking'. *Addiction*, vol⁸: 11519-1526.

⁶ Compare these to New Zealand's blood alcohol limits for driving of; 80 mg/100ml for adults; and 30 mg/100ml for drivers under 20 years of age.

⁷ Ireland, C.S., and Thommeny, J.L. (1993). 'The crime cocktail: licensed premises, alcohol and street offences'. *Drug and Alcohol Review*, vol²: 143-150.

⁸ Kypri K 2003 Alcohol-related harm in Dunedin City. Injury Prevention Research Unit. University of Otago.

⁹ For a full copy of ALAC's 2002 *Annual Report*, see <http://www.alcohol.org.nz/resources/publications/index.html>.



ALCOHOL SUPPLY IN WHAKATĀNE DISTRICT

Controlled purchase operations:

As part of their monitoring activities, the regulatory agencies from time to time run Controlled Purchase Operations (CPO) to test licensed premises compliance with requirements to seek “evidence of age” documents from younger people entering a licensed premise.

CPO’s normally involve supervised volunteers (younger than 18 years of age) attempting to buy alcohol. Where volunteers do successfully purchase alcohol, the manager and licensee are liable to prosecution or sanction.

Local Regulation

The Sale of Liquor Act (1989) establishes a reasonable system of control over the sale and supply of liquor to the public with the aim of contributing to the reduction of liquor abuse. To do this it:

- Requires a licence for the sale of liquor by on-licences, off-licences, clubs, and at special events.
- Creates standards for the management of licensed premises.
- Restricts the supply of alcohol to minors.

To administer this framework, the Act provides key roles for four agencies:

- The Liquor Licensing Authority (LLA).
- District Licensing Agencies (DLA).
- The Police.
- Medical Officers of Health (District Health Boards).

Whakatāne District Council is established as the District Licensing Agency in the District. This involves a variety of functions, primarily covering licensing, monitoring and enforcement.

The DLA appoints a Licensing Inspector who is responsible for

- Inquiring into and reporting on applications that are made to the DLA for liquor licences and for general manager’s certificates.
- Monitoring licensed premises compliance with the Act.

Licensing

Two of the core regulatory processes are to issue licences to outlets that wish to supply alcohol and to certify people as being suitable to manage licensed premises.

The DLA considers applications for liquor licences, special licences, general manager’s certificates, and temporary authorities. Where applications are opposed, matters are usually referred to the Liquor Licensing Authority.



Whenever a licence or certificate is applied for, Police and the Medical Officer of Health are notified and they report to the DLA on the suitability of applicants and other issues associated with proposed licences.

The public also play a role in these licensing processes. Applications are publicly notified and members of the community can raise issues or object to an application. In some circumstances, the DLA holds public hearings to consider issues that are raised.

Monitoring

Monitoring and enforcement processes fit alongside licensing, to ensure licensed premises comply with the Sale of Liquor Act. Three agencies monitor premises to ensure they comply; Police, the District Licensing Inspector, and the Medical Officer of Health. The monitoring generally involves visiting premises outside of and during trading hours to ensure licences are being complied with and conducting controlled purchase operations to ensure that liquor is not being supplied to minors.

In the event that premises are found to be non-compliant, applications can be made to the Liquor Licensing Authority for variation, suspension or cancellation of a licence (or to the DLA in the case of a special licence). Sale of Liquor Act offences can also be prosecuted in the District Court.

Liquor licensing policy

Many territorial authorities have established an alcohol policy to guide the way in which District Licensing Agencies exercise their functions. Policies cover aspects of procedure and decision-making guidelines; such as criteria for deciding whether to grant a liquor licence and the criteria for placing restrictions on licences. Whakatāne District does not currently have a liquor licensing policy, though the development of a policy is targeted in the Long-term Council Community Plan (LTCCP).

Licensed Supply

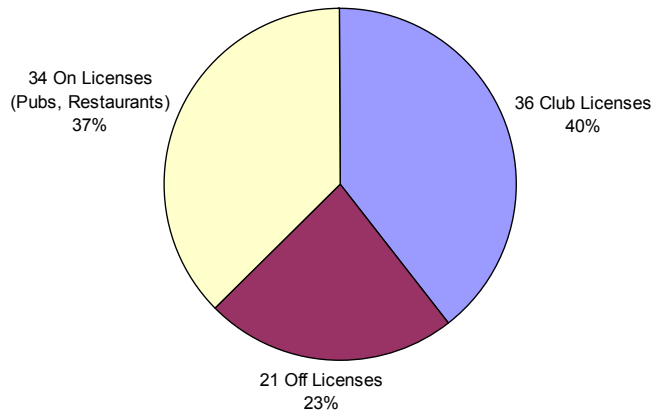
The licensing processes allow for alcohol to be supplied through four types of premises:

- On-licensed premises such as pubs, nightclubs and restaurants.
- Off-licensed suppliers such as supermarkets, shops and bottle-stores.
- Licensed clubs, such as chartered clubs and sports clubs.
- At special events



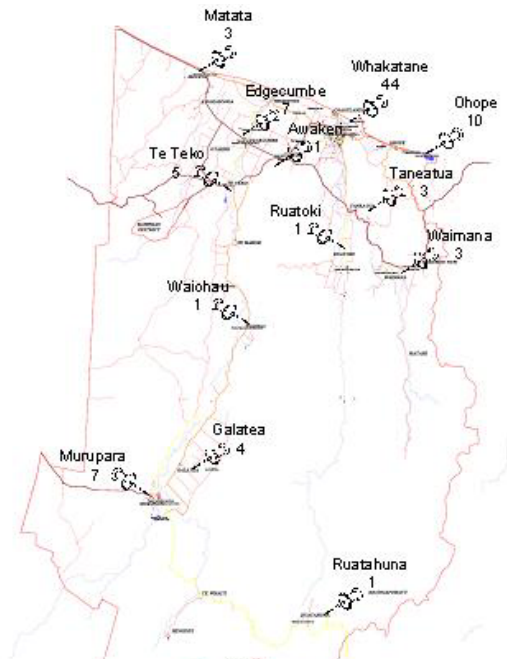
Whakatāne District currently has 90 licensed premises, with numbers distributed roughly evenly across on-licence, club-licence and off-licence types (some on-licensees and clubs also hold off-licences):

**Number of Premises
by License Type(s) Held**



These licensed premises are spread widely across the District. The highest number in close proximity is located within the Whakatāne CBD. In some communities (such as Ruatoki & Galatea) chartered clubs or sports clubs are the only licensed alcohol suppliers.

Location of Licensed Premises within Whakatāne District



As outlined above, the DLA issues special licences for special occasions and events, such as weddings, community events, and festivals. Approximately 90 special licences are issued in Whakatāne District each year; around 50 being issued to unlicensed event organisers and approximately 40 annually to licensed premises who apply to extend their trading to cover times or situations not covered by their normal licence conditions.

Unlicensed Supply

In addition to the supply of alcohol from licensed premises within the District, people obtain alcohol from other avenues such as from:

- Friends and family
- At work
- Home brewing
- Unlicensed sales
- Obtained outside the District
- Theft

The volume and nature of distribution from these channels of supply are difficult to quantify.



LOCAL ATTITUDES TO ALCOHOL

Focus-group interviews were conducted with 50 people in seven groups to assess local attitudes to alcohol. Groups included staff from regulatory agencies, community social network practitioners (employees and volunteers), members of the business community, liquor industry representatives, youth representatives and staff from government agencies. Participants were asked to identify problems associated with alcohol in the District, who was affected by these problems and where and why.

Participants identified harms to individuals, to families, to communities and to wider society. Problems for individuals included health issues (addiction in particular), destabilisation of families and communities, social costs in terms of lost potential, crime, and economic costs to the District (lost revenue from tourism and other businesses affected by damage to the District's reputation). Attitudes towards and messages about alcohol were also seen to contribute to the problems associated with alcohol in the District and included negative effects on young people in particular.

Health

Alcohol abuse was perceived to have a negative effect on the health, both physical and psychological, of individuals and consequently on their families and the wider community.

Addiction and alienation were identified as being significant issues; with the complexity of such issues recognised. Alcohol was seen as often just one part of a person's addiction problem. Participants expressed the need for a holistic approach to addressing alcohol abuse, given the complex relationship between alcohol, other drugs and gambling. Underlying issues identified included: socio-economic; mental health; personal and relationship issues. These issues, either individually or in combination, can alienate people affected by them and contribute to alcohol abuse. Loss of personal potential was identified by many participants as being a significant effect of abuse of alcohol.

