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New Plymouth District Alcohol Strategy 2009-2014

New Plymouth District Council in partnership with New Plymouth Police, Taranaki District Health Board, Ministry of Social Development and the Accident Compensation Corporation.



WORKING TOGETHER TO ACHIEVE...

Our vision of a safe, healthy, vibrant community and quality living environment through the responsible use of alcohol and by minimizing alcohol related harm in New Plymouth District.

The New Plymouth District Alcohol Strategy aims to minimise alcohol related harms for individuals, families and communities and to promote safer alcohol-related environments within New Plymouth District.

This is achieved through the following objectives:

- To provide leadership to reduce alcohol related harms.
- To ensure the legal and responsible supply of alcohol.
- To promote safer environments where alcohol is present.
- To minimise alcohol related harms by encouraging responsible use of alcohol.
- To develop, enhance and sustain a whole of community approach to reducing alcohol related harms.



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PART 1

STRATEGY

Foreword

A SOBERING THOUGHT

Harmful alcohol use in 2006/07 cost New Zealand an estimated \$5.296 billion¹. The amount spent on alcohol per week per household is \$19.00². This is more than the amount spent per household on fruit and vegetables.

¹ The types of costs included in this figure are the total crime costs due to harmful alcohol and drug use, estimated at \$1.1 billion including costs to the victims of crime, the use of Police resources, court related costs and prison (Geoffrey Palmer speech to Nelson Police, 24 April 2009)

² Statistics NZ – Average Weekly Expenditure for 2006/07

Introduction

It is vitally important that we recognise the evidence that much alcohol-related harm is preventable. The level of average alcohol consumption in a population is closely linked to the level of alcohol-related harm. Thus, preventive measures that reduce population consumption as a whole are a fundamental part of any strategy to reduce alcohol-related harm.

Problems with alcohol are widely spread through the population, and do not just concern a small minority. Every citizen is affected by alcohol whether they drink or not. In addition to the negative impact of alcohol on individuals, it is also having a sizeable impact on families, communities and the social environment. A substantial proportion of alcohol problems and the costs associated with these are not just attributable to a minority of alcohol users who drink heavily, but also to those who drink moderately. Although moderate drinkers have fewer problems than heavy drinkers, there are so many more of them in the population that they contribute substantially to the harm from alcohol. Thus, alcohol use and alcohol misuse are closely related.

Around 81 per cent of people aged 12 to 65 years consume alcohol, and this figure is stable for persons aged 18 and over. Males, and non Maori are more likely to be drinkers than females and Maori persons (Ministry of Health 2007). However amongst those Maori persons who have consumed alcohol, they are more likely to have consumed larger amounts of alcohol and to meet the criteria for substance abuse alcohol dependence (Ministry of Health 2006). For female drinkers the pattern is changing with more young women adopting typical male drinking patterns (Habgood et al, 2001).

Young people aged 12 to 24 years make up 19 per cent of New Zealand's population. Over 50 per cent report themselves as non drinkers, which means 50 per cent do consume alcohol. Among all age groups who drink young persons are more likely to report themselves as drinking large amounts of alcohol during a single occasion. This pattern of young drinkers is correlated by the experience of adolescents and young adults in other countries (Babor et al. 2003). Student drinking is substantial with 34% reporting an episode of binge drinking in the past 4 weeks.

Under section 10 of the Local Government Act 2002, the New Plymouth District Council has a responsibility to promote the social, economic, environmental and cultural wellbeing of the New Plymouth District, now and in the future. One way the Council can contribute to promoting

community well being is by promoting safer alcohol-related environments, and reducing the harms associated with the misuse of alcohol. In pursuant of this objective, and in parallel with requests from the Police and Public Health Unit at the Taranaki District Health Board (TDHB), the Council resolved on 3 April 2007 to undertake the development of a District Alcohol Strategy.

The New Plymouth District Alcohol Strategy (the strategy) provides New Plymouth District Council and other stakeholders with a shared vision to address alcohol concerns for New Plymouth, and describes common goals and objectives to realise this vision. The strategy provides a framework to guide and coordinate the ongoing collaboration of alcohol focused work across the district.

The coordinating partnership recognises that developing a local alcohol strategy has a number of benefits:

- It can help integrate alcohol-related activities within the Council and its partner agencies.
- It can raise the profile and priority of alcohol issues among councillors and staff.
- It can include community consultation to raise awareness of the social and community impacts of alcohol that go beyond an individual's choices about drinking.
- It can demonstrate Council/community leadership on the issues and act as a catalyst for community action and for the prevention of harm through collaboration with a range of local groups and agencies.

The Council in its role as the District Licencing Agency (DLA) already has some policies and rules relating to the management of liquor use in the community, and the Police and health agency fulfil a number of statutory enforcement and public health responsibilities to minimise alcohol related harm. However, developing and implementing a local alcohol strategy is an effective means of raising the Council and community profile of local alcohol issues as it encourages all responsible agencies and persons to take a strategic and proactive approach to develop effective responses to address local alcohol issues through a range of means. This alcohol strategy demonstrates the partners agencies fulfilment of its legal obligations, and clearly defines their responsibilities to reduce the burden of alcohol related harms in the community. This strategy describes a vision for the place of alcohol within New Plymouth, and outlines key aims and objectives that the Council and key stakeholders will achieve to support this vision. The strategy also includes a discussion of the evidence relating to the burden of alcohol-related harm experienced by residents within the district, and the appropriate responses to support a reduction of this burden.

The development of the strategy was informed by local and national evidence, and incorporates information from Police, health and social services agencies. All local data was supplied by the working group. In addition, targeted consultation was undertaken with community representatives, including residents, the business and hospitality sector, and key community and regulatory agencies. This consultation examined perspectives of alcohol related harms, as well as priorities for action to reduce harm and enhance safer alcohol-related environments. This information has been used to inform the priorities identified in the action plan incorporated into this strategy. The supporting evidence and data can be found in the supporting evidence found at the back of the document.

The following pages set out the strategy to minimise alcohol harm in our community and an action plan to achieve the strategy.

Scope of the strategy

The original brief for the strategy was developed by a working group of Council and its key partners the TDHB, New Plymouth Safer Community Council, Police, Ministry of Social Development, Accident Compensation Corporation (ACC) and New Plymouth Injury Safe (NPiS). The scope of the strategy includes alcohol use in public (e.g., where a liquor licence is required) and private spaces (e.g., non-licensed environments). The action plan accompanying the strategy includes a range of new and established initiatives, and it is anticipated that other actions will be added over time. Ongoing monitoring and evaluation of the strategy as it is implemented will assist in its development and will document progress towards key goals over time.

The alcohol strategy is informed by a 'whole of community' approach. The approach detailed in this strategy recognises that the consumption of alcohol occurs at a wide range of environments and places throughout the district, and emphasises the importance of promoting the safe and responsible consumption of alcohol in all settings. Working together, the Council and its partners can achieve better and more sustainable outcomes to reduce alcohol related harms, and to promote safer alcohol-related environments for the community.

This strategy will be implemented over the period 2009-2014, and regular monitoring will occur to assess progress towards achieving the key aims, objectives and actions identified in the strategy.

Vision

The vision for the strategy is to provide:

“A safe, healthy, vibrant community and quality living environment through the responsible use of alcohol and by minimising alcohol related harm in New Plymouth District”.

Key aims and objectives

This strategy aims to

1. Minimise alcohol related harms for individuals, families and communities within New Plymouth district; and
2. Promote safer alcohol-related environments.

The objectives of the strategy are:

1. To provide leadership to reduce alcohol related harms.
2. To ensure the legal and responsible supply of alcohol.
3. To promote safer environments where alcohol is present.
4. To minimise alcohol related harms by encouraging responsible use of alcohol.
5. To develop, enhance and sustain a whole of community approach to reducing alcohol related harms.

Strategy principles of operation

A number of principles underpin this strategy. They are:

- **Leadership:** New Plymouth District Council, Taranaki Health Board, Government (ACC and MSD) and Police have legitimate and important roles to play in leading efforts to reduce alcohol related harms. The strategy identifies areas where the Council will be a leader, and other areas where the Council will be a supporting partner and other agencies can take a leadership role.
- **Partnership:** working in partnership with other stakeholders to reduce alcohol related harms ensures collaboration and encourages the effective and efficient use of resources.
- **Transparency:** all alcohol-related decisions will be consistent with the matters outlined in this Strategy, and the Council will endeavour to promote a balance between the expectations of the community, licensees, and other key stakeholders.
- **Community involvement:** The views of the community will be considered when planning to minimise alcohol related harm and promote safer alcohol use in New Plymouth District. This strategy is intended to support inter-sectoral and multi-level action to reduce alcohol related harms across New Plymouth district, in a variety of settings and across a range of population groups.
- **Promoting the safe and responsible use of alcohol:** alcohol is a part of New Zealand society, and is a legal, regulated and a widely available product. Alongside the Council, leadership and modelling of a culture of moderation, enhancing and monitoring compliance with the legislation relating to the sale and supply of alcohol is important to promote safe and responsible use.
- **Harm minimisation:** minimising alcohol related harm to vulnerable individuals, and population groups is an important outcome of this Strategy. New Plymouth District Council and its partners recognise that some groups in the community suffer more adverse effects from alcohol misuse and need increased protection from alcohol related harms.
- **Evidence based interventions:** New Plymouth District Council and its partner agencies will support proven and promising interventions (informed by evidence and best practice) to reduce alcohol related harms and promote safer alcohol-related environments where alcohol is used. These interventions will be evaluated and monitored to assess effectiveness.

THE BURDEN OF ALCOHOL MISUSE IN NEW ZEALAND

Alcohol misuse places a big cost on our community in terms of time, services and harm. The 2004 Health Behaviours Survey on Alcohol Use found that 81 per cent of New Zealanders between 12 to 65 years had consumed alcohol in the last 12 months (Ministry of Health, 2007). Fifty two per cent of adults are binge drinkers and 33 per cent of our young drinkers consumed five or more glasses on their last drinking occasion. In 2005/6 in New Zealand the cost of alcohol misuse is reported to be an estimated \$5.296million and was responsible for the deaths of 1,004 people in 2000 (Geoffrey Palmer Speech to Nelson Police Force, 24 April 2009).

Community safety and crime costs created by alcohol costs \$240 million per annum, and overseas studies show that between 50 and 70 per cent of weekend crime is attributable to alcohol misuse, and 70 per cent of weekend emergency hospital admissions are alcohol related (Connor et al, The burden of death disease and disability due to alcohol in NZ). For the Police, on any given day, approximately one third of people have consumed alcohol prior to their arrest. The arrests can include a wide range of offences including 26 breaches per day of the Council's liquor bans. Sales of alcohol to minors is of key concern at a national level and in 2007/08 Police issued 3,145 liquor infringement notices to youths under the age of 18 years for purchase of alcohol.

Alcohol has a huge impact to our overall personal safety, in 2007 19 per cent of the 110 drownings were attributed to alcohol (Water Safety NZ) and falls are twelve more times likely to occur when alcohol is involved (Kool et al). Alcohol is a major risk to our safety on roads. It contributes to 28 per cent of fatal road crashes and 14 per cent of injury crashes. In 2007/08 there were 35,000 recorded drink driving offences. The road safety cost of alcohol to the New Zealand economy is approximately \$425million.

