

## **A report on three regional forums**

# **One Year On: The Sale and Supply of Alcohol Act 2012**

**June 2015**



## ACKNOWLEDGEMENTS

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## DISCLAIMER

The writing of this report has been carried out by an independent party under contract to HPA. The views expressed in this report are of attendees at the three forums and are not to be attributed to HPA and Alcohol Healthwatch, nor do they reflect the organisational views of the agencies to which the attendees belong.

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# EXECUTIVE SUMMARY

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## ABOUT THIS REPORT

This report summarises discussions and themes from three regional forums. The forums were held to reflect on how the Sale and Supply of Alcohol Act 2012 (the Act) is working towards its object one year into its implementation.

This report will be used to inform improvements to the ongoing implementation of the Act to ensure that it meets its objectives.

### **The forums**

Alcohol Healthwatch and the Health Promotion Agency (HPA) ran three forums in:

- Auckland, 11 March 2015
- Christchurch, 24 March 2015
- Wellington, 26 March 2015.

The purpose of the forums was to better understand how well the Act was working, the challenges associated with its implementation and the options for responding to these challenges.

The forums included a mix of presentations, sector workshops, panel discussions and question-and-answer sessions.

The forums were primarily aimed at those involved with administering, monitoring and enforcing the Act, and community members engaging with the legislation.

A total of 340 people attended the three forums. Attendees included: council licensing inspectors and policy staff; New Zealand Police Alcohol Harm Reduction Officers; health promoters and public health regulatory staff; District Licensing Committee (DLC) members and their support staff; community board/local board members; and some representatives of community groups.

Evaluation feedback indicates that participants found the forums useful and that they achieved their purpose.

### **Summary of themes**

The Act is still fairly new, and those involved are still working through its detailed implementation. Some consistent, broad themes arose from the three forums.

While the Act does not introduce a full range of measures to address alcohol-related harm (such as minimum pricing and reduced age of purchase), it does provide greater opportunities to address

access and availability. Many aspects of the Act that have the potential to reduce alcohol-related harm through controlling access and availability have yet to be fully realised.

There is wide support for the object of the Act; however, there is concern that the wording of numerous clauses of the Act does not function to support this object. Those who work with the Act and Regulations find its wording difficult to follow and many sections confusing and unclear.

The introduction of default national maximum trading hours is seen as having a positive effect. Alcohol infringement notices are seen as a useful and efficient tool.

The requirement for the three regulatory agencies to collaborate is both positive and challenging. Collaboration is more established in some areas of the country than in others. While there have been improvements since the Act came in, there is still more that can be done to improve tri-agency monitoring and information sharing. Agencies are still adapting to their new roles and responsibilities under the Act, and how these relate to one another. There are differing views across the country and between different sectors about the roles of statutory agencies. This raises a number of questions, including whether agencies are neutral participants in the process or required to actively minimise alcohol-related harm?

Public health participants are particularly frustrated with the implementation of the Act. They feel that the object of the legislation is rooted in public health values and the need to protect and promote health. However, the role they play in administering and enforcing the Act has been challenged. Workload increases have also had a significant impact on public health's ability to achieve the desired outcomes. More leadership and support was requested from the Ministry of Health.

National level leadership is required to support the more effective implementation of the Act. Coordination within and across sectors is important for sharing information and good practice, and addressing concerns with the layout and wording of the Act. This would be assisted by more formal mechanisms for networking and information-sharing regionally, nationally and within and across sectors. In many cases the Act has increased workloads for agencies (and the community), but there has not been an increase in resources to match this. This has created a strain for many working with the Act, and needs to be considered.

Gathering the evidence required under the Act is a challenge. The Act requires locally specific evidence of alcohol-related harm for the development of local alcohol policies (LAPs), and evidence of alcohol-related harm linked to specific premises for licence applications. There are significant differences of opinion about what constitutes such 'evidence'. Health practitioners are trained to rely on 'scientific' studies (usually national or international), while DLCs and the Alcohol Regulatory and Licensing Authority (ARLA) are requiring 'local' evidence (what is seen and heard by individuals) to connect the scientific evidence to local situations. This local data, however, is often not collected or hasn't yet been presented.

While the Act provides more opportunities for community input into licensing decisions, there is a widespread view that the community voice has not been heard enough so far. Many challenges to

community engagement in licensing processes remain – including an awareness of applications, an understanding of processes, and confidence in participating in judicial processes. Expectations of greater community influence on the availability of alcohol at the local level have yet to be realised.

The process of developing, and defending, LAPs has been challenging, resource intensive and costly for many councils. Very few LAPs are in place; some councils have struggled to find good data; many provisional LAPs are held up in legal appeals; and others have been ‘parked’ until the outcomes of the many legal appeals are known. Given the current number of provisional LAPs under appeal to ARLA, it is likely to be many years before all appeals have been resolved and LAPs given effect. As a result there are few policy frameworks capturing community views to guide decision-making on licence applications.

Finally there is a tension between achieving national consistency in agency and DLC practices while maintaining the capacity to respond to local community needs and realities.

The themes have been summarised into priority action areas:

- improving the legislation
- providing national leadership
- supporting and developing the workforce
- enhancing community capability
- gathering robust evidence
- developing and implementing LAPs.

## **Next steps**

As forum convenors, both Alcohol Healthwatch and HPA have committed to ensuring that the issues identified through the three forums are taken forward, and to supporting work to address these issues by the appropriate agencies. Addressing the priorities will involve a wide range of agencies and groups. HPA and Alcohol Healthwatch will table this report with senior managers of the key agencies concerned with the effective operation of the Act and encourage and support them to develop responses to the issues identified. This includes the Ministries of Justice and Health, New Zealand Police, Local Government New Zealand, ACC and ARLA.

HPA and Alcohol Healthwatch will provide updates on responses to the issues raised at the forums and also work on better communications strategies to promote resources, share information and share best practice to support those working to implement the Act.

## ABOUT THIS REPORT

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This report summarises discussions and themes from three regional forums. The forums were held to reflect on how the Sale and Supply of Alcohol Act 2012 (the Act) is working towards its object one year into its implementation.

This report will be used to inform improvements to the ongoing implementation of the Act to ensure that it meets its objectives.

This report and forum presentations will also be made available on [www.alcohol.org.nz](http://www.alcohol.org.nz) and [www.ahw.org.nz](http://www.ahw.org.nz) for all those who attended and those unable to attend.

## BACKGROUND

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### THE SALE AND SUPPLY OF ALCOHOL ACT 2012

The Sale and Supply of Alcohol Act 2012 resulted from a comprehensive review of New Zealand's alcohol laws undertaken by the New Zealand Law Commission, and subsequent consultation on the Alcohol Reform Bill. The Act was passed by Parliament in 2012 and came fully into force in December 2013.

The object of the Act is that:

- a) the sale, supply and consumption of alcohol should be undertaken safely and responsibly
- b) the harm caused by the excessive or inappropriate consumption of alcohol should be minimised.

The Government clearly articulated that the intention of the Act was to reduce the accessibility and availability of alcohol and support community input into local licensing decisions.