Another problem is the reduction of inhibition as a result of alcohol consumption. While this was felt to be a positive outcome when alcohol is consumed responsibly, there can be many negative effects. These include a loss of self-control resulting in violence particularly family violence, and other crime such as drink-driving, public disorder, damage to property, unplanned pregnancies, sexual health problems and sexual abuse.



Other health issues were identified relating to the alcohol abuser and their families, in particular the effects of alcohol on children born with Foetal Alcohol Syndrome. These long-term effects of alcohol abuse on the health of individuals and families were highlighted as they can reduce quality of life and shorten life expectancy. There were also short-term health effects identified, particularly associated with binge-drinking.

Social Costs

Loss of potential was expressed both in terms of an individual's loss of potential through abuse of alcohol and the effect of alcohol abuse on other members of the family/whanau. Some participants mentioned the significant loss of potential for a child, born with Foetal Alcohol Syndrome and born into a family in which alcohol abuse was the norm. Such a child is likely to be raised in an environment that further reduces their potential. The 'destruction' of families as a result of alcohol abuse and the development of inter-generational problems as a result of alcohol abuse in families was identified as a significant social cost. The resultant impact on family values and alienation was felt to detrimentally impact the community. Other social costs identified included the costs to the community undermining perceptions of public safety and heightening risk of victimisation from alcohol related crime. Alcohol was also seen as exacerbating problems with gangs by contributing to increased gang conflict and violence in the District.

Economic costs

Many of the social costs were seen to have economic impacts. Some of these being direct costs such as requirements for alcohol services, including Police, Ambulance, hospitals, other health and support group and from the justice system. Costs to businesses and individuals were also identified and included impacts associated with disorder, property damage and road safety. Economic losses as a result of absences from work due to excessive alcohol consumption were also identified. The effect of alcohol abuse and bad publicity for the District were also seen as likely to cause economic losses. The reputation of the area was seen as key in attracting visitors to the region.

Youth issues

While participants stressed that problems with alcohol were found across the whole age spectrum, the impact on youth was felt to be significant in terms of loss of quality of life and loss of potential for young people affected by alcohol. Participants mentioned the physical and developmental factors



that affected young people (and in particular teenagers) in terms of growth and cognitive changes affecting their decision-making abilities.

The negative health effects of alcohol on a young person's developing body (e.g. liver, kidneys and brain) were also mentioned. Participants also noted that the younger a person started using alcohol, the greater the potential for harm, especially because alcohol was often a "gateway" drug, in that it could often lead to other substance abuse.

Most participants felt that there were many factors influencing youth in relation to alcohol, including: peer pressure, parental modelling of unhealthy behaviours with alcohol and a lack of alternatives to alcohol in social settings. The marketing of alcohol was also felt to be a significant factor in encouraging younger drinkers to drink alcohol more often and in larger quantities. Alcopops were identified as being targeted at young people because of their sweet flavours and cheap price. Many felt that lowering the legal age at which young people could purchase alcohol had exacerbated problems. Access was easier for younger children and more young children were presenting with alcohol problems.

Attitudes and messages

Three key issues relating to attitudes towards alcohol consumption were identified. These issues were associated with youth alcohol consumption, but they were not limited to youth drinking. Many participants felt that there were 'unhealthy' behaviours and beliefs developed as a result of past drinking patterns (including the "6 o'clock swill" and "saving up for Friday night") which still persisted. These attitudes and beliefs included binge-drinking behaviours by older drinkers. Many participants felt that people "keep pointing at youth, but the problems are broader". There was a widely held perception that many adults felt they could make better judgments about their alcohol intake than younger people. However, participants felt that many adults modelled bad drinking behaviour and some felt that parents also encouraged bad attitudes to alcohol consumption amongst younger drinkers. This included parents or other family supplying young people with alcohol and this could also involve parents using alcohol as a reward.

Ideas and solutions

The focus-group discussions identified a need for agencies, iwi/hapu groups, business and community groups to work together to develop multi-agency solutions to alcohol-related problems in the District.



The groups supported the Council's involvement in addressing alcohol harm issues and identified alignment with Council's role as identified in the Local Government Act to promote the environmental, social, cultural and economic wellbeing of the community as part of a sustainable development approach.

Participants identified that working together to develop sustainable solutions to alcohol problems was important. The opportunity for representatives from local government, community and iwi groups, government agencies, voluntary sector and business groups to collaborate during the development of the alcohol strategy was identified as important and similar opportunities were considered to be required to address alcohol issues in the future.

The Council was identified to be in a unique position to provide District leadership to address alcohol issues. The Council was identified as having established relationships and partnership arrangements with almost all local agencies, government organisations, iwi/hapu groups, business groups and volunteer groups who have an interest in minimising alcohol related-harm locally. As identified in the LTCCP, this leadership could take the form of any number of inputs, from providing services, to community representation, to advocacy, to consultation, to monitoring, to planning, to stewardship and accountability.

As an important demonstration of leadership, participants saw opportunities for Council to model responsible behaviour towards alcohol in both internal and external policies and practice.

Participants identified opportunities for Council to continue providing support for successful local initiatives and to facilitate new linkages and partnerships to address alcohol-related problems.

Appropriate interest group involvement was seen as important. Opportunities to involve youth in decision-making was identified as being important in addressing youth-related alcohol issues. Similarly, focus-groups identified a need for "appropriate" solutions to alcohol problems for Maori in the District which fits with the commitment to the concept of *Mana Tangata* (social input) at waka, iwi and hapu levels. Community participation and consultation was also identified as part of the education process. Having a forum which enabled the community to be involved in decisions relating to problems with alcohol was seen as part of the 'awareness raising' needed to encourage people to accept alcohol misuse as a community problem.



The Alcolink system:

Police recently introduced a new system of gathering alcohol-related intelligence; termed 'Alcolink'.

This system provides an assessment of alcohol involvement in an offence at the time of arrest of an offender. The arresting officer ascertains the level of intoxication and the place at which the offender took their last drink. It is therefore a potential indicator of the:

- The amount of crime that has identifiable alcohol involvement
- The type of crime with alcohol involvement
- The location of at-risk drinking (licensed premises, home, parties, etc).

ALCOHOL HARM IN WHAKATĀNE DISTRICT

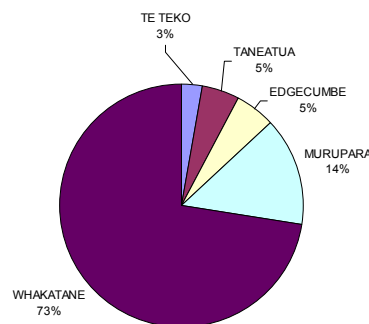
Nature

Police and health data shows a variety of alcohol harm and alcohol-related crime issues within Whakatāne District. These involve a range of circumstances and harm situations, a range of people affected by alcohol harm and a range of locations and venues that pose risky drinking environments.

Location

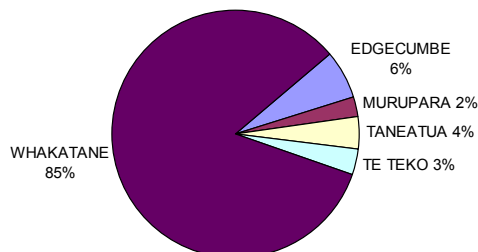
Certain criminal behaviours are commonly associated with excessive alcohol consumption. Those commonly associated with drinking include violence, sexual, drugs and anti-social, and property damage crimes, Police data indicates that these types of offences are common across the communities in Whakatāne District. The relative volume of offending is roughly proportional to the size of each community. Thus, from a crime perspective, most localities in the District experience similar rates of alcohol-related crime problems.

Location of Criminal Offences Commonly Associated with Alcohol (2006)



In addition to criminal offending, drink-driving is also a District-wide problem; though offences recorded in Whakatāne tend to dominate the drink-driving statistics:

Location of Drink-Driving Offences (2006)



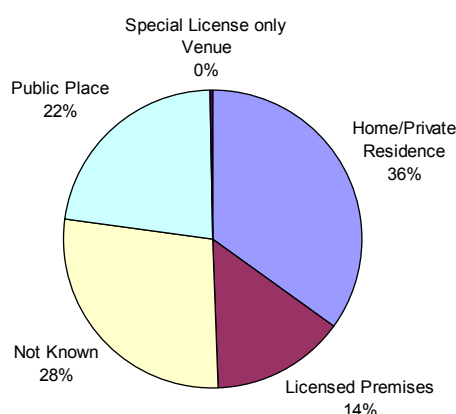
Venues

Problem drinking occurs varies in a variety of locations including licensed venues and many types of unlicensed locations. A number of the locations are strongly linked to specific harm situations such as family violence, public place violence and disorder.

