Communities, community-based organisations and government agencies all have an important role to play in reducing alcohol-related harm. The Government has legislation, policies and initiatives in place that aim to support community-based action on alcohol.

The Government’s Healthy Families NZ initiative is about all of us working together to make our communities healthier places to be. The initiative is being implemented in 10 locations across the country. Reduced alcohol-related harm is one of the key areas of focus for Healthy Families NZ.

Minimising alcohol and drug (AOD)-related harm and promoting and protecting health and wellbeing for all New Zealanders is the goal of the Government’s National Drug Policy 2015 to 2020. It is a shared goal that provides a foundation for collaboration across the many people and organisations – including district health boards, service providers, territorial authorities, New Zealand Police, businesses, community organisations and community members – that work to make a difference by minimising AOD-related harm.

Work across agencies and with communities is needed to tackle the complex and long-term problems that some New Zealand families face. A focus on prevention and making healthy choices easy, through approaches at both population and individual levels, can help stop or slow some health conditions, including alcohol-related conditions. This involves active partnerships with people and communities at all levels.

This issue of AlcoholNZ provides many examples of government agencies, community organisations and community members working together to reduce alcohol-related harm, including agencies sharing data and information. It is a useful resource for those working with and supporting communities.
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Welcome to the Health Promotion Agency's (HPA's) AlcoholNZ magazine. AlcoholNZ provides evidence-based articles, topical commentaries, case studies and summaries of new alcohol-related research to update readers' knowledge of, and inform debate about, alcohol issues in New Zealand. The theme of this issue is ‘alcohol and communities’.

AlcoholNZ contributes to HPA’s statutory alcohol-related functions to:

- give advice on the sale, supply, consumption, misuse and harm of alcohol
- undertake, or work with others, to research alcohol use and public attitudes towards alcohol in New Zealand, and problems associated with, or consequent on, the misuse of alcohol.

This issue of AlcoholNZ highlights several significant aspects of community-based action on alcohol, including opportunities for contributing to decision-making processes, collaborative work on community-based initiatives, the Safe Communities model, and the collection and use of data and information.

Project examples or case studies are provided for illustration.

Named articles are the express views of the authors of the articles.
Community-based action on alcohol
An introduction

“At the heart of community action is the empowerment of communities, their ownership and control of their own endeavours and destinies” (World Health Organization, 1986).

There are many examples through the decades of community-based action undertaken to prevent and reduce the impact of alcohol on New Zealand society and to improve people’s lives.

One of the earliest is the temperance movement initiated in New Zealand in response to the widespread use and abuse of alcohol observed at the time. Actions were focused both at the central government decision-making level and at the community level. Concerted action was undertaken by communities of people with a shared interest, often organised into societies, leagues and alliances, who urged people to ‘sign the pledge’ and abstain from drinking alcohol. Parliament was lobbied to impose restrictions, or a total prohibition, on the sale of alcohol. Local licensing polls were held between 1894 and 1914, and over the whole country via national referendums from 1911 to 1987. Prohibition was never introduced throughout New Zealand, though it came close several times (Ministry for Culture and Heritage, 2014).

Many Māori rangatira (chiefs) also strove to regulate the use of alcohol within their communities during the early colonial period. For example, in 1856, petitions and letters were presented in the House of Representatives by Ngāti Mahuta, asking that alcohol not be available in their communities. In 1866, the House of Representatives received a petition from six Arawa chiefs asking that no licences be allowed on their land. In 1879, all South Island tribes petitioned Parliament for the total prohibition of alcohol in the southern provinces, and in the Gisborne area a central body of chiefs forbade the consumption of liquor and fined offenders (Hutt, 1999).

A much more recent example of community-based action on alcohol is the input provided into the Law Commission’s 2010 review of the regulatory framework for the sale and supply of alcohol and into the subsequent Government legislative process. Both processes generated considerable community input through submissions and participation in consultation meetings and hearings.

The Law Commission received 2,939 submissions on its issues paper, including 2,482 from individuals and 212 from non-government organisations. The Law Commission’s report (2010) and recommendations were strongly influenced by submissions and visits to a number
of communities where those working on the review heard and saw the impact that alcohol was having in these localities. The Justice and Electoral Committee received 1,647 submissions and 7,175 submission forms from interested groups and individuals on the Alcohol Reform Bill. They also heard 352 submissions at hearings. Another ongoing example is community input into territorial authorities’ local alcohol policies and alcohol control bylaws.

At a local level, there is a wide range of short- and long-term projects and initiatives working to reduce alcohol-related harm. Many involve communities, iwi, community groups and organisations, local government, and community-based government agencies, such as New Zealand Police and public health services, working collaboratively to deliver positive outcomes for their communities. A strength of community action initiatives is that they can be unique and innovative and driven by communities to address local needs and issues.

References


Having a say on alcohol-related issues that affect communities

There are many opportunities for communities to have their say on alcohol-related issues at both local and central government levels. For example, central and local government are required to take the views of their citizens into account on aspects of their decision making. One way this is facilitated is through the ability to make written and oral submissions.

Another common way that communities and others can provide input is through community consultation meetings held by government agencies or territorial authorities (these include district and city councils and are commonly known as local councils) on particular issues. A recent central government example of this is the Ministry of Health’s call for submissions and some consultation meetings on the development of a strategy to take action on fetal alcohol spectrum disorder (FASD).

The select committee process in Parliament also provides communities and others with an opportunity to put forward their views on prospective legislation or in response to an inquiry on a particular topic.

Sale and supply of alcohol

The Sale and Supply of Alcohol Act 2012 (the Act) helps to facilitate some of these opportunities, for example, through the development of local alcohol policies (LAPs) or through the day-to-day decisions relating to licensing.

Local alcohol policies

The Act provides for the development of LAPs and includes a requirement that local councils consult with their communities and stakeholders as they develop their LAP. Opportunities for input include through participation in surveys, public meetings or online forums and through written and oral submissions.

LAPs are able to:

- restrict or extend the default maximum opening hours set out in the Act that apply to businesses that sell alcohol. These are:
  - 8am to 4am for on-licences (such as bars and restaurants) and club licences (such as sports clubs and RSAs)
  - 7am to 11pm for off-licences (such as bottle stores and supermarkets)
- limit the location of licences in a particular area, such as near schools, community centres, playgrounds or churches
control the density of licences by stating whether new licences can be issued in an area

- impose conditions on groups of licences, such as a ‘one-way door’ condition that allows people to leave premises but not enter or re-enter after a certain time.

Councils are at different stages with the development of their LAPs. A number now have LAPs in place so there will not be an opportunity for input until they are reviewed, which needs to take place within six years of a LAP being completed.

Some councils also have, or are party to, an alcohol strategy that is developed in partnership or consultation with other agencies and communities. These strategies have a broader focus than local alcohol policies.

**Licensing decisions**

The Act gives communities a voice in the decision-making process around issuing or renewing a licence to sell or supply alcohol. Local councils administer district licensing committees (DLCs), which consider objections on a new or renewed alcohol licence application as part of their role.

Some community groups or individuals living in a relevant geographic location may be able to object to the granting of a new licence, or the renewal of an existing licence, under the terms of the Act. They need to have a ‘greater interest’ than the public generally. This could be, for example, someone living or working in the same street as the proposed premises, or a member of a board of trustees of a school, or a representative from a marae, that is located nearby.