The Act specifies a number of mechanisms to achieve these, including:

- enabling territorial authorities to develop local alcohol policies (LAPs)
- broader criteria to oppose licence applications, such as whether a licence would affect the amenity and good order of an area
- restrictions on alcohol promotions
- single-area conditions for supermarkets
- prohibiting the supply of alcohol to minors by those other than their parents or guardians

- default national maximum trading hours
- establishing local decision-making on licensing by district licensing committees (DLCs).

## THE IMPLEMENTATION OF THE ACT

In engaging with the stakeholders responsible for administering, monitoring and enforcing the new legislation, and community stakeholders engaging with aspects of the new legislation, Alcohol Healthwatch and HPA recognised that, while there had been positive outcomes, significant challenges were being faced.

In order to better understand how well the Act was working, the challenges associated with its implementation and the options for responding to these challenges, the two agencies planned and delivered three regional forums.

The response to the forums indicated that they were a much-needed and timely opportunity to address these challenges and share best practice.

## THE FORUMS

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Three forums were held in:

- Auckland, 11 March 2015
- Christchurch, 24 March 2015
- Wellington, 26 March 2015.

## PURPOSE

The purpose of the forums was to identify:

1. what is working well to support the implementation of the Act, its object and Government intentions
2. what key challenges are associated with implementing the Act
3. what needs to be done to address these challenges
4. priorities for action.

The forums were primarily aimed at those involved with administering, monitoring and enforcing the Act, and community members engaging with the legislation. Other processes are in place to obtain feedback from other stakeholders, such as industry.



## PROCESS

Each of the three forums followed the same agenda and process in order to achieve these aims. A detailed agenda (for the three forums) is attached as Appendix 1.

The agenda provided for a mix of presentations, sector workshops, panel discussions and question and answer (Q & A) sessions. All presenters, panel members, workshop facilitators and scribes were provided with briefing notes to ensure that they understood what was required of them.

The workshops provided an opportunity for those with similar roles to define and discuss issues particular to their work and roles. At the conclusion of each workshop a feedback session allowed for the priorities from each of the sector groups to be shared with the other forum participants. Summaries of the improvements suggested for each sector are provided in Appendix 2 and priorities from each of the three forums are provided in Appendices 3, 4 and 5.

ARLA member Judith Moorhead provided a keynote address at each of the forums. Organisers are hugely grateful for the time that Ms Moorhead gave to the events and participants.

## ATTENDEES

A total of 340 people attended the three forums. Attendees included: council licensing inspectors and policy staff; Police Alcohol Harm Reduction staff; health promoters and public health regulatory staff; DLC members and their support staff; community board/local board members; and some representatives of community groups. Evaluation feedback indicates that participants found the forums useful and that they achieved their purpose (Appendix 6).

## SECTOR PRESENTATIONS AND WORKSHOPS

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At each forum presentations were made by regional representatives of the Medical Officers of Health, council licensing inspectors, Police Alcohol Harm Reduction Officer's, DLC chairs, and communities.

Each presenter was asked to respond to three questions:

- What's working?
- What are the challenges?
- What needs to be done to address these challenges?

Following the presentations, sector groups were guided through discussions to further explore the three forum questions and identify the priorities for responding to the challenges identified. The following is a summary of the sector workshop discussions.

Note that some items appear under both headings of 'What's working?' and 'What are the challenges?'. This is because what is working well in some areas is not working well in others, or because while things have improved, there is still a long way to go.

## WHAT'S WORKING?

Speakers and workshops identified a number of things that are working well in the implementation of the Act. While there are many common themes, some aspects are working better in some areas than others. The presentations highlighted the fact that the contexts are different across the country and thus the impacts of the Act vary.

- ✓ **Collaboration between the regulatory agencies** – the Police, licensing inspectors and representatives of the Medical Officer of Health are building relationships and working together more. In some cases agencies are co-located and most have regular meetings. Others reported joint planning for large events and undertaking joint compliance visits.
- ✓ **Improvements in agency reporting** – the quality of agency reporting to DLCs has been improving since the introduction of the Act.
- ✓ **Faster processing of opposed applications** – DLCs can hold hearings and make decisions much faster than under the previous Act. Being able to file reports electronically is also more efficient and supports a speedier process.
- ✓ **Amenity and good order provisions** – these provide an opportunity for community concerns and agency objections to be considered. However, it is still early days and the full potential of these provisions has yet to be realised.
- ✓ **Increased media profile around the new Act** – the introduction of the new Act and discussions around LAPs mean that alcohol-related harm issues maintain a high media profile.
- ✓ **Communities are becoming more involved** – the Act allows for greater community say on local licensing matters and communities are mobilising and expressing their views. However, there are many challenges to effective community participation.
- ✓ **The increased role of the Medical Officer of Health** – the Act provides a stronger role for public health that has yet to be fully explored.
- ✓ **Alcohol Infringement Offence Notices (AIONs)** are more efficient for frontline officers than previous tools for dealing with alcohol ban breaches.
- ✓ **Supporting legislation** – the Land Transport Amendment Act (No 2) 2014 (see <http://www.legislation.govt.nz/act/public/2014/0057/latest/DLM5735705.html>) lowering blood alcohol limits for drivers, and regulations governing security staff under the Private Security Personnel and Private Investigators Act 2010 both help to reduce alcohol-related harm in the

community. It was noted that as a result of the Land Transport Amendment Act (No 2) a greater range of lower-alcohol products are coming on the market.

- ✓ **Default maximum national trading hours** are reducing accessibility and alcohol-related crime and violence. In some major urban areas this has led to significant decreases in assaults between 4am and 8am at weekends.
- ✓ **A definition of intoxication** is helpful to regulatory agencies, as is the intoxication assessment tool.
- ✓ **Grocery outlets** – the Act has clarified this area of the law.
- ✓ **DLCs** – the role of DLCs in decision-making is seen as a positive: having good local knowledge, being closer to the community, and being more able to respond quickly. DLCs have attracted many skilled and knowledgeable people.
- ✓ **Risk-based fees** provide good incentives for compliance. As longer hours mean higher fees, some applicants have chosen to reduce hours. In some areas there has also been a reduction in the number of applications for special licences due to the increased costs.

## WHAT ARE THE CHALLENGES?

Several speakers acknowledged the high expectations of the Alcohol Reform Bill, and expressed their personal view that the Act itself has not delivered on some of those expectations.

- × **The layout and wording of the Act and Regulations** – the layout of the Act and the Regulations is difficult to follow, and many sections are confusing and unclear to those who administer them. The object of the Act is not well supported by the legislation itself.
- × **Collaboration between the regulatory agencies** – agencies are sometimes failing to collaborate on monitoring and reporting, share information about applications, work together for hearings, and support community objectors. There is still some confusion over the nature and extent of roles. Some Medical Officers of Health and many Police Districts cover extensive geographical areas and span several territorial authorities. This presents challenges to collaboration, coordination and compliance.
- × **Agencies reporting to DLCs** – DLCs requested better reports from statutory agencies. Reports are often short on detail, meaning that DLCs sometimes lack important information for decision-making.
- × **Timing of agency reports** – the process and timing for statutory agencies to report to DLCs hamper collaboration between agencies (as Police and Medical Officer of Health must report simultaneously while licensing inspectors must consider Police and Medical Officer of Health reports before completing their reports).

