

# **Reducing alcohol-related harm in the Marlborough District**

**A report to the Marlborough District Council, ACC and Marlborough  
Alcohol Advisory Committee**

**August 2013**

**InToto Projects Ltd**

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## **Acknowledgements**

The authors of this report wish to acknowledge all who contributed to this review, in particular agency and licensee representatives who provided material and participated in workshops and interviews, affording a rich source of information for this report.

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**August 2012**

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## Executive Summary

In early 2013 the Marlborough District Council in association with ACC and Marlborough Alcohol Advisory Committee agreed to undertake an investigation into alcohol-related issues in Marlborough. The information gathered through this review was to be used to support planning to reduce the harm that was identified and to inform the development of the Marlborough District Council's Local Alcohol Policy.

There is a significant amount of alcohol-related harm occurring in Marlborough District with the data available indicating that Marlborough experiences higher levels of harm than the average for the country. This finding is at odds with the perception of many stakeholders who believed that, in relation to alcohol, Marlborough is similar to other parts of New Zealand.

Alcohol-related harm tends to be disproportionately associated with younger people aged 18-30 years. There is also a significant amount of alcohol-related harm associated with drinking by those under 18 years of age.

There are currently several initiatives in place but there is more that could and should be done if stakeholders wish to see a change in these high levels of harm. The introduction of the Sale and Supply of Alcohol Act 2012 gives communities significantly more opportunities to influence how alcohol is sold, supplied and consumed than the previous legislation did and we believe that Marlborough should take this once in a generation opportunity and use it to make a difference. Beyond this, but linked to it, we recommend that key stakeholders develop a strategic plan that identifies the priorities for action, the strategies that will be used to reduce the harm and an action plan that identifies who is responsible for what action and by when.

## Introduction

Alcohol plays a significant role in the lives of most New Zealanders. It helps us relax, socialise and step away from the day to day demands we face. 'Going out' at the weekend is also part of the kiwi way of life particularly for those under the age of 30. It provides the opportunity to play up a little, have fun and behave in ways that in other settings would not be acceptable. In our culture the 'going out' experience is often associated with consuming significant quantities of alcohol, however this means that drinking environments and the areas that surround them can be risky places.

The likelihood of problems occurring and the severity of these problems are not determined by the drinkers alone. There is a raft of factors that influence the nature and extent of alcohol-related harm. Some factors are best influenced at the national level but others can be changed by local action. If identified and appropriately managed these factors, such as management of licensed premises, lighting, design of the built environment, and effective enforcement of licensing and other legislation, have the potential to significantly reduce the level of alcohol-related harm.

It is hoped that this review will provide insights into the extent of and contributing factors to alcohol-related harm associated with the Marlborough District and identify ways that, with other partners, there can be a reduction in these problems.

## Background

In early 2013 it was agreed that better information was needed in order to develop effective strategies to reduce alcohol-related harm in Marlborough. Specific information was also required under the Sale and Supply of Alcohol Act 2012 to inform the development of the Marlborough District Council's Local Alcohol Policy.

The Marlborough District Council (MDC) in association with ACC and Marlborough Alcohol Advisory Committee (MAAC) agreed to undertake a project to assess the level of alcohol-related harm in Marlborough and specifically to:

- Identify through available evidence the extent and nature of alcohol-related problems in the Marlborough District.
- Inform the development of a Local Alcohol Policy as set out in the Sale and Supply of Alcohol Act 2012 recently passed by Parliament.
- Identify the demographics of the people and circumstances (e.g. time of day, week, season, environmental, behavioural and contributing factors) associated with alcohol-related issues.
- Provide baseline data for future monitoring of alcohol-related problems.
- Provide information to enable a coordinated approach to reducing alcohol-related harm in Marlborough.

The contract for investigating alcohol issues in Marlborough was won by InToto Projects, a small Nelson-based company whose two principals have extensive experience in alcohol-related harm and public safety.

## Overview of review process

Following is an outline of the process used to complete this review.

- Briefing on project with project team
- Workshop with key stakeholders to:
  - identify existing information, information sources and interventions
  - provide background information on the situation.
- Review of existing information and identification of gaps including:
  - collection and review of local data (e.g. Alco-Link, Police, ED, Ambulance, ACC) to identify characteristics of people and circumstances at high risk times
  - gathering of demographic information to support the requirements of Section 77 Sale and Supply of Alcohol Act 2012
  - identification of gaps in Marlborough data collection and/or analysis
  - identification of any consistent themes within the data
  - identification of evidence-based interventions.
- Collection and analysis of new information including:
  - interviews with key stakeholders to identify what they believe are the greatest risks and harms and what they believe could be potentially helpful interventions
  - on-site observations of the precincts and licensed premises to observe behaviours of patrons, staff of licensed premises and the general environment.
  - examination of the current marketing practices of licensed premises to identify possible exacerbating factors.
- Development of a report providing:
  - an assessment of the current situation including identified risk and harms
  - an outline of the interventions that have been tried in similar situations within and beyond NZ including whether or not there is good evidence of effectiveness
  - recommendations for how the existing levels of alcohol-related harms could be reduced based on the information collected
  - recommendations for improved data collection to enable more robust monitoring in the future
  - recommendations for how Council could use the new provisions in the Sale and Supply of Alcohol Act 2012 to reduce the problems occurring in the district
  - information to support decision making around the development of a Local Alcohol Policy.
- Presentation of the draft report to members of Marlborough Alcohol Advisory Committee including a workshop to:
  - discuss key findings and recommendations
  - identify and correct any inaccuracies
  - identify any gaps



- provide feedback.
- Report finalised and submitted.

