WAIMAKARIRI

Engaging the community for alcohol action



WAIMAKARIRI DISTRICT COUNCIL COMMUNITY ACTION PLAN ON ALCOHOL

Committed to promoting Safe and Responsible use of alcohol in our communities

EXECUTIVE SUMMARY

This Community Action Plan on Alcohol has been developed in response to a number of concerns and issues in relation to alcohol related harm across our community. It is also being developed whilst a significant period of change has begun for the regulatory framework and legislation around alcohol and its' use in New Zealand.

"Alcohol in Our Lives – An Issues Paper on the Reform of New Zealand's Liquor Laws" has recently been released for public consultation and is the biggest review of liquor legislation in recent history. It considers a range of options in relation to policy change in the areas of supply control, demand reduction and problem limitation.

This Community Action Plan is very focused on actions and outcomes and provides the opportunity to develop specific projects to respond to the changing needs of our community

GOAL/VISION

The development of a District wide community action plan is the first step in working towards our vision to promote the safe and responsible use of alcohol within Waimakariri and minimise the alcohol-related harm to the people and communities across our District.

We want to ensure that our residents are educated and empowered to make healthy and responsible choices in relation to alcohol and improve the well-being of our communities.

We are not killjoys or preachers of abstinence – we

understand that many people who live in our district are safe and responsible when drinking. This is acknowledged in the National Alcohol Strategy:

"Alcohol is a part of contemporary New Zealand society, It is a legal, regulated and widely available product, and the large majority of adults drink at least occasionally. Alcohol is a feature of New Zealand life. For many, it is a symbol of hospitality, and is used on occasions to celebrate important events in people's lives.

Used in moderation, alcohol can reduce the risk of certain illnesses for some groups. The alcohol and hospitality industries contribute significantly to New Zealand's economy.

However, when alcohol is misused, the resulting harms can be considerable. It is recognised that, on the one hand, when used in moderation and in non-hazardous situations, alcohol can provide personal and social benefits; but on the other hand, when it is misused, or used in risky situations, alcohol can cause great damage to individual drinkers, their families and to the wider community"

BACKGROUND

Why to we need a community action plan?

There are growing concerns relating to alcohol consumption throughout New Zealand and the huge impact it has on our communities. The range of alcohol related harm is wide and varied and here are some New Zealand wide statistics to help put this in context:

- 24.7% of New Zealanders consumed large amounts of alcohol on a typical drinking occasion
- 20.7% of New Zealanders had done some of their driving under the influence of alcohol
- 55.7% of youth aged 12-17 years had consumed alcohol in the last 12 months with 12.1% consuming large amounts of alcohol at least once a week
- Nearly half the population think it's okay to get drunk
- 3.9% of all deaths in New Zealand in 2000 were alcohol related
- 1 in 4 women can't remember what they did whilst drinking
- 635,000 adults binge once a week

- 785,000 adults drink regularly, often daily
- Among youth drinker, 62.5% had had alcohol purchased for them by someone else in the last 12 months
- The total social cost of harmful alcohol misuse for the 2005/06 year was calculated at \$5.296 billion.
- The research indicates that 28.4% (or \$1.951 million) of the social costs of harmful alcohol and drug use result from injury.
- At least 31% of recorded offences were committed in circumstances where the offender had consumed alcohol prior to committing the offence.
- 35,000 drink-driving offences recorded in 2007/08
- 33% of violence offences were committed when the alleged offender was identified as having consumed alcohol prior to offending in 2007/08. Of 62,000 violent offences in 2007/08, more than 20,000 involved alcohol.
- The gap between the current tax take of \$795 million for excise tax and the estimated costs in the BERL study - \$5.296 billion, is substantial.
- Mental health problems: 32% of men and 6% of women will meet clinical criteria for alcohol abuse or alcohol dependency over the course of their lifetime (1 in 5 people)

From: National Alcohol Strategy 2000-2003 (MoH and ALAC)
BERL Economics Report – March 2009
NZ Police National Alcohol Assessment – 2009

What about locally within the Waimakariri District?

The same alcohol issues that are prevalent throughout New Zealand are evident throughout our community and some of the data below illustrates this:

- Alcohol related crime indications from police that 80% of all crime reported as alcohol related
 - Youth offending
 - Drink driving
 - Driving accidents/deaths
 - No of conditions of sentence requiring alcohol treatment
 - Family violence
 - Vandalism/property damage

Alcohol related injuries

- Falls
- Drownings
- Hospitalisations

Liquor Ban

- Number of people stopped by police from entering the ban area
- Number of people arrested/charged for breaching the ban

• Increase use of health services

- Number of people using health services
- Number of people attending alcohol support groups
- Number of people undertaking treatment for alcohol abuse
- Alcohol related illnesses/deaths

What does the community say about alcohol and its' impact?