CRIME AND SAFETY

The misuse of alcohol has had a long association with offending and victimisation. Nationally, approximately 70 per cent of Police work is linked to alcohol, including alcohol-fuelled disorder, assaults, criminal damage, family violence, and drink driving.^{3 4} Across New Zealand, Police estimate they deal with 258 offenders per day who have been affected by alcohol.⁵

³ Wiggers, J., & Murray, S. (2005). Alco-Link: Presentation to Working Together Conference 2005. Auckland: ALAC.

⁴ New Zealand Police. (2006). New Zealand Police Alcohol Action Plan. Wellington: New Zealand Police.

⁵ Crime Prevention Unit. Initiatives for Safer Communities. Presentation to Safer Communities Conference, August 2006.

Alcohol related offences

When a person is arrested, Police gather information on whether the person has been drinking, the arresting officer's assessment of the level of intoxication, and the venue where the arrestee identifies that they were last drinking⁶. This information, referred to as Alco-link information, provides an indication of the amount of crime that has identifiable alcohol involvement, as well as the type of crime with alcohol involvement. It also identifies the location of at-risk drinking.

During the 2007 year, there were 4,605 arrests and apprehensions in the New Plymouth area and of these, 423 of those arrested consumed alcohol prior to being arrested.⁷ Most alcohol related arrests were for exceeding the legal breath-alcohol level, and drink driving. Other frequent offences were for breaches of the liquor ban, and for disorderly behaviour. In 2007, 235 people in New Plymouth were arrested for drink driving, 155 people were arrested for liquor ban breaches and 116 were arrested for disorderly behaviour offences⁸. Liquor infringement notices are issued to minors drinking in public places, and approximately 178 infringement notices were issued in 2007 to minors in New Plymouth.⁹

The majority of those arrested who have consumed alcohol before their arrest are male.¹⁰ Most alcohol-related arrests occur between 11pm and 3am, on Friday, Saturday and Sunday¹¹. This reflects high levels of alcohol consumption over the weekends, from Friday evenings onwards.

Place of last drink

Of those persons arrested who had consumed alcohol, Police data indicates that most people had been drinking alcohol at home or a private residence (40 per cent)¹². A further one in five people had been drinking in a licenced premise (20 per cent), or a public place (18 per cent) prior to an arrest¹³.

Levels of intoxication

At the time of arrest, nearly half of those persons were considered by the Police to be moderately intoxicated (49 per cent)¹⁴. Nearly one-quarter were considered to be slightly intoxicated (24 per cent), and 10 per cent were assessed as extremely intoxicated at the time of their arrest.

⁶ New Zealand Police. (2006). New Zealand Police Alcohol Action Plan. Wellington: New Zealand Police.

⁷ New Zealand Police. Alco-link report New Plymouth Area 2007. Provided 15 January 2008

⁸ *ibid*

⁹ *ibid*

¹⁰ *ibid*

¹¹ *ibid*

¹² *ibid*

¹³ *ibid*

¹⁴ *ibid*

Controlled purchase operations

Controlled purchase operations (CPOs) are designed to monitor and enforce the provisions relating to the sale of liquor to minors¹⁵. Under the supervision of Police and supported by the District Licencing Agency and others, a young person, aged under 18, is sent into a licenced premise and attempts to purchase alcohol. CPOs often target high-risk premises but any premise can be visited. CPOs undertaken in 2007 indicated that most licenced premises will refuse service to young people who cannot provide appropriate proof of age verification. Compliance with conditions relating to sale to minors increased from 55 per cent in 2006 to 92 per cent in 2007.

HEALTH

The link between risky drinking and intoxication and social and health harms is well established.¹⁶ For example alcohol abuse and misuse has a significant role in relationship break-ups, domestic violence and neglect or abuse of children¹⁷.

HAZARDOUS DRINKING

Hazardous drinking is an established pattern of drinking that carries a high risk of future damage to physical or mental health. Hazardous drinking can also have a detrimental effect on family life, wellbeing and community welfare. It is estimated there are over 17,000 people who drink to hazardous levels in the district, representing more than 18 per cent of adults (aged 18+) in the community¹⁸. When compared to the rest of New Zealand, there is a slightly higher prevalence of hazardous drinking in Taranaki than in other locations, however this difference is not significant. Males in Taranaki report notably higher rates of hazardous drinking than females, which is consistent with patterns across New Zealand¹⁹. Nationally, Maori report significantly higher rates of hazardous drinking than non-Maori, but there is no significant difference between the hazardous drinking patterns of Maori and non-Maori in Taranaki (this could be attributed to the small sample sizes in Taranaki).

¹⁵ Alcohol Advisory Council of New Zealand. (2004). Controlled Purchase Operation Guidelines. Helping to reduce alcohol-related harm among minors. Wellington: Alcohol Advisory Council of New Zealand.

¹⁶ Ministerial Committee on Drug Policy. (2007). National Drug Policy 2007-2012. Wellington: Ministry of Health

¹⁷ Alcohol Advisory Council of New Zealand. (2005). New Zealand and its drinking culture. Wellington: Alcohol Advisory Council of New Zealand

¹⁸ Taranaki District Health Board. (2006). Key Findings from the 2006 New Zealand Health Survey for Taranaki. Health Promotion Unit, Public Health, Taranaki District Health Board

¹⁹ Public Health Intelligence. (2007). Health Profile for Taranaki District Health Board. Wellington: Ministry of Health.

Hospitalisation following the misuse of alcohol

In 2006/07, 207 people were discharged from hospital following mental or physical harms from the misuse of alcohol²⁰. Adults aged 30-44 years are at increased risk for hospitalisation following high-risk alcohol consumption than other age groups. Since 2000, the number of people being hospitalised following harm from alcohol has been stable, at approximately 205 people per year. However in 2005, 7,253 persons attended emergency departments for care of an injury, and in an average year 30 persons die as a result of injury, a further 1,364 are admitted to hospital following an injury, although it is difficult to accurately state how many of these numbers may have been influenced by the consumption of alcohol²¹.

In 2006/07, 23 people were discharged from hospital in Taranaki as a result of the toxic effects of the misuse of alcohol²².

Injuries

Nationally and internationally, alcohol is a significant contributor to many injuries, particularly assaults, traffic injuries and falls.²³ Injury is responsible for half of all alcohol-related deaths in New Zealand.²⁴ Whilst the exact contribution of alcohol to the burden of injury related harms for New Plymouth residents is difficult to ascertain, using national data, it is possible to guesstimate that avoiding the use of alcohol could reduce the number of unintentional falls at home resulting in hospitalization or death by up to 20 per cent (TDHB, Health Promotion, 2009). On average each year, almost 30 New Plymouth residents die as a result of injury and a further 1,364 are admitted to hospital following an injury²⁵. In 2005, there were 7253 Emergency Department (ED) clinic attendances following injury.

²⁰ Taranaki District Health Board. Provisional data: Number of publicly funded discharges for patients domiciled in Taranaki DHB, with any ICD-10 v1 diagnosis of mental and behavioural disorders due to alcohol (F10), by age, sex, and financial year. Data extracted 29 November 2007

²¹ McClennan V, Maskill C, Hodges I. (2006) New Plymouth District 2006 Community Injury Prevention Needs Assessment. Prepared for New Plymouth injurySafe.

²² Taranaki District Health Board. Provisional data: Number of publicly funded discharges of patients domiciled in Taranaki DHB with any ICD-10 v1 diagnosis of toxic effect of alcohol (T51) by age, sex and financial year. Data extracted 29 November 2007

²³ Connor, J., Broad, J., Jackson, R., Vander Hoor, S., & Rehm, J. (2004). The burden of death, disease and disability due to alcohol in New Zealand. Wellington: ALAC

²⁴ Connor, J., Broad, J., Jackson, R., Vander Hoor, S., & Rehm, J. (2004). The burden of death, disease and disability due to alcohol in New Zealand. Wellington: ALAC

²⁵ McClennan V, Maskill C, Hodges I. (2006) New Plymouth District 2006 Community Injury Prevention Needs Assessment. Prepared for New Plymouth injurySafe.

ROAD SAFETY

Alcohol affects the way people drive. Studies show that the risk of being involved in a crash increases rapidly as a driver's blood alcohol level rises. The consumption of alcohol makes you three times more likely to be involved in a crash than if you have not consumed alcohol. In 2006, nationally, alcohol-affected drivers contributed to 31 per cent of all fatal crashes and 15 per cent of all injury crashes.²⁶ In the New Plymouth District, alcohol was a factor in 16 per cent of injury crashes in 2006, an increase from 2005, and increasing in line with the national trend.²⁷ In 2007 the social cost of crashes involving alcohol was calculated as \$838m.

LTNZ briefing notes on road safety in the New Plymouth in 2007, report the major road safety issues for New Plymouth District are:

1. Intersections;
2. Alcohol;
3. Speed; and
4. Loss of control around bends.

Nationally alcohol is also second. During the 2003-2007 period local road fatality and serious crashes, where alcohol was a contributory factor accounted for 19 per cent of those crashes. For all injury crashes alcohol was a contributory factor in 16 per cent of these²⁸.

Drivers on restricted licences and unlicensed drivers are over represented in alcohol related traffic crashes. However across New Zealand crashes and fatalities where alcohol or drugs were a factor is falling,²⁹ but LTNZ do report that only 58 per cent of serious crashes and 28 per cent of minor crashes are reported³⁰.

Nationally of the 225 drivers/riders who were killed in road crashes in 2006, 26 per cent of those tested and at least 20 per cent of the total number killed was above the legal limit. A number of those not tested may also have had a blood alcohol level above the legal limit, so the percentage of killed drivers who were above the legal limit is likely to be higher than 20 per cent. An estimate of the number of untested drivers who may have been above the legal limit can be made by assuming that the alcohol involvement rate for untested drivers with 'alcohol suspected' is the same as that for the tested drivers with 'alcohol suspected' and similarly for drivers with 'alcohol not suspected'³¹.

²⁶ Land Transport New Zealand. (2007). Briefing Notes - Road Safety Issues Taranaki. Taranaki: Land Transport New Zealand

²⁷ Land Transport New Zealand. 2007. Briefing Notes - Road Safety Issues Taranaki. Taranaki: Land Transport New Zealand.

²⁸ Land Transport New Zealand, Briefing notes-road safety issues New Plymouth District, 2008 report, 7 July 2008

²⁹ [Motor vehicle crashes in New Zealand 2006](#) [PDF 4,653 KB] – annual report by the Ministry of Transport, p63

³⁰ Land Transport New Zealand, Briefing notes-road safety issues New Plymouth District, 2008 report, 7 July 2008

³¹ ³¹ [Motor vehicle crashes in New Zealand 2006](#) [PDF 4,653 KB] – annual report by the Ministry of Transport, p63

COMMUNITY CONCERNS ABOUT ALCOHOL

A series of focus groups and key informant interviews, accompanied by a brief survey, were used to examine community members' concerns about alcohol misuse within New Plymouth District. Participants were asked to consider the key alcohol issues facing New Plymouth at the current time.

There was a high level of overlap and consensus in the issues and solutions identified by those who participated in the focus groups, and consultation interviews. Generally, those consulted considered that New Plymouth district experienced a small group of readily identifiable alcohol issues. Alcohol-related violence was identified as the most important current concern to be addressed, followed by concerns relating to the connection between alcohol and crime, social harms, young people's drinking and drinking in public places. Most participants also considered that alcohol related harm in the New Plymouth district has worsened over the previous three years.