## Findings

### Alcohol-related harm in Marlborough

#### Crime data

The data reported in this section is based on data provided by the New Zealand Police. Marlborough Police Area is one of three Police areas in the Tasman Police District. It includes Kaikoura.

#### *Alcohol-related offending*

On average over the past five years, the total number of recorded offences in the Marlborough Police Area has remained constant, with a slight drop in 2012.

Four offences are generally used to track alcohol-related offending – public place assaults, public place disorder, breach of the liquor ban and drink driving offences. The figures for Marlborough between 2008 and 2012 are shown below. As can be seen they have been relatively steady over the time period with an increase in 2009 and a slight decrease in 2012.

	2008	2009	2010	2011	2012
<b>Public Place Assaults</b>	202	232	200	184	154
<b>Public Place Disorder</b>	320	419	385	374	368
<b>Breached of Liquor Ban</b>	127	192	112	124	111
<b>Drink Driving Offences</b>	318	424	283	304	251

**Table 1: Recorded offences for specific offence types in Marlborough Police Area Calendar year 2008-2012**

Rates for serious assaults resulting in injury and rates for public place assaults are reported in the recently published ACC Injury Comparison Report – Community Profile for Marlborough District which covers the period 2007/08 – 2011/12. These rates are higher for Marlborough than for the whole of New Zealand. Serious assaults resulting in injury are 27.54 per 10,000 of population for Marlborough (23.8 for NZ) while the public place assault rate is 38.4 per 10,000 of population for Marlborough District compared with a national figure of 25.67. National rates for serious assaults resulting in injury over the past 5 years appear to be trending down, however Marlborough rates were reasonably stable over this period sitting between 25-30 per 10,000 population.

A further analysis of the Police data show that Tasman Police District has a considerably higher rate per 10,000 population of public disorder offences compared with the average for the country. In the calendar year 2012 there were 149.6 recorded public order offences per 10,000 of population in Tasman Police District. The national figure was 95.9 per 10,000 of population. When broken down by Police area Marlborough leads the way with 176.6 per 10,000 of population.

Data provided by Police show little change over time in specific alcohol-related offences including breach of the Liquor Control Bylaw and drink driving offences. Again, as in other areas, there was a rise in 2009.

### *Place of last drink*

An analysis of place of last drink over the five years 2008 to 2012 provides some insight into understanding alcohol-related offending in Marlborough. Approximately one in five (19.5% in 2012) offenders had their last drink in a licensed premise. The largest proportion however drank somewhere other than a licensed premise prior to committing their offence.

### *When does alcohol-related offending occur?*

Alcohol-related offending occurs mainly on Friday, Saturday and Sunday and is most likely to occur between 9pm and 3am. It peaks between midnight and 3am on Sunday morning.

### *Who offends?*

Males are more likely to commit an offence while under the influence of alcohol than females. Over the five years that were analysed 73% of alcohol-related offences were committed by males.

In terms of age, offences were more likely to be committed by people aged between 17 and 30 years (52%) with the 17-20 year age group accounting for nearly a quarter of the offending. Keeping in mind this only includes alcohol-related offending, it is of some concern that 16% of offenders were in the 14-16 age group.

Europeans are responsible for the majority of alcohol-related offending in Marlborough accounting for just over half (52%) of recorded apprehensions for an alcohol-related offence. This is not surprising as they are the largest ethnic group making up 75% of the population. Maori who make up 10% of the Marlborough population account for 38% of alcohol-related offending.

### *Drink drive offending*

Drink driving offences have consistently tracked down since 2008 with a slight rise in 2009.

### *Breaches of the liquor ban*

In the case of breaches of the liquor ban it has trended in a similar way to all other offending. There has been a small decline since 2008 with again a slight rise in 2009. There does not appear to be any seasonal fluctuations in these figures.

### *Location of alcohol-related offences*

The most common location for an alcohol-related offence to be committed in Marlborough over the last five years is a public place (47%) with 9.5% occurring in licensed premises. In discussions with Police and others this is generally clustered around town centres with the majority in Blenheim township. Alcohol-related offending in residential settings has remained fairly constant over the last 5 years apart from a reduction in 2012.

### *Health data*

Not all alcohol-related harms occur as a result of criminal offending and not all criminal offending such as assaults comes to the notice of the Police. Significantly more people are dealt with by the health system as a result of an alcohol-related incident than come to the attention of Police. For

example a study completed in Queensland found that only a quarter of assault victims dealt with by the ambulance service had a matching police report<sup>1</sup>.

The Medical Officer of Health and the Public Health Analyst for Nelson Marlborough DHB have recently prepared comprehensive reports to assist the territorial authorities in their area in the development of Local Alcohol Policies. One has been produced for Marlborough. We will not reproduce all the information contained in these reports here but following are some highlights.