Local groups who deal with alcohol-related harm identify risky drinking venues including a wide range of unlicensed locations such as homes, vehicles, private functions/parties, workplaces, tangi/funerals, streets, parks and beaches. Some licensed venues are also perceived to be a problem, with problem drinking identified at some hotels, sports clubs and chartered clubs. A number of organised events were also identified as problematic, with examples provided of issues at *Christmas in the park*, sports events, youth events (such as after-balls), street festivals, Marae, weddings and conferences.

Police Alcolink data indicates that the most common location of alcohol consumption prior to committing a crime are private homes. Private residences are the drinking venues identified by 36% of intoxicated offenders apprehended by Police. Public places also feature prominently as a problem drinking venue, accounting for 22% of intoxicated offenders. Licensed premises are implicated as a drinking venue for 14% of the alcohol-related crime in the District. The drinking locations for 28% of intoxicated offenders are not known, either because some offenders are unwilling to disclose venues or because Police cannot identify locations for other reasons.

Drinking venue prior to committing a crime (2006)



Profiles

Using the data in this strategy, a local workshop of alcohol experts developed several fictional characters affected by alcohol harm. These profiles are described in the sidebars on following pages and illustrate the range of alcohol harm situations and the range of people affected in the District:

Tane

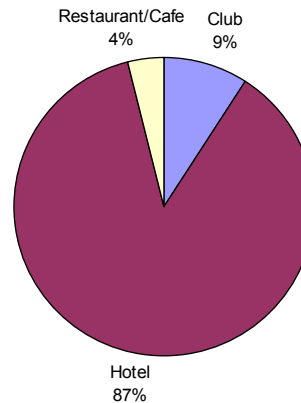
Tane is a 19 year old Maori male from Whakatane.

He's been drinking beer steadily at his flat with three friends since 4pm and goes into town for some 'action' at around midnight. He crashed his car at about 2am, after drinking spirits with his mates at various locations. None in the car is wearing a seatbelt. Police, ambulance and the hospital emergency department are all involved in rescuing and treating them.

Tane is off work for 6 weeks due to his injuries. Tane's employer is affected by the economic impacts of Tane's actions.

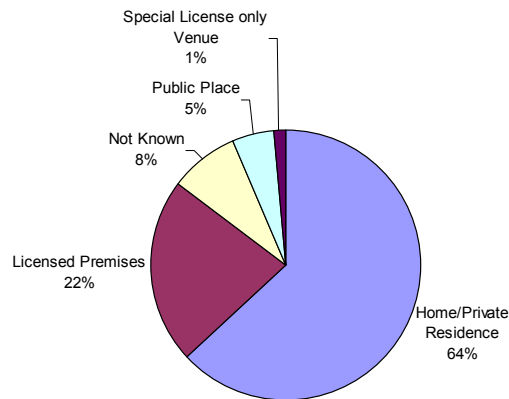
Of the 14% of offenders who were known to be at licensed premises before committing a crime, 87% (12% of total offenders) identified hotels¹⁰ as the place of their last drink. Licensed clubs account for 9% of problem premises (only about 1% of total offenders).

Type of premises visited prior to committing a crime (2006)



When drink-driving is considered, private homes are overwhelmingly the most common drinking venue, accounting for 64% of the problem locations. Licensed premises account for 22% of venues attributed to drink-driving offenders.

Drinking venue prior to being apprehended for drink-driving (2006)



Times

Drinking problems peak at certain times of the day and on certain days of the week. In Whakatāne District, crime occurring in public places most commonly occurs on Friday nights. Violent crime and property damage problems peaking from 10pm Fridays to 3am Saturdays. Saturday night is also a common time for these types of crimes to occur.

¹⁰ May be a bar, nightclub, tavern or hotel.

Sam

Sam (Da Man) is a 16 yr old middle class pakeha male. He works in an apprenticeship.

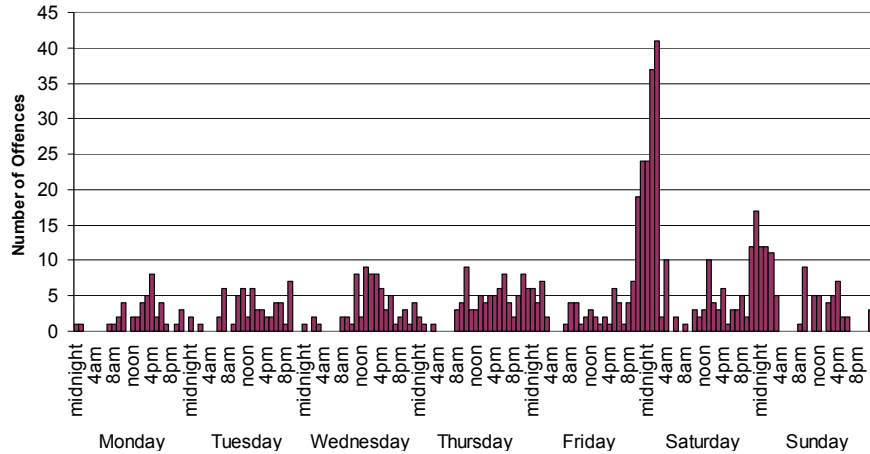
Sam is at a Youth Event in the open at the SkatePark. It is early evening and becoming dark. He is with friends/peers some of whom are drinking and some are already intoxicated.

Organisers of the event have planned for just such a situation and have identified three options to deal with Sam. They explain to Sam that he can either

- Leave
- Dispose of the alcohol
- Or they will call Police to deal with him

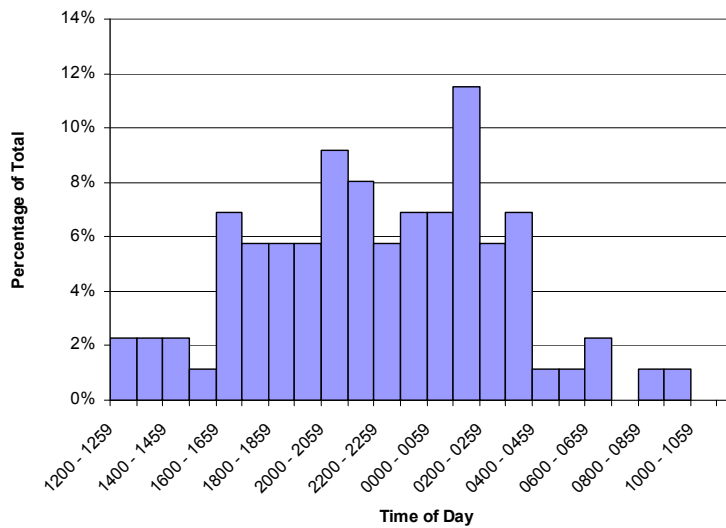
Sam is argumentative and refuses to accept either of the first two options. The organizers call Police who also try to get Sam to get rid of the alcohol or leave or both. Sam is now cursing and aggressive and Police decide they have no alternative but to arrest him.

Time and Day Crime is Committed in Public Places (2006)



When all days are aggregated, the time of day that alcohol problems occur is distributed evenly from late afternoon to early morning. For example, the common time period when Police detain drunken persons range from 4pm in the afternoon to 5am in the morning:

Time of Day Police Detain Drunken Persons (2006)



Barbara

Barbara is a 28 year old female who works for a local legal firm.

On Friday at 5pm she drinks at work with a friend. They consume a bottle of wine before leaving for "Happy Hour" at a local pub. By 8pm she has consumed another eight standard drinks. She meets with friends and they go to a restaurant. Barbara is not hungry but consumes a bottle of wine.

She is now really enjoying herself but her friends are embarrassed at her loud crude jokes. Her friends finish their meal and leave with Barbara in tow. They go to a bar but Barbara is refused entry because she is intoxicated.

She is left outside to wait on the pavement. While she is sitting there she starts an argument with some people passing by. They hit and kick her.

She is taken to hospital where Police notify her next-of-kin.

Her parents can't believe it is their daughter because they are "good people" and their daughter is "respectable and has a good job". They tell Police it can't be her because "she doesn't even drink!" When Barbara wakes up the next day she doesn't remember any of the events of the night before and tells her parents that she didn't know RTD's were alcoholic..