Below is some anecdotal evidence from the wider community about their experiences and understanding of alcohol use:

- There is a social acceptability of drinking/getting drunk
- Lack of awareness of alcohol consumption and impact on families, children and wider community
- Lack of public transport increases risk taking and drink driving
- Relaxation of legislation has increased youth misuse of alcohol
- Increase in women drinking and their subsequent involvement in related crime
- Increase in binge drinking across all age groups but specifically young people
- Parents and other adults supplying alcohol to young people with a limited understanding of the alcohol strength or volume
- The district is at saturation level with licensed outlets and bars
- Disproportionate amount of police time and effort spent on dealing with alcohol related disorder and disturbances. Mostly concentrated in specific areas or the same bars/pubs in the district
- Lack empowerment within the community to

- question or challenge those misusing alcohol or those with drinking problems or drink drivers
- There is a significant proportion of the Waimakariri population that drink responsibly however, there is a lack of understanding about drinking limits and safe amounts of alcohol to consume

LEGISLATIVE CONTEXT

This community action plan links to the Council functions and responsibilities acting for and on behalf of the community, and gives the Council a significant role in influencing alcohol use in Waimakariri.

These focus on social and community concerns as well as planning and regulatory functions.

Local Government Act 2000

This Act provides a framework and powers for local authorities to decide which activities they undertake and the manner in which they will undertake them; and promotes the accountability of local authorities to their communities; and provides for local authorities to play a broad role in promoting the social, economic, environmental, and cultural well-being of communities, taking a sustainable development approach.

Long-Term Council Community Plan

In compliance with the Local Government Act Waimakariri District Council has developed a Long Term Community Plan. This plan identified community outcomes is to promote and encourage collaboration between all sectors of the District to achieve community well-being. The development of a district wide Community Action Plan links to many of these outcomes including:

There is a safe environment for all

- Harm from natural and manmade hazards are minimised
- Crime, injury and road accidents are minimised

The community's needs for health and social services are met

 Our people are supported by a wide range of health services that are available in out District

- Participation in community-based support services is acknowledged and encouraged
- People are friendly and caring, creating a strong sense of community in our District
 - There are wide ranging opportunities for people of different ages to participate in community activities
 - The particular recreational needs of children and young people are met

Planning Role

In the Resource Management Act 1991 the local authority is entrusted with promoting "sustainable management" meaning managing the use, development, and protection of the natural and physical resources in a way or at a rate, which enables people and communities to provide for their social, economic, and cultural wellbeing and for their health and safety.

Regulatory Role

The object of the Sale of Liquor Act 1989 is "to establish a reasonable system of control over the sales and supply of liquor to the public with the aim of contributing to the reduction in liquor abuse, so far as that can be achieved by legislative means". Responsibility for the issuing and renewal of liquor licences lies with local authorities, as District Licensing Agencies.

STRATEGIC LINKS

New Zealand Health Strategy (2000) – Ministry of Health Minimising harm caused by alcohol and illicit and other drug use to individuals and the community

 Over 80 percent of adult New Zealanders consume alcohol. At some time in their life, nearly one in five New Zealanders will suffer an alcohol use disorder. Alcohol abuse is a risk factor for some types of cancer, stroke, and heart disease. Alcohol abuse also significantly contributes to death and injury on the roads, drowning, suicide, assaults and domestic violence. The abuse of illicit drugs also harms some New Zealanders. Of particular concern is the risk to public health from the transmission of blood borne viruses through the sharing of needles and

- syringes, and cognitive impairment. People who experience both drug and mental health problems have particularly poor health outcomes.
- Intersectoral action plans have been developed under the National Drug Policy to minimise the harm caused by alcohol and illicit and other drugs. A broad range of strategies is essential and includes initiatives in: information, research and evaluation; health promotion; assessment, advice and treatment services; law enforcement; and policy and legislative development.

National Drug Policy (2007-2012)

The following objectives have been identified for the second National Drug Policy to achieve the overarching goal:

- To prevent or delay the uptake of tobacco, alcohol, illegal and other drug use, particularly in Māori, Pacific peoples and young people
- To reduce the harm caused by tobacco by reducing the prevalence of tobacco smoking, consumption of tobacco products and exposure to second-hand smoke
- To reduce harm to individuals, families and communities from the risky consumption of alcohol
- To prevent or reduce the supply and use of illegal drugs and other harmful drug use
- To make families and communities safer by reducing the irresponsible and unlawful use of drugs
- To reduce the cost of drug misuse to individuals, society and government.