There are an estimated 1,215 alcohol-related Emergency Department (ED) visits per year in the Nelson Marlborough DHB (based upon data from a 2011 audit). Overall, 10% of weekend ED presentations were alcohol-related, and this was similar at Nelson Hospital (9%) and Wairau Hospital (11%). The group most likely to present at ED for an alcohol-related issue is aged 18-29, with 18-24 year olds having the highest rates. Slightly more males present than females and they are most likely to present on a weekend especially on Friday and Saturday nights (including early Sunday morning) between 10pm and 6am with the peak time being between 2.00am and 4.00am.

There are some obvious similarities in the patterns described above and those of the Police outlined earlier. This suggests there would be some benefit in exploring ways of triangulating the data to provide a clearer picture of what is actually happening.

#### *ACC data*

It is estimated that more than 20% of claims received by ACC have alcohol as a contributing factor.<sup>2</sup> Such injuries may be associated with acute intoxication (of the person who is injured or in the case of violence, the offender), whilst other injuries may occur the following day as people recover from the previous night's intoxication and are not functioning at their optimal level. Data on presentations to general practitioners and the emergency department that result in a claim to ACC are collected nationally and a break-down is available by territorial local authority. Unfortunately ACC data do not allow a specific analysis of alcohol-related injuries occurring in the Marlborough District.

#### *Ambulance data*

Since late 2012, with the support of ACC, ambulance staff have begun to record data relevant to measuring alcohol-related harm in the Tasman Police District, including Marlborough. While it is very early and there is no comparative data yet it will prove a valuable tool as many incidents reported to the St John Ambulance Service will not be known to others.

Some data are available for the period December 2012 to April 2013 and this shows that there was a peak in calls during the summer holiday period. It reflects other data with the majority of people dealt with by ambulance staff in the 15-29 year age group. As might be expected, the majority of calls were in Blenheim and came from private homes with a very small number from licensed premises. Using a similar measure to Police, ambulance considered that the largest proportion of people they dealt with were in the category of being highly intoxicated.

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<sup>1</sup> Notes from PhD thesis of Dominique Deandrade, personal communication Professor Ross Homel, Griffith University, 2011

<sup>2</sup> ACC media release 13 December 2011

## **Stakeholder views on levels of alcohol-related harm in Marlborough**

Most of the stakeholders we spoke to felt that the level of alcohol-related harm was no worse in Marlborough than the rest of the country. We found this interesting given the data seem indicate the opposite was in fact the case.

A number of respondents commented on the reduction of problems in recent years associated with large events. This was, in their view, due to better planning and collaboration between agencies and the event organisers as well as more Police in attendance. Some also noted changes in behaviour at an individual level with more people now eating when they drank than in the past.

## **Summary of alcohol-related harm in Marlborough**

The above data show a significant level of alcohol-related harm occurring in Marlborough District. Although information from a wider range of agencies would be helpful, a number of observations can be made from the data currently available.

- The level of alcohol-related offending has remained reasonably constant over recent years with an increase in 2009 and a slight decrease in 2012.
- There is a significant amount of alcohol-related harm associated with drinking by young people under 18 years of age.
- Rates for serious assaults resulting in injury and public place assaults associated with alcohol are higher than the average for the country.
- High risk times for alcohol-related harm are Friday – Sunday 9pm to 3am with perpetrators of crime and victims of assault primarily being male between the ages of 17 and 30 years.
- Like many places there appears to be an issue with people drinking in public places despite there being a liquor control by-law in place. Many people we spoke with suggested that ‘pre-loading’ and ‘sideloading’ contributed significantly to high levels of intoxication.
- There appears to be a degree of inconsistency between the perception of key stakeholders and the data available in relation to the level of alcohol-related harm occurring in Marlborough.

## **Contributing factors to alcohol-related harm**

Key stakeholders were invited to identify what they believed were the major contributors to alcohol-related harms and what they felt could be done to reduce these. The following is a summary of the key themes that came through.

### **Poor visibility of Police on the street and in licensed premises**

Several people commented about the lack of visibility of Police on the street particularly at high risk times and felt that an increased presence would help to deter offending and provide an opportunity for early intervention. In Nelson, Police have recently changed their practice and now identify and remove potential troublemakers early. This has resulted in a reduction in serious offending later in the evening.

Other respondents, including some licensees, wanted to see more Police walking through bars and engaging with staff and patrons. Some reported that visits only involved Police driving through the car park.

Several respondents noted that it was unfortunate that the Police breakfasts were no longer held due to lack of funding.

### **Problem premises**

Respondents consistently identified four premises that were associated with harm. The following is just one example of the concerns expressed to us.

*“I sometimes think there is not enough action around those places that don’t toe the line. I think they should be held to account more.”*

We understand that an application for suspension had been made in regard to one of these bars however we are unaware of any coordinated strategy to deal with them. We understand however that since October 2012 a Liquor Enforcement Group involving Health, Police and Licensing Inspectors has met every 6-8 weeks. Coordination of enforcement efforts will be particularly important if the potential of the new legislation is to be realised.