There are many grounds for objection, including whether the licence is likely to increase alcohol-related harm or negatively impact the community. Objections can be made through a written submission to the DLC, who can also agree to an oral submission being made at a hearing.

Appeals on DLC decisions can also be made to the Alcohol Regulatory and Licensing Authority (ARLA). ARLA deals with most enforcement actions and decides on appeals against decisions of DLCs.

**Alcohol control bylaws**

Local councils have the power to make alcohol control bylaws covering areas such as school grounds, private car parks and other private spaces that the public has legitimate access to.

An alcohol control bylaw can restrict the possession or consumption of alcohol in certain locations and at certain times. Alcohol bans (also known as liquor bans or alcohol-free zones) are usually introduced because of concern about public safety and crime related to alcohol being consumed in public places. This may be seen as detrimental to businesses and visitors as people may perceive the area is not a safe place to visit.

These bylaws are enforced by the Police. Local councils must consult their communities on any proposed new bylaw or when a bylaw is reviewed. If someone is concerned about public place drinking, and an alcohol control bylaw is not in force, they can contact their local council.

**Alcohol promotions and advertising**

The Sale and Supply of Alcohol Act 2012 created offences and penalties for certain irresponsible alcohol promotions or activities by licensed premises such as bars and bottle stores. Information about alcohol promotions related to the Act can be found on HPA's alcohol website – [alcohol.org.nz](http://alcohol.org.nz).

As well as adhering to the laws of New Zealand, all alcohol advertising and promotion must comply with the Advertising Standards Authority’s (ASA’s) Code for Advertising and Promotion of Alcohol. The full code and guidance notes and information on how to make a complaint to the ASA’s Complaints Board are on the ASA website – [asa.co.nz](http://asa.co.nz).

**Further information**

The Health Promotion Agency’s booklets *Having a say about alcohol in your community – A guide to making a submission to your local council* and *Objecting to a licence to sell or supply alcohol – A guide to objections and hearings* provide summaries of the steps and processes involved and other useful information.


The article that follows this overview provides a community perspective on opposing a licence application for a bottle store.
Jenny Smith, Te Whare Roimata Trust, presented the community perspective at the Christchurch forum ‘One Year On: The Sale and Supply of Alcohol Act 2012’ on 24 March 2015. It was one of three regional forums held in March 2015. The purpose of the forums was to gain a better understanding of how well the Act was working, the challenges associated with its implementation and the options for responding to these challenges. Each forum included speakers presenting from a range of perspectives.

The community perspective that Jenny presented captured the learnings and challenges that she, the organisation she works for, and other community organisations experienced through the process of opposing a licence application for a bottle store in their community. This article is her story, in her words, and raises challenges about how communities can be supported to speak up on alcohol issues in their communities.

Introduction

We appreciate this opportunity to share our experience of opposing an application for a bottle store at the Linwood village last year.

I am a community development worker employed by Te Whare Roimata Trust. For many years the Trust has worked in the marginalised Inner City East/Linwood area of Christchurch, using a grassroots, community development model.

The Trust opposed a licence application for a bottle store. Today we will talk about our experience of that process. My colleague, Raylee Kane from ICENG (Inner City East Neighbourhood Group), will join me at question time as ICENG also opposed the application.

We will use a case study approach to identify some of the challenges faced and the learnings made, and offer suggestions on ways of enhancing community participation and input in opposing liquor licence applications.

From the outset, we want to acknowledge the importance of the Sale and Supply of Alcohol Act, especially for marginalised communities, with its emphasis on encouraging community input and its understanding of the harm alcohol has on community wellbeing. This is especially so in marginalised neighbourhoods, where alcohol outlets are often in abundance and the need for harm minimisation is essential.
The case study

We will begin by painting a picture of the situation we confronted.

The application

In May last year, an application was made for a bottle store to be established at the Linwood village in Worcester Street, just across from the council-owned, and Te Whare Roimata-run, Linwood Community Arts Centre.

Te Whare Roimata was alerted to the application days before applications closed and quickly lodged an objection. We informed ICENG, the residents' group, and they too placed an objection. The local Community Board also opposed the application.

The context

The Inner City East community is rated 10 on the NZ Social Deprivation Index; that is, it is one of the most marginalised neighbourhoods in Christchurch and New Zealand. High numbers of single people live alone on limited incomes, health status is poor, higher than average numbers of people are on long-term benefits, many cope with mental health issues or disabilities, substance abuse is a problem, few have tertiary qualifications, it is ethnically diverse, and it has traditionally housed people in low-cost rental accommodation.

The area was badly hit by the earthquakes. There was a significant loss of bedsits and affordable housing, with many now living rough. Two-thirds of the shopping centre was also destroyed and as a consequence there is no fruit shop, chemist, hairdresser, coffee shop or bank. But within a 1.5km radius there are 19 on-licence and 10 off-licence outlets. There are also a number of alcohol-related social service agencies; the City Mission is the largest and there are four emergency housing shelters.

The proposed off-licence was metres away from the Doris Lusk Reserve, where people often gather to drink. At this time an R18 shop, selling psychoactive substances, had opened in the village. Alcohol and drug-related issues plagued the area over the summer of 2014.

Our experience – the challenges

The notification process

Unfortunately, we didn't see the notice in the paper. We were, though, fortunate that a Community Board member alerted us to what was proposed – just days from the closing date. We hastily wrote to object. We were aware that the local Community Board and ICENG were lodging objections. ICENG's objection was late as they were not aware of the importance of the closing date. We later heard that a petition had been started but because the correct processes had not been followed little weight could be given to it. This was despite 85 local residents having put their name to it. This was no mean feat for an area where many choose not to engage in democratic processes.

The notification process raises some questions about how communities get to know of such an application – especially marginalised ones. Who gets to know? What information is given and where does this get placed? More particularly, once you do know, how do you go about objecting? Our experience also raises questions about the very tight timeframe you have to lodge an objection – only 15 working days.

When I look back on the last year's process, I realise how ill-equipped and unprepared we were. We knew the Inner City East community really well, understood the impact another alcohol outlet would have on the neighbourhood, and had done our homework on other liquor outlets in the area. But we were not familiar with the Act and its relevant sections; nor did we understand the importance given to communities in having their say, or the role we could potentially have in raising awareness and helping mobilise the community.
The hearings process
As with the notification process, we did not fully understand the hearings process. We thought we were there simply to present our submission as we have done on many occasions to council and to government. Suddenly we were confronted with a semi-judicial process. I drew heavily on my experiences of city plan processes and presenting submissions. I will forever be grateful that our hearing was running late. This gave me the chance to observe the process, watch the expert witnesses, listen to the submissions and watch how key submitters were cross-examined. That night I went home and rewrote our evidence and prepared the questions we needed to ask to ensure that important points from a community perspective were able to be made in our presentation or were able to be elicited during our turn at cross-examining witnesses.

It was, in hindsight, a rather hit-or-miss affair. I wonder how others from similar communities to ours fared without the exposure to, and experience of, presenting submissions we have had. How much better prepared could our submission have been if we knew more about the process and were better prepared?

Encouraging the community to speak
Reflecting on our experience of last year, we offer some comments and suggestions.