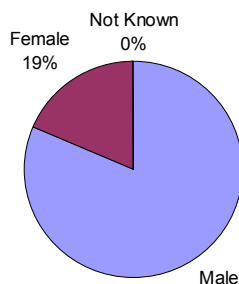
People

A wide variety of different types of people face risks from excessive alcohol consumption. Some become victims of crime, while others commit offences. Still others face health and injuries from accidents and disease.

Local expert groups identify at-risk drinkers range amongst youth, male, female, elderly, people at home, those with drugs and alcohol dependencies. Maori are perceived to be strongly represented as an ethnic group. These people face issues associated with such diverse problems as sexual assault, injuries and violence, unplanned pregnancies and sexually transmitted disease.

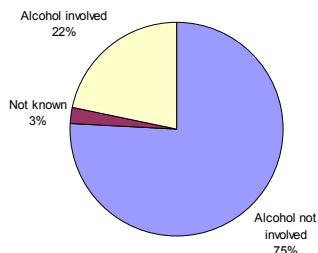
Police crime statistics indicate that people apprehended for offending after drinking are predominantly men. However, across many alcohol harm situations women are consistently represented as 15% to 25% of offenders.

Gender of Extremely Intoxicated Offenders



Women can become at risk of victimization when they become intoxicated. For example, approximately one quarter of women assaulted in family violence situations have been drinking themselves (victim intoxication and drinking situations that place them at risk of violence is consistent with international research identifying alcohol as an aggravating factor in violence; however, this does not mean blame shifts from offenders to victims of such crimes).

Alcohol Involvement: Female Victims of Family Violence



Jake

Jake is 39 years old, Maori and a bit of an outcast.

Jake uses booze and drugs. He has been educated in the “school of life” on how to deal and cope with this.

He walks into a bar at about 9-10.30 pm. He is known to the publican, and is not wanted, not welcome because of his violent attitude. He accidentally bumps into another patron and is unaware of invading others’ personal space. The licensee insists he leaves and tries to point him in the direction of the door, but he becomes aggressive and curses the licensee and most of the patrons.

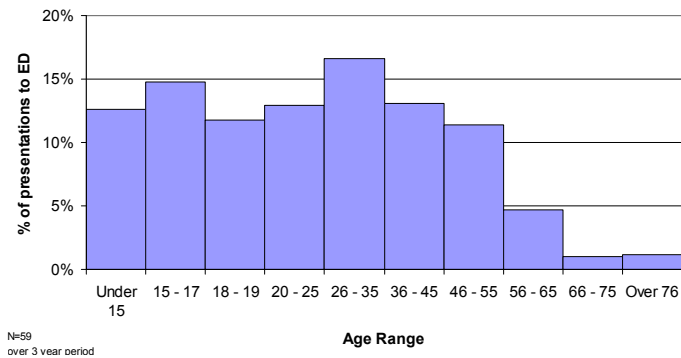
The licensee feels he has no choice after discussions with Police and decides to trespass Jake. Jake has been trespassed by most of the pubs in town and increasingly drinks alone, usually drinking home-brewed spirits and using drugs, becoming more socially isolated.

Age of people at-risk

There is not a typical age for people affected by alcohol-related harm. People affected range from persons under 15 years old to the elderly. Local experts identify that problem drinking can be seen in Whakatāne District with children as young as eight years old.

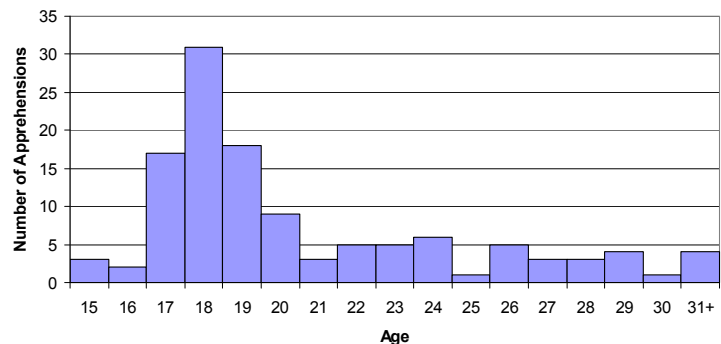
Health data provides an example of this broad age profile of people affected. Patients presenting to Whakatāne hospital’s emergency department with alcohol disorders (such as poisoning, alcohol abuse and alcoholism problems) range from children to elderly patients. A significant proportion of these people (more than 25%) are younger than the legal drinking age.

Age of Emergency Department Patients with Alcohol Disorders



Police data for the age of criminal offenders indicates that age of intoxicated persons committing crime is highly dependent on the locations and situations where alcohol has been consumed and the nature of the crimes committed. For example, 17 years to 20 years old people are commonly caught breaching the District’s liquor bans.

Age of Offenders Breaching Liquor Bans



Harry

Harry is a Maori male aged 16 yrs.

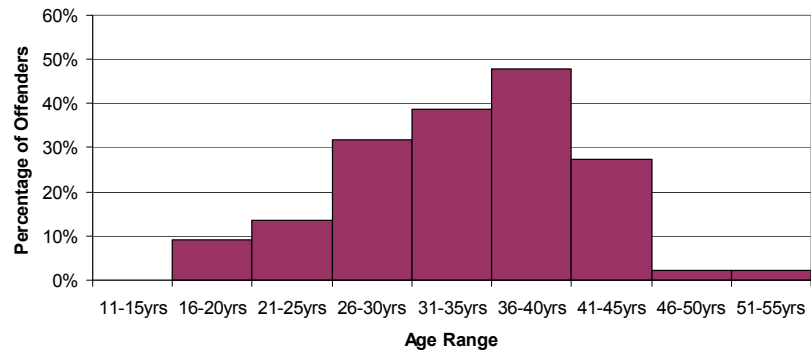
Harry left school with no qualifications and is unemployed. Comes from 'broken home' where he lives with his mother and four younger siblings.

Early afternoon on a Tuesday, Harry's father has dropped in for a visit to the family home. His father has been drinking prior to his arrival and is looking for more alcohol (or money to buy some). Harry's father asks Harry's mother for more alcohol and she tells him there is no more and asks him to leave. He doesn't believe her and starts to threaten her. When Harry tries to intervene, his father lashes out at him and injures him. Harry's young brother has been watching the whole time.

Harry is treated at the hospital emergency department, but loses some vision in his right eye. Harry grows up to be violent too and he and his brother accepts this violent behaviour as 'normal'.

However, in other alcohol-related crime situations, people are often older. For example, family violence offenders tend to involve people 26 years to 50 years old.

Age of Family Violence Offenders



CHALLENGES FOR WHAKATĀNE DISTRICT

The preceding sections highlight a variety of alcohol harm issues in the District and the diversity of alcohol harm situations, risky drinking venues, and types of people affected by alcohol problems. The problems are community-wide and reach across many different types of people affecting those at risk from their own drinking behaviours and people who are at risk from or otherwise affected by the drinking of others.

The most critical issues have been identified as:

- Crime problems associated with drinking in public places
- Road Safety (drinking and driving)
- Alcohol-related harm arising from people drinking in private homes and family alcohol problems.
- Youth access to alcohol
- Unregulated supply of alcohol in the District
- The compliance of some licensed premises with SOLA requirements

These issues present challenges for the Whakatāne District Council. Some can be addressed by traditional regulatory and planning processes.

Other problems are more ingrained into the fabric and attitudes of members of communities. It is acknowledged, that addressing these issues such as alcohol-related family violence and the problems with youth access to alcohol, will be difficult and Council leadership will be required.

Council leadership can provide support to the wide range of support groups and agencies already dealing with alcohol-related harm issues in communities within the District.



FRAMEWORK TO ADDRESS ALCOHOL ISSUES

Central Government policy addressing alcohol harm is summarised by the National Alcohol Strategy¹¹ 2000-2003, which sits underneath the National Drug Policy. The document stresses the importance of strategies being adopted in conjunction with one another rather than in isolation. Regulatory partners addressing alcohol issues include public health agencies, local government and district licensing agencies, Police and the liquor licensing authority. There are also key partnerships including with the liquor industry, and community groups.