### **Youth drinking**

Many respondents expressed concern about youth drinking along with the use of cannabis and legal highs. One of the major concerns was the seemingly easy access to alcohol by people under the age of 18 years, in particular the supply of alcohol by parents and older siblings. Some respondents also noted the ease with which older young people can get into licensed premises.

A couple of respondents expressed concern about the number of young women who were getting very drunk and the risks associated with this. The operations team manager at St John’s Ambulance noted that they take more young women to hospital than young men, often for intoxication. She also expressed concern that young people are not looking out for one another when they are out drinking. This is in contrast to an earlier finding in Nelson where they are finding an increase in the number of young people arriving at ED with another young person supporting them.

### **Front loading and side loading**

Perhaps the most commonly raised concern was around the amount of front-loading that is perceived to be happening. Front-loading involves drinking alcohol purchased from an off-licence (or provided by someone else) prior to visiting an on-licensed premise where the alcohol is more expensive. Alongside this is the practice of side-loading which involves topping up with alcohol that has been left in a vehicle or stashed in the surrounding environment and then returning to the bar.

### **Late trading hours**

Many respondents raised late trading hours as a contributing factor to alcohol-related harm. One respondent noted a reduction in the workload for Police associated with cutting back of closing times in Picton. One respondent recalled her experience of being in Blenheim late at night.

*“I’ve been in town after 1.00am. It’s not pretty.”*

As is noted in the report prepared by the Medical Officer of Health, controls on trading hours is one of the ten alcohol policy options that have been shown to be effective in reducing alcohol-related harm.

### High density of licensed premises

Marlborough has a relatively high density of licensed premises compared to the rest of New Zealand. In the NMDHB area there were 51.4 licensed premises per 10,000 population in 2012 compared with the national average of 31.7 per 10,000 population. A 2011 ACC community profile using Police data classified by territorial authority showed that Marlborough in particular has a high rate of both on and off licences. While the large number of wineries in Marlborough will inflate the off-licence figure it doesn't explain the high level of on-licences per 10,000 which at 30.9 is nearly double the national average.

Research recently released by the Health Promotion Agency suggests that in areas where there are a large number of liquor outlets, there is likely to be a higher number of violent offences than in areas where there are few. The research found that an additional bar or night club across a region is associated with at least five additional violent offences per year and an additional supermarket or grocery store is associated with more than 11 additional violent offences per year.<sup>3</sup>

### Lack of collaboration

There appears to have been good collaboration of late around large events such as the Marlborough Wine and Food Festival and this has resulted in a significant reduction in associated problems. We were also told that the enforcement agencies – Police, Marlborough District Council and Nelson Marlborough DHB have made a marked effort over the past year to meet on a regular basis and discuss issues and a collaborative way of enforcement.

Despite this, a number of respondents felt that a lack of 'working together' is hindering efforts to reduce alcohol-related harm in Marlborough. In other centres successful mechanisms have been established to ensure that efforts are coordinated and targeted to meet the greatest needs. There is potential to improve the level of coordination beyond the enforcement agencies. A major concern is that many stakeholders, for example ambulance, are not involved despite the fact that they deal with alcohol-related issues every day and are thus a rich source of intelligence and valuable partners in reducing harm.

Currently two potential mechanisms for collaboration exist - MAAC and Safe and Sound at the Top. We recommend that whatever mechanism is used, it should involve all key stakeholders, be guided by an agreed plan that includes performance measures. This plan could identify the priorities for action (based on the identification of the factors associated with alcohol-related harm in Marlborough); the strategies that will be used to reduce the harm and an action plan that identifies who is responsible for what action and by when.

With regard to the enforcement agencies, it is now a requirement of the Sale and Supply of Alcohol Act 2012 that they work collaboratively (see Section 295).

#### *Agencies' duty to collaborate*

#### **295 Duty to collaborate**

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<sup>3</sup> Cameron, M.P., Cochrane, W., Gordon, C., & Livingston, M., 2013, The locally-specific impacts of alcohol outlet density in the North Island of New Zealand, 2006–2011, Hamilton: National Institute of Demographic and Economic Analysis

The Police, inspectors, and Medical Officers of Health within each territorial authority's district must—

(a) establish and maintain arrangements with each other to ensure the ongoing monitoring of licences and the enforcement of this Act; and

(b) work together to develop and implement strategies for the reduction of alcohol-related harm.

### **Limited transport options**

Safe transport was an issue several respondents raised. Getting people home safely after drinking is a significant challenge in smaller centres where public transport does not operate late at night. In Marlborough a number of premises provide courtesy coaches to ensure that their customers get home safely and don't drink and drive. This is commendable. Several respondents were concerned that the Sublime 5 initiative was no longer operating. This scheme provided discounted taxi travel home from Blenheim and Picton. The evaluation of this initiative however indicates that the outcomes were not achieved, at least not for Blenheim, as there was an increase in alcohol-related offending in Blenheim over the period the scheme was operating.

### **Inadequate training of bar staff**

A number of respondents, particularly those who worked in the hospitality trade, raised concerns about the lack of quality training available to bar staff. As one respondent noted:

“Much of the training and qualification is focused on the general manager and not on other staff and they need it as well.”