There is no question about the Act’s intentions, especially around the value placed on community input and on the harm alcohol has on community wellbeing. This is laudable. The people attached to the licensing committee, and from the Police and Public Health, could not have been more helpful. But we are not sure how easy it would be for some people, especially from marginalised communities, to participate in the objection process. Yet it is in these neighbourhoods that alcohol plays such a harmful role – so it is even more important that their views are sought.

In encouraging the community to speak, we believe there are four considerations that need to be taken into account.

1. How to reach the community – We need conduits

An advert in the community newspaper is an important first step; so, too, is a sign in the shop where the application for a licence is being sought. But in marginalised communities people seldom buy the newspaper. Neither do they readily take part in participatory processes since they have learnt that their views do not count. They are often oral communicators rather than written communicators. Talk to them on the street and they are quick to offer their views.

In our case we wondered how it could be that the City Mission, with all its alcohol-related services located in the marginalised inner City East community, did not know that a liquor licence application had been made less than 500 metres from one of its key treatment services.

How then might these considerations be taken into account and translated into new ways of reaching people in a neighbourhood? We offer the following suggestions:

• Put up big signs similar to the resource consent signs on the building where a liquor licence application has been lodged.

• Develop a network of people, over and above the community advisors at council, who can disseminate information that an application has been lodged and act as a catalyst in alerting the community this could impact on. Assuming residents or local groups will see an advert in the local newspaper is no guarantee the community has been made aware of an application.

• Ensure that council, the Police and public health work collectively and collaboratively with residents’ groups, community groups, community leaders and community forums to inform them of an application. Do not just rely on the council community advisors being the catalyst in alerting a community about an application.

• Community processes take time. The 15-day timeframe to lodge an application is very tight, especially if you have been alerted just days out from the closing date. Some discretion or flexibility would be helpful.
2. Raising awareness about the community’s role

We believe we were not alone in not knowing about the Act or the role communities are encouraged to have in voicing their views about the place of liquor in their community. The importance of raising awareness and educating the community about the legitimate role they have in the decision-making process is crucial.

We suggest there is a need to inform communities better about how they can get involved, by:

- making brochures readily available and printed in more than one language
- actively seeking out opportunities to promote information in communities by engaging with people at local events, community days and neighbourhood happenings
- making this information readily available at libraries, meeting places, medical centres and community groups
- producing an educational DVD to take to communities to educate them about having their say on alcohol-related matters
- linking alcohol health promoters with community workers and community groups to help raise awareness
- getting articles printed in community newspapers telling readers about the Act and the role local people can play. Have an abridged form available to go in local community newsletters
- using social media.

3. Building capacity

If the Act is to be successful in facilitating community input, then we believe it is essential to build community capacity by:

- providing training opportunities for community leaders and community groups. It is one thing to read from a guide sheet about what may happen at a hearing; it is another to know how to make a valuable submission and know what information is needed to support this
- preparing objectors for the hearings process. People need to know they can cross-examine submitters, and that the process can become an adversarial one. This requires not only skill but also a level of confidence, especially in being able to ask the right questions and knowing how to ask them during cross-examination.

Building capacity is about equipping the community with the skills, knowledge and confidence needed to have input into these processes. This can be a very empowering process, especially when the community achieves a good outcome.

4. Embracing diversity

As Aotearoa/New Zealand becomes a culturally diverse society, the processes followed by the Alcohol Regulatory and Licensing Authority need to reflect this. What consideration needs to be given to where the hearings are held to ensure community engagement? Could marae, community centres or buildings that a community identifies with be utilised for a hearing? What consideration needs to be given to having community representation on the panel that reflects and embraces cultural diversity? Likewise is there a need for translators to be available and for the processes to reflect tangata whenua cultural practices?

Conclusion

In concluding, we appreciate the opportunity to offer our reflections and suggestions from our experience of the objection process. We hope that the challenges we faced as first-time objectors will help others and allow the voice of the community to be heard.
Working together locally to prevent alcohol-related harm

While national efforts, such as legislation, policies and social marketing, are important in preventing and reducing alcohol-related harm, it is critical to ensure that these are well supported and understood at a local level and that communities themselves identify with them and take action to drive change locally.

There are many ways to describe what community action looks like. The consistent themes that emerge from the literature include:

- The importance of working ‘in’ and ‘with’ communities toward achieving particular outcomes that positively influence social change.
- The need for communities to identify their own issues, own them and play an active part in addressing them.
- The need for collective efforts by communities directed toward increasing community control over those factors that influence positive social change, thereby improving the social outcomes for their community.

Community action on alcohol is likely to be more effective when it is part of a comprehensive approach or range of strategies aimed at preventing and reducing alcohol-related harm. Organised community action on alcohol issues can lead to improvements in multiple outcomes at a local level, for example, improved community safety, reduced alcohol-related vehicle crashes, or reduced assaults and family violence. It also develops community members’ confidence and skills, enabling them to tackle other issues of community concern.

Many non-government organisations and government agencies work with communities, contributing to and providing support and funding for community action on alcohol issues.

The Health Promotion Agency (HPA) supports a wide range of community action on alcohol projects with funding, advice and resources. Resources include print resources and online information that can be found on HPA’s alcohol website – alcohol.org.nz, in particular the ‘In your community’ section. This section also has the contact details for HPA’s regional managers, who can provide advice and support with community-led initiatives. Small funding grants are available to support community action that aligns with HPA’s strategic priorities for alcohol.

The two articles that follow are examples of collaborative, community-based initiatives that HPA has supported. The first is an online party register and the second focuses on supporting sports clubs to reduce alcohol-related harm.
The Good One party register, launched in February 2014, is a great example of a community action initiative with a strong focus on reducing alcohol-related harm as well as other related harm. Available at goodone.org.nz, the online party register is a collaborative initiative led by Christchurch Police’s Riccarton Neighbourhood Policing Team (NPT) and involves a range of agencies and groups. Good One was initially developed to meet the need of tertiary students, but is now available for anyone to register the details of an upcoming party.

Registering on Good One lets Police know the party is happening. They then usually get in touch to have a chat about the party to make sure people are prepared and to offer advice about being a responsible host. If required, a follow-up visit may be made before or during the party to talk to party organisers about what they are planning or to check in to see how the party is going. The aim is to increase awareness about how to manage parties safely to make a party a ‘good one’ and to avoid a party getting out of control.

Sergeant Steve Jones helps plan a ‘good one’.

The project has been a collaborative effort, with Christchurch Police (Riccarton Neighbourhood Policing Team), the Accident Compensation Corporation, the Health Promotion Agency, Canterbury District Health Board (CDHB), and Canterbury and Lincoln Universities and their Student Associations all coming together to work on it. A range of other organisations and businesses also support and work with the Good One initiative in a variety of ways.

Developing the register

The Good One party register was developed in response to community concerns about parties in the Riccarton area. It came out of consultation discussions held by the Riccarton NPT with the local Riccarton community to find out what the key issues were. Community members raised the problem of parties and their effect on the community, such as noise, bonfires, rubbish, and property damage. A significant proportion of the residents in the Riccarton West area are tertiary students. To try to avoid some of the negative consequences experienced within the community, it was decided to create a way for people to register their parties and get useful party planning advice.

The next step was for Police to have more conversations with party organisers, talking to them about how they were socialising, what the problems were and how they could hold parties in a safe way. A paper-based register was trialled in 2013 and received positive informal feedback.