A wide range of issues need to be considered to effectively address alcohol problems. Potential responses cover planning, environmental design, community partnerships, enforcement, crime prevention and problem targeting. The National Alcohol Strategy identifies responses that fit within three general intervention areas covering (a) controls over supply of alcohol (b) initiatives to reduce the demand for alcohol and (c) measures that limit alcohol problems:

Controlling alcohol supply

Supply control addresses measures to control the availability of alcohol. Supply control initiatives can be separated into three general types; enforcement approaches, industry led initiatives, and planning based approaches. These interventions tend to be focussed on licensed alcohol outlets such as hotels, clubs and off-licensed premises. These premises offer a focus for reducing alcohol-related problems as they can be implicated as a high-risk setting for harmful drinking and represent an often identifiable and predictable problem. They therefore offer considerable opportunities as a focal point for addressing alcohol harm¹².

Enforcement approaches are generally led by regulatory agencies such as the district licensing agency, Police or public health authorities. Enforcement measures tend to be predominantly focussed on licensed premises, though supply enforcement can also be broadened to include controls applied to address the supply of liquor by non-licensed sources such as unlicensed clubs, parties and friends.

¹¹ National Alcohol Strategy 2000–2003. Jointly published in March 2001 by the Alcohol Advisory Council of New Zealand and the Ministry of Health.

¹² Plant, M., et al. (2002). 'People and places: some factors in the alcohol-violence link. *Journal of substance use*, vol 7: 211-217..



Weatherburn has observed that in respect of alcohol law “consistent and effective enforcement ...is the key to achieving successful compliance”¹³. In the absence of enforcement, liquor laws have been shown to have poor deterrent effect (Stockwell 2001)¹⁴.

Industry-led initiatives involve self-regulation activity that occurs either on an individual licensed premise or collectively through relationships such as alcohol accords. In practice, these measures often involve public agencies, such as councils, in an advisory capacity or providing momentum to initiate problem solving initiatives within the liquor supply industry. These self-regulation arrangements often involve education and industry responsibility programmes.

Planning-based approaches are measures involving the use of district planning processes by local authorities to restrict licensed premises density, trading hours and address other supply factors that can be influenced by the district planning framework used by local communities (such as billboard advertising). Control of the physical and social environment can have considerable influence¹⁵. Planning approaches tend to be underutilised in New Zealand, but have been demonstrated to show significant and lasting impacts and promise to provide sustainable solutions to alcohol over-supply. For example, Graham’s 1985 study of Vancouver bars indicated that behaviour was correlated with bar size, quality and standards¹⁶. McKnight & Streff showed similar quality standards in the US correlated with drink-driving problems. These are all factors that can be controlled through planning-based approaches. Research indicates that high densities of licensed premises are an influence on increased alcohol-related assaults.^{17,18}

Reducing Demand for Alcohol

Demand reduction initiatives address the reduction of alcohol consumption and encourage responsible drinking behaviours.

¹³ Weatherburn D (2000) Regulation of liquor licensing should be made to work. Brief Editorial. *Addiction* (2000) 95(3), 327

¹⁴ Stockwell T (2001) Harm reduction, drinking patterns and the NHMRC drinking guidelines. *Drug & Alcohol Review*, 20, 121-129

¹⁵ Hill L (2004) Planning for the sale of alcohol. A review of research & policy for the Ministry of Health.

¹⁶ Graham K (1985) Determinants of heavy drinking and drinking problems.: the contribution of the bar environment. In Single E & Storm T. *Public Drinking and Public Policy*. Addiction Research Foundation. Toronto. 71-84.

¹⁷ Scribner R, Mackinnon D, Dwyer J 1995. The risk of assaultive violence and alcohol availability in Los Angeles County. *American Journal of Public Health* 85. 335-340

¹⁸ Lipton R & Grunewald P (2001) The special dynamics of violence and alcohol outlets. *Journal of Studies in alcohol* 63, 187-195



This involves a range of measures including increasing alcohol taxation, restricting the advertising of alcohol, social marketing to cause culture change in drinking behaviours, and problem-solving interventions that are focussed on at-risk drinking behaviours. These demand interventions, particularly social marketing, education, and community-based interventions have gained increasing prominence in recent years. They include education programmes and youth projects that often target problem drinking alongside other high risk behaviours.

The government recently initiated a substantial culture change programme, largely in response to research indicating that a high proportion of New Zealanders accept drunkenness as socially acceptable.¹⁹ Youth and parenting interventions are particularly valuable as they shape the long term setting of norms in young people regarding responsible drinking behaviour.²⁰

Limiting Alcohol-Related Problems

A range of environmental interventions aim to reduce the likelihood of the drinking environment or public space environment contributing any alcohol-related harm. These include measures that aim to improve the public place environment such as by-law initiatives aimed to reduce public place drinking (usually directed to urban, special event, or holiday spot liquor bans and to underage drinking), and situational prevention initiatives such as Crime Prevention Through Environmental Design (CPTED) that aim to improve the quality of the public place environment. CPTED and more general problem solving solutions have led to improvement in the quality of the public place environment leading to reduced alcohol harm problems. The types of initiatives emerging from local New Zealand situations include transport (e.g. late night buses), community patrols, Māori Warden patrols, youth projects, liquor bans, CCTV, and lighting, hardening locations against unwanted intrusion, and improving community interaction in public spaces. These interventions aim to impact on problems such as the deterioration of the public environment and drunkenness that acts as a confounding factor to at-risk drinking behaviours.

¹⁹ The Way We Drink. The current attitudes & behaviours of New Zealanders (aged 12 plus) towards drinking alcohol. March 2004.

²⁰ Toumbourou J, Godfrey C, Rowland B, Duff C (2004) Law, regulation, policing and enforcement in the prevention of alcohol-related harm. Prevention research evaluation report No 9. February 2004. Drug Info Clearinghouse.



A wide range of stakeholders address alcohol issues in Whakatāne District. Key organisations include:

Public agencies

- Whakatāne District Council
- Safer Community Council
- New Zealand Police
- Bay of Plenty District Health Board - Toi Te Ora Public Health
- Alcohol Advisory Council of New Zealand
- Accident Compensation Corporation
- Liquor Licensing Authority
- Corrections Department (Probation Service)
- Child Youth and Family
- Ministry of Justice (Crime Prevention Unit)

Community-based groups and associations

- Whakatāne Youth Access to Alcohol group
- Community Alcohol and Drug services
- Ngati Awa Social and Health Services Trust
- Voyagers Child & Adolescent Mental Health Service
- Alcoholics Anonymous
- Salvation Army
- Churches
- Community Action on Youth and Drugs
- Iwi social and health services - Ngati Awa Social and Health Services
- Hospitality Association of New Zealand

PRINCIPLES FOR COUNCIL ACTION

Several principles guide Whakatāne District Council action on alcohol issues:

1. The need for leadership

Many alcohol problems arise from attitudes and behaviours that need to be addressed by the individuals who engage in risky drinking practices. Council itself can show leadership on these attitudes and behaviours. Council is an organiser of local events, is a relatively large local employer can promote safe alcohol use within its internal activities and ensure there is safe alcohol use on its premises and other infrastructure.

2. Support for community based solutions

Council recognise the need for a 'whole of community' approach to minimizing alcohol-related harm. Council itself has limited resources and limited ability to influence many types of harm situations. However it can provide support to those groups and people who are in a position to address alcohol problems.

3. Effective stakeholder partnerships

There are many locally based agencies and organisations who are involved in alcohol harm reduction (refer to the adjacent sidebar). These range across Council's regulatory partners, other public agencies and community organisations/iwi groups. Council is committed to working with these stakeholders to ensure that collectively, services are delivered effectively and identified risks and problem situations are addressed as a priority.

4. Accountabilities effectively discharged

The Council has certain regulatory and statutory responsibilities. These cover an important role in local liquor licensing and the monitoring of licensed premises. Council is also required to maintain a Long Term Community Plan (LTCCP) which identifies outcomes that have been identified in consultation with the community in terms of the present and future well-being of the community. Minimising harm from the misuse of alcohol is an important aspect of promoting this community well-being.



GOALS

National culture change programme:

Focus groups identified that recent national advertising is important in educating the public about alcohol-related problems. The national advertising campaigns relating to binge-drinking, drink-driving and links with family violence were seen as important in an overall education strategy.