- × **Conflicting views on evidence** – there are significant differences of opinion about what constitutes ‘evidence’ at a hearing. Health practitioners favour ‘scientific’ studies (usually national or international), while DLCs tend to prefer ‘local’ evidence (what is seen and heard by individuals). Health professionals feel that they bring expert knowledge to the processes that is not often recognised or taken into account.
- × **Linking harm to premises** – it is proving very difficult to link evidence of alcohol-related harm with specific premises (particularly for community groups).
- × **Providing the right data at hearings** – agencies are finding it difficult to access good local data or find the resources to gather such local data, and are unsure about the best data to bring to DLC hearings (amount, level of detail, specificity etc).
- × **Onus of proof** – there was some debate as to where the ‘onus of proof’ lies. Some argued that the community should not need to connect harm to specific premises; that they need only to raise concerns under section 105 and that it is up to the licensees to prove that they won’t increase harm. There was no consensus on this critical issue.
- × **Constraints on community participation** – community presenters reported huge demands on them when objecting to alcohol licence applications. They described how difficult it is to: become aware of applications; understand the process and agency roles; access relevant information; gather adequate data and evidence; prepare for and attend hearings; and present evidence in a court-like environment. They felt that the decision-making processes were ignoring the vulnerability of some communities and community groups were burdened by having to fight case after case.
- × **Resourcing and capacity of regulatory agencies** – most of those working to implement the new Act reported significant increases in workloads, without the necessary resources to respond adequately to this. The result is varying levels of compliance checks and monitoring. There is also a sense for many that complexity of this area is often not understood by managers or colleagues.
- × **LAPs are not being progressed** – while LAPs have the potential to reduce harm, they are expensive and time consuming and caught up in appeals, and as a result few are in place. The absence of LAPs means that every licensing decision is being made separately, and while decision-makers make reference to related cases and local knowledge, there is no ‘framework’ to support decision-making within a local context. This affects community groups; rather than putting energy into one process (the LAP) they must respond to each application separately. This is not sustainable or efficient. Furthermore, LAPs are a key tool for addressing density and availability, so if there is no LAP these key levers are lost.
- × **Role of the Medical Officer of Health** – while the duty to inquire and report on all licence applications is prescribed in the Act, it is not well described. Medical Officers of Health believe they bring extensive knowledge and expertise to the role, and that this is not always being recognised.

- × **High expectations of DLCs** – some DLCs recognise that community and regulatory stakeholders may not be getting the outcomes they expect from the licensing process. They advise that they can only make decisions based on the evidence before them. Some regulatory agencies feel that DLC decision-making is lacking consistency across the country, and that such consistency is needed. However, DLC members say that consistency is not likely or necessarily desirable given their local focus.
- × **Lack of applications for DLCs to consider** – some smaller DLCs have yet to consider a single application. Their ability to stay engaged and up to date with issues is compromised and expectations around workload (and pay) are not being met. Together these challenges may work to discourage current and future DLC members.
- × **The Act needs legal testing** – new aspects of law require testing and this requires legal resources to which agencies and communities don't have ready access. Legal challenges also mean that much of the potential of the Act to reduce accessibility and availability of alcohol has been unrealised at this stage.
- × **Single areas in supermarkets and irresponsible promotions** – there is concern about the effectiveness of the current provisions to deal with these two issues. This is particularly because there are many interpretations of these two areas of the Act, and there has been little definition of them through case law to date. As much drinking in New Zealand is moving to private spaces, these provisions are becoming more important.
- × **Harsher penalties required** – some argue that infringement notice penalties for licensing breaches could be harsher in order to act as a deterrent to many licensees.
- × **Parental consent provisions** – these provisions are of concern to some, causing confusion and being difficult to communicate and enforce.

## WHAT IMPROVEMENTS CAN WE MAKE?

A number of suggestions for improvement were made:

- **Provide national leadership** – to address the deficits in the Act, champion issues, share good practice, seek resourcing, coordinate training and development opportunities, and progress many of the solutions outlined below.
- **Build capacity and capability in the community** – develop resources that support communities' understanding of the processes and requirements for objections to liquor licence applications. Community groups also seek earlier and direct notifications of applications, and support to engage in licensing processes.
- **Build capacity and capability and address resourcing for agencies** – regulatory agencies and DLCs would benefit from ongoing training and networking to build their capabilities. Resource shortages also need to be addressed so that appropriate resources

are available to meet the increased workload under the Act. The role of regulatory staff needs greater recognition within their organisations. The local area 'DLC Network Pilots'<sup>1</sup> are promising, supporting information exchange and professional development. These need to be continued and further developed to support ongoing training and development.

- **Encourage collaboration between statutory agencies** to improve information-sharing, preparation for hearings and reporting to DLCs. This may require the development of guidance material on collaboration models to share examples of good practice.
- **Promote the role of Medical Officer of Health** – the new roles of the Medical Officer of Health provide greater opportunities for public health input to licensing decisions. These roles need to be promoted and encouraged.
- **Amend the legislation** – identify the processes and pathways for making necessary amendments to the legislation and Regulations where there is confusion or anomalies.
- **Identify good data sources and data-gathering methods** – further work is needed to identify existing and alternative data sources and understand how they can best be used to support the development of LAPs and decisions on licence applications.
- **Address evidential requirements** – the barriers and inconsistencies concerning evidence need to be addressed.
- **Publish decisions** on websites as this would enable learning to be shared.

## SECTOR PRIORITIES FOR ACTION

While there were some common issues across the different sector groups, there was some variation in terms of priorities. These are summarised below.

- **Police attendees** recognise that some areas of the Act need amendments; there needs to be broader recognition of the importance of alcohol as a driver of crime; and there could be enhancements to AIONs.
- **DLC members** prioritise increased training and networking, and improved communication with the community.
- **Public health regulatory staff** prioritise greater national leadership, resourcing, research and public education.
- **Council alcohol inspectors** want to see amendments to the Act, greater resourcing and support for their role, improved evidence, and more direction from ARLA.

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<sup>1</sup> The DLC Network Pilots were delivered by HPA as a platform for shared learning and to assess the professional development needs of DLCs and their key support staff. The pilots were delivered in the Auckland, Wellington and South Canterbury regions during 2014.

- **Community and health promotion** groups seek greater education and support for community participation, longer notification timeframes, and more flexible hearing processes.
- **Local government policy and research staff** prioritise improvements in data, better use of existing data, peer-to-peer support, and training in giving evidence at hearings.

A more detailed summary table is attached as Appendix 4. The table sets out the improvements sought by each of the sector groups.

Note that there was only one local government policy and research group convened – at the Wellington forum. This was due to too low numbers at the other forums to justify a separate group. All other sector groups were convened at all three forums.

## LOCAL ALCOHOL POLICIES

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Forty-seven territorial authorities have drafted LAPs to date. Some have done so jointly. Almost all provisional LAPs have been appealed, most by multiple alcohol and hospitality interests.