### **Risks on the water**

It was brought to our attention that those who use the waterways within Marlborough often take large amounts of alcohol on board with them. Although we could find no evidence of significant harm there was concern at the potential risks involved with the use of alcohol on boats in the Sounds. We suggest that any plan to address alcohol-related harm in Marlborough include addressing these risks. There are limited mechanisms to control alcohol use on boats and we suggest that those that are available, such as licensing, be used. We were also advised by the deputy harbourmaster that they are trialling an electronic message board at marinas and these might provide the opportunity to communicate alcohol harm reduction messages.



## Conclusions and recommendations

### Is Marlborough any different to the rest of New Zealand?

As already discussed it appears from the available data that the rates of alcohol-related harm in Marlborough are higher than the New Zealand average albeit that there may have been some improvement in the past year. This is in contrast to a general perception that Marlborough is no worse (and according to some is actually better) than other parts of the country.

It is also our perception that there are fewer initiatives in place aimed at reducing the harm than is the case in many parts of New Zealand and the ones that do exist are not well coordinated.

There is however some initiatives stakeholders believe have successfully contributed to a reduction in alcohol-related harm in Marlborough. For example a raft of policies and practices has been introduced at Woodbourne Air Force Base to reduce harmful drinking and its associated risks among the personnel living there. We were also told of considerable progress being made to improve the behaviour of people attending the Wine and Food Festival and other large events.

### Potential improvements and additional interventions

In the final section we suggest a range of options for stakeholders to consider that will help reduce alcohol-related harm in Marlborough. We have also included an overview of some of the initiatives other New Zealand communities have implemented as an appendix to the report which stakeholders may wish to take into consideration for adoption in Marlborough.

### Recommendations in relation to the Sale and Supply of Alcohol Act 2012

The advent of the Sale and Supply of Alcohol Act 2012 provides a golden opportunity for the Marlborough community to work together to reduce the harms that have been identified in this report. Compared with the previous legislation this Act gives the community a mandate to get involved rather than simply leaving it to the regulatory agencies.

#### *Object of the Act*

The object is particularly relevant as it covers not only the sale of alcohol but also its supply and consumption. It also has a focus on minimising harm.

- (1) The object of this Act is that –
  - (a) the sale, supply, and consumption of alcohol should be undertaken safely and responsibly;  
and
  - (b) the harm caused by the excessive or inappropriate consumption of alcohol should be minimised

All decision-making must have regard to the object of the Act.

#### *Key features of the Act*

The handbook to the Sale and Supply of Alcohol Act 2012 has an introduction written by Alan Dormer. In this introduction he identifies the following key features of the Act. These provide some ideas for how Marlborough might use the new legislation to reduce some of the concerns that have been identified above.

- Local communities have more say about where and when alcohol can be sold, and there are broader criteria for objecting to alcohol licence applications through local alcohol policies.
- Alcohol licences are harder to get and easier to lose by virtue of the introduction of local alcohol policies and broader criteria for objecting to licence applications, and the sanctions against those licensees and managers who persistently fail to comply with the law are strengthened.
- Tighter restrictions are imposed on the type of premises that can sell alcohol and when they can sell. Dairies and convenience stores are not able to sell alcohol, and the Act introduces maximum hours for alcohol sales.
- Tighter restrictions are introduced on the irresponsible promotion of alcohol, especially that which targets young people.
- Introduction of a risk-based licensing regime whereby licence fees reflect risk factors, such as the type and capacity of the venue, trading hours and previous conduct of the licensee, with low risk premises such as wineries paying the lowest fees.
- Parents and guardians are responsible for their children's drinking: if they supply alcohol, it must be in a responsible manner. It is an offence for anyone else to supply alcohol to an under 18 year old unless they do it in a responsible manner and believe on reasonable grounds that the minor is not a minor or is no longer subject to guardianship, or that they have the express consent of the parent or guardian.<sup>4</sup>

### ***Permitted trading hours***

The Act sets default maximum trading hours for both on and off licences. These hours will apply if there is no local alcohol policy in place that provides for other trading hours in a district. Evidence supports the use of hours to reduce alcohol-related harm.

*There is strong and reasonably consistent evidence from a number of countries that changes to hours or days of trade have significant impacts on the volume of alcohol consumed and on the rates of alcohol-related problems. Where hours and days are increased consumption and harm increase and vice versa.*<sup>5</sup>

### ***Local alcohol policies***

The Act sets out the provisions for territorial local authorities to have a policy relating to the sale, supply and consumption of alcohol within its district. While there is no requirement to have a local alcohol policy we believe they are an important mechanism for communities to decide and subsequently influence the way alcohol is managed in their area. A local alcohol policy can provide differently for different parts of the district and apply differently to premises for which licences of different kinds are held or applied for. This will offer the opportunity to consider different hours or conditions for those premises considered to be in high or low risk areas.

### ***District Licensing Committee***

A significant clause in the Act that impacts local authorities is the provision to improve community input into local alcohol licensing decisions. This is to be achieved through the introduction of District

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<sup>4</sup> Brookers Sale and Supply of Alcohol Act 2012 – Handbook - 2013

<sup>5</sup> Babor, T et al. *Alcohol No Ordinary Commodity – research and public policy 2<sup>nd</sup> edition*, Oxford University Press (2010) p136

Licensing Committees which will hear all applications and renewals for all licences in a district. There are now broader criteria to be applied when considering the issuing or renewal of a licence than has been the case in the past.