The online Good One party register (goodone.org.nz) was launched in February 2014. As well as being able to register an upcoming party, people can find information on host responsibility and risk management that was provided by CDHB’s Community and Public Health. The register’s initial target audience was young Christchurch residents aged 18–24 years, especially tertiary students. However, it has been so successful that it has been extended to the wider community so anyone holding a party in Christchurch can use it. At the end of 2015, there had been 400 parties registered that covered over 33,000 guests.
About party registers

Party registers have been around for some time, in particular paper-based registers where people fill out a form and hand it in at their local police station. The use of online registers in recent years has made it easier to access information and to register. Online registers also mean other safety and risk management information can be more easily updated and shared with party organisers. New Zealand and international examples of party registers include:

- partyregister.co.nz – an online register for Hawke’s Bay and Rotorua, administered by Hawke’s Bay Regional Council
- partysignup.co.nz – an online register for Tauranga, administered by Tauranga Moana Safe City

Rather than being an initiative that was created by others and then offered to the community, the Good One party register had a very ground up approach in its inception and development. Community members and stakeholders worked collaboratively to make it happen. It is also unique in its implementation, with Police having personal contact with party organisers who have registered.

Evaluation of the Good One party register

An important component of any community initiative is evaluating it to see if and how it is working and what can be done to improve it.

In 2015, CDHB’s Community and Public Health evaluated the first phase of the Good One party register. Monthly registration data and website statistics from the Good One website and Facebook page were used to assess the uptake and use of the register. Separate online surveys investigated the experiences and views of register users and stakeholders (Canterbury District Health Board, 2015).

The evaluation’s survey of register users found that most respondents found out about Good One via the University of Canterbury Students’ Association, the Police or a friend. Respondents stated that they used Good One because they wanted to avoid any problems and ensure that their party was both fun and safe. By registering their party, respondents felt reassured that if there were any issues they would be able to get assistance quickly. Good One was seen as a simple way to notify the relevant agencies and find additional information. It was also reported that using Good One facilitated a good relationship, and enhanced communication, with the Police. It also encouraged communication with neighbours. Eighty-four percent of respondents indicated they would use Good One again and many had recommended it to other party hosts (Canterbury District Health Board, 2015).

Respondents to the stakeholder survey described positive views of, and outcomes from, using Good One. Many mentioned the increased level of support for tertiary students and the provision of information on host responsibility. They felt that use of the advice provided would contribute to safer and fewer problematic parties, and this would result in a reduction in alcohol-related harm, fewer antisocial problems in the community, more positive relationships with Police, and fewer call-outs for public services. The Good One initiative was also seen to provide a unique opportunity to build relationships between the different stakeholder groups.

Some challenges identified were: limited and uncertain funding for long-term sustainability, promotion of Good One to the target groups, and ongoing consistency of programme implementation. It was thought that having a dedicated, paid project staff member may increase capacity (Canterbury District Health Board, 2015).

Christchurch Police’s Riccarton NPT reports that Good One has helped to reduce a number of problems for Christchurch Police, resulting in fewer call-outs for Police and the Fire Service, a reduction in the number of noise control complaints received and less rubbish on the streets. The Team considers that the Good One initiative has been able to achieve positive results because agencies have come together to work collaboratively and have responded well to community needs.
About the Police’s Neighbourhood Policing Teams

The New Zealand Police’s NPTs are small teams of police officers that work with communities in neighbourhoods where people are particularly likely to be victims of crimes and crashes. There are currently 34 NPTs throughout New Zealand. A contact list for the teams can be found on the New Zealand Police’s website – police.govt.nz.

An evaluation of the NPTs in Counties Manukau District was published in 2011 (New Zealand Police, 2011). This helped inform the development of further teams in communities throughout New Zealand. Teams are located in targeted neighbourhoods and aim to tackle local issues in partnership with local communities. The NPT philosophy is based on community policing principles, with teams working closely with other agencies and partners to jointly identify local problems and come up with local strategies and solutions. There is a big focus on prevention.

Two NPTs were established in Christchurch in 2012 – one in Riccarton West and the other in Phillipstown. Now in its fifth year of operation, the Good One party register is one of many initiatives started by the Riccarton NPT. The Team has been involved in a wide range of community activities such as developing a community café, and a community garden; holding monthly Neighbourhood Support Group meetings; running Sport in the Park for local children, and a bootcamp exercise programme; redeveloping a local stream; and working with local school children on painting murals in the park.

Sergeant Steve Jones, of Riccarton NPT, says highlights to date have been a reduction in burglaries to a 10-year low, eradication of graffiti, and significant reductions in calls for police service. Steve says that building community capacity and ownership is an important part of the Team’s work so that together they can achieve long-term sustainability.

References


ClubCHAMPS is a proactive, whole-of-club approach to changing culture and attitudes about alcohol use in King Country sports clubs, predominantly rugby clubs, in the Ruapehu, Waitomo and Ōtorohanga districts. An interagency, community-based ClubCHAMPS project team works collaboratively with sports clubs that serve alcohol, to enable them to develop good systems to manage and promote responsible alcohol use in their club. However, the approach goes beyond this to help clubs put in place a range of strategies to promote alcohol moderation messages and provide safe community and family-friendly environments both inside and outside club premises.

Waikato District Health Board’s (Waikato DHB’s) Population Health, along with local Police, began the ClubCHAMPS initiative in 2011. It followed on from the success of the 2009 Rollin project, which was a collaboration between the Ministry of Justice, Population Health, Waikato DHB, the New Zealand Police, and Te Ngaru o Maniapoto Drug and Alcohol Counselling Services. The aim of the project was to reduce the rate of drink driving and recidivist drink driving in young people under the age of 20 in north King Country. The finding that one-third of those referred to the Rollin programme had their last drink at a rugby club prompted a focus on clubs. More proactive work then began to support local clubs to help reduce future alcohol-related harm in the King Country.

Why sports clubs

Many sports clubs have a club licence to sell alcohol. This provides an ideal opportunity to work collaboratively with clubs to support them to do more to reduce alcohol-related harm than just the minimum needed to comply with the Sale and Supply of Alcohol Act (SSAA). SSAA requirements include: developing an alcohol management plan; having a host responsibility policy; and conducting bar manager training. There are also other requirements about not selling to minors or intoxicated people, displaying information, and running promotions. Understanding the detailed requirements for a club licence can be an onerous task for the mostly volunteer club committees that run sports clubs.

As well as making the most of the opportunity to work with clubs to help them meet their club licence requirements, ClubCHAMPS recognises that for many rural areas the local sports club is the ‘hub’ for the community. Sports clubs are integral to the social fabric of many rural communities in the area and contribute to individual and community wellbeing. The responsible management of alcohol in club premises and the surrounding area is fundamental to providing a safe and enjoyable environment for members, their families and the wider community.

The ClubCHAMPS project acknowledges that sports clubs and alcohol can strongly influence many rural communities. When they get it right, we all win. When they get it wrong, it’s everyone’s problem. ClubCHAMPS is not anti-alcohol, just anti the harm alcohol can cause in communities. The project aims to provide clubs with the tools to make their own change and provides support and some incentives to do that.