OBJECTIVES

As we have stated the broad aim to reduce alcohol-related harm within our district and enhance the well-being of our communities.

The broad objectives of this 3 year community action plan are to:

- 1. Minimise alcohol related harm through effective regulatory and planning mechanisms
- 2. Undertake an advocacy role for change in alcohol legislation and promotion for a safer community outcome
- 3. Educate and empower the community to make safe

- and responsible choices about alcohol
- 4. Promote safe drinking, the principles of host responsibility and engage in partnerships with key stakeholders across Waimakariri District
- 5. Engage with young people in the community through education and recreation opportunities
- 1. Minimise alcohol related harm through effective regulatory and planning mechanisms

Action	Responsibility	Timeframe
To continue with controlled purchase operations	Council, Police & DLA	12mths
To continue to review geographical alcohol bans/restrictions	Council, Police & DLA	12mths

2. Undertake an advocacy role for change in alcohol legislation and promotion

Action	Responsibility	Timeframe
Submission on behalf of community to Law Commission Review of sale of Liquor Act and any subsequent legislative changes	Alcohol Strategy Steering Group and Community Partners	Dependent on consultation timeframe
Promote the safe and responsible use of alcohol through Council publications and website links	Council	12mths
Undertake a research project across the district to ascertain the level of needs in relation to service provision and alcohol-related harm	Alcohol Strategy Steering Group and Community Partners	3-6mths
Report to Council on harm caused by alcohol across the community	Alcohol Strategy Steering Group and Community Partners	Every 3 mths

3. Educate and empower the community to make safe and responsible choices about alcohol

Action	Responsibility	Timeframe
Develop a parent education programme using role modelling approach about the harm that alcohol can cause. Develop and use the IPW model for delivery of parent education.	SCC & Community Partners	6-12mths
Develop a series of locally relevant leaflets. Waimakariri Booze Guide highlighting the breadth of alcohol related harm. Further development of leaflets targeting parents of young children, parents of teenagers, drink-driving and possibly older people.	SCC, Road Safety and Injury Prevention	3-6mths
Develop "Plan Your Night" campaign around socially responsible choices including transport options	SCC, Road Safety, Police & Licensees	6-12mths
Facilitate and host a community forum locally exploring the theme 'Is alcohol a problem in out community?'	SCC & Community Partners	3-6mths

4. Promote safe drinking, the principles of host responsibility and engage in partnerships with key stakeholders across Waimakariri

Action	Responsibility	Timeframe
Develop a Local Alcohol Accord incorporating one-way door policy	Council, Police, Licensees & SCC	6mths
Increase participation in host responsibility training	Council & CPH	12mths
Develop relationships with licensees in relation to socially responsible marketing	SCC, Police & Licensees	12-18mths

5. Engage with young people in the community through education and recreation opportunities

Action	Responsibility	Timeframe
Roll out across the District safe Party packs developed by Oxford Community Trust	SCC, Police, Schools & Community Part- ners	12-18mths
To support the engagement with young people across the District to build up a programme of youth-focussed social and recreational opportunities	SCC, Police, Oxford Community Trust, Schools and Young People	12-18mths

Partners with a role to play:

- Waimakariri District Council
- Police
- Licensees
- Road Safety
- Injury Prevention Waimakariri
- Off-licences/Supermarkets
- ACC
- HANZ
- ALAC
- Community & Public Health
- Oxford Community Trust
- Christchurch District Health Board
- Sports clubs
- Local newspapers
- PTAs

- Pre-schools
- Schools
- Plunkett
- Playcentres
- Parent Groups
- School Trustee Boards
- RSA
- Waimakariri
 Community
 Development Trust
- High Schools
- Youth Groups
- Community groups
 e.g. Neighbourhood
 Support, Victim
 Support

MONITORING, EVALUATION AND REVIEW

Essential components in ensuring that the outcomes of the Community Action Plan are met are monitoring and evaluation. It is vital to monitor and evaluate at each stage of implementation to ensure the actions and objectives are still relevant and are making an impact in our local communities.

Action	Responsibility	Timeframe
Establish an agreed dataset to measure progress against	All partners	3-6mths
Review Plan regularly using Results Accountability model	All partners	Every 3mths
Establish a cross community reference group to monitor the impact of the community action plan	All partners	6mths
Produce annual report on progress of implementation	All partners	12mths