Role modelling:

Participants also identified a need for positive messages about responsible behaviour. They stressed the need for local community leaders to model good behaviours relating to alcohol

This strategy has four primary goals:

1. To provide Council leadership that assists the community to minimise alcohol harm in the District.
2. To ensure that alcohol supply is responsibly delivered in accordance with the law
 - a. By on-licensed premises
 - b. By off-licensed suppliers, and
 - c. At public and private events.
3. To support a 'whole of community' approach to address the alcohol harm issues faced by high risk people, families and groups who feature disproportionately in harm statistics: Primary attention needs to be directed towards:
 - a. Youth alcohol issues.
 - b. Alcohol misuse within at-risk families.
 - c. Alcohol misuse by young adults.
4. To enhance the safety of the District's physical environment
 - a. Addressing problems with drinking in public places
 - b. Enhancing the security of public places

These goals have linkages to a number of the community outcomes identified in the LTCCP. They particularly impact on the outcome of a safe and caring community where alcohol abuse is diminished, homes and neighbourhoods are free from fear of violence or crime, and youth development is supported. The alcohol strategy goals also link to community outcomes addressing aspects of healthy people, strong leadership, prosperous economy, infrastructure and environmentally responsible development.



STRATEGIES

Community Alcohol and Drug services is a free community based alcohol and drug service providing assessment, counselling, residential detoxification, dual diagnosis and support.

The service caters for adults 18 years plus referred by themselves, health professionals, assessment agencies or by other agencies.

Four strategies address the Council's goals:

1. Development of internal Council policies and practices for safe alcohol use
2. Effective regulation and support
3. Coordination, collaboration with and resourcing of community responses to at-risk groups.
4. Environmental design and alcohol bylaws to enhance the safety of public places

The goal to provide **Council leadership** that assists the community to minimise alcohol harm in the District will be addressed through strategies that show leadership through internal Council alcohol policies, Council organised events and community activities and guidelines for the use of alcohol on Council owned properties/premises.

To ensure that **alcohol supply is responsibly delivered** in accordance with the law goals will primarily be addressed through strategies that control the supply of alcohol and which establish effective planning guidelines. Council will provide support to the licensing industry and to organisers of public and private events

The goal to **support a whole of community approach** to address the alcohol harm issues faced by high risk people, families and groups will be largely addressed by strategies that control the demand for alcohol and provide support to groups that help the community to address alcohol misuse. These are directed toward assisting groups working with youth and with families at-risk. We will also directly support these measures through any education and services Council delivers.

The goal to **enhance the safety of the District's physical environment** will primarily be addressed by strategies that address local alcohol bylaws, their effective application, and measures to enhance security, such as environmental design measures.



Ngati Awa Social and Health Services Trust (NASH) is one of the largest Maori providers in the Eastern Bay of Plenty. It is mandated to provide all social, health and employment services to Ngati Awa and the wider community within the Ngati Awa rohe.

NASH currently provides a wide range of social and health services for people and families with alcohol problems including both proactive services (preventative or health promoting such as Tamariki Ora and Social Workers in schools) and reactive (responsive) initiatives such as drug and alcohol counselling.

Strategy 1: Provide Council Leadership

Establish responsible Council alcohol use and promotion policies

This will involve a threefold focus on Council events, alcohol use by staff and situations where the Council can influence local advertising and sponsorship of alcohol.

An environment will be established where Council employees and visitors are safe when alcohol is present. The objective of establishing this policy is to provide Council staff and contractors an opportunity to model safe behaviours to the community (such as avoiding intoxication and drink-driving). In practice, this will involve the Council:

- Developing a Council Host Responsibility Policy
- Only holding Council events that promote safe alcohol use or that are alcohol-free.
- Developing guidance for safe alcohol use by staff and providing a code of conduct framework that effectively implements Council policies associated with alcohol use and practices at council events and functions.
- Providing training in management of responsible beverage service for relevant Council staff, representatives, and users of council facilities.

A policy will be developed guiding the safe use of alcohol on Council owned property. This will guide the development of contracts, lease arrangements and other documents governing the use of Council properties.

The Council will develop a policy covering responsible advertising and sponsorship practices in Whakatāne District. Council is itself a sponsor and promoter of community events. It can also influence some aspects of local alcohol advertising by addressing issues such as signage and billboard advertising of alcohol in the District Plan.

Council will support initiatives to lobby central government promoting changes in central government policy that the council believes will reduce alcohol related harm.



Develop effective Council plans and strategies

This involves aligning Council's policies and strategies that address aspects of alcohol regulation, public safety, community support and community growth. To achieve this alignment three key points of alignment are required:

1. To develop a Liquor Licensing Policy to guide the Council's liquor licensing and monitoring activities.
2. To address alcohol activities in the District Plan, covering issues such as the location of alcohol outlets, noise and billboards.
3. To continue to effectively consider alcohol issues during triennial reviews of the LTCCP.

Aligning these policies and plans will assist licensing processes to address the effects of proposed alcohol activities on the community and the environment.

Links to community outcomes

This strategy to provide council leadership addresses community outcomes relating to strong leadership, social responsibility, a prosperous economy, and a safe and caring community.



Voyagers Child & Adolescent Mental Health Service (Whakatane)

provides services to children and adolescents in Whakatane and Opotiki Districts.

Services are targeted at children and adolescents aged 0-19 years who are development impaired (or at risk of being impaired) by seriously dysfunctional behaviour and high levels of distress.

The approach is collaborative and offers an optimum match to goals defined by client and his/her family. Substantial cultural input and evaluation is by cultural assessment tool.

Crises are handled by a specialist Crisis Team, usually jointly with Voyagers staff.

Strategy 2: Ensuring Alcohol Is Responsibly Supplied

Effective local regulation will address the goal of ensuring that licensed liquor supply is responsibly delivered in accordance with the law. Effective local regulation requires:

- Consistent licensing processes
- Effective monitoring and enforcement of regulatory activities to address risks. Effectiveness will result from collaboration among regulatory agencies, targeting activities according to risk, and applying recognised regulatory best practices.
- Supporting the licensing industry and other alcohol suppliers to act responsibly and address problem drinking situations.

Thus, we will maintain effective liquor licensing processes and will promote effective regulatory and industry partnerships.

Maintain effective liquor licensing processes

We will develop a liquor licensing policy to guide DLA activities. The goal of developing a liquor licensing policy is to achieve consistent licensing, monitoring and enforcement processes in the District. The policy will guide DLA decision-making in liquor licence applications, on applications for general manager's certificates and for temporary authorities. The policy will seek community input on whether restrictions should be placed on the location of and number of licensed premises in the District (such as restricting the location of premises near schools or in residential areas). The policy will also establish a framework that provides for community views to be considered during licensing decisions.

A formal policy will also set out the framework required to achieve effective monitoring of licensed premises compliance and guide any enforcement activity. This framework will ensure that all types of licensed premises receive the attention and support required to encourage responsible alcohol supply within the District.

An objective of this strategy is to ensure that the licensed premises monitoring and compliance activities of Police, Council and Toi Te Ora Public Health are delivered to best effect. Effective monitoring requires the agencies involved in alcohol monitoring and enforcement to adopt a structured framework that targets monitoring to risk, establishing effective controls.



Trespassing troublemakers from all licensed premises:

Members of the licensing industry in Whakatāne currently participate in a trespassing scheme in partnership with Police.

Troublemakers on any licensed premises can be identified by the licensee/ general manager and be trespassed from all licensed premises in the Whakatāne Area for a set period.

The trespass notices are enforced by local licensees and by Police.

The **ClubMark** scheme is an example of support to voluntary groups. The scheme is currently being provided by ACC to sports clubs in the District. This is a pilot programme being delivered through the Regional Sports Trust.

An effective program of monitoring and enforcement will be maintained by targeting regulatory initiatives using data such as Police's Alcolink intelligence. The focus of this monitoring and enforcement will be on minimising intoxication and eliminating the sale of alcohol to underage persons and will involve both covert (such as controlled purchase operations) and visible licensed premises inspections. Consideration will be given to increasing the frequency of these monitoring activities.

Council's liquor licensing and monitoring activities will provide particular attention to ensure that the Sale of Liquor Act is enforced at community functions and public events.

Promote effective regulatory and industry partnerships

Supporting the licensing industry and other alcohol suppliers to act responsibly and address problem drinking situations, requires regulatory agency coordination and practical support to the licensing industry, and to other local suppliers of alcohol at public events and clubs.

The role of other agencies who work alongside the Council's District Licensing Agency is acknowledged. Specifically, Police and Toi Te Ora Public Health participate in regulatory functions and work alongside DLA to ensure compliance with licensing laws within the District.²¹

Council will continue to collaborate with local regulatory agencies. These partnerships enable monitoring activity to be efficiently coordinated and targeted to risk. The partnerships also allow appropriate responses to compliance problems to be agreed among participating agencies. We will continue to advocate for these partner agencies to provide adequate resourcing to address alcohol-harm problems, and its consequent crime and safety impacts.