A match between Waitete RFC and Kio Kio United Sports during the 2015 King Country competition. Both clubs were two of the original five clubs to join the initial ClubCHAMPS project.
About ClubCHAMPS

Nine sports clubs are currently participating in ClubCHAMPS, with more clubs interested in joining from neighbouring districts. They are supported by a ClubCHAMPS project team made up of members from the local Police, Waikato DHB’s Population Health, Ōtorohanga District Council’s Road Safety, Te Tokanganui a noho Māori Women’s Welfare League, Sport Waikato, and Raising Potential through Reducing Risk (a community-based, interagency project team led by Population Health). Other agencies participate in the project and provide support as needed, including district licensing inspectors from the three King Country territorial authorities and representatives from the King Country Rugby Football Union (KCRFU). The Health Promotion Agency has also been involved with the project from the early stages, by providing expertise, national campaign resources, training opportunities and some funding.

The project team aims to meet monthly and reviews its terms of reference annually to make sure the team is clear about how it will work together and what each organisation can bring to the project. It supports clubs through:

• providing training and support to create robust alcohol management plans and their own host responsibility plan that works for them
• making training available on host responsibility, bar manager requirements and other aspects of SSAA requirements
• arranging training and assessment of Crime Prevention through Environmental Design (CPTED) and supporting the implementation of changes
• working with clubs to develop localised resources, such as drinking demarcation signage and signage for car parks and side-lines that uses club photos and colours and highlights alcohol harm minimisation messages
• encouraging clubs to promote positive side-line behaviour.

Good communication is essential. One of the strengths of the project team has been the connections and networks of the individuals involved. Everyone knows people in at least one or two clubs or has good connections with the King Country Union. This played a big role early in the project when clubs were asked to buy in to the ClubCHAMPS concept.

A ClubCHAMPS Facebook page and a newsletter were developed to reach more people more easily. The use of these media has also helped to make sure all the resources from the clubs are seen and available. A workbook resource, Club Champs Game Plan – alcohol management planning for sports clubs, has been developed to help clubs understand alcohol laws and licensing requirements and to work through what they need to do to develop an alcohol management plan and host responsibility policy. The ClubCHAMPS strap-line ‘Let your mates know when they’ve reached fulltime’ is used as a consistent message in resource material, including resources tailored for each club.

The project team is always looking for ways to add value to the project for clubs and the community and often works alongside other project groups. For example, ClubCHAMPS has promoted ‘Drive Sober’ messages, and Road Safety has promoted the ClubCHAMPS by-line and used the ClubCHAMPS logo on resources alongside their own.

Other examples involve supporting the initiatives of clubs. Smokefree messaging and signage were developed for the Piopio RFC, who were keen to promote smokefree side-lines. The project team also works alongside TOAST (Te Kuiti, Taumarunui, Ōtorohanga Action Smokefree Team) to support junior rugby for Waitomo and Ōtorohanga with smokefree signage during games. Connecting messages in this way has helped the project to grow and be part of a whole-of-club, integrated approach, reaching a wider audience and adding more value for the sports clubs.

Another aspect of the ClubCHAMPS project team’s work has involved preparing joint submissions to the Waitomo District Council and Ōtorohanga District Council to encourage these councils to extend their current liquor ban areas to include council-owned sports fields. Liquor ban areas support clubs to have greater control of the environment surrounding their club facilities.
Learning and challenges

An evaluation of the ClubCHAMPS initiative was completed in 2014, with a follow-up evaluation planned for 2016. Findings from the evaluation and other learning and successes include:

- Many positive changes have been made to club environments and their ability to plan for and manage alcohol use and consequently reduce alcohol-related harm.
- Localised resources, such as bar mats, signage and Ease up styled posters, that are tailored and branded to each club encourage conversations about alcohol use.
- Sustained success is influenced by continued external support for the largely voluntary club committees.
- The ClubCHAMPS Facebook page has increased the promotion of key messages and helped keep clubs and the project team connected.
- The ClubCHAMPS strap-line message links with and builds on national alcohol marketing messages of the Ease up on the Drink and Say Yeah, Nah campaigns.
- Other sporting codes, for example netball, and grades within clubs want to have tailored promotional material developed.

Every project also has its challenges or future opportunities. Some of the challenges identified for ClubCHAMPS include:

- ensuring stability when club leadership can change from year to year, is often voluntary and carries significant responsibility. Large clubs with more resources, such as stable committees and finances, can make changes more easily than the smaller clubs
- helping clubs to see the value the project has for them. Sometimes a club decides not to continue to be part of ClubCHAMPS but most do continue once involved
- maintaining regular contact and communication
- keeping resources fresh and up to date given constraints.

Insights from Police involved with the ClubCHAMPS project are that, in general, club behaviour has improved noticeably and there are very few club-related incidents of disorder, family violence or drink driving that could previously be attributed to clubs, particularly during the rugby season. The use of CPTED and carpark lighting also means club patrons feel safe about leaving vehicles and getting a ride home.

Anne Lemieux from Population Health, a ClubCHAMPS team member, says some of her personal highlights have been having clubs ask to be part of the project and seeing the change and growth in the clubs themselves. She has found it encouraging to see clubs making their own decisions on things that matter to them to make their clubs more family-friendly spaces. There are some very busy people working in these sports clubs and their commitment to the project and to their clubs is inspirational.

She has also been pleased that the project’s flexibility has meant ClubCHAMPS has been able to support other initiatives, such as Road Safety, family violence initiatives, and reducing the risks for minors. There is great support for the project across most of the King Country RFU as well as two clubs in Waikato competitions. The project team and others she works with are committed to keeping the momentum going and all play a role in this.
The Safe Communities model

What it is and how it works in New Zealand

The Safe Communities model is an internationally recognised model used in many countries throughout the world to bring organisations and communities together to enable injury and crime prevention to happen at a local community level.

In this article, you will find a short explanation of what the Safe Communities model is, how it works, and the benefits and challenges involved. The article also briefly describes the accreditation process and the role of the Safe Communities Foundation New Zealand, and highlights recent examples of alcohol-focused projects that are being undertaken as part of Safe Community initiatives.

About the Safe Communities model and how it works

Community safety impacts on the way people feel and interact in their community. Achieving community safety is not just about reducing and preventing injury and crime; it involves building strong, cohesive, vibrant and participating communities. A safe community is one in which all sectors of the community work together to promote safety. This means forming partnerships, managing risks, educating and informing, and increasing overall safety, especially for the most vulnerable.

The Safe Communities model can help to achieve this. It is not a programme that is replicated in different communities; nor is it a mechanism for assessing if a community is safe or if there are potential risks. Rather, it is a process that creates a local infrastructure to enable community members, community organisations, businesses, local government, government agencies and others with an interest in and concern about community safety issues to work together in a coordinated and collaborative way. This process helps communities to put in place joint activities and projects to address local concerns. These may be concerns about injuries, crashes, antisocial behaviour, violence and crime from multiple causes, including from alcohol use. Each Safe Community initiative is unique to, determined by, and locally owned and driven by a particular community.

Communities, districts or cities that are interested in becoming a Safe Community go through a robust accreditation process that equips the organisations and individuals involved to set up the process and infrastructure needed to succeed. It also usually involves employing a coordinator. The Safe Communities Foundation New Zealand (SCFNZ) provides support throughout the accreditation process as well as ongoing support once an initiative is accredited and up and running.
New Zealand currently has 24 Accredited Safe Communities across 30 territorial authority areas. Many have been running for several years, with the first one starting in 1999.