## KEY LESSONS FROM APPEALS

Graham Caradus (Tasman District Council) provided a summary of the provisional LAP appeals heard to date, and what can be learnt from them. He also advised that LGNZ is preparing an advice document on LAPs that will be available soon<sup>2</sup>. Two appeals have been determined by ARLA at this stage – Tasman and Wellington.

Key lessons:

- There is no obligation to have a LAP.
- There is only one test – that the element is reasonable.
- The precautionary principle may be used.
- A LAP must not stray outside its ambit – for example, a LAP is not a tool for developing the night-time economy or promoting tourism.
- Keep it short and simple – it must be easy to understand for an informed lay person.
- Provide reasons for your decisions – these can be included as an appendix.
- Keep evidence locally focused.

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<sup>2</sup> Local Alcohol Policies: Guidance for Local Government (2015) is available from the [LGNZ website](#)

- In determining maximum trading hours, enquire into the actual 'operating' hours of premises. These may be different from the hours for which the premises are licensed.

## PANEL SESSION

A structured Q & A session then followed with a panel made up of people with experience in various aspects of LAPs. The questions explored the same three forum themes and aimed to identify examples of best practice.

### **Pre-consultation phase (drafting the LAP)**

The Act is quite clear on the requirements for information gathering and who should be consulted in drafting a LAP. Council policy representatives reported developing comprehensive research reports and consulting widely, most reaching beyond the compulsory regulatory agencies to include hospitality and alcohol industry stakeholders. This was done through quite formal processes. It also involved establishing and maintaining relationships throughout the process. This allowed for the consideration of different perspectives but also exposed conflicts of interest. Some described the process as onerous but important to do thoroughly. A survey template is available from HPA.

Councils used many techniques, including surveys, working groups and social media, to gain feedback from their communities about access and the availability of alcohol in their neighbourhoods. Obtaining a wide range of information assisted policy development.

Some also reported experiencing 'consultation fatigue'. This came in different forms. People who had been consulted or taken part in surveys prior to the formal consultation phase may have thought that this was their 'submission' and not realised that they had to submit during the Special Consultative Procedure in order for their submission to be considered and considered eligible to appeal. Other councils were consulting on numerous policies at the same or similar time as their LAPs and community stakeholders were exhausted.

It is evident that Police data/intelligence was relied on as a data source to inform LAPs, and there were inconsistencies in relation to the access to data. There were issues concerning the use of such data and making it accessible. Police acknowledged these issues.

There were challenges for small councils in terms of resourcing to develop LAPs.

### **Public consultation phase**

Most councils had engaged widely and committed significant resources to their LAP consultation processes. Councillors had spent many hours listening to submissions. Council staff recommended setting aside plenty of time for hearings, and considering holding these during evenings or weekends to enable community participation.



Good engagement with stakeholders prior to the formal consultation phase was a success factor. It meant that there were no surprises. However, in some areas there were few public submissions during the formal consultation process. As a result, industry voices tended to dominate.

Some panel participants reported that some draft LAPs were hard to find on council websites and difficult to access. Lack of access to computers may have prevented some people accessing the policies.

Some expressed concern that they had no right of rebuttal at LAP appeal hearings: they were unable to challenge information that they felt was incorrect or misrepresented.

## **Post-consultation/appeal phase**

Good relationships between the regulatory agencies were seen as key to defending draft LAPs at appeal. This allowed for a sharing of resources.

Access to good local evidence was also important in appeals. For example, Tasman District Council was able to demonstrate to ARLA the impacts of reduced trading hours achieved through a 'gentleman's agreement'. Police were able to give evidence about the effectiveness of this agreement in reducing alcohol-related harm.

Officers in smaller councils saw some advantages in being involved in all aspects of licensing and the development and appeals of LAPs. They could bring detailed knowledge of all aspects of the licensing environment to ARLA appeals, which they believed aided their cases.

Some panel members highlighted issues concerning the development/defending of joint LAPs. It was important to ensure that common aims and objectives were identified at the outset so as to avoid philosophical differences further down the track.

Serious concerns were raised about the use of consent orders. These were viewed as negotiating behind closed doors after the formal consultation process had been completed and before ARLA had heard the appeal. This process appeared at odds with natural justice and local government requirements to consult communities. (ARLA has since released a practice note on consent orders, which can be found at [justice.govt.nz/tribunals/alcohol-regulatory-and-licensing-authority/practice-notes-and-directions/practice-note-19-march-2015](http://justice.govt.nz/tribunals/alcohol-regulatory-and-licensing-authority/practice-notes-and-directions/practice-note-19-march-2015))

Appeals were extremely resource intensive. Concerns were expressed about the financial limitations of defending provisional LAPs. The impacts on staff were also noted, not just in the development and appeal of LAPs but also in the huge correspondence and Local Government Official Information and Meetings Act 1987 requests received, which were significant for some councils.

The advice of council policy officers to others developing LAPs was to focus on having a robust, good process. The outcome would be out of the drafters' hands, but they could manage a good process.

A long gap between the development of a LAP and an appeal hearing was a concern as much of the data could be out of date. One council reported a two-year gap, meaning that much of its original information was open to challenge at the appeal.

The panels gave the following advice to councils considering developing LAPs:

- Know why you are doing it.
- Determine how important a LAP would be for you; let this drive the urgency.
- Develop a comprehensive research document (the content is well prescribed in the Act).
- Use the information you already have within the council (such as district plan information).
- Don't be afraid to have your LAP appealed.
- Have a project plan to ensure the process is robust.
- Aim to complete the process in one term of council. It's very difficult if an election falls during the process.
- Don't forget that councillors are key stakeholders; keep them informed throughout the process.
- Consider the needs of communities – allow for various points and times of engagement in the consultation process.

## KEY THEMES

As highlighted throughout this report, obtaining locally specific data on alcohol-related harm has been, and continues to be, a challenge in the development of LAPs. The development of LAPs has relied heavily on Police data, and feedback indicates that its availability differs from region to region and at different times, making it difficult for all councils to obtain the information they need to establish robust policies. Furthermore it is difficult to obtain other data on offending and harms attributable to alcohol. Without this, many councils feel that they lack a robust platform for policy development.

While LAP processes generally start with significant community engagement, this appears to drop off as the process becomes more formal, and in particular if appeals are lodged and a provisional LAP goes to ARLA. The cost of appearing at ARLA is generally prohibitive for community groups, so only industry and government agencies tend to appear. Almost all appellants have been from the alcohol/hospitality industry. The community voice becomes lost at the appeal stage.

Engagement with Māori and local iwi in the development of LAPs has varied across the country. Some councils have set up specific Māori reference groups, while others have utilised the generic consultation tools of surveys, submissions etc, which are not always effective in gaining a Māori response. Alternative strategies may be needed to ensure that Māori voices are heard in the process.

Trading hours are the focus of most draft LAPs. Some participants gave examples of LAPs that didn't include measures to control outlet density and voiced their disappointment over this.

Participants generally considered that the number of provisional LAP appeals meant the process had essentially become a judicial one. While the purpose of developing LAPs is to provide a voice for communities on the availability of alcohol in their communities, the judicial nature of the appeal process tends to exclude community voices.