There was also strong agreement across focus group participants that as a community, New Plymouth was well placed to address alcohol related issues as a result of its partnerships collaboration and willingness to develop a whole of community response to alcohol harm minimisation. The strong collaborative framework between the Council, other agencies and businesses was seen to provide a supportive framework for future activities.

The Central Business District (CBD) was seen a high-risk area for alcohol-related crime and violence, particularly after midnight. Many people considered that the use of CCTV cameras was considered a useful tool to enhance perceptions of safety in this area, particularly when combined with a visible Police presence.

The majority of focus group members including business representatives expressed concerns about the extent of alcohol related rubbish, particularly glass. Those persons who lived on the perimeters of liquor ban areas described regularly needing to remove glass bottles and cans from their gardens, as well as being exposed to excess noise levels at night when young adults were walking in and out of the CBD. Broken glass from alcohol containers was considered a high-risk hazard for the community in general, particularly children and others who walked or bicycled.

Drinking in public places, particularly in high visibility areas such as public parks, walkways and beaches was a key concern. Public place drinking was associated with increased fear of alcohol

related harms such as assault and intimidation, particularly for vulnerable community members. Many participants considered that the existing liquor bans were a useful tool to address public place drinking, and some participants requested an increased numbers, as well as increased hours in specific bans. However, it was acknowledged that liquor bans could displace vulnerable people to community spaces, which were harder to supervise.

Young people were identified to be at increased risk of alcohol related harm, and young people's misuse of alcohol was considered indicative of community norms around alcohol use and abuse. High levels of concern were expressed about the illegal and irresponsible sale and supply of alcohol to young people, particularly from friends and family members. Young people were also seen to be at risk of alcohol related harms due to the environments that they consumed alcohol in, beaches and parks, which were considered public places that were out of public view.

The concerns about alcohol misuse are reinforced through the licenced premises customer survey undertaken by the New Plymouth District Council Licensing and Enforcement Team in 2008. Approximately 75 per cent of respondents agreed or strongly agreed that drunken people can be a problem (Q.9) and felt that such persons should not be allowed into bars (Q.10). When asked (Q.11) about whether people felt safe when out drinking 40 per cent did not feel safe.

Additional feedback from the community consultation can be found in Part 3 (Supporting Information).

Where to from here?

This strategy has identified a number of alcohol related issues and opportunities for the Council and its partner agencies. The development of this strategy illustrates the willingness amongst the community agencies to address alcohol related harms. In addition, the current range of collaborative responses to reduce alcohol related harms indicates that relationships between the Council, Police, public health services, other agencies and community groups are positive. The combination of willingness to act, combined with positive partnering relationships, together provides a solid framework to support this strategy and the associated action plan.

Part 2

Action Plan

Overview of Objectives

The following section outlines the actions that the strategy will achieve and implement during 2009-2014. These actions were identified from an analysis of the alcohol harm data, community concerns and the agencies responses about what actions can be undertaken to support the strategy vision and objectives.

The actions incorporate a whole of community approach to reducing alcohol-related harms, and draw on the particular strengths of the strong established partnerships between the key agency provider, to promoting safer alcohol-related environments for New Plymouth, and include roles for Council and other key stakeholders.

The action plan focuses on the following key objectives, with specific activities for action:

1. To provide leadership to reduce alcohol related harms.
2. To ensure the legal and responsible supply of alcohol.
3. To promote safer alcohol-related environments.
4. To minimise alcohol related harms by encouraging responsible use of alcohol.
5. To develop, enhance and sustain a whole of community approach to reducing alcohol related harms.

Objective One: To Provide Leadership To Reduce Alcohol Related Harms

This strategy recognises that the Council and a number of other agencies have a legitimate and important role to play in efforts to reduce alcohol related harms. There are areas where the Council will be a leader, and other areas where the Council will be a supporting partner and other agencies will take leadership roles. As some of the largest employers and asset managers in the community police, government, Council and health will demonstrate leadership through the development and implementation of a range of alcohol focused policies both within its own organisations and throughout the community.

Objective Two: To ensure the legal and responsible supply of alcohol

The Council, Police the Medical Officer of Health and Fire Service all share a focus on supporting and enhancing the wellbeing and safety of the New Plymouth community, as well as having specific roles relating to the legal and responsible supply of alcohol. Ensuring the legal and responsible supply of alcohol requires a partnership approach amongst these agencies. The agencies will continue to actively collaborate to undertake monitoring, and support the enforcement of the Sale of Liquor Act and all subsequent legislation.

Objective Three: To promote safer alcohol-related environments

The Council, Police, government and health agencies can influence the environment around licenced premises, enhancing safety and reducing the risk of alcohol related harm. Environmental interventions can work in conjunction with interventions within licenced premises to enhance safety within the vicinity of licenced premises. The Council will also work with its partner agencies and existing community interventions to identify opportunities to inform the New Plymouth community about the risks associated alcohol misuse in the community.

Objective Four: To minimise alcohol related harms by encouraging responsible use of alcohol

A key challenge for agencies working to reduce alcohol related harms and to enhance safer alcohol related environments is to effectively work in non-regulated or community environments. The partnering organisations recognise this challenge, and consider that there are existing strong community coalitions and other tools that enable effective interventions at the community level to encourage the responsible use of alcohol.

Objective Five: To develop, enhance and sustain a whole of community approach to reducing alcohol related harms

The development of this strategy has highlighted opportunities for a range of agencies, community groups to collaborate to reduce alcohol related harms, enhance safer alcohol related environments, and to change New Plymouth's drinking culture. Increasing awareness of the social and community-wide impacts of alcohol is an opportunity for many agencies, and requires more than a response from an individual agency. Through this strategy, the community supports the need for effective community action and multi-level initiatives to achieve the desired goals. All partner agencies will continue to be active partners in local collaborations that support the development, implementation and evaluation of effective interventions to reduce the spectrum of alcohol related harms and promote safer environments.

Alcohol Strategy Action Plan 2009 - 2014

This action plan provides a comprehensive framework to reduce the effects of alcohol misuse on individuals, family and whanau and community. It sets out a whole of community approach and emphasises integrated action across government and community, informed by community engagement and consultation, expert advice and evidence-based practice. The plan outlines 30 goals and their associated actions within five objectives.

TO PROMOTE LEADERSHIP TO REDUCE ALCOHOL RELATED HARM

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(1.1) To provide opportunities for persons seeking employment to address alcohol issues that may affect their employment.	To train all work and income front line staff on how to respond to and deal with alcohol issues that affect their clients.	Work and Income	On-going	Work and Income trainer and front line staff	All front line staff are trained. Alcohol issues are identified, and persons affected offered appropriate help and advice.
(1.2) To provide targeted health interventions that reduce barriers to employment.	To deliver the PATHS health services to persons where employment may be impaired by their alcohol misuse. To provide financial support to persons who may require alcohol or other addiction services who cannot pay the full costs.	Ministry of Social Development	2008 onwards	Health Advisor	Persons who require support accept and receive it. Persons whose alcohol use has prevented them from gaining employment obtain an employed position.
(1.3) To support persons in employment with a history of alcohol misuse to remain in employment.	To provide an in-work support programme to persons newly employed with a previous history of alcohol misuse to remain in employment by working with them and their employer.	Work and Income	2008 onwards	In-work support officers contracted via Work and Income	Staff recording a history of alcohol misuse remain in employment for six months or more.

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(1.4) To support persons who receive guidance and advice for alcohol harm issues.	Through the Family Violence Screening programme, screen for alcohol related harm issues.	Ministry of Social Development	2008 onwards	Family Violence Coordinator Work and Income Advisors	People who identify alcohol as a factor affecting their household are referred to appropriate advice and support services.
(1.5) To continue to disseminate information that supports licences access to information regarding regulation and good practice towards alcohol harm minimisation.	Produce Elbow talk four times a year and disseminate to all licencees and licenced premises. Hold as a minimum a twice-yearly liquor liaison meeting with licenced premises to disseminate information on regulation, enforcement, and community issues surrounding alcohol use, and to see feedback from premises.	New Plymouth District Council New Plymouth District Council	On-going	District Licencing Agency District Licencing Agency Public Health Police Fire Licencees	All licenced premises receive the Elbow Talk publication and record a high level of satisfaction with its usefulness and content. All licenced premises attend at least one forum per annum. Licenced premises record a high level of satisfaction with their attendance at the forums
(1.6) To execute statutory responsibilities to safeguard community safety and wellbeing from alcohol misuse.	Provide an efficient regulatory response to applications for liquor licences and manager certificates. Make submissions to law reviews recommending clear roles and tools for regulatory and enforcement agencies	New Plymouth District Council	On-going	District Licencing Agency Police Medical Officer of Health Fire Service	New Plymouth District Council Licensing timeframe targets All licences issued comply with the Sale of Liquor Act. Timely submissions are made to legislative review of Sale of Liquor Act and Law Commission Review. Increased compliance in licenced premises

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
	Compliance enforcement activities are undertaken on a regular basis				New legislation gives enhanced tools for agencies and clear direction to the sellers of alcohol.
(1.7) To provide leadership to promote healthy sport environments.	Promote a responsible alcohol use policy among sport groups through the Sports Future Taranaki programme.	Sport Taranaki	Ongoing	Sports Advisor YATA	All sport organisations involved in Sports Future Taranaki access information and advice to carry out their obligation of promoting the safe use of alcohol. Increased rate of compliance from licenced sports club premises resulting from DLA/Police inspections.
(1.8) To provide leadership to promote healthy sport environments.	Promote a responsible alcohol use and accreditation policy among Rugby Football clubs, linked to endorsed clubs for spectators for the Rugby world cup.	Taranaki Rugby Football Union	Ongoing	Taranaki Rugby Football Union staff YATA Sport Taranaki	All Rugby clubs involved in Taranaki community Rugby access information and advice to carry out their obligation of promoting the safe use of alcohol. Increased rate of compliance from licenced sports club premises resulting from DLA/Police inspections. High level of awareness of Manaaki Tangata policies/guidelines.

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
	Advocate for the restricted use of alcohol at sports events by supporting Taranaki Rugby League clubs to develop policies and guidelines to promote safer alcohol use.	Taranaki District Health Board	Ongoing	Public Health	Decrease in drinking around fields so less glass litter. Evidence of change in drinking culture at the clubs from members' surveys.
(1.9) To provide leadership to promote healthy sport environments.	Promote a responsible alcohol use policy within Central Football.	Central Football	Ongoing	Central Football YATA Sport Taranaki	All rugby clubs involved in Taranaki community Rugby access information and advice to carry out their obligation of promoting the safe use of alcohol. Increased rate of compliance from licenced sports club premises resulting from DLA/Police inspections.
(1.10) To provide leadership to promote healthy sport environments.	Develop and promote a responsible alcohol use policy for Taranaki Surf Life Saving clubs.	Surf Life Saving Taranaki	1-2 years	Surf Lifesaving Taranaki manager YATA Sport Taranaki	All surf lifesaving clubs and representative teams access information and advice to carry out their obligation of promoting the safe use of alcohol. Increased rate of compliance from licenced sports club premises resulting from DLA/Police inspections.