Below are the current New Zealand Accredited Safe Communities with their dates of accreditation or reaccreditation.

- Tauranga Moana Safe City: Tauranga City and Western Bay of Plenty District (2007, 2014)
- Treasure Rotorua (2010, 2014)
- Safer Taupo (2010, 2015)
- Safer Tairawhiti Community Trust (2012)
- Te Wairoa He Hapori Haumaru (2014)
- Safer Central Hawke’s Bay (2012)
- Safer Napier (2010)
- Safer Hastings (2013)
- Safer Whanganui (2010)
- Palmerston North Safe City (2014)
- Safer Wairarapa: Masterton District, Carterton District, South Wairarapa District (2010)
- Safer Porirua City (2008, 2014)
- Safe Hutt Valley: Upper Hutt City and Lower Hutt City (2010, 2015)
- Nelson Tasman Safe at the Top (2011)
- Marlborough Safe & Sound @ the Top (2014)
- Waimakariri Safe Community (2008)
- Safer Christchurch (2008)
- Safer Waitaki (2013)
- Invercargill City & Southland District Safe in the South (2016)

There is no standard structure for Safe Communities. Some Safe Community coalitions are organised as a programme or section within a territorial authority, district health board or primary health organisation. Others opt to become part of a larger, not-for-profit umbrella organisation. The host agency then usually acts as the fund-holder, employs or contracts the services of the coordinator, and may provide office space and other support. Some Safe Communities have become independent legal entities, usually a charitable trust. This allows the programme to be completely autonomous rather than operating within a host agency.

An international dimension

The Safe Communities model was developed and established in Sweden in the 1990s following the First World Conference on Accident and Injury Prevention, in Stockholm, in 1989. Since then it has expanded worldwide to more than 270 designated Safe Countries. The World Health Organization (WHO) also recognises its value and provides some overarching support. New Zealand is part of the Pan Pacific Safe Communities Network (PPSCN), which also includes Australia, the United States of America and Canada. The Safe Communities Foundation New Zealand is one of the lead organisations for PPSCN and all New Zealand Safe Communities are members. PPSCN is currently in the process of developing formal relations with WHO.

How to become an Accredited Safe Community

Many communities already have agencies, networks and collectives working in the fields of violence and injury prevention, and safety promotion. The Safe Communities model does not reinvent the wheel or duplicate these existing networks but provides a mechanism to bring organisations and individuals together to share information, establish priorities and plans, and work more effectively.

The starting point is recognising and identifying the people and organisations that are already active, and seeking their buy-in to the Safe Communities process. The next step is to undertake a scan or survey of crime and injury data and build a living inventory of the needs and issues in the local community, and the services that are currently being delivered. If there is sufficient interest and momentum, the next step is contacting SCFNZ, who can visit and provide support through the various stages of the accreditation process.
Communities seeking accreditation are asked to demonstrate how they meet the six criteria of the Safe Communities model, but accreditation is a flexible process. It involves a review and validation of the collaborative governance, planning and research/data analysis processes in place, and recognition of the programmes and activities, communications and evaluation that are undertaken. Responsibility for setting and evaluating performance measures and outcomes sits with a Safe Community governance group or committee which is established as part of the process. Ideally a coordinator is also employed.

The six criteria of the Safe Communities model are:

1. **Leadership and collaboration** – demonstration of leadership by the coalition or group focused on improving community safety.

2. **Programme reach** – the range and reach of community safety programmes operating throughout the community/region, including an indication of the extent to which they are based on proven or promising intervention strategies.

3. **Priority setting** – demonstration of programmes that target and promote safety for high-risk/vulnerable groups and environments.

4. **Data analysis and strategic alignment** – analysis of available safety (injury, violence, crime and perception) data for the community/region and how proposed strategies align with established national/state/regional priorities and action plans.

5. **Evaluation** – outline of expected impacts and how they are being measured or evaluated.

6. **Communication and networking** – demonstration of community engagement with relevant sectors of a community/region and ongoing participation in local, national and international Safe Communities networks.

Accreditation also includes a site visit by SCFNZ.

**Next steps and ongoing support**

Once accreditation and reaccreditation are confirmed, action begins in earnest. Projects and activities undertaken are many and varied. The diagram below illustrates the scope of issues and partnership activities.
An annual report of activities and an annual survey of coalition partners are completed. A reaccreditation process is undertaken every 5–6 years. Often Safe Community programmes choose to hold an accreditation ceremony to formally celebrate successes and partnerships created. An example is the Safer Napier programme, which has been accredited since 2010 and is currently applying for reaccreditation. On 6 November 2015, 43 agencies signed a five-year Memorandum of Commitment to signal their ongoing participation in the Safe Community programme.

SCFNZ provides ongoing support and advice to Safe Community programmes, including hosting regular webinars, an annual national hui, and regional forums and workshops on a range of topics. Information is also provided via SCFNZ's website safecommunities.org.nz. SCFNZ is a non-government organisation with charitable trust status and receives funding from a number of government agencies to carry out its national support role.

Safe Communities alcohol-focused projects

Alcohol harm reduction is a good example of a focus area for a Safe Community initiative. Because alcohol impacts on society in multiple ways and across various sectors, many agencies and groups have an interest, and play a role, in reducing alcohol-related harm. As a result, no single agency has the mandate to manage or deliver everything and a combined approach is needed. Government agencies in the health and social services sector, the justice and education sectors, local government, the hospitality sector and alcohol industry, and a myriad of non-government organisations and community groups all have a role to play.

The following pages have short summaries of three examples of recent, alcohol-focused Safe Community projects.
Palmerston North Safe City’s Safe City Angel (Project Vanguard)

The aim of Palmerston North Safe City’s Project Vanguard is to reduce alcohol-related harm in the city’s central business district (CBD) for young people (mainly women) aged 16–24 years. Safe City Angel was a 12-month pilot project undertaken between April 2014 and March 2015.

The project was an early intervention, collaborative initiative in which a youth worker was funded by the Safe Community’s Safety Advisory Board and ACC and employed and managed by the Youth One Stop Shop (YOSS). The Safe City Angel worked in the CBD on Fridays and Saturdays from 10pm to 4am alongside the Safe City Hosts security contractor, door staff, and Police, providing young people with practical assistance, advice and education about safety and drinking. She also identified at-risk young people and made appropriate interventions, including assistance to a place of safety and follow-up calls.

The Safe City Angel initiative was very much a collaborative project. It was overseen by a project group that met monthly and had representatives from the Safety Advisory Board, ACC, Police, the Safe City Hosts contractor, ARCS (Abuse and Rape Crisis Support), MidCentral District Health Board’s Public Health, and YOSS. Process data was collected throughout the project and this enabled monthly reporting against key performance indicators. Information was also provided on trends on alcohol use and victimisation, safety, and follow-up as well as feedback from stakeholders.

A stakeholder survey carried out with door staff and Safe City Hosts in September 2014 found that 63% thought the Safe City Angel had made the CBD a safer place for women at night. A repeat survey increased this finding to 85%.

Key learnings and successes included having:

- the right person employed who could engage with young people
- support from Safe City Hosts, Police and door staff
- publicity and awareness raising about the project
- the design and distribution of business sized hand-out cards with helpful numbers and key prompt questions about planning a night out
- a focused, collaborative project group that was able to make things happen
- in-kind services, support and collaboration that enabled the lean budget to go further.