### *Licence conditions*

The new Act provides for the district licensing committee to impose both standard and discretionary conditions on a licence. The wider range of conditions that are now provided offer greater opportunity for the District Licensing Committee to address specific concerns in Marlborough's communities.

### *Applications*

The Act sets out responsibilities for Police, Inspectors and Medical Officers of Health in respect to reporting on applications for licences including special licences. The inspector must file a report with the licensing committee. The Police and Medical Officer of Health must enquire into each application but are only required to report if they have any opposition.

The Act provides for the District Licensing Committee to place additional conditions on a special licence relating to large-scale events.

### *Irresponsible promotion of alcohol*

The Act strengthens provisions relating to the promotion of alcohol. This provides an opportunity locally to work with the hospitality industry to ensure that premises are operating within the law and their promotions are not contributing to youth drinking or encouraging intoxication.

### *Supply of alcohol to minors*

The Act strengthens the provisions around supply of alcohol to a minor. It clarifies the term guardian to mean guardian as defined by the Care of Children's Act (2004). This means that a sports coach or older sibling can no longer be considered to be a guardian. While the Act allows for people other than a parent or guardian to supply alcohol to a minor they may only do so with the express consent of the parent or guardian and only in a responsible manner. The Act also requires that parents or guardians who supply alcohol to their own child must do so in a responsible manner. What 'in a responsible manner' entails is also spelt out in the Act. These changes provide a great opportunity to influence the behaviour of parents and other adults who supply alcohol to minors.

## **Other recommendations**

### *Review Police practices*

The international evidence clearly shows that the effective enforcement of liquor licensing legislation can reduce alcohol-related harm including violence and public disorder offences<sup>6</sup>. We recommend Police review their current practices around enforcement of licensing legislation to identify ways that they might more effectively and consistently contribute to reducing intoxication in and around licensed premises and the sale and supply of alcohol to minors. There is much that can be learned from evaluated projects conducted both here in New Zealand and in other parts of the

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<sup>6</sup> Graham, K. and Homel, R. *Raising the Bar: Preventing aggression in and around bars, pubs and clubs*, Willan Publishing (2008), p205.

world and we suggest that these be used to inform future enforcement practice. As with other issues, engagement with licensees appears to be a critical success factor.

Police play a crucial role in efforts to reduce alcohol-related harm above and beyond the enforcement of liquor licensing legislation. Other areas where we believe Police can contribute to reducing alcohol-related harm include:

- Better sharing of data gathered as part of their intelligence-led policing
- Along with the other agencies establishing a Liquor Enforcement Group which meets regularly to share intelligence and develop strategic responses to problems that are identified
- Based on the continuing high level of public place drinking and the concerns about pre-loading and side-loading, undertake a review of policing of the liquor control bylaw. They may wish to consider greater use of pre-charge warnings.
- Consideration might also be given to reinstating the Police breakfasts if funding can be found.

#### ***Focus on reducing youth drinking and intoxication***

Youth drinking and its related harms is a concern throughout New Zealand. As noted above the new legislation provides a great opportunity to reduce the supply of alcohol to minors and, when it does occur, to better manage it so that risks are minimised. Although it is covered in the Sale and Supply of Alcohol Act 2012 the work should not be left to the enforcement agencies. A coordinated effort among a range of agencies will reap a far greater return and help ensure that fewer Marlborough young people come to harm. Ensuring that parents and the wider community understand the law relating to supply of alcohol to minors and that they are adequately equipped to abide by it in the face of determined teenagers, will be important. There may be opportunity to leverage off national campaigns in this area.

#### ***Increase collaboration***

As suggested above we recommend that a mechanism be found to enable better coordination and collaboration. Whether that involves using one of the existing organisations or developing a new one, we believe that it is critical to engage a wider range of stakeholders. Secondly we consider that a strategic plan to reduce alcohol-related harm in Marlborough is required. This plan should identify the priorities for action (based on the identification of the risk factors associated with alcohol-related harm in Marlborough); the strategies that will be used to reduce the harm and an action plan that identifies who is responsible for what action and by when. A mechanism will also be needed to monitor and review the implementation of the plan.

#### ***Training and support for the hospitality industry***

If Marlborough wishes to see more responsible practices in licensed premises it is important that those who work in the industry are adequately equipped to manage consumption on their premises. Their efforts will be helped if a climate that discourages drinking to intoxication is developed.

### *Safety on the water*

We recommend that where possible, the Sale and Supply of Alcohol Act 2012 is used to reduce the risks of drinking associated with boating. We also suggest that the opportunity to communicate alcohol harm reduction messages through the electronic message boards planned for marinas be followed up.

## Appendix 1: Community initiatives to reduce alcohol-related harm

A range of initiatives to reduce alcohol-related harm has been implemented by communities around New Zealand. A brief overview of some of these is provided below. Some are already in place in Marlborough but stakeholders may wish to investigate further options.

### *Alcohol Accords*

An accord is generally a partnership between key stakeholders including Police, ACC, the DHB, the District Council, Hospitality New Zealand, licensed premises operators and managers. While no formal evaluation of accords has been carried out in New Zealand, ALAC conducted a stocktake of accords in 2010.<sup>7</sup> This report provides some valuable information on what works with accords.