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(1.11) To achieve improved standards in assessment and management for youth with alcohol abuse issues.	Undertake liaison with key youth services and alternative education providers around alcohol related harm, information and best practice.	Child and Adolescent Mental Health Services	Ongoing	TDHB - Youth Alcohol and Drug Worker	Alcohol issues are identified, and persons affected offered appropriate help, advice or referral to specialist services.
(1.12) To lead by example as a responsible host.	To review the existing responsible host principles and guidance, and to promote it as part of staff induction, information to managers and organisers of staff functions.	Taranaki District Health Board New Plymouth District Council Police	On-going	Public Health Unit and Human Resources, Risk Management teams at TDHB NPDC social club Police social club	Internal audit shows a high level of awareness of host responsibility within the DHB. Less incidents at staff functions and events.

TO ENSURE THE LEGAL AND RESPONSIBLE SUPPLY OF ALCOHOL

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(2.1) To develop a policy of compliance for alcohol use and supply among all Football clubs within Taranaki.	Liaise with DLA and police around regulations of venue hire/leasing and liquor licensing requirements, education and enforcement with Football clubs, to ensure legal supply and compliance.	Central Football	By June 2010	Central Football co-ordinator District Licencing Agency Police	Football clubs within Taranaki achieve a 90% compliance to alcohol supply regulations.
(2.2) To ensure licensee compliance with statutory liquor obligations and wider associated policy and guidance.	<p>Timely response to complaints and issues in licenced premises.</p> <p>Routine inspection and vetting of all licenced premises at granting or renewal time.</p> <p>All new managers and licencees to be vetted and interviewed for suitability prior to issue of licences and certificates.</p> <p>Regular monitoring of licenced premises at high risk periods, i.e. late night and the conduct of joint Police/DLA controlled purchase operations.</p>	New Plymouth District Council	Ongoing	<p>District Licencing Agency</p> <p>Police</p>	<p>Response meets New Plymouth District Council customer service standard.</p> <p>All premises are inspected and vetted in a timely fashion.</p> <p>All new managers and applicants vetted and interviewed.</p> <p>Minimum of four late night visits per annum by DLA. Which may include two Controlled purchase operations per annum.</p> <p>Weekly after hours visits by Police.</p>

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
					<p>Two controlled purchase operations per annum.</p> <p>Increased compliance in licenced premises as a result of visits.</p> <p>Improved compliance levels in CPOs (including an reduction of the incidence of alcohol being supplied to minors.</p>
(2.3) To develop appropriate enforcement and regulation tools for the supply of licences	<p>To develop a Memorandum of Understanding that set out the roles and responsibilities of the statutory licencing and enforcement agencies.</p> <p>To explore the development of a liquor licensing policy.</p>	New Plymouth District Council	From Dec 2009	<p>District Licencing Agency</p> <p>Police</p> <p>ALAC</p> <p>Public Health Unit</p>	Policy developed and enacted.

TO PROMOTE SAFER ENVIRONMENTS WHERE ALCOHOL IS PRESENT

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(3.1) To encourage and support events that promote alcohol harm minimisation	To continue to issue special licences for events and premises.	New Plymouth District Council	From Dec 2009	District Licencing Agency	Reduced rate of alcohol related incidence in premises and at events holding a special licence.
	To negotiate and/or require appropriate special conditions on licences for event organisers				
	To explore and work with Police to introduce controls around alcohol within the Festival of lights event.	New Plymouth District Council	From Dec 2009	District Licencing Authority NPDC Events Police	Reduced number of alcohol related incidents in Council managed events
	To develop a code of behaviour and management of alcohol action plan for Council organised events where BYO alcohol is likely to take place.	New Plymouth District Council	By June 2010	NPDC Events Health Promotion Unit	A decrease in the incidents of anti-social behaviour at Council licenced events as a result of alcohol misuse.
	To work in partnership promote positive messages at community events.	New Plymouth District Council	From Dec 2009	Public Health NPDC Community Development NPDC Events	Alcohol control, sun smart, smoke free and other safety messages promoted. Guidelines developed.
	To establish a working party that will develop guidelines for alcohol free youth events.	Taranaki District Health Board	By June 2010	Public Health NPDC Community Development	Decreased incidents of alcohol harm at youth events.
(3.2) To have a built environment where alcohol use is managed in public places.	To investigate the expansion of liquor control areas operating in key urban centres in the district.	New Plymouth District Council	By 2012	District Licencing Agency NPDC Corporate Strategy and Policy	Liquor Control area review is complete and implementation plan approved.

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
	To implement Crime Prevention through Environmental Design planning in Council owned assets where misuse of alcohol has been identified.			NPDC Environmental Strategy and Policy	CPTED principles are used where alcohol misuse has been identified as a means of management.
(3.3) To ensure consistency between Council strategic documents and policies for the management of alcohol distribution in the community	To undertake a review of the district plan rules and the licensing conditions to ensure consistency of approach and implementation between Sale of Liquor Act and District Plan rules.	New Plymouth District Council	By 2012	District Licencing Agency NPDC Environmental Strategy and Policy	Review complete and implementation plan developed as required.
(3.4) To provide education and training to personnel in the alcohol supply community to minimise harm by patrons and in and around licenced premises.	To run the Drinksafe Workshops for licencees, Bar Manager and staff. To support the delivery of the Licence Control Qualification for Bar Managers in partnership with education providers. To provide specialised training for licenced premises including Door Staff Training.	Youth Access To Alcohol Coalition (YATA) Western Institute of Technology at Taranaki (WIITT) / Pacific Hotel International Management School (PHIMS) Taranaki District Health Board	On-going/ annual On-going/ monthly Ongoing from June 2009	YATA Members District Licencing Agency Police Public Health	Continued high level of participation at workshops by licencees. All prospective Bar Managers complete the course prior to their licence being issued. Numbers of courses for manager, licencees and door staff run. Participation numbers at courses

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(3.5) To minimise the impact of alcohol related harm in the work environment.	To continue to provide support and guidance to the Health Safety Environment Centre Strategic group in the development of a common Drug and Alcohol policy for the workplace.	Health and Safety Environment Group	By Dec 2010	Accident Compensation Corporation Department of Labour	Policy developed, adopted and implemented by strategic group employers.
	To work with employers to assist in identifying when alcohol use is a problem and provide information on the support services available.	Taranaki District Health Board	By Dec 2010	Alcohol and Drug Service Health and Safety Executive Group and employers	Feedback from employers and codes regarding the support given by A&D and wider services. Evidence of alcohol and drug policy being developed and enforced at places of work.

TO MINIMISE ALCOHOL RELATED HARMS BY ENCOURAGING THE RESPONSIBLE USE OF ALCOHOL

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(4.1) To promote responsible host education with sports clubs.	Undertake workshops targeted at sport club committee members around responsible alcohol use.	Sport Taranaki	By June 2010	Sports Advisor YATA group members	Participating sport committee members have increase awareness of and commitment to promoting responsible alcohol use.
(4.2) To ensure host responsibility is managed within rugby clubs.	<p>Clubs involved in Taranaki community rugby are aware of specific requirements of host responsibility, which is reinforced through a rebate system. This includes:</p> <ul style="list-style-type: none"> - teams travel by bus. - free meal at after function. - food and non alcoholic beverages in changing rooms. - responsible driver or team pick up. - not promoting alcohol as a prize for team / player of the day. - enforcing no alcohol for under 18s players. 	Taranaki Rugby Football Union	Ongoing	Taranaki Rugby Football Club Committee and staff	<p>Compliance of clubs to host responsibility policy and rebate payments.</p> <p>Evidence of a change of culture amongst club management, members and players.</p>

(4.3) To provide effective intervention to youth most at risk of alcohol abuse.	Provide intensive case intervention for youth most at risk (top 3%), using best practice assessment and intervention.	Child and Adolescent Mental Health Services	Ongoing	Youth Alcohol and Drug Worker	Alcohol issues are identified, and persons affected offered appropriate help, advice or referral to specialist services.
(4.4) To provide education and referral services for youth and through providing a safe and secure alcohol free environment.	Undertake psycho-social assessments on all clients undertake alcohol education and refer to specialist treatment (CAMHS) if required.	Waves	Ongoing	Clinical Staff (Nurse Practitioner, Doctor, Psychologist)	Alcohol issues are identified, and persons affected offered appropriate help, advice or referral to specialist services.
(4.5) To support increased safety on the roads	To work with the Regional Transport Committee to provide more public and alternative transport options to reduce drink driving.	Taranaki District Health Board	By December 2010	Medical Officer of Health	Decrease in drink driving offences. Decreased incidents of alcohol related harm at taxi stands.

TO DEVELOP ENHANCE AND SUSTAIN A WHOLE OF COMMUNITY APPROACH TO REDUCING ALCOHOL RELATED HARMS

Goal	Action	Lead Agency	Timeframe	Resources	Key indicators of progress
(5.1) To develop community action plans that set out a Maori community response to alcohol harm.	To facilitate a hui with community leaders to kickstart the community action plan process.	Toi Ora	By December 2009	Toi Ora Community Worker NPDC Community Development NPDC Corporate Strategic and Policy ALAC	Hui takes place. Maori leadership identified and process established to further the community action plan.
(5.2) To develop strategies for maintaining on-going communication and engagement of alcohol harm minimisation messages amongst Maori and Pacific Island communities.	To disseminate information to Maori and Pacific Island Networks	Toi Ora	Commence by December 2009	Toi Ora Iwi Liaison Sub-Committee Kaumatua networks NPDC Community Development	Feedback that disseminated information in useful to networks.
(5.3) To encourage a reduction in the misuse of alcohol through collaboration and partnership.	To continue to be actively involved in pro-active projects with an intervention logic that supports alcohol harm minimisation	Youth Access to Alcohol Coalition (YATA)	On-going	District Licensing Officer Public Health Unit ACC NPDC Community Development Police	Formal evaluation of projects. Police, health and ACC statistics and Alcolink data show a reduction in alcohol related crimes, injuries and other harm.
(5.4) To identify and support persons identifying or identified as having alcohol misuse issues	To provide screening, information and intervention by way of motivational interview as part of the Continuing Medical Education Programme to GP's	Taranaki District Health Board		Medical Officer of Health/Primary Health Organisations	Evaluation of CME programme shows increased awareness by primary care of alcohol management. GP's routinely identifying and supporting alcohol related problems.