This project provides an example of how the Safe Communities model works, as it demonstrates key Safe Communities accreditation criteria. These are: leadership and collaboration; communication and networking; programme reach; priority-setting (based on local research); data analysis (including evaluation); and strategic alignment.
Safer Napier’s (Napier Safe Community’s) Rugby League
Hits Hawke’s Bay project aimed to encourage responsible
drinking at the Melbourne versus St George Illawarra
Dragons NRL game at McLean Park, Napier, on 25 July
2015. The project was led by Napier City Council (NCC),
Hawke’s Bay District Health Board (HBDHB) and the
Safer Napier programme. It was sponsored by the
Hawke’s Bay Joint Alcohol Strategy Group, which includes
NCC, HBDHB, Hastings District Council, Health Hawke’s Bay,
Police, Central Hawke’s Bay District Council, and Wairoa
District Council.

The promotion involved staff from HBDHB and NCC, and
volunteers from Te Kupenga Hauora, Ahuriri, who hosted
a stall and handed out 1,600 One for One branded water
bottles and the Health Promotion Agency’s Drink Check
guide to game-goers aged 18+ as they came in to watch
the game. The initiative built on the high-profile Hawke’s
Bay District Health Board’s One for One campaign
implemented during other recent large sporting and
cultural events. The One for One message is to drink one
glass of water for every alcoholic beverage, whether at
home or at licensed premises. Other merchandise was
also used to promote this message at the game, including
branded t-shirts, bunting and mats.

Observations during the distribution of resources and
anecdotal post-game feedback suggest the bottled water
and Drink Check pamphlets were both well received
and used. Police reported that there were no arrests at
the game and that the event was well managed. Wider
benefits of the project included: maintaining the profile
of the One for One message with the target audience;
working collaboratively with colleagues and other agencies,
including Council licensing inspectors, Police and the event
organisers; and potentially creating more opportunities in
the future to participate in other large events.

Learnings identified included:

• Positioning the stall inside the main entrance and near
one of the bars was the ideal location for distributing
resources to our target audiences.

• Bold branding consistently used for staff and
volunteers, resources and on the stall clearly
promoted the message.

• Volunteers were well briefed and clearly understood
the message being promoted. They were confident in
interfacing and engaging with the public.

• The scratchy multi-choice section of the Drink Check
pamphlet again proved very useful and gave an
interactive component to the message.

• The bottled water was very popular.

• The promotion’s profile further raised awareness
of the project’s activities among members of the
Hawke’s Bay Joint Alcohol Strategy Group who
were working at the game.

‘Collaboraction’ in action – HBDHB, NCC,
Police and Te Kupenga Hauora, Ahuriri.
The new event On The Lawn – a food, wine and beer feastival, held for the first time on 8 January 2015, provided an ideal opportunity for Tauranga Moana Safe City to partner with HPA to promote the national Not Beersies campaign messages. On The Lawn had replaced the Blues, Brews and BBQs beer and food festival, which had deteriorated in recent years in terms of crowd behaviour during and after the event. It had also been a source of a number of issues for Police and St John Ambulance and had generated many complaints from the local community.

HPA’s Not Beersies campaign promotes water as a spoof beer brand. It supports the work that has been done through previous campaigns to provide people with a language to ease up – Say Yeah, Nah – and to discourage pushing alcohol on others – ‘They’re not saying no to you, they’re saying no to the beersies’. The target audience is those aged 18–35 who drink at medium- to high-risk levels and are open to change.

Tauranga Moana Safe City representatives approached the organisers of On The Lawn, who were extremely receptive to the Not Beersies campaign and provided a site at the festival for free. The promotion consisted of setting up a site with the Environment Centre Hydro Hub. This is a large, purpose-built water tanker that dispenses filtered drinking water. Staff were recruited locally and wore Not Beersies t-shirts. A chill-out zone was provided using retro sun loungers and colourful water jugs.

The promotion had a positive influence on the behaviour of patrons at the event and, together with a high standard of event management, contributed to no incidents being recorded by Police, event security or St John Ambulance.

Subsequent activities by Tauranga Moana Safe City included participation at the Welcome Bay Family Music Festival, requests for Not Beersies resources, and interest in the Hydro Hub. The promotion shows what can be done to promote national campaigns at a local community level and at not much cost.

Community-based activities are an essential component of promoting national campaign messages. On The Lawn was an excellent environment to promote and put into practice the Not Beersies message and this has been repeated at the 2016 On The Lawn feastival.
Alcohol-related data and information
An overview

Information on alcohol-related harm can come from a wide variety of sources, and includes both qualitative and quantitative data. The terms ‘quantitative’ and ‘qualitative’ are used to describe the method of data collection as well as the data itself.

Qualitative or ‘soft’ data is usually more descriptive and is typically expressed in words rather than numbers. Methods of collection can be through observations, reported perceptions and viewpoints, stakeholder opinions, people’s stories, and focus groups.

Examples of alcohol-related qualitative data include:

- observations about changes in drinking behaviour, for example, in a particular park or sports club
- stories from people in a community about changes they have noticed in their community, for example, a sense of feeling safer at night, fewer bottles out on recycling day, less late-night disruption in neighbourhoods
- interviews with key stakeholders, asking for opinions about the critical success factors of a project.

Quantitative or ‘hard’ data is numeric data (for example, alcohol-related crash numbers and numbers of alcohol-related emergency department admissions). Depending on the information collected and sample sizes, it can be broken down and analysed by a range of variables, such as gender, age, ethnicity, geographic location, and area deprivation level. Quantitative data often needs a reasonably large sample size to ensure robust results.

Accurate and timely data and information are essential to the development, implementation and monitoring of community-based action and projects on alcohol issues. The challenge can often be identifying what information is available and accessing the data or information.

It may not always be possible to find the more specific, local-level data needed to inform a local or community-based project or submission. Some data may only be analysed and provided at a national level or not analysed by the contribution alcohol may make.

Listed below are some examples of common alcohol-related data that is publicly available online from a range of government agencies and universities. It is not an exhaustive list. The notes at the end of this article provide website links to reports or other information.

- **Drinking behaviour and attitudes towards alcohol** – a range of information on alcohol attitudes and behaviour is collected through national surveys. These include the:
  - Attitudes and Behaviour towards Alcohol Survey (ABAS), Health and Lifestyle Survey (HLS), and Youth Insights Survey (YIS) (from HPA)\(^1\)
  - New Zealand Health Survey (from the Ministry of Health)\(^2\)
  - National Youth Health and Wellbeing Survey (from the Adolescent Health Research Group, University of Auckland).\(^3\)

Youth drinking – information on youth drinking can be found in the national surveys listed above. The Ministry of Health and HPA surveys collect information on 15 year olds and over. HPA’s YIS collects information on year 10 secondary school students and the National Youth Health and Wellbeing Survey collects information on secondary school-aged students.