Council, Police and Toi Te Ora Public Health already engage in regular meetings and engage in other interactions with local licensees, general managers and alcohol industry groups. These interactions will continue. To enhance the ability to work effectively with the local liquor industry, we will also examine whether to establish more formalised local alcohol accords or other formal partnerships with the local industry.

²¹ The New Zealand Fire Service is also involved in compliance activities where licensed premises are subject to evacuation schemes.



An alcohol accord may provide a useful framework for the resolution of alcohol licensing issues, for communicating with the industry, and maintaining the effectiveness of existing initiatives. Agencies will consult with the local liquor industry to identify what measures, such as training, might be required to enhance compliance.

To support other licensed suppliers we will provide practical support to voluntary groups and event organisers who supply alcohol – particularly to licensed clubs and to organisers of licensed events. Often this support will come from other groups and agencies that provide training, information and other support.

Links to community outcomes

This strategy to ensure alcohol is responsibly supplied addresses community outcomes relating to social responsibility, a prosperous economy, and a safe and caring community.



Youth development and involvement in sport:

Youth development initiatives were identified during focus group discussions as an effective way of diverting some youth-at-risk away from potential alcohol misuse. A lack of options for recreation and leisure, appealing to a wide range of young people was identified as a particular problem.

Finding new opportunities to raise youth involvement in sports activities was identified as important and several options were discussed:

- The Waka Ama initiative was identified as having significant benefits for youth.
- The development of a multi-sports centre, which is planned for 2010/2011 was felt likely to provide new opportunities.
- It was felt that Council should consider youth facility requirements when divesting council property or land in the future.

Strategy 3: Support a Whole of Community Approach

The Council recognises challenges faced in effectively addressing alcohol-harm in situations where the supply of alcohol is not formally regulated; such as in private homes, within at-risk families and with youth access to alcohol.

Interventions in these areas rely on effective social networks and programmes that help people develop skills and safe behaviours, and that establish ‘guardians’ or support people who can intercede and support people at risk of alcohol-harm. The collaborative efforts of community-based agencies help to establish these resources throughout the community. The agencies, organisations, and individuals who are best placed to provide these services depend on each unique situation. They range across such diverse groups as parents, friends, teachers, social workers, community groups, Maori Wardens, Whanau, health professionals, Police and other Government agencies.

The roles and valuable contributions of these other community and public organisations are acknowledged. Specifically organisations addressing:

Youth alcohol issues	<ul style="list-style-type: none"> • Community Action on Youth and Drugs • Whakatāne Youth Access to Alcohol group • Local schools
Alcohol problems within families/whanau and communities	<ul style="list-style-type: none"> • Child Youth and Family • Salvation Army • Churches • Iwi social and health services (e.g. Ngati Awa Social and Health Services) • Alcohol Advisory Council of New Zealand
Alcohol-related health and well-being	<ul style="list-style-type: none"> • Bay of Plenty District Health Board - Toi Te Ora Public Health • Community Alcohol and Drug Services • Ngati Awa Social and Health Services Trust • Voyagers Child & Adolescent Mental Health Service • Alcoholics Anonymous
Public impacts of alcohol-misuse	<ul style="list-style-type: none"> • Safer Community Council • New Zealand Police • Ministry of Justice (Crime Prevention Unit)

Council’s role alongside these groups is to provide support to leading organisations, and to monitor and/or influence others. Ways that council can fulfil a supporting role to achieve community outcomes is by providing inputs such as promotion, facilitation and advocacy. Increased social agency involvement and constructive alcohol prevention programmes will be encouraged.

As a result of this strategy, Council’s support and influence will be directed towards a wide range of community alcohol initiatives, though efforts will be particularly directed towards initiatives that address alcohol-harm

Bethel House is a residential care house for men the majority of whom have drug and alcohol problems. It has been operating in the Whakatane community for 17 years and has 23 live-in residents. Residents may stay from 3mths to 3 years and can be referred by the Courts, Police, prisons or community organizations. The aim is to help people get back on the right track through rehabilitation and work training, ultimately getting people back into fulltime work. There is also a 'second stage' home for people who are working their way back into the community. Success rates have increased through experience gained over many years.

minimisation for youth, at-risk families and young adults; as it is these three groups that are most at-risk of alcohol-harm in Whakatāne District.

Support for community alcohol initiatives

To promote community safety, Council will work with stakeholder agencies to identify how to effectively provide education and information about alcohol use, positive role modelling, and to promote moderate alcohol use to those who choose to drink in the District. The dangers of mixing alcohol and other drugs will also be addressed.

Adequate resourcing is seen as important for improving the effectiveness of a variety of local social service providers. The Council will advocate for funding and other support on behalf of certain local groups. Council's attention will be focussed on seeking this external support from national organisations that are interested in addressing alcohol harm in Whakatāne District.

A perceived problem with the provision of the social services in the District is the lack of coordination across all groups and activities. To address this, Council will develop a directory of local alcohol-related social services and will identify options for greater coordination among the diverse group of providers.

A specific harm-minimisation focus on youth

Effectively providing interventions for young people requires feedback and input from them about what is required and what will be effective. Thus, Council will work with local providers of youth services to identify youth attitudes to alcohol and ways that alcohol-harm can be reduced for young people.

The Council will continue to provide support for local initiatives, programmes, and groups that aim to reduce alcohol-related harm for young people. This includes supporting groups such as Youth Access to Alcohol (YATA) who are specifically focussed on addressing alcohol harm issues for young people in Whakatāne District.

Safe places for youth and alcohol-free events for youth will be encouraged by the Council and in some cases may also be developed, promoted and otherwise supported by Council resources.

Through alcohol licensing, monitoring processes and by supporting the local industry, we will deliver and support initiatives that prevent licensees from supplying alcohol to under age persons.



Youth Access to Alcohol groups (YATA)

YATA is a 'community action' project, involving ALAC and broad-based community teams from a range of towns and cities across New Zealand, which aims to reduce the illegal and/or irresponsible supply of alcohol by adults to young people in New Zealand".

YATA's three key objectives are:

1. To reduce the alcohol related harm experiences by young people/Rangatahi in Aotearoa/New Zealand by reducing the supply of alcohol by adults to young people
2. To ensure that alcohol is only supplied to those under 18 by their own parents, in limited quantities, for the consumption in a safe supervised environment
3. To increase the knowledge and understanding of the laws around the supply of alcohol to those under 18 years.

A specific harm-minimisation focus on at-risk whanau/families

The Council will continue to provide support for Government agency collaborations that identify, prioritise resources towards, and deliver interventions to at-risk families/whanau within the District.

In collaboration with relevant stakeholders Council will contribute to the development of a framework that identifies the support requirements of community-based initiatives and groups that address alcohol-harm within local whanau/families.

Through its involvement in local road safety planning, we will continue to focus on alcohol-related road crash problems arising when people consume alcohol at private homes and in rural areas.

A specific harm-minimisation focus on young adults

Young adults are an identifiable high risk group for alcohol-related crime and other harm. To address problem drinking behaviours we will support projects, programmes and initiatives that address risky attitudes to alcohol in the community.

The Council will encourage and support community events where alcohol-harm is minimised. Alcohol free events targeted at young adults will be specifically encouraged, as well as programmes such as DARE and school ball initiatives.

The Council will reinforce a low tolerance for criminal and anti-social behaviour associated with alcohol-misuse. These expectations will be clearly communicated to the community and to Police and other agencies that contribute to maintaining a safe local environment.

Links to community outcomes

This strategy to support a whole of community approach identifies ways in which Council will provide support to public and community organisations who are working to address alcohol-related harm. The strategy addresses community outcomes relating to a safe and caring community and healthy people. Safe infrastructure is also addressed through road safety planning.



Safe Transport

Transport was a key issue raised in focus group discussions. A lack of public transport during “drinking hours” was seen as a personal safety issue, particularly for young people and for people who were out alone.

Participants identified that courtesy vans were provided by some chartered clubs but indicated that these were not always convenient, because of delays between trips due to the isolation of some drinking venues.

Participants identified solution, such as more regular public transport timetables and safe transport initiatives in other locations such as Txt a Taxi.

Strategy 4: Enhance Safety of Physical Environment

Maintain effective alcohol bans

Liquor bylaws are intended to control problems associated with drinking in public places and the impact of that drinking on crime and perceptions of safety. Bylaws are often complemented by other measures that address the safety of public spaces such as streets, parks, and beaches. To be effective, it is essential that liquor bans are accompanied by strategies to ensure the public are aware of liquor restrictions and for bans to be accompanied by credible and visible enforcement.