Regulatory agencies often felt that industry representatives had stronger legal advice and support than they themselves had access to. Some noted the anxiety of staff when being questioned by Queen's Counsel at hearings. The costs of legal representation to defend a LAP are extremely difficult or impossible for some small councils to meet. Some are considering dropping their LAPs as a result.

There have been long time lapses between the gathering of data and community feedback, and the hearing of appeals. This means that the original data can be out of date by the time the appeal is considered.

LAPs are thought to have significant potential in minimising alcohol-related harm, with one panel member saying they are the "biggest crime prevention tool in this century". However, this potential has yet to be realised.

Given the number of provisional LAPs appealed, it is likely to be many years before all appeals have been resolved and LAPs given effect. It will therefore take time for the effects of the legislation and the LAP tool to be seen.

## ALCOHOL REGULATORY AND LICENSING AUTHORITY PRESENTATION – KEY POINTS

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Some highlights of the address by ARLA member Judith Moorhead.

Ms Moorhead paid tribute to long-serving staff member Bruce Holmes, who had recently retired. Mrs Alexandra Cannell has replaced Mr Holmes. Judge Hole is retiring after 30 years as a District Court Judge. Judge Weir is replacing him as Chair of the Authority.

Ms Moorhead recognised the significant change that the new Act had brought, including new terminology and its new object. ARLA has assumed an appellate role.

The Act required effort to 'minimise' harm, not merely to reduce harm. ARLA had adopted the dictionary meaning of 'minimise', that being to reduce to the smallest extent.

She acknowledged the drafting issues and referred to ARLA's first annual report on the Act. These could be addressed by a Statutes Amendment Bill.

There had been 80 appeals on 19 provisional LAPs. Six had been dealt with.

ARLA had received 45 appeals of DLC decisions, and 829 enforcement applications. No one had yet reached the dubious honour of three holdings against their licence.

She noted that ARLA was still receiving files based on the Sale of Liquor Act 1989.

With regards to LAPs, two appeals have been heard – Tasman and Wellington. Both appeals centred on trading hours. Tasman's provisional LAP was appealed by alcohol/hospitality industry groups, with Police and public health as interested parties. This was reversed in the Wellington case.

She advised that the onus was on the appellant to show that the element in the provisional LAP was unreasonable. In determining 'unreasonable' the test was that an informed, objective bystander would consider it unreasonable and this was cross-checked with the object of the Act. It was not up to ARLA to say what the element should be. That was the role of the council. A resubmission of a revised element/s would be treated as a new appeal.

While expert evidence was useful, it was of limited assistance in deciding on a LAP. Often original researchers were not available for cross-examination. Local evidence was most important. ARLA valued the evidence of Police and others with 'on-the-ground' experience in those cases.

The Wellington LAP appeal built on Tasman's. It took nine days and the decision was 27 pages, a long decision. Wellington City Council will need to reconsider on-licence hours.

Some points from the LAP appeals:

- There are no provisions for a LAP to make 'discretionary' conditions compulsory.
- A LAP is a stand-alone document; there are no provisions for additional documents (which have not been notified) to support the LAP's implementation. The risk assessment tool in Wellington's case was an example.
- The purpose of a LAP must relate to the object of the Act, and cannot include purposes outside the Act's scope, such as 'creating a dynamic central city'.

With regards to appeals of DLC decisions, appellants need to show why the DLCs got it wrong.

Ms Moorhead made a strong point regarding 'natural justice' in regards to both LAP appeals and DLC decision appeals. She used the reviews of the Erebus disaster as a case in point. This related to parties having the right to be heard. If in doubt a hearing should be held.

A test case regarding single areas in supermarkets is to be heard in the High Court.

In conclusion Ms Moorhead said that the Act required more of all of us. She was encouraged by what she had seen so far. While there were some precedents set, it was still early days.

Ms Moorhead responded to a range of questions and prompted discussions.

- Consent orders – ARLA has issued a practice note concerning these. Her comments on natural justice were particularly relevant to these processes.
- Evidence – local evidence was most compelling.

## HIGHLIGHTS FROM THE NATIONAL PANEL

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At each of the forums a panel of national representatives from the following agencies was convened: Medical Officers of Health; NZ Police; LGNZ; ARLA; HPA; National Public Health Alcohol Working Group (NPHAWG) and New Zealand Institute of Liquor Licensing Inspectors (NZILLI). Members of the National Panel were asked to consider the themes that had emerged during the course of the forum and respond to these. The main points raised were:

- Greater coordination and support on alcohol issues within the public health sector. To this end a public health clinical network is being formed. The aims of this network are to: increase consistency within the sector; provide expert advice; improve evidence-gathering; and coordinate action and legal challenges (including sharing costs). Greater leadership is also sought from the Ministry of Health.
- Challenges in obtaining Police data. New data reports are now being made available. Forum participants (in Wellington) were given a preview of these. However, this new offence data cannot be directly attributed to alcohol, rather the relationship must be inferred by the time and day of the offence.
- Opportunities to provide consistent and coordinated training across agencies, including Police, local council staff and elected members and public health. Training in relation to prosecutions and appearing at appeals was highlighted.
- Importance of organisations supporting their alcohol related work. For example feedback from alcohol inspectors at the forums indicated that council chief executives were not aware of, or supporting, the important role of councils in reducing alcohol-related harm. LGNZ could play a role in addressing this.
- Continued development of resources, advice and sharing best practice across the various sectors.

- Opportunity to raise the issues raised and improvements suggested at the forums with senior management of government agencies responsible for the implementation of the Act.

## SUMMARY OF THEMES

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The Act is still fairly new, and those involved are still working through its detailed implementation. Some consistent, broad themes arose from the three forums. While the Act does not introduce a full range of measures to address alcohol-related harm (such as minimum pricing and reduced age of purchase), it does provide greater opportunities to address access and availability. Many aspects of the Act that have the potential to reduce alcohol-related harm through controlling access and availability have yet to be fully realised.

There is wide support for the object of the Act; however, there is concern that the wording of numerous clauses of the Act does not function to support this object. Those who administer the Act and Regulations find its wording difficult to follow and many sections confusing and unclear.

The introduction of default national maximum trading hours is seen as having a positive effect. Alcohol infringement notices are seen as a useful and efficient tool...

The requirement for the three regulatory agencies (Police, Licensing Inspectors, and Public Health Services) to collaborate is both positive and challenging. Collaboration is more established in some areas of the country than in others. While there have been improvements since the Act came in, more needs to be done to improve tri-agency monitoring and information-sharing. Agencies are still adapting to their new roles and responsibilities under the Act, and how these relate to one another. There are differing views across the country and in different sectors about the roles of statutory agencies. This raises a number of questions, including – are agencies neutral participants in the process or required to actively minimise alcohol-related harm?

Public health participants are particularly frustrated with the implementation of the Act. They feel that the object of the legislation is rooted in public health values and the need to protect and promote health. However, the role they play in administering and enforcing the Act has been challenged. Workload increases have also had a significant impact on public health's ability to achieve the desired outcomes.