- **Alcohol-related injury and health data** – health statistics and data sets on cancers, mortality (death) and hospital discharges are available from the Ministry of Health,\(^4\) and health injury information and data are provided by Statistics New Zealand\(^5\) and the University of Otago’s Injury Prevention Research Unit.\(^6\) Information on which health conditions are alcohol related can be
obtained from HPA and Ministry of Health reports on the burden of disease, injury and health conditions.\(^7\)

- **Alcohol-related road crashes and drink-driving** – published data and reports are available from the Ministry of Transport.\(^8\)
- **Alcohol-related crime** – Statistics New Zealand\(^9\) and the New Zealand Police provide information on alcohol-related crime.\(^10\)
- **Alcohol available for consumption** – information on the quantity of alcohol available for consumption in New Zealand can be obtained from Statistics New Zealand.\(^11\)

HPA has also published alcohol-related literature reviews and other research reports, which can be found on HPA’s website – hpa.org.nz.

Two short articles related to alcohol data and information follow this overview. The first is a brief analysis of community-related data from HPA’s 2014 ABAS survey. The second article provides an example of a collaborative, interagency project that is working to share city-wide alcohol-related data so that it can be used to identify and respond to alcohol incidents in Wellington.

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**How people view alcohol issues in their communities – Analysis of ABAS data**

The Health Promotion Agency’s (HPA’s) Attitudes and Behaviour towards Alcohol Survey (ABAS) is an annual nationwide telephone survey of around 4,000 New Zealanders aged 15 years and over. The last two ABAS surveys (2013/14 and 2014/15) have asked a small group of questions on people’s views about alcohol in their communities, finding consistent overall responses in both years.

People with different characteristics saw harms and benefits differently. For example, people with higher household incomes were more likely to feel positive about the drinking venues in their community, and less likely to be concerned about the effects of alcohol in their community. People of European/Other ethnicity were also less likely to be concerned about the effects of alcohol in their community compared with Māori and Pacific people. These differences were still significant when other personal factors such as age and income were accounted for.

In the 2014/15 ABAS, nearly half of New Zealand adults surveyed (47\%) agreed or strongly agreed “the bars/pubs in my community have a good reputation”. Two in three (65\%) agreed or strongly agreed “there are good places to have a drink of alcohol in my community”. For both of these statements, Pacific people were least likely to agree. Those with higher incomes and of European/Other ethnicity were most likely to agree.

One in three adults agreed or strongly agreed with each of the following statements:

- “Some licensed premises are too close to public facilities like schools” (34\%).
- “Offensive behaviour by drunk people is a problem in my community” (35\%).
- “Damage to property by drunk people is a problem in my community” (32\%).

People aged 65 years and older (39\%) and Pacific people (51\%) were more likely to agree that licensed premises were too close to public facilities, compared with younger adults and those of other ethnicities. Māori and Pacific people and those with lower incomes were more concerned about drunk people behaving offensively or damaging property in their communities.
The Wellington Trauma Intelligence Group (TIG) is an interagency data-sharing initiative. It is a practical example of regional government agencies working together to share data and other information to inform local planning and responses to prevent alcohol-related incidents and harms.

TIG was initially formed to identify and collate sources of alcohol-related data to show a Wellington-wide snapshot of alcohol-related harm. The goal was to inform the development of a city-wide alcohol strategy and more recently the draft local alcohol policy. In recent years, the scope of data collected and shared has expanded from just alcohol-related data to include a wider definition of trauma and increasingly diverse sources of information.

Wellington City Council (WCC), Accident Compensation Corporation (ACC), and Capital and Coast District Health Board (CCDHB) established the TIG in 2009 as a joint initiative. Other agencies that hold regional alcohol-related data were identified and invited to participate. Current TIG member organisations are CCDHB’s Wellington Hospital Emergency Department, ACC, WCC, Wellington District Police, Wellington Free Ambulance, Wellington Fire Service, and Regional Public Health. In December 2012, member organisations signed a memorandum of understanding that agreed on the intent of TIG and established data-sharing protocols.

How it works

TIG meets regularly to discuss data issues, trends, and operational logistics. Quarterly reports are produced and circulated to member organisations to inform operational policy, practice, and meeting discussions. An important benefit that goes beyond data sharing is the relationship building that develops between group members and creates opportunities for further collaboration.

To inform and improve the way TIG works, Litmus Research and Evaluation was commissioned to undertake an independent process evaluation in early 2015. To provide context for the evaluation, Litmus also undertook a review of international literature on local data-sharing initiatives. TIG’s evaluation identified challenges or areas that need improvement and successes or areas that are working well. Some of the findings from the evaluation are outlined below.

Challenges included the timely provision of agreed data and the difficulty of some member organisations to extract local data. Varied levels of member organisations’ engagement, including the skills of and changes in the personnel participating in TIG, have also been a challenge that can create barriers to data sharing and collaboration.

Successes included:

- using shared data to formulate a snapshot of the positive and harmful effects of alcohol in Wellington city, within a specified date range. This can help identify and monitor trends and feed into policy decisions, such as closing hours and the designation of liquor ban areas
- identifying ‘hotspot’ locations of alcohol-related activity, using shared data, to allow member organisations to target specific high-risk areas
sharing data to provide evidence for licensing hearings. This may include using data to oppose liquor licence renewals and applications.

- using combined data indicating number of previous year injuries and costs to the health system as evidence to support upfront restrictions on public event licences. It can also be used to ensure adequate regional coordination and responsive health services for large events, such as the Wellington Sevens weekend.

- raising awareness among liquor store owners of alcohol-related harm in the community, through the use of data that indicates high rates of alcohol-related assaults and injuries by area.

- providing tactical policing of premises in areas with high numbers of alcohol-related incidents, based on emergency department data.

- developing relationships and networks among TIG members by holding face-to-face meetings. This has also enabled deeper discussions and open dialogue.

Sandra Allmark, Chair of the Wellington TIG, comments that the success of the group is due, in part, to its enthusiasm and to its desire to provide proactive advice based on empirical evidence, rather than reactive advice. TIG is aware of the under-reporting of violence and the clear differences between actual and reported crime. Through its work, TIG has been successful in delivering a truer picture of violence in the CBD, particularly serious assaults.

Timely and relevant statistics are needed to tailor and target evaluation of prevention and intervention initiatives as well as to contribute to the wider community safety agenda of multiple partner agencies and organisations. Accurate, comprehensive and consistent data is the basis for developing improved information systems and processes. It can also be used to provide a socio-economic backcloth against which the spatial and temporal distribution of general injuries can be viewed and interpreted.

**Best practice in data sharing – what a review of international literature found**

In their 2015 literature review, Litmus Research and Evaluation found that international literature suggests best practice in data sharing involves:

1. **cross-agency commitment** – for trauma intelligence groups to be effective, emergency/public health, police and local government need to work collaboratively and member organisations need to see direct benefit from their participation.

2. **champions** – the effectiveness of the data-sharing process is considerably enhanced when a senior emergency physician and/or other champions attend meetings.

3. **a lead person** – it is important to have a lead person taking responsibility for leading the project and seeking input from members where required.

4. **distinguishing governance from operations** – trauma intelligence groups work best when they can distinguish governance from operational issues in meetings.

5. **a data collection system** – an electronic data collection system is essential for successful data sharing.

6. **data collectors** – data collection should be undertaken by administrative staff, to avoid burdening clinical staff.

7. **regular data analysis and reporting** – data should be analysed monthly and reported quarterly.

8. **dissemination** – the dissemination of data and information to frontline and administrative staff encourages and sustains the quality of data collection.

9. **utility** – the work of effective groups informs operational activity and interventions.

**Reference**