					<p>Decrease in hospital admissions for alcohol related conditions.</p> <p>Decrease in emergency department presentation for alcohol related conditions.</p>
<p>(5.5) To maintain a district coalition of partners to minimise alcohol harm in the community</p>	<p>To continue to share data on the effects of alcohol harm in the community.</p> <p>To continue to disseminate information on alcohol harm and alcohol minimisation work and achievements to the community.</p> <p>To evaluate the effectiveness of the alcohol strategy action plan through an annual monitoring programme.</p> <p>To collectively participate in community events and programmes where alcohol harm and safety messages can be articulated, i.e. Youth Week, Older Person Well-being Day.</p> <p>To develop an annual action plan that continues to deliver programmes and initiatives that meet the five strategy objectives and reduce alcohol harm.</p>	<p>New Plymouth District Council</p>	<p>On-going</p>	<p>District Licencing Agency</p> <p>NPDC Community Development</p> <p>NPDC Events</p> <p>NPDC Corporate Strategy & Policy</p> <p>Public Health Unit</p> <p>Sport Taranaki</p> <p>New Plymouth Injury Safe</p> <p>Tui Ora</p> <p>Police</p> <p>Work and Income ACC</p> <p>Medical Officer of Health</p> <p>New Plymouth InjurySafe</p>	<p>The alcohol coalition meets twice a year to review progress and assess effectiveness of the current action plan.</p> <p>Appropriate crime, alcohol, health and injury statistical data is reviewed as an indicator of progress.</p> <p>An annual action planning process takes place and forward plan.</p>

PART 3 – SUPPORTING INFORMATION

Strategic framework

COMMUNITY OUTCOMES

The strategy is designed to reflect the type of community that the people of New Plymouth District would like to live in and the place that alcohol can have in this community. As a strategic document, the alcohol strategy provides guidance to Council for the management of alcohol related functions. It will also support and provide input into management documents such as the District Plan and Long-Term Council Community Plan (LTCCP). It is a key step towards achieving the New Plymouth district's community outcomes as outlined in the Council's LTCCP. Reducing the harms associated with alcohol misuse and promoting safer alcohol-related environments support the Council's strategic priorities and community outcomes of Connected, Prosperous, Secure and Healthy, Skilled, Together and Vibrant, but primarily relate to:

- Secure And Healthy – a district that provides a safe, healthy and friendly place to work, live or visit, and
 - There is equality of access to a comprehensive range of high-quality health and disability services when required
 - The environmental, physical and mental health of the people of Taranaki is maintained, enhanced, promoted and protected
 - A well-being model for health is prompted in the region, where people are encouraged to take ownership of their health to promote good health outcomes
 - Residents and visitors of all ages feel safe and crime is reduced
 - Monitor and respond to local health statistics.³²

- Together – a district that is caring, inclusive and works together and where people have a strong sense of identify
 - All people feel valued and supported within a caring community and have a sense of quality and belonging
 - A cohesive, united community exists based on strong relationships between people from different cultures, communities and organisations. Multi-ethnic diversity is celebrated and different cultural values are respected.

³² New Plymouth District Council: Moving forward together. Community Plan 2006-2016.

- People from all sectors of the community are able and encouraged to contribute to their communities, and opportunities to participate are enhanced.
- Cooperation, collaboration and coordination between agencies, organisations and Councils occur to avoid duplication of resources, minimise red tape and promote a consistent focus.³³

COUNCIL ROLES AND RESPONSIBILITIES

Under the Local Government Act 2002, Council's have a duty to promote the cultural, economic, environmental and social wellbeing of current and future generations. The mandate given to Councils under the act provides the basis upon which this strategy is developed.

New Plymouth District Council can influence alcohol sale, supply and use in New Plymouth through a number of roles and responsibilities. These are:

Licensing agency: Under the Sale of Liquor Act 1989, the Council has the status of a District Licensing Agency (DLA), responsible for issuing licences for the sale and supply of liquor, and certifying managers who are in control of licenced premises. The DLA also has responsibilities under the SOLA in working with other regulatory agencies including the Police, the Medical Officer of Health and Fire, to monitor licencees' compliance with the conditions of their licence and the requirements of the Sale of Liquor Act (SoLA).

Venue owner: Council owns a number of community facilities across the District, and is able to determine conditions and enforce compliance on the use of alcohol at these facilities

Employer: As one of the largest employers in the District, the Council is well placed to model leadership and good employer practices by promoting host responsibility.

Legislator: Bylaws are rules or regulations that are created by the Council to control specific activities within New Plymouth District. The part of the bylaw focusing on liquor control aims to enhance the safety of citizens, protect the public from nuisance and minimise the potential for offensive behaviour in public places by controlling the consumption and possession of liquor in specified public places. This part of the bylaw is made under the Local Government Act 2002 sections 145 and 147 (2).

³³ New Plymouth District Council: Moving forward together. Community Plan 2006-2016.

Facilitator: NPDC in collaboration with community groups and organisations will develop and implement community initiatives to reduce alcohol related harms.

Event promotion: NPDC also provides and supports a range of community functions and events, and can influence the use of alcohol at these events

Together, these roles and responsibilities enable the Council to develop an integrated and coordinated approach to minimising alcohol related harms and promoting safer alcohol related environments within the district.

ROLES AND RESPONSIBILITIES OF OTHER AGENCIES

Working closely alongside Council to support the minimisation of alcohol related harm in the community are the police, district health board and fire service. Their ability to influence the reduction of alcohol related harm in the community is set out in the following roles and responsibilities under the SOLA:

- a) Police – have duty to enquire into and report on all licence applications under the SOLA to the DLA. The police are entitled to appear and be heard at a hearing of the application. Police can also apply to the DLA for a variation, suspension or cancellation of any licence or special licence. They will be concerned with offences from the licensee or applicant or any breach of licence, and notify the DLA accordingly. They have powers to serve infringement notices and close premises, and powers of entry and inspection onto premises.
- b) District Health Board - duty to enquire into and report on all applications for licences under the SOLA to the DLA.
- c) Fire Service - duty to enquire into and report on all applications for licences under the SOLA to the DLA.

LEGISLATIVE LINKS

There are three key Acts that determine the planning, regulatory and enforcement functions of local government relating to the sale and consumption of alcohol: the Sale of Liquor Act (SoLA) 1989; the Resource Management Act (RMA) 1991 and the Local Government Act (LGA) 2002. These form legislative mandate for local authority roles and responsibilities related to alcohol. The key points of each Act are summarised as follows:

- a) **The Sale of Liquor Act 1989** – as amended in 1999, the SoLA 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 licenced premises.
 - Sets out conditions on licences requiring compliance with the act including the sale of alcohol to minors and intoxicated persons.
- b) **The Resource Management Act 1991** – manages the effects of development on the natural and physical environment and requires each local government to develop a District Plan to regulate land use. Councils are required to manage land use to remedy, mitigate or avoid the negative effects such use may have on their communities and the environment. Effects considered are environmental and relate to such matters as noise and traffic generation.

Under the SOLA premises requesting to sell alcohol are required to hold a building certificate and RMA certificate that demonstrates that the premises meets the rules set out under the RMA and district plan.

- c) **The Local Government Act 2002** – requires local territorial authorities to “play a broad role in promoting the social, economic, environmental and cultural well-being of their communities, taking a sustainable development approach”. It also requires Council to produce a Long Term Council Community Plans (LTCCP) that set out their community’s outcomes and priorities. All decisions of the Council must consider their impact on community outcomes. The broad power of well-being positions Council to take a key role in social matters such as alcohol minimisation in partnership with other social agencies.

Additionally the LGA (2002) created a new section providing territorial local authorities the power to make bylaws for liquor control purposes (s147). In effect this section relates to prohibiting or otherwise regulating or controlling, (either generally or for one or more specified periods):

- the consumption of liquor in a public place.
- the bringing of liquor into a public place.
- the possession of liquor in a public place.

- in conjunction with a prohibition relating to liquor, the presence or use of a vehicle in a public place.

NATIONAL ALCOHOL FRAMEWORK

At the national policy level, the Government’s approach to reducing harm from alcohol (and tobacco and other drugs) is described in the National Drug Policy 2007–2012 (NDP 2007-12).³⁴ Building on the first National Drug Policy, the NDP 2007-12 acknowledges that drug policy is a complex area that requires input and participation from a wide range of agencies and partners, including local authorities. The overarching goal of the National Drug Policy is to prevent and reduce the health, social and economic harms that are linked to tobacco, alcohol, illegal and other drug use. Reducing harm from alcohol and other drugs is one of the five issues for priority action identified in “Opportunity for All New Zealanders”, the Government’s summary of its overall social policy.³⁵

The NDP 2007-12 recognises that there is a continuum of harm associated with drug use and that no single approach or strategy can address the problems.³⁶ A range of concurrent strategies are needed, including the development of specific strategies that are responsive and culturally appropriate in addressing the needs of Māori, Pacific peoples and young people, acknowledging the over-representation of these groups in many drug related issues. Strategies to support the implementation of the NDP 2007-12 can be divided into three groups, or pillars: 1) supply control 2) demand reduction; and 3) problem limitation. Changes in the availability, patterns and contexts of alcohol consumption are required to reduce the burden of harms due to alcohol, and interventions need to be responsive and culturally appropriate to the needs of Māori, Pacific peoples and young people, given the disproportionate burden of harm experienced by these population groups.

MAORI ENGAGEMENT

Under section 81 of the Local Government Act 2002 and as matter of good practice and partnership, the Council must involve Māori in decision-making. For the purpose of this strategy, it is crucial that Māori are given the opportunity to participate in making decisions about how the Council manages alcohol in its community.

³⁴ Ministerial Committee on Drug Policy. (2007). National Drug Policy 2007-2012. Wellington: Ministry of Health

³⁵ Office of the Minister for Social Development and Employment. (2004). Opportunity for All New Zealanders. Wellington: Ministry of Social Development

³⁶ Ministerial Committee on Drug Policy. (2007). National Drug Policy 2007-2012. Wellington: Ministry of Health

In the information gathering phase of the strategy the Working Party identified Māori participants who had knowledge of the community's issues. The formal consultation phase will involve a workshop with the iwi liaison subcommittee as the mandated representatives of local iwi and hapu. There will also be opportunities for focus group participants, Māori and Māori organisations to make submissions on the draft strategy. There may be also be opportunities in the Action Plan part of the Strategy to develop more effective partnerships with Māori on the management of alcohol in the community.

Access to alcohol in the New Plymouth District

THE COST OF ALCOHOL IN THE COMMUNITY

The NPDC recognises that the sale and supply of alcohol is part of the wider living environment of New Plymouth District, and the legal and responsible sale and supply of alcohol can contribute to a vibrant local economy and community. Alcohol is the most commonly used recreational drug in New Zealand, and over 80% of New Zealanders report that they have drunk alcohol in the previous year.³⁷ While most people drink without harming themselves or others, there is widespread acknowledgement that the misuse and abuse of alcohol can cause considerable harm to communities, individuals, and families. Nationally, the costs of alcohol related harms have been estimated at \$2billion annually, including \$655 million in public health costs, \$200 million in social welfare costs, and \$1.7billion in costs associated with lost productivity³⁸. Working to reduce the effects of harmful alcohol use requires an integrated and intersectoral approach to the management of alcohol in the community.

Research evidence suggests that the local environment, including the density and management of licenced premises, influences drinking behaviours.³⁹ There is also a growing body of evidence to suggest significant links between the retail availability of alcohol, alcohol consumption and alcohol-related harms.⁴⁰ Poorly run premises are also associated with increased levels of alcohol related harms experienced by communities. Therefore, improved management of premises and increased monitoring and enforcement reduces the likelihood of the misuse of alcohol, and intoxication, on licenced premises.

LIQUOR LICENCES

To administer the Sale of Liquor Act framework, the Act provides key roles for four agencies:

1. The Liquor Licensing Authority (LLA).
2. District Licensing Agencies (DLA).

³⁷ Alcohol Advisory Council of New Zealand. (2005). New Zealand and its drinking culture: A programme of change. Wellington: ALAC

³⁸ Alcohol Advisory Council of New Zealand. (2005). New Zealand and its drinking culture: A programme of change. Wellington: ALAC

³⁹ Alcohol Advisory Council of New Zealand. (2005). Planning For Alcohol In The Community: Local Government Toolkit. ALAC: Wellington.

⁴⁰ Chikritzhs T, Catalano P, Pascal R, Henrickson N. (2007). Predicting Alcohol-Related Harms From Licenced Outlet Density: A Feasibility Study. National Drug Research Institute Curtin University Of Technology: Perth, Western Australia.

3. The Police.
4. Medical Officers of Health (District Health Board).
5. Fire Service

The New Plymouth District Council as the DLA is an independent statutory body that issue licences to enable liquor to be sold or supplied to the public, and monitor and enforce the conditions of licences.