National-level leadership is required to support the effective implementation of the Act. Coordination within and across sectors is important for sharing information and good practice, and addressing concerns with the layout and wording of the Act. This would be assisted by more formal mechanisms for networking and information-sharing regionally, nationally and within and across sectors. In many cases the Act has increased workloads for agencies (and the community), but there has not been an increase in resources to match this. This has created a strain for many working with the Act, and needs to be considered.

Gathering the evidence required under the Act is a challenge. The Act requires locally specific evidence of alcohol-related harm for the development of LAPs, and evidence of alcohol-related harm linked to specific premises for licence applications. There are significant differences of opinion about what constitutes such 'evidence'. Health practitioners are trained to rely on 'scientific' studies (usually national or international), while DLCs and ARLA are requiring 'local' evidence (what is seen and heard by individuals) to connect the scientific evidence to local situations. This local data, however, is often not collected or hasn't yet been presented.

While the Act provides more opportunities for community input to licensing decisions, there is a widespread view that the community voice has not been heard enough so far. Many challenges to community engagement in licensing processes remain – including an awareness of applications, an understanding of processes, and confidence in judicial processes. Expectations of greater community influence on the availability of alcohol at the local level have yet to be realised.

The process of developing, and defending, LAPs has been challenging, resource intensive and costly for many councils. Very few LAPs are in place: some councils have struggled to find good data; many provisional LAPs are held up in legal appeals; and others have been 'parked' until the outcomes of the many legal appeals are known. Given the current number of provisional LAPs under appeal to ARLA, it is likely to be many years before all appeals have been resolved and LAPs given effect. As a result there are few policy frameworks capturing community views to guide decision-making on licence applications.

Finally there is a challenge in the tension to seek consistency in agency and DLC practices throughout the country while responding to local community needs and realities.

## VARIATIONS

While many common themes emerged from the three forums, there were also some important differences.

### **Urban/Rural variations**

Urban and rural areas experience different challenges with the Act. Urban areas have many hundreds of premises to manage, very concentrated premises in busy central business districts and complex interactions between different premises types. However, they have greater numbers of staff to do so (although they feel not enough). The three regulatory agencies are usually based relatively close to one another in cities, so can more easily talk face to face.

Rural areas often have fewer premises to work with but also fewer staff. Staff in rural areas often juggle multiple roles and have limited time to dedicate to alcohol-related work. Agencies are not necessarily located in the same town, making it harder to meet face to face. Staff in rural areas must also cover large distances to visit and monitor licensed premises, requiring more resources and time.

As noted earlier, many urban DLCs are very busy while some rural DLCs have had no hearings yet and may be at risk of losing skills from their original training and their enthusiasm to continue.

## **Regional variations**

A number of variations emerged between the three forums and across different regions of the country. Collaboration among the statutory agencies varies both across and within regions. In some rural areas Medical Officers of Health and Police cover extensive geographical areas and span several territorial authorities. This presents challenges for collaboration, coordination and compliance.

Different DLC practices, interpretations of the Act, and evidential requirements are a source of concern to some. As noted in other parts of this report, there is no agreement about whether DLC decision-making should be 'consistent' across the country. While consistency is sought by some, others (particularly DLCs) argue that it is neither desirable nor possible.

While there are some common issues across the different sector groups, there are some variations in terms of priorities, as noted in Sector Presentations and Workshops section.

## **AREAS FOR ACTION**

The themes have been summarised into priority action areas:

- improving the legislation
- providing national leadership
- supporting and developing the workforce
- enhancing community capability
- gathering robust evidence
- developing and implementing LAPs.

## **NEXT STEPS**

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As forum convenors, both Alcohol Healthwatch and HPA have committed to ensuring that the issues identified through the three forums are taken forward, and to supporting work to address these issues by the appropriate agencies. Addressing the priorities will involve a wide range of agencies and groups. HPA and Alcohol Healthwatch will table this report with senior managers of the key agencies concerned with the effective operation of the Act and encourage and support them to develop responses to the issues identified. This includes the Ministries of Justice and Health, New Zealand Police, Local Government New Zealand, ACC and ARLA.

HPA and Alcohol Healthwatch will provide updates on responses to the issues raised at the forums and also work on better communications strategies to promote resources, share information and share best practice to support those working to implement the Act.



## Appendix 1 – Detailed agenda for the forums

Below is an annotated agenda for each of the three forums, detailing presenters, speakers and workshops.

	Auckland forum	Christchurch forum	Wellington forum
	<b>Chairperson: Rebecca Williams, Alcohol Healthwatch</b>		
9.30am	<b>Welcome/Introduction</b>		
	<ul style="list-style-type: none"> <li>– Rebecca Williams – Director, Alcohol Healthwatch</li> <li>– Andrew Hearn – General Manager – Policy, Research &amp; Advice, HPA</li> </ul>	<ul style="list-style-type: none"> <li>– Rebecca Williams – Director, Alcohol Healthwatch</li> <li>– Gilbert Taurua – Southern Region Manager, HPA</li> </ul>	<ul style="list-style-type: none"> <li>– Rebecca Williams – Director, Alcohol Healthwatch</li> <li>– Andrew Hearn – General Manager – Policy, Research &amp; Advice, HPA</li> </ul>
9.45am	<b>Presentations: Regional perspectives on the successes and challenges of SSAA 2012 and priorities moving forward</b>		
	<ul style="list-style-type: none"> <li>– Richard Hoskins (Medical Officer of Health, Auckland Regional Public Health Service)</li> <li>– Rob Abbott (Manager, Licensing &amp; Compliance, Auckland Council)</li> <li>– Gavin Campbell (Commissioner, Auckland DLC)</li> <li>– Lydia Sosene (Chairwoman, Mangere-Otahuhu Local Board)</li> <li>– Ross Barnaby (Relieving District Prevention Manager, Auckland City, Police)</li> </ul>	<ul style="list-style-type: none"> <li>– Dr Cheryl Brunton (Medical Officer of Health West Coast, Canterbury District Health Board [DHB])</li> <li>– Jen Mitchell (Liquor Licensing Inspector, Queenstown Lakes District Council)</li> <li>– Al Lawn (Commissioner, Selwyn, Ashburton, Christchurch DLC)</li> <li>– Jenny Smith (Community Representative)</li> <li>– Senior Sergeant Gordon Spite (Manager: Alcohol Harm Reduction, Police)</li> </ul>	<ul style="list-style-type: none"> <li>– Dr Stephen Palmer (Medical Officer of Health, Regional Public Health)</li> <li>– Tracy Waddington (Environmental Health Officer/Liquor Licensing Inspector, Tasman District Council)</li> <li>– Murray Clearwater (Chairperson/ Commissioner, Wellington, Taupo &amp; Tauranga DLCs)</li> <li>– Liz Johnstone and Petelo Alosio (Porirua Whānau Centre)</li> <li>– Senior Sergeant Mark Duncan (Manager: Alcohol Harm Reduction, Wellington district, Police)</li> </ul>
11.00am	<b>Morning tea</b>		
11.30am	<b>Workshop: Further discussion on successes and challenges of SSAA 2012 and priorities moving forward - by sector</b>		