The report describes an alcohol accord as a written local agreement between key stakeholders/partners to promote community safety through safer alcohol consumption, and complements existing regulatory mechanisms. The report describes the expected outcomes from an alcohol accord as:

- reductions in crime, disorder and antisocial behaviour
- reductions in alcohol-related harm in the community
- an increase in public confidence regarding safety.

The following key strategies are being implemented by alcohol accords around the country:

- positively engaging with key industry, central and local government agencies and community stakeholders
- promoting good practice models and partnerships
- encouraging regular attendance at accord meetings
- providing continued support for all accord members
- encouraging accord members and other key stakeholders/partners to participate fully in all activities of the accord
- undertaking on-going reviews of local alcohol-related problems and developing and implementing strategies to address these
- engaging media support in the promotion of the alcohol accord
- supporting licensees to promote responsible drinking, by creating environments that minimise antisocial and violent behaviour.

Most importantly the report identified the following as essential components in an effective accord model:

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<sup>7</sup> McDonald, B. and Tweed, P. *The National Alcohol Accords Stocktake* ALAC (2010).

- industry, local authority and community partnerships
- active accord membership
- legislation and policy implementation
- effective planning and evaluation
- media and communication.

### *Alcohol Charters*

Alcohol charters have so far been established in two New Zealand cities (Wellington and Palmerston North). The Wellington Licensee Forum has created the Capital Host Charter which member licensees sign up to. The focus of the Forum is not enforcement but about safety and pride in the city. Equally the charter is framed in the positive and focuses on what licensees can do rather than what they cannot. Each premises that applies to join the Forum must work through a self-administered charter [checklist](#)<sup>8</sup>. They are subsequently audited by a Wellington Licensee Forum Steering Committee member before they can join the Forum. It is important to note that the measures covered in the checklist go beyond the legal requirements of licensing legislation.

One of the most significant characteristics of licensee forums and charters is the centrality of the licensees. The literature supports the active involvement of licensees in generating solutions to address issues<sup>9</sup>.

### *Liquor Enforcement Groups*

These groups focus on creating a coordinated approach to the implementation and enforcement of licensing legislation and involve representatives of the three statutory agencies – Police, the Medical Officer of Health and the District or City Council licensing staff. They work most effectively when agencies meet regularly, share information and have an agreed and coordinated approach.

### *Liquor Liaison Groups*

Some areas in New Zealand have established Liquor Liaison Groups. These groups tend to have a broader membership than a Liquor Enforcement Group but tend not to be as broad as an Accord. For example they may include representatives from the statutory agencies, Hospitality NZ, ACC, the Alcohol & Drug Service and the local hospitality training provider.

### *Breakfasts*

This was initiative put in place to foster stronger relationships between regulatory agencies and licensees in the Nelson Marlborough region. Feedback from key stakeholders in both Nelson and Marlborough indicates that participants found them to be very valuable and they proved to be an excellent way for licensing agencies to engage with licensees. Their continuation is contingent on on-going funding which has not, as far as we are aware, been secured. It is important to remember that licensees will not attend events organised by the statutory agencies unless they can see a clear value for themselves and their business. Agencies must keep this in mind if they wish to successfully engage with licensees.

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<sup>8</sup> <http://www.wellington.govt.nz/services/commsafety/licenseeforum/pdfs/licensee-charterchecklist.pdf>

<sup>9</sup> Kirkwood, L and Parsonage, P Evaluation of the Christchurch city one-way door intervention: Final report. ALAC (2008)

### ***Controlled Purchase Operations (CPOs)***

Controlled purchase operations are planned operations designed to monitor and enforce sections of the legislation relating to:

- the sale and supply of alcohol to minors, and
- allowing alcohol to be sold or supplied to minors.

CPOs involve supervised volunteers aged between 15 and 17 years attempting to buy alcohol from off-licensed, on-licensed and special licensed premises only, such as supermarkets, bottle stores, grocery shops, hotels and taverns. If successful, the operator of the premises (licensee and/or manager) and staff member are liable to prosecution.

### ***Door staff associations***

In a number of locations in New Zealand, given the recent changes to the *Private Security Personnel and Private Investigators Act 2010*, local 'Door Staff Associations' have been formed to support ongoing training for door staff. In one location there has been a trail where Police and door staff work together particularly at times when high numbers of people were waiting to enter premises.

### ***Mellow Yellow***

This is an initiative in place in several cities around the country and has become a popular tool in entertainment precincts in the last few years. It aims to reduce alcohol-related harm, in particular violence, on the streets around closing time.

Door staff wear high-visibility yellow jackets as a visual reminder to patrons that the licensed premises are working together to reduce violence in public spaces around entertainment precincts. There are often mechanisms in place, such as two-way radios, for door staff of different premises to communicate with each other and also directly with the Police, who will generally respond quickly to any incidents of violence.

The programme improves communication between licensed premises and the police about potentially difficult patrons during the evenings, and raises the public's awareness of safety features such as CCTV that is operating.