There are five types of liquor licences issued by DLAs:

1. **On-licence** (for example, for a hotel, tavern, restaurant, or café). This licence authorises the holder to sell and supply liquor for consumption on the premises described in the licence.
2. **Off -licence** (for example, for a bottle store or supermarket). This licence authorises the holder to sell or deliver liquor on or from the premises described in the licence for consumption off the premises.
3. **Club licence** (for example, for a sports club, Returned Services' Association club, or workingmen's club). This licence authorises the holder to sell and supply liquor on the premises described in the licence, but only to club members and specified guests.
4. **Special licence** (for example, for a food and wine festival or for a party at an unlicensed venue such as a community hall). Special licences allow holders to sell and supply liquor to persons attending an occasion, event, or social gathering, or for the holder of an on-licence or a club licence to sell and supply liquor at any times when licenced premises are required to be closed. (Clubs can also apply for a special licence for events of club premises where the sale and supply of alcohol is not the core activity).
5. **Temporary Authority** licence allows the applicants to carry on the sale and supply of liquor under an existing ON or OFF licence for up to three months while their own application for a substantive licence is processed and determined. The holder of a temporary authority is under the same obligation to comply with the Sale of Liquor Act as the holder of the base licence.

LOCATION ZONING AND GENERAL PLANNING PROVISIONS

The rules in the New Plymouth District Plan affect the location and type of liquor outlets. The sale of liquor is permitted in a business zone. Sites within 50m of a residential or rural zone require resource consent; other sites are permitted between 7am and 3am, depending on the type of business zoning. In industrial zones, where the site is more than 50m from a residential or rural area on-

licences may be open from 7am to 3am. Open space areas that are more than 50m from a residential or rural area may open 7am to 1am (11pm closing Sunday-Thursday).

In all other cases, on-licence premises are discretionary activities that require resource consent, subject to considerations relating to:

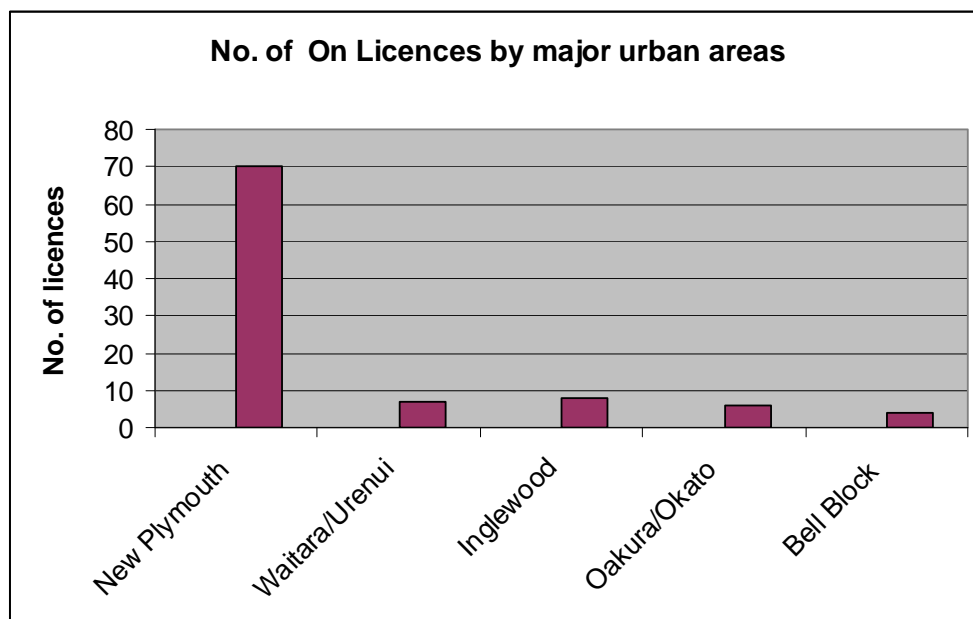
- Noise effects.
- Compatibility of the proposed business with existing activities.
- Topography of the site.
- Car parking numbers and location in relation to neighbouring premises.
- The days of the week the premise is open.

LOCATION AND DISTRIBUTION OF LIQUOR LICENCES

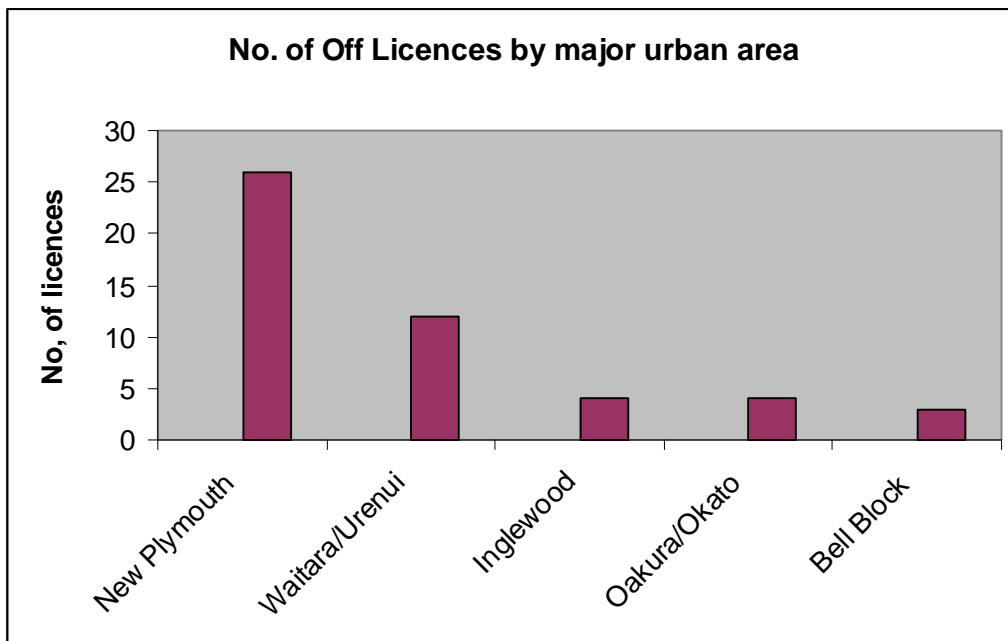
There are 199 liquor licences within the New Plymouth DLA. Approximately half of these are on-licences (95 licences), with approximately one-third of the remainder being club licences (55 licences), and approximately one quarter off-licences (49 licences).

The geographical distribution of the licences across the district can be shown in graphs 1 to 3 below.

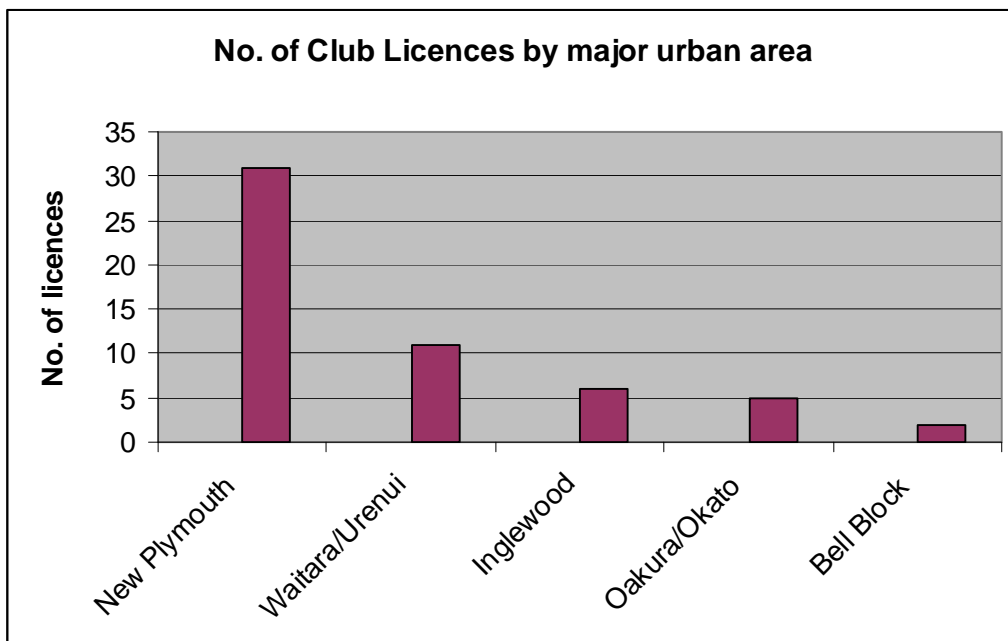
Graph 1 – Number and geographical distribution of On licences



Graph 2 – Number and geographical distribution of Off Licences



Graph 3 – Number and geographical distribution of Club Licences

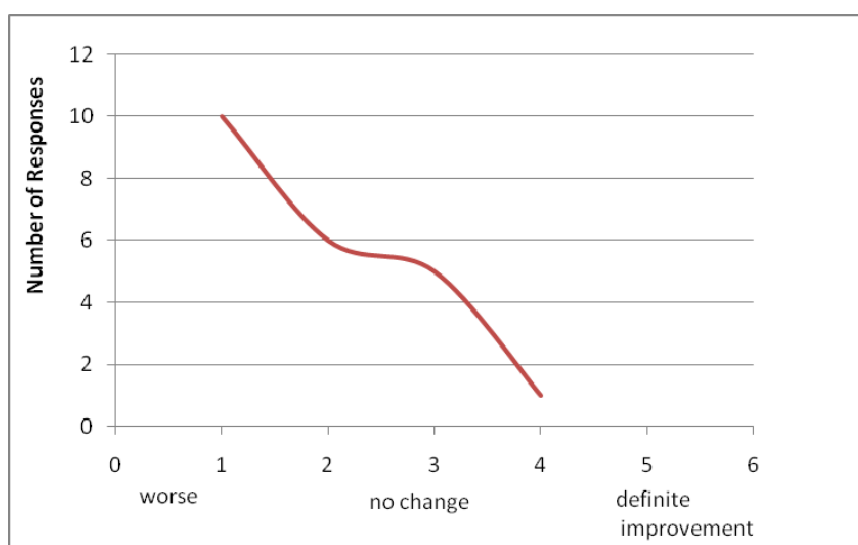


Community concerns about alcohol misuse

A series of focus groups and key informant interviews, accompanied by a brief survey, were used to examine community members' concerns about alcohol misuse within New Plymouth district. Five focus groups incorporating 30 individuals and six key informant interviews were undertaken with representatives of residents, the business and hospitality sector, and key community and regulatory agencies. Participants were asked to consider the key alcohol issues facing New Plymouth at the current time, and to prioritise these. They were also asked to identify and consider potential solutions to these problems, and to prioritise these across the immediate, intermediate and longer term.

There was a high level of overlap and consensus in the issues and solutions identified by those who participated in the focus groups, and consultation interviews. Generally, those consulted considered that New Plymouth District experienced a small group of readily identifiable alcohol issues, particularly alcohol related violence, and drinking in public places. Concern related to young people experiencing alcohol related harms was unanimous across groups. Young people were seen as particularly vulnerable, and there was strong agreement across groups that the illegal and irresponsible supply of alcohol to young people should be minimised. Most participants also considered that alcohol related harm in the New Plymouth district has worsened over the previous three years (see Figure 5).

Figure 1: Have alcohol related harms in the New Plymouth district got worse or improved over the past three years?