	<b>Auckland forum</b>	<b>Christchurch forum</b>	<b>Wellington forum</b>
	<ul style="list-style-type: none"> <li>- Police</li> <li>- Health regulatory</li> <li>- Community and health promotion</li> <li>- Council alcohol inspectors</li> <li>- DLCs</li> </ul>	<ul style="list-style-type: none"> <li>- Police</li> <li>- Health regulatory</li> <li>- Community and health promotion</li> <li>- Council alcohol inspectors</li> <li>- DLCs</li> </ul>	<ul style="list-style-type: none"> <li>- Police</li> <li>- Health regulatory</li> <li>- Community and health promotion</li> <li>- Council alcohol inspectors</li> <li>- DLCs</li> <li>- Local government policy and research</li> </ul>
12.45pm	<b>Lunch</b>		
	<b>Chairperson: Andrew Hearn, HPA</b>		
1.45pm	<b>Panel – Local Alcohol Policies</b>		
	<i>Led by Cathy Bruce, HPA</i>	<i>Led by Amy Robinson, Alcohol Healthwatch</i>	<i>Led by Cathy Bruce, HPA</i>
	<ul style="list-style-type: none"> <li>- Graham Caradus (Environmental Health Coordinator, Tasman District Council)</li> <li>- Belinda Hansen (Principal Policy Analyst, Auckland Council)</li> <li>- Liz Davies (Policy and Planning Manager, Western Bay of Plenty District Council)</li> <li>- Dave Hookway (Health Promotion Advisor, Northland DHB)</li> <li>- Sergeant Jim Kernohan (Alcohol Harm Prevention Officer, Waikato District, Police)</li> <li>- Amy Robinson (Health Promotion Advisor, Alcohol Healthwatch)</li> </ul>	<ul style="list-style-type: none"> <li>- Graham Caradus (Environmental Health Coordinator, Tasman District Council)</li> <li>- Ruth Littlewood (Senior Policy Analyst, Strategy and Planning Group, Christchurch City Council)</li> <li>- Stuart Dodd (Alcohol Harm Minimisation Coordinator, Canterbury DHB)</li> <li>- Lynley Beckingsale (Corporate Projects Analyst, Policy &amp; Strategy, Waimakariri District Council)</li> <li>- Senior Sergeant Glenn Nalder (District Prosecution Manager, Canterbury Police Prosecution Service, Police)</li> <li>- Cathy Bruce (Principal Advisor Local Government, HPA)</li> </ul>	<ul style="list-style-type: none"> <li>- Graham Caradus (Environmental Health Coordinator, Tasman District Council)</li> <li>- Andrea Boston (Public Health Advisor, Regional Public Health)</li> <li>- Jaime Dyhrberg (Service Development and Improvement Manager, Community Networks, Wellington City Council)</li> <li>- Giselle Bareta (Central Region Manager, HPA)</li> <li>- Neven Hill (Manager Compliance Solutions, Rotorua Lakes Council)</li> <li>- Amy Robinson (Health Promotion Advisor, Alcohol Healthwatch)</li> </ul>
2.30pm	<b>Keynote presentation: ARLA’s view of the first year of SSAA 2012</b>		

	Auckland forum	Christchurch forum	Wellington forum
	Ms Judith Moorhead (member of ARLA)		
3.15pm	<b>National Panel – Q &amp; A</b>		
	<i>Led by Andrew Hearn, HPA</i>	<i>Led by Mark Lyne, HPA</i>	<i>Led by Mark Lyne, HPA</i>
	<ul style="list-style-type: none"> <li>– Anne Gibson (LGNZ)</li> <li>– Bill Unwin (Queenstown Lakes DLC)</li> <li>– Tony Mole (Chair, NZILLI)</li> <li>– Mark Buttar (National Manager Alcohol, Police)</li> <li>– Dawn Meertens (Chair, National Public Health Alcohol Working Group [NPHAWG])</li> <li>– Dr Keith Reid (Ministry of Health [MOH] Rep, NPHAWG)</li> <li>– Judith Moorhead (Member, ARLA)</li> </ul>	<ul style="list-style-type: none"> <li>– Anne Gibson (LGNZ)</li> <li>– Tony Mole (Chair, NZILLI)</li> <li>– Mark Buttar (National Manager Alcohol, Police)</li> <li>– Dawn Meertens (Chair, NPHAWG)</li> <li>– Dr Keith Reid (MOH Rep, NPHAWG)</li> <li>– Dr Andrew Hearn (General Manager Policy, Research and Advice, HPA)</li> <li>– Judith Moorhead (Member, ARLA)</li> </ul>	<ul style="list-style-type: none"> <li>– Cathy Bruce (Principal Advisor Local Government, HPA)</li> <li>– Tony Mole (Chair, NZILLI)</li> <li>– Mark Buttar (National Manager Alcohol, Police)</li> <li>– Dawn Meertens (Chair, NPHAWG)</li> <li>– Dr Keith Reid (MOH Rep, on NPHAWG)</li> <li>– Dr Andrew Hearn (General Manager Policy, Research and Advice, HPA)</li> <li>– Judith Moorhead (Member, ARLA)</li> </ul>
4.00pm	<b>Conclusions and what next?</b>		
	Rebecca Williams – Director, Alcohol Healthwatch		
4.15pm	Close		

## Appendix 2 – Sector summaries: what improvements can we make?

Police	DLCs	Public health regulatory	Council alcohol inspectors	Community and health promotion	Local government policy and research
<ul style="list-style-type: none"> <li>➤ Amend the Act and Regulations to improve clarity</li> <li>➤ Improve knowledge/ training for Police staff (including for non-alcohol staff)</li> <li>➤ Provide greater support and recognition of staff working in specialist alcohol role</li> <li>➤ Extend AIONs to cover ‘no manager on duty’</li> <li>➤ Collect AION information in National Intelligence Application</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide training for DLCs on: the Act; writing decisions; evidence etc</li> <li>➤ Train more members to be commissioners to build capacity</li> <li>➤ Provide regular regional and national networking and information-sharing at gatherings and through e-platforms</li> <li>➤ Monitor workload and hours of commissioners and members</li> <li>➤ Communicate to the community about applications and how the process works</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide national coordination and leadership across the public health sector</li> <li>➤ Increase resourcing and legal expertise to support public health input into process</li> <li>➤ Support greater public education around processes and participation</li> <li>➤ Work with researchers, the Ministry of Health, DHBs and DLCs to get better data to support reports</li> </ul>	<ul style="list-style-type: none"> <li>➤ Amend the Act and Regulations to improve clarity</li> <li>➤ Increase resources to match workload for inspectors (using annual returns required under the Regulations to justify need)</li> <li>➤ Provide support for licensing inspector role within council</li> <li>➤ Improve the evidence provided by partner agencies</li> <li>➤ Seek more direction from ARLA eg, practice notes, FAQs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Support greater public education around processes and participation</li> <li>➤ Support community to get good local evidence and participate in process</li> <li>➤ Share information across health promotion and community</li> <li>➤ Extend the notification period</li> <li>➤ Seek more flexible DLC hearings processes and ‘evidence’ (eg, to allow for local stories)</li> <li>➤ Identify and agree key priorities for sector – best use of resources</li> <li>➤ Address social supply to minors</li> </ul>	<ul style="list-style-type: none"> <li>➤ Use local surveys, collection methods, to gather local info</li> <li>➤ Get agencies to gather data that is ‘fit for purpose’ (ie, demonstrates local alcohol-related harm)</li> <li>➤ Identify how to best use the available data</li> <li>➤ Encourage ‘peer-to-peer’ work with elected members and between councils</li> <li>➤ Educate elected members and communities on processes</li> <li>➤ Provide training for policy advisors on giving evidence at judicial processes</li> <li>➤ Work with district planners on LAP</li> </ul>