This is not only a useful tool in reducing violence in the city it is a very sensible to have a level of cooperation amongst premise operators. This is one initiative an accord is particularly well-placed to coordinate and maintain. Mellow Yellow will be most effective when it is part of a multi-faceted strategy including door staff training, improved communication between premises, pro-active policing and the presence of street ambassadors.

### ***One-way door***

A one-way door policy has in the recent past been an approach supported strongly by the Police as a way to reduce alcohol-related harm and public place violence. One-way door is the term used to refer to an intervention where, after an agreed time, patrons in licensed premises are able to remain in the premises, but cannot re-enter the premises or enter another licensed premises after leaving. Several states in Australia, where the term used is a lock-out, have implemented one-way door



policies. The reviews we have read show mixed results although tending toward a positive impact. Part of the difficulty with measuring the effect of one-way door policies is that they are often part of a raft of measures implemented concurrently making it difficult to separate out the effect of individual initiatives. The only one-way door project that has been reported on in New Zealand was in the Christchurch CBD. This project is not now operating in the same manner due to the effects of the earthquake.

The report on the Christchurch initiative by ALAC<sup>10</sup>, while indicating there could be some benefits, points to the critical importance of engaging effectively with licensees over this and other programmes that impact on them. This view is supported in the international literature which suggests that licensees should be actively involved in the process of generating solutions to address issues. In Christchurch the decision to proceed with the one-way door initiative had been substantially made before the licensees became involved in the project. It appears that one result of this was that licensees were not fully persuaded that the one-way door was an effective solution to the problem and hence did not support it.

The report identified the following requirements for successfully implementing this type of intervention, based on the Christchurch experience and literature findings:

- A strong vision for the project
- Effective working relationships between relevant agencies
- The active recruitment and involvement of licensees in formulating a description of the problems and designing an effective solution(s)
- An intervention(s) that attends to multiple related issues identified as contributing to the problem being addressed
- The involvement of all relevant stakeholders from the earliest stages
- Strong project leadership, typically from a steering group made up of relevant stakeholders
- A dedicated full-time project management resource
- Planned and regular communication with all relevant licensees and other stakeholders involved in the intervention(s)
- Self-regulation of compliance with the planned intervention by a licensee-only monitoring committee
- Planned communications to advise the public on the planned intervention(s) and to educate them in relation to minimising alcohol-related harm
- A suitable infrastructure for the project to ensure that adequate resources are applied
- Adequate time to both set up and run the intervention and to achieve project targets

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<sup>10</sup> Kirkwood, L and Parsonage, P Evaluation of the Christchurch city one-way door intervention: Final report. ALAC (2008)

- Formal planning for the key transition of the project from dependence on personnel to dependence on a process, ultimately with the aim of the intervention becoming part of the routine procedures of the relevant government agencies and other stakeholders i.e. “normalising” the processes of desired community change.

### *Protocols*

The Nelson City and Tasman District Hospitality Protocol aims to create a safer environment. It specifies standards that premises that sign up agree to conform to. It is a licensee initiative and its development was facilitated by Hospitality New Zealand. The Protocol is supported by Nelson Police, Hospitality New Zealand, Nelson City Council, Nelson Marlborough District Health Board and the Tasman District Council.

Like most other protocols and early charters it deals with some key issues including proof of age through accepted forms of identification, exclusion of anyone intoxicated, and the provision of food, transport options and dress code. The protocol also covers issues of behaviour and spells out that incidents of disorder, violence towards customers or staff will result in refusal of admission or removal from premises. The protocol goes on to state that banning from one place might well extend to all premises that are members of the protocol.

While we certainly see merit in banning people from multiple premises, we are concerned that it may not stand the legal test should someone be arrested for trespass under the Trespass Act 1980. This approach would invoke Section 4 of the Act where someone has been warned to stay away from a place and returns. In our view it will stand the legal test if it relates to the premises involved in the original incident but not with the other premises where the person has not committed any misdemeanour. Our legal advice is that only the occupier (or their authorised employee) can trespass an individual from his or her premises and is not able to trespass a person from someone else’s premises. Having said that, under the current protocol arrangements, should an identified individual who has been trespassed from one premises try and enter another premises that is signed up to the protocol, that occupier (or their authorised employee) may in turn refuse entry to that person.

### *Street ambassador programmes*

A number of New Zealand towns and cities have established teams of people who patrol the city streets. In some of the larger cities this is 24 hours a day while in others they are only present during the high-risk hours i.e. Friday and Saturday nights and into the early hours of the following mornings. Some, such as Nelson, only do this during the summer season.

The Nelson Street Ambassadors deliver safety messages, offer advice and assistance when needed and intervene when they spot potentially dangerous situations.

Wellington’s city’s ‘Local Hosts’ are out and about in the city day and night and at major events. The service aims to:

- assist the public and visitors to the city
- support the Police presence on the street, particularly at night

- liaise with bar and restaurant staff, and retailers
- keep an eye out for what's going on
- report safety hazards, graffiti or issues with city infrastructure

Drug-ARM is a Christian-based non-profit New Zealand registered charity that works on city streets helping individuals and the community deal with problems caused by drug and alcohol abuse. Using a van as a base they offer hot drinks, food, counselling and listening ears to people on the street during the high risk times.

In some places street ambassador-type programmes are supported by Māori wardens