There was also strong agreement across focus group participants that as a community, New Plymouth was well placed to address alcohol related issues. Participants described a strong sense of community collaboration, and willingness of many agencies and individuals to be involved to support community action. Relationships between the Council, other agencies and the business and hospitality sectors were seen to be positive, and this provided a supportive framework for future activities.

The concerns about alcohol misuse are reinforced through the licenced premises customer survey undertaken by the New Plymouth District Council Licensing and Enforcement team in 2008. Approximately 75% of respondents agreed or strongly agreed that drunken people can be a problem (Q.9) and felt that such persons should not be allowed into bars (Q.10). When asked (Q.11) about whether people felt safe when out drinking 40% did not feel safe, and gave the following comments:

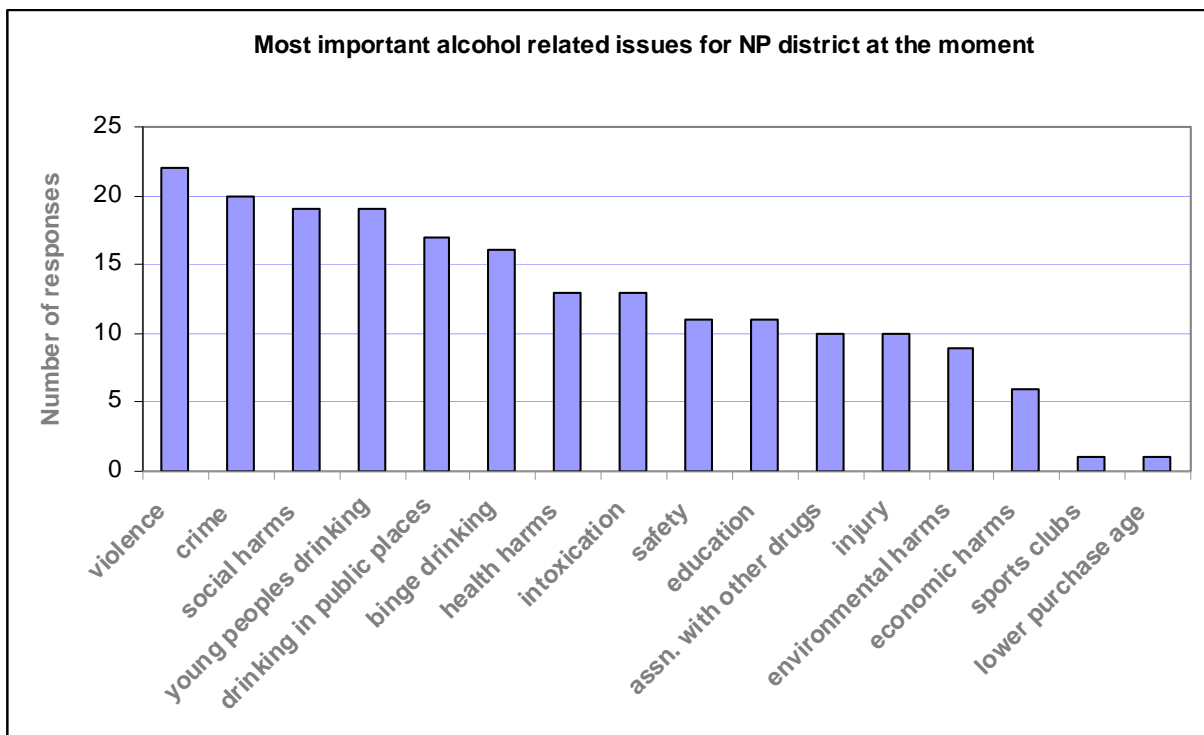
- “Wouldn’t walk home after pubs closes”.
- “Don’t feel safe after closing time of pubs but ok if with a group of people”.
- “Don’t feel safe between 2am and 4am”.
- “As a female not safe after midnight”.
- “Scary about fights – Avoid the CBD”.
- “Been beaten up now get taxi home”.
- “Need to keep wits about you”.
- “Have walked around CBD sober – frightening after 11.20pm”.
- “Verbal’s from rugby players”.
- “Wouldn’t walk home again after hearing stories”.⁴¹

CURRENT CONCERNS

Focus group participants identified alcohol-related violence as the most important current concern for the Council to address, followed by concerns relating to the connection between alcohol and crime, social harms, young people’s drinking and drinking in public places (see Figure 2).

⁴¹ New Plymouth District Council Licenced Premises Survey, 2008, preliminary results

Figure 2: Most important alcohol related issues for New Plymouth



There was agreement among all focus group members that the central business district (CBD) was a high-risk area for alcohol-related crime and violence, particularly after midnight. Many people considered that the use of CCTV cameras was considered a useful tool to enhance perceptions of safety in this area, particularly when combined with a visible Police presence. Many participants described the harms associated with alcohol misuse in the CBD, including increased fear of crime and assault. In addition, business representatives described the need to clean up alcohol related litter and damage to the environment around the CBD.

The majority of focus group members expressed concerns about the extent of alcohol related rubbish, particularly glass, which is evident in the community. Participants who lived on the perimeters of liquor ban areas described regularly needing to remove glass bottles and cans from their gardens, as well as being exposed to excess noise levels at night when young adults were walking in and out of the CBD. Broken glass from alcohol containers was considered a high-risk hazard for the community in general, particularly children and others who walked or bicycled.

Many focus group participants expressed concerns about drinking in public places, particularly in high visibility areas such as public parks, walkways and beaches. Public place drinking was associated with increased fear of alcohol related harms such as assault and intimidation, particularly

for vulnerable community members, such as older adults and young people. Many participants considered that the existing bans were considered a useful tool to address public place drinking. Some participants requested increased numbers of liquor bans, as well as increased hours in specific bans. However, other participants expressed concerns that liquor bans could displace vulnerable people to community spaces, which were harder to supervise.

All focus group participants considered that young people were considered to be at increased risk of alcohol related harm, and young people's misuse of alcohol was considered indicative of community norms around alcohol use and abuse. High levels of concern were expressed about the illegal and irresponsible sale and supply of alcohol to young people, particularly from friends and family members. Young people were also seen to be at risk of alcohol related harms due to the environments that they consumed alcohol in, including beaches and parks, which were considered public places that were out of public view. This decreased opportunities for surveillance by community members and agencies such as the Police, and increased the risk of intoxication-related harms.

Some concerns were expressed about the advertising and promotion of alcohol, particularly to young people. While the majority of focus group members considered that most licencees were responsible with advertising and promotion of alcohol, some promotions were considered to be specifically targeting young drinkers, including those under 18 years. Focus group members identified a number of potential interventions for the Council and its partner agencies, including working closely with licencees to monitor promotions.

PRIORITIES FOR ACTION

Focus group participants were asked to consider identified priorities for Council and other agencies to reduce alcohol related harms in the near future. Reducing the effects of alcohol on violence, particularly family violence and violence in public places was the leading concern among the majority of participants.

Community members also prioritised the importance of changing community norms around alcohol, and addressing the binge drinking and intoxication culture that is evident in New Plymouth as in the rest of New Zealand. Reflecting the current national campaign focusing on reducing intoxication, many focus group participants considered that it was necessary for adults to change their drinking behaviours and reduce binge drinking. However, other participants also considered that it was

necessary to focus on reducing binge drinking among young people, in addition to adults. Specifically, the Council was encouraged to work with the community and schools to change community members acceptance of intoxication and binge drinking.

Many focus group members were aware of interventions to reduce the illegal and irresponsible supply of alcohol to young people, and strong support was given to continuing interventions such as CPOs and campaigns such as the Think Before You Buy Under 18s drink alcohol. The Council was encouraged to work with a range of agencies to change community attitudes about supplying alcohol to young people, and to encourage increased responsibility. Many participants considered that the Council had a role in supporting community events for young people and the community in general that are alcohol free, or where alcohol was appropriately managed.

The Council was encouraged to work with Police and other agencies to improve perceptions of community safety, by supporting increased Police presence on weekends and investing in increased numbers of CCTV cameras. Many participants considered that an increased police presence resulted in increased perceptions of community safety.

Reducing drinking in public places, particularly in and around major thoroughfares, was also considered a priority issue for action in the near future. At the time of data collection, the issue of public place drinking had received prominence in the local media. Most participants considered that liquor bans were a useful tool to reduce public place drinking and intoxication. All participants also considered that the NPDC had a positive relationship with the Police, which was seen as necessary to address public place drinking. Some focus group participants considered that more liquor bans were necessary to reduce public place drinking, and encouraged consideration of a 24-7 liquor ban across the CBD. However, other participants considered that changing the social norms around binge drinking and intoxication would alleviate the need for further liquor bans.

Reducing drinking in public places and reducing binge drinking was also seen to support action to reduce the amount of broken glass and other alcohol related litter in the environment. The majority of participants agreed that this would take a community response, and would require a variety of strategies to result in change.

The Council was encouraged to take a leadership role in addressing alcohol issues. Many participants emphasised the importance of 'walking the talk', and ensuring that the Council had

appropriate internal alcohol related policies and practices before working externally with the community. Examples of this included appropriately managing Council events and leases for assets such as Council halls and other buildings, to ensure that the potential for alcohol related harms was minimised.

LONGER TERM PRIORITIES

Participating community members were also asked to identify what they considered should be prioritised to reduce alcohol related harm in the longer term. The Council was encouraged to demonstrate effective leadership in reducing alcohol related harms, by working in collaboration with key local agencies in positive and strategic ways. Focus group participants agreed that there was currently a high level of collaboration between agencies and community groups to reduce alcohol related harms, and that it was important that this continued and was sustained.

A key focus for longer term action was to develop a range of behaviour change and education initiatives to support changing the drinking culture in New Plymouth, to reduce binge drinking and intoxication. Changing the drinking culture was also seen as a priority to reduce the risk of alcohol related harms to all community members, but particularly to young people.

In parallel with changing social norms, an increased focus on high standards for licencees was prioritised, and increased enforcement with increased penalties for breaches of licence conditions was supported. Some focus group participants encouraged harsher penalties for licencees who breached the conditions of their liquor licence, particularly if they sold alcohol to minors. Finally, a sustained focus on increasing public safety and reducing all forms of alcohol related violence was strongly supported.

Current responses to reduce alcohol related harms

Across New Plymouth district, there are a wide range of initiatives undertaken by the Council and other agencies that are contributing to minimising alcohol related harms, and promoting safer alcohol-related environments. Together, these initiatives and activities provide the Council and its partners with effective and efficient tools to make a difference across New Plymouth district.

Work published by the Ministry of Social Development in 2007 has identified a number of key community strengths in Taranaki, including:

- Strong networks where organisations share information and resources,
- Collaborative approaches are common with organisations enjoying good working relationships,
- Committed agencies and volunteers,
- Active support groups, and
- Innovative and excellent service provision⁴².

These strengths are also evident in the current community responses to reduce alcohol related harms, which are described.

The following information was obtained from key informant interviews with representatives of the NPDC, and other agencies who work in partnership with the NPDC on a wide range of alcohol related issues. These examples demonstrate current practice, and intersectoral collaborative approaches to reducing alcohol related harms across New Plymouth District.

INTERAGENCY COLLABORATION

There are a variety of activities implemented by the Council and other agencies, particularly the Police, Fire and TDHB, to enhance compliance with licensing requirements and the SoLA. There are currently strong working relationships between the Council, Police and TDHB. Relationships between the Council and the Police are strengthened through the Police Liaison Working Party that meets every six weeks to discuss matters of mutual interest between the Police and the Council,

⁴² Ministry of Social Development. 2007. New Plymouth District LSM Community Report. Taranaki: Ministry of Social Development.

including the implementation and monitoring of liquor bans, the management of alcohol at events and alcohol-related litter issues.