As part of this strategy, Council will continue to consider the need for liquor bylaws to be extended (to other Whakatane areas or to cover other times or events) in light of relevant crime and safety issues that arise in public places and surrounding public events.

To ensure that liquor bans remain effective, the Council will collaborate with Police and other groups; such as voluntary organisations, event organisers and Maori Wardens, to develop measures (such as high visibility police patrols in liquor ban areas) to improve liquor bylaw compliance. Consideration will also be given to whether it is possible, while extending liquor ban coverage, to allow for exemptions through special licenses where functions in public areas are proposed.

Environmental improvements

The safety of the community from alcohol-related crime is known to be affected by the attributes of public spaces. The safety of public areas can be enhanced by adopting established good practice in design, such as having adequate lighting, wide footpaths, and good visibility.

The Council will encourage the adoption of crime prevention through environmental design (CPTED) principles whenever Council owned buildings are refurbished or when the Council invests in the development of public spaces. Areas identified as being at risk of alcohol-related crime will be considered when prioritising Council’s investments in infrastructure improvement.

We will also promote CPTED principles to developers within the District who propose to establish new licensed venues or who establish permanent or temporary locations for public events involving alcohol.



Education and community information:

Focus groups identified a need for more education about safe alcohol use and the need to promote information about alcohol harm issues locally. This need covers broad community education and information targeted to at-risk groups (particularly youth).

Education of the broader local community was seen as important given misconceptions about who is affected by alcohol misuse. Focus groups suggested the council could facilitate local marketing, perhaps in support of national campaigns. This work could involve stakeholder agencies collaborating to provide resources to the news media, schools, Marae and industry groups.

Providing suitable material to the liquor industry to display about safe alcohol use was seen as important.

Education of young people was seen as necessary. Focus group participants stressed the importance of being selective about who to target and how to deliver information, rather than investing heavily in the mass distribution posters or other material. It was felt that some of the messages youth receive need to reinforce greater intolerance of alcohol misuse. Participants also identified a need for positive messages about responsible behaviour. Repeating the *Think...Consequences* campaign was identified as an example.

A specific CPTED initiative that will be implemented is the monitoring of the Whakatāne CBD using closed circuit television. The Council will also coordinate with Environment Bay of Plenty to examine public transport options that provide options to reduce the incidence of drink-driving and to facilitate the transport of people from the Whakatāne CBD and from other drinking locations at times when people leave licensed premises or from events involving alcohol.

Links to community outcomes

This strategy to enhance the safety of physical environment addresses community outcomes relating to social responsibility, a prosperous economy, and a safe and caring community.



ENSURING PROGRESS IS MADE

The governance of this alcohol strategy and the measures arising from it reach across many areas of Council. These cover internal leadership initiatives, planning responses, regulatory processes, community development, and infrastructure impacts.

The strategies also affect a wide variety of local community and national partner agencies.

Because of the diversity of the strategy's impacts, and of the wide variety of measures that are required to effectively address alcohol issues, it is appropriate that this strategy should be governed at the highest level. The following roles will be performed within Whakatāne District Council:

- Strategy Sponsor: The Whakatāne District Mayor
- Strategy Owner: The Chief Executive of Whakatāne District Council.
- Specific initiatives and strategies: Assigned to Director Roles within Whakatāne District Council.

The Council also recognises the significant roles performed by other agencies in alcohol regulation and in providing services that address alcohol harm. The Council will continue to participate in multi-agency groups that foster coordination and collaboration on alcohol issues. In particular:

- The regulatory agency group (Council, Police, Toi Te Ora Public Health).
- The Whakatāne Alcohol Strategy Advisory Group.
- Other coordinating groups as required.

Key elements of governance of this strategy will be achieved by:

- An annual progress report, for the five year duration of the strategy, to be made to the Council. The annual report will address progress made in implementing the measures in the strategy and on their impact.
- A review of the strategy to be completed by 30 June 2010.



SUMMARY

Goal	Strategies	Timing	Responsibility
Provide Council leadership.	<p>1. Establish responsible Council alcohol use and promotion policies</p> <ul style="list-style-type: none"> • Establish an environment where Council employees and visitors are safe when alcohol is present <ul style="list-style-type: none"> • Develop a Council Host Responsibility Policy • Only hold Council events that promote safe alcohol use or that are alcohol free • Develop guidance for safe alcohol use by staff • Provide training in management of responsible beverage service for relevant Council staff • Develop a policy guiding the safe use of alcohol on Council owned property. • Develop a Council policy covering responsible advertising and sponsorship practices in Whakatāne District. 	June 2008	Chief Executive
	<p>2. Develop effective Council plans and strategies</p> <ul style="list-style-type: none"> • Effectively address alcohol issues in the next review of the LTCCP. • Align the District Plan with the new Liquor Licensing Policy • Ensure that all planning decisions relating to licensed premises consider the effects of the proposed activity on the community and the environment. 	June 2009	Director, Environment and Policy
Ensure alcohol is responsibly supplied.	<p>3. Maintain effective liquor licensing processes</p> <ul style="list-style-type: none"> • Develop a liquor licensing policy to guide DLA activities. • Establish an effective program of monitoring and enforcement <ul style="list-style-type: none"> • Targeting regulatory initiatives using Alcolink. • Focus on minimizing intoxication. • Ensure that the Sale of Liquor Act is enforced at community functions and public events 	June 2008	Director, Environment and Policy
	<p>4. Promote effective regulatory and industry partnerships</p> <ul style="list-style-type: none"> • Continue Council collaboration with local regulatory agencies (Police, Toi Te Ora Public Health, Fire Service) • Examine whether to establish local alcohol accords and other formal partnerships with the liquor industry. • Provide practical support to voluntary groups and event organisers who supply alcohol – particularly to licensed clubs and to organisers of licensed events. 	June 2008	Director, Environment and Policy



Goal	Strategies	Timing	Responsibility
Support a whole of community approach to address alcohol harm.	5. Provide support for community alcohol initiatives <ul style="list-style-type: none"> • Promote information about alcohol use and promote moderate alcohol use to those who choose to drink • Maintain partnerships with central government agencies to address local community safety issues. • Seek funding and other support on behalf of local groups from national organisations interested in addressing alcohol harm in Whakatāne District. • Develop a directory of local alcohol-related social services and identify options for greater coordination among the providers. 	June 2008	Director, Environment and Policy
	6. Adopt a specific harm-minimisation focus on youth <ul style="list-style-type: none"> • Consult with youth about attitudes and ways to reduce alcohol-harm. • Provide support for local initiatives, programmes, and groups that aim to reduce alcohol-related harm for young people. • Support safe places for youth and alcohol-free events. • Promote initiatives to support licensees to prevent the supply of alcohol to minors. 	June 2008	Director, Environment and Policy
	7. Adopt a specific harm-minimisation focus on at-risk whanau/families <ul style="list-style-type: none"> • Provide support for Government agency collaborations that address at-risk whanau/families. • Develop a framework for identifying the support requirements of community-based initiatives that address alcohol-harm within local whanau/families. • Continue to focus on alcohol-related road crash problems arising when people consume alcohol at private homes and in rural areas. 	June 2009	Director, Environment and Policy
	8. Adopt a specific harm-minimisation focus on young adults <ul style="list-style-type: none"> • Provide support to community events where alcohol-harm is minimised. • Support projects, programmes and initiatives that address risky attitudes to alcohol in the community. • Reinforce a low tolerance for criminal and anti-social behaviour associated with alcohol-misuse. 	June 2010	Director, Environment and Policy



Goal	Strategies	Timing	Responsibility
Enhance the safety of the physical environment	9. Maintain effective alcohol bans <ul style="list-style-type: none"> • Consider the need for liquor bylaws in light of relevant crime and safety issues • Develop measures to improve liquor bylaw compliance 	June 2009	Director, Environment and Policy
	10. Target environmental improvements <ul style="list-style-type: none"> • Adopt CPTED principles considered when refurbishing or developing public spaces and Council owned buildings • Implement CCTV monitoring in the Whakatāne CBD. • Develop strategies to increase public transport options for people using licensed premises 	June 2008	Director, Works and Services
Evaluate effectiveness	11. Monitor progress <ul style="list-style-type: none"> • Annually monitor and report on implementation of this strategy. • Formally review the strategy in 2010 	Annually	Director, Environment and Policy