## Appendix 3 – Summary of priorities from sector workshops - Auckland

### ***What's working?***

- ✓ Nationwide maximum default hours
- ✓ Decrease in alcohol-related violence around licensed premises around/after closing
- ✓ Faster processing of opposed applications
- ✓ Amenity and good order provisions
- ✓ High public profile of alcohol issues
- ✓ The potential role of the Medical Officer of Health
- ✓ Improvements in agency reporting
- ✓ Communities are more involved
- ✓ Collaboration between the regulatory agencies
- ✓ Supporting legislation

### ***What are the challenges?***

- × Conflicting views on evidence
- × Linking harm to premises
- × Providing the right data at hearings
- × Collaboration between the regulatory agencies
- × Communities are not being heard, constraints on communities not recognised
- × Community objections are not effective
- × Agency reporting to DLCs
- × The layout and wording of the legislation
- × Resourcing and capacity
- × Timing of agency reports
- × Lack of consistency across DLCs
- × Addressing density of premises

### ***What improvements can we make?***

- Encourage collaboration between statutory agencies
- Support community education
- Promote the role of the Medical Officer of Health
- Build capacity and capability and address resourcing constraints
- Provide national leadership
- Identify improvements to the legislation
- Provide opportunities to share best practice
- Clarify the roles of statutory agencies
- Identify good data sources and data-gathering methods

## Appendix 4 – Summary of priorities from sector workshops – Christchurch

### ***What's working?***

- ✓ Tri-agency monitoring and compliance is working in Christchurch
- ✓ Efficiency of DLC hearings
- ✓ Specials – role of public health in specials, especially for large events and parties
- ✓ Collaboration in communities
- ✓ Canterbury Alcohol Harm Minimisation Strategy
- ✓ Collaboration across agencies
- ✓ Regular meetings of DLCs (and across DLCs)

### ***What are the challenges?***

- × Tri-agency monitoring and compliance is not working in rural areas due to multiple roles held by staff, large areas, and different locations of staff
- × Drafting of the Act – lack of clarity, conflicting sections
- × Medical Officer of Health reporting – where does the report go? Does public health get the decisions, what is the feedback loop?
- × Lack of community education around the Act, the role of councils, local boards etc
- × Need for, and cost of, legal advice
- × Lack of community empowerment
- × Cross-examination processes (particularly for community)

### ***What improvements can we make?***

- Recognise that alcohol is a key driver of crime and the important role of alcohol work within Police
- Amendments to SSAA and the Regulations to clarify meanings and streamline processes
- More resources for public health, particularly for legal opinions
- Address youth access and social supply
- Address density, not just within the LAP
- Extend the 15-day timeframe which is challenging for participants, especially community
- Work on parental consent
- Identify local data and evidence
- Training for DLCs
- Collaboration across agencies

## Appendix 5 – Summary of priorities from sector workshops - Wellington

### ***What's working?***

- ✓ Faster licensing process
- ✓ Involvement of Medical Officer of Health in all licence types
- ✓ Better level of community awareness around alcohol-related harm
- ✓ Improved working relationships between agencies
- ✓ DLCs have good local knowledge and are pragmatic
- ✓ Cost recovery; fees more aligned with costs
- ✓ Transparency of process

### ***What are the challenges?***

- × Lack of clarity in agency roles, especially with tri-agency monitoring
- × The Act and the Regulations are complex and ambiguous
- × Lack of central coordination and leadership around alcohol within the Ministry of Health (no specific unit is responsible)
- × The community is not becoming informed about applications and processes
- × Need for robust evidence to be presented to DLCs
- × DLCs need support and training
- × Demands on agencies and communities to provide the type and level of evidence required by the Act and DLCs

### ***What improvements can we make?***

- Improve knowledge of, and training around, SSAA, alcohol-related harm, and the role of Police, across the Police
- More direction, legal interpretation will come from ARLA decisions
- Better coordination for public health by the Ministry of Health
- Improve consistency of data gathered
- Longer notification timeframes
- Educate the community about the process eg, templates, support, let them know they can put in 'place holder' written submissions
- Sharing significant decisions, legal advice and discussion on an IT platform for DLCs
- Provide training for local government policy advisors on giving evidence at LAP hearings

## Appendix 6 – Summary of forum evaluations

Question	Rated top two on five-point scale		
	Auckland	Christchurch	Wellington
Overall how useful did you find this forum?	80%	98%	82%
How well do you consider the forum contributed to gaining a better understanding of how well SSAA12 is working overall?	76%	81%	65%
How well do you consider the forum contributed to identifying successes and best practice?	75%	78%	68%
How well do you consider the forum contributed to identifying the challenges posed by implementing SSAA12?	89%	85%	87%
How well do you consider the forum contributed to identifying what could be done to improve the implementation of SSAA12?	69%	79%	64%
How well do you consider the forum contributed to sharing information and knowledge?	77%	83%	81%
How well do you consider the forum contributed to understanding the roles and contribution of others?	76%	79%	78%
How well do you consider the forum contributed to networking and building relationships?	74%	89%	76%



## What did you find most useful about the forum?

Auckland	Christchurch	Wellington
<ul style="list-style-type: none"> <li>➤ Morning presentations</li> <li>➤ Networking</li> <li>➤ LAP panel</li> <li>➤ Workshops</li> <li>➤ Ms Moorhead's presentation</li> <li>➤ Hearing different perspectives of those involved in implementing SSAA12</li> <li>➤ Sharing views and information between partner agencies/discussion of how we move on from here</li> <li>➤ Hearing from all speakers</li> <li>➤ Identifying challenges through others' eyes</li> </ul>	<ul style="list-style-type: none"> <li>➤ Morning presentations</li> <li>➤ Networking</li> <li>➤ LAP panel</li> <li>➤ Workshops</li> <li>➤ Realising that we all have the same battles Very similar discussions/ideas (sharing issues faced)</li> <li>➤ Hearing from a range of organisations involved in alcohol work</li> <li>➤ Opportunity to talk about legislation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Morning presentations</li> <li>➤ Networking</li> <li>➤ LAP panel</li> <li>➤ Workshops</li> <li>➤ Ms Moorhead's presentation</li> </ul>

How would you rate the following?	Rated top two on five-point scale		
	Auckland	Christchurch	Wellington
Range of speakers/panel members	90%	95%	92%
Programme	82%	93%	85%