Inter-agency collaboration with the hospitality sector is enhanced through regular meetings of the Liquor Liaison Group. This group meets quarterly, and includes representatives from the DLA, Police, TDHB Public Health Services, emergency services, HANZ, trainers and licencees. The DLA also provides support to the hospitality sector by providing training sessions with Western Institute of Technology (WITT) and Pacific International Management School students, who are likely to work in licenced premises within the district. Annual 'DrinkSafe' workshops are jointly provided by the DLA, Police and Public Health Services from TDHB, and with support from other agencies, TDHB Health Promotion delivers professional door staff training annually.

COMMUNITY ACTION INITIATIVES

New Plymouth is a World Health Organisation designated Safe Community, and has a range of strong community level initiatives that aim to reduce significant harms experienced by the community, (including alcohol related harms), and increase community safety and well being.

The region also has a well established Youth Access to Alcohol (YATA) group, which aims to encourage and support community action targeted at reducing the illegal and/or irresponsible supply of alcohol by adults to young people. YATA is a community committee, which runs projects and is designed to influence parents; young people; retailers of alcohol; and policy makers through a range of ways to achieve the overall project aim. Members of the YATA group include the three district territorial authorities, TDHB, Police, ACC, Te Puni Kokiri and the New Plymouth Safer Community Council. YATA activities have focused on social supply issues, through the 'Think Before You Buy Under 18s Drink' campaigns, and the development of 'Parent Pack' resources.

In addition to the campaigns supported by the YATA group, TDHB Health Promotion also implements a range of strategies to promote responsible attitudes towards alcohol use. These include environmental/population focused initiatives and community action projects such as:

- Manaaki Tangata, a Maori specific programme with Taranaki Rugby League,
- Media campaigns particularly around seasonal events associated with increased consumption such as the Christmas/New Year period, and
- Information sharing through a bi-annual Substance Misuse Update Taranaki newsletter.

ClubMark is an initiative led by Sport Taranaki, supported and funded by ACC, which targets high need sports clubs, and aims to enhance compliance with the SoLA, and strengthen and support club's knowledge of host responsibility requirements. Prior to the development of ClubMark, over one hundred sports clubs across the district had become involved with the ThinkSmart initiative, which aimed to increase responsible alcohol management at these venues, reduce access by minors to alcohol and challenge the link between youth, sport and alcohol. The YATA group has also provided support for the Clubmark intervention.

Increased access to public transport has been identified as an opportunity to reduce alcohol related harms. At present, public transport is limited to taxis late at night and in early morning. NPDC, Land Transport NZ and local taxi companies are currently working in partnership on issues relating to the number and location of taxi stands in the CBD. The most recent initiative was an agreement to use bus stops as taxi stops at night, as these tend to be close to large licenced premises.

MONITORING, ENFORCING AND ENHANCING COMPLIANCE WITH THE SOLA

The Police, DLA and TDHB Public Health Services undertake regular monitoring of licenced premises. Routine inspections are undertaken of premises when licences are initially granted, at renewal points, and random inspections are undertaken as required. Controlled Purchase Operations (CPOs) are also undertaken quarterly to monitor compliance with requesting age-verification identification and to reduce access to alcohol by young people.

Liquor bans are governed through the Council's Liquor Control Bylaw, which aims to enhance the safety of citizens, protect the public from nuisance and minimise the potential for offensive behaviour in public places by controlling the consumption and possession of liquor in specified public places. There are currently four Liquor Bans, encompassing the CBD, Oakura Beach, Urenui Domain, and Sir Victor Davies Park. Another liquor ban was trialled at Fitzroy beach over the past summer and was being evaluated at the time of writing this strategy. Any request for a liquor ban requires careful consideration of the crime and safety issues, and consideration of the range of solutions to a problem. Liquor bans are most effective when they are enforced and supported by other complementary strategies to reduce alcohol misuse and consumption in public places.

Within the district, licencees have supported various initiatives to encourage responsible consumption, and reduce the burden of alcohol related harms. For example, on nights where trading hours are extended, such as New Years Eve, licencees, as a condition of a special licence have a “One Way Door” policy is imposed from 3am, to reduce the migration of patrons to bars, which remain open. This also reduces the pressure on taxi services, which are overwhelmed when all the bars close at the same time and there is a high volume of demand for taxi services. Police, the DLA, TDHB Public Health Services and ACC are also working with licencees to implement the ‘Get Into It Not Out Of It’ intervention, which aims to educate the public that intoxication is not acceptable, and is illegal in licenced premises. A voluntary one way door policy also exists on Friday and Saturday nights from 2am, to counter the social disorder problems associated with bar migration.

New Plymouth District Council hosts a number of high profile community events, including WOMAD and concerts by various international artists, such as Motorhead and Elton John. Sale of alcohol is permitted at events and is controlled by a range of conditions under the requirements of a special licence. In partnership with event organisers, conditions are developed to limit the volume of alcohol that can be purchased at any one time, as well as the containers alcoholic drinks can be served in. When glass containers such as wine bottles can be purchased, at some events, patrons are incentivised to return and recycle glass bottles, to minimise the potential for glass related injuries and rubbish.

There are a range of tools, which support the reduction of alcohol related crime and other harms, including the implementation of CPTED (Crime Prevention Through Environmental Design) principles. The application of CPTED principles provides a physical environment that can discourage anti-social behaviour around licenced premises, and enhance perceptions of safety and physical safety in a designated area. The Council where appropriate considers CPTED principles when developing high profile public open spaces. Additionally when required, the Council seeks advice from the police about specific facilities design projects, as well as engaging with the community.

In addition, CCTV cameras are located around the CBD, and are used by Police to identify potential high-risk incidents to ensure timely responses. The CCTV system was installed nine years ago, in consultation with the New Plymouth District Council and Safer Community Council with the intention of reducing crime and disorder in the CBD and followed concern that many members of the public no longer felt safe when visiting the city at night. Feedback from community members, Police and other stakeholders suggest that the use of CCTV cameras is a valuable component amongst a range of other strategies to address those concerns.

Appendices

Appendix 1: Key expectations of District Licensing Agencies (DLA)

The key expectations of the DLA are to:

1. Administer a reasonable system of control for the receiving of applications, reports, and granting of applications under the Sale of Liquor Act”
2. Forward applications to the Licensing Authority where objections have been received, or in accordance with any other provisions of the Sale of Liquor Act.
3. Develop protocols with supervisory agencies to deal with complaints/issues arising from the operation of licenced premises.
4. Ensure a programme of monitoring the operation of licenced premises is in place.
5. Co-ordinate activities of supervisory agencies (DLA Inspectors, Police, Health).
6. Ensure liaison with licencees (LLG & Newsletters).

Appendix 2: Applying for a liquor licence

The Council is responsible for the district's liquor licensing. To ensure that the sale and supply of liquor takes place responsibly, it is a legal requirement under the Sale of Liquor Act 1989 that an individual holds a licence before they can sell or supply liquor.

Licence holders must be aged 20 years or over, and meet the other requirements of the Sale of Liquor Act. A licence is issued to a person, company or legal entity in relation to a premise (or conveyance, such as a train or boat). A licence cannot be transferred from one person to another, or from one premise or conveyance to another.

At all times when liquor is being sold or supplied to the public on licenced premises, a certificated manager is required to be on duty and is responsible for compliance with the Sale of Liquor Act 1989 and the conditions of the licence.

The process to obtain a liquor licence is as follows:

1. Meet with the District Licensing Agency (DLA), which is administered by the New Plymouth District Council, prior to making an application.
2. Apply to the Council for certificates of compliance with the Resource Management Act and the Building Act.
3. Lodge the licence application with the DLA.
4. Ensure public notification of the application by placing two advertisements, a week apart, in the public notices section of the local newspaper (the paper must have significant distribution in the area) within 20 working days of lodging the application.
5. Place a 'notice on buildings', for the period the newspaper advertisements run.
6. Submit evidence of public notification to the DLA by supplying the whole page, including the date and name of the paper, containing the two newspaper advertisements and a signed declaration that the 'notice of buildings' was visible on the front of the building.
7. The DLA will refer the applications to the reporting agencies (licensing inspector, Police Fire and Medical Officer of Health) for comment.
8. If the application is complete, following public notification and the objection period, and when the reports from the reporting agencies have been received, it will be considered for approval

by the DLA. If there are any objections lodged by the public, or if any of the reporting agencies raise matters in opposition, the application will be referred to the Liquor Licensing Authority (LLA) in Wellington for determination.

Most special licences do not need to be publicly notified. On, off and club licence applications are generally processed within 8-12 weeks of receiving the application. Special licences take up to 20 working days to process. The processing times will be delayed if there is information outstanding from the application, or if there are objections to the application from the public or reporting agencies.

Appendix 3: Objecting to a liquor licence

Any person who has a greater interest in the application than the public generally may object to the grant of a liquor licence.

A greater interest is usually reflected in close proximity to the proposed licenced premise. For example, a person with a greater interest could be living in the same street as the proposed premise, or be an Organisation who has an interest greater than the public generally. In contrast, a member of the community living further away who is concerned about the effects of alcohol on the community could be considered as not having a greater interest in the application. The Liquor Licensing Authority may give less weight to objections from people who are not directly affected by the proposed licenced premises.

The grounds for objection are set out in the Sale of Liquor Act. They are:

For On, Off and Special Licences

- a) Suitability of the applicant
- b) Days and hours liquor will be sold
- c) Designation of the whole or part of proposed premises as a restricted or supervised area
- d) Steps taken to ensure prohibited persons are not served
- e) Supply of food and non alcoholic refreshments (does not apply to off licences)
- f) If the applicant intends the sale or supply of any other goods besides liquor and food, or any services other than those directly related to the sale or supply of liquor and food.

For Club Licences

- a) Suitability of the applicant
- b) Days and hours liquor will be sold
- c) Days and hours club premises will be used for club activities
- d) Designation of the whole or part of proposed premises as a restricted or supervised area
- e) Proportion of club membership who are prohibited persons

- f) Steps taken to ensure prohibited persons are not served
- g) Supply of food and non alcoholic refreshments.
- h) A statement advising the primary activity at the club will not be the Sale of Liquor.

Lodging the Objection

To object to an application, you must write a letter within 10 working days of the first public notice that appears in the newspaper. Your letter must:

- identify the proposed premises
- state your reasons for objection
- be addressed to the Secretary of the NPDC District Licensing Agency (DLA).

Please state in your letter if you wish to appear at any hearing or indicate that you do not wish to be heard in person. You will have plenty of time to prepare an in-depth submission for the hearing. It is much more effective to speak in support of your submission at the hearing than to send a written objection only. An objector's non-appearance may favour the applicant.

You may also participate in a group objection, nominating one or two representatives to appear and present the objection at the hearing.

DLA staff will acknowledge your objection and send a copy of your letter to the applicant. Once the application is complete, if any valid objections have been lodged it will be forwarded to the national Liquor Licensing Authority (LLA) with all relevant objection letters. If the LLA believes it has enough information available, it will make a determination by way of a public hearing. The LLA will notify you in writing of the hearing date and time for you to present your concerns in person. If your objection is in the form of a petition, please appoint a spokesperson.

Opposed special licences are determined locally by the Council Hearing Committee.