

Local Alcohol Policies under the Sale and Supply of Alcohol Act 2012

Early Experience with Six Local
Alcohol Policies

March 2018

Comments

The Health Promotion Agency (HPA) commissioned UMR to undertake this research as part of a HPA alcohol research investment round. This research was undertaken in 2015 and used a Case Study approach to examine the early views and experiences of six local government regions implementing Local Alcohol Policies under the Sale and Supply of Alcohol Act 2012. The approach used qualitative methods (key informant interviews and focus groups) with a range of participants within each region, including local government representatives, officials from Health and Police, local industry representatives and the local community. The findings reflect the views and experiences of the participants at the time of the research. The HPA commission was managed by Craig Gordon, Senior Researcher, HPA.

Feedback has been provided on drafts of this report from HPA. This report has not undergone external peer review.

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This research has been carried out by an independent party under contract to HPA. The views, observations and analysis expressed in this report are those of the authors (UMR) and are not to be attributed to HPA.

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For further information on the report contact HPA at enquires@hpa.org.nz

Health Promotion Agency
PO Box 2142
Wellington 6140
New Zealand

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We thank participants for their input and the time given to meeting with the researchers.

We would especially like to thank community members for their participation; some met researchers in their own time and all worked diligently and sometimes thanklessly to improve their communities and the lives of people living in it.

Caveat

This research was qualitative and the findings are therefore restricted to the views and experiences of those who participated, and which may not be representative of the wider population.

It should be noted that while qualitative research can be used to identify a range of issues and assess the intensity with which views are held, quantitative research is necessary to establish with certainty the extent to which views expressed are held throughout the wider population.

The reader should also be aware that the TAs chosen for the Case Studies had embraced the LAP process; one already had their LAP in force, a couple were very close, while the remainder had done a considerable amount of work developing a draft LAP (DLAP). At the outset, they were motivated and positive with regards to the potential benefits a LAP might have for their communities.

These TAs were, in effect, testing the Act and the LAP process and their experiences and views - both negative and positive - may differ from TAs who were slower to embark on the LAP process and whose journeys may have been influenced by those TAs who had gone before them.

Disclaimer

Except where specifically stated, we did not seek independent evidence to establish the reliability of information presented to us. However, we have reviewed the information and sought explanations for key and salient features identified by us. We have also satisfied ourselves as far as possible that the information presented to us is consistent with other information available to us.

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Executive summary

Background

In December 2012, a new law regulating the sale, supply and consumption of alcohol came into force. This was in response to the Law Commission's 2009 - 2010 review of the previous alcohol legislation. The Sale and Supply of Alcohol Act 2012 ('the Act') aims to improve New Zealand's drinking culture and reduce the harm caused by excessive drinking.

This research explores two components of the Act:

- The development of Local Alcohol Policies (LAPs) relating to the sale, supply, or consumption of alcohol.
- The role of District Licensing Committees (DLCs), working within the parameters of the Act and LAPs.

Territorial Authorities (TAs) have different obligations under the Act for the two components.¹ TAs may develop LAPs at their discretion but they must appoint one or more DLCs for the district. TAs are also responsible for gathering community input into local decisions related to the sale and supply of alcohol.

Research overview and objectives

This research focuses on the first year of implementation of LAPs and operation of the DLCs. The research has been carried out in two stages.

- Stage one consisted of interviews with participants from national industry and government bodies.
- Stage two takes a Case Study approach to examine the implementation of the LAPs and the operation of the DLCs in relation to LAPs, in six TAs.

This report marks the end of the second stage of the research and summarises the main findings from interviews and group discussions with stakeholders from six TAs nationwide.

The primary aim of this study was to examine the experiences of local government with the Sale and Supply of Alcohol Act (the Act), which came fully into force on 18 December 2013. This study also sought to provide insight into and assessment of the impacts and effects of the Act on community involvement through TAs.

The key questions for the research were to understand TAs and wider stakeholders' experiences of what is working well and not working well in relation to:

- Developing and implementing alcohol policy.
- Working with the Act, including the LAP development process.

¹ TAs include city and district councils and are sometimes referred to as 'councils' in this report.

- Working with community organisations, local industry and other regulatory partners.
- The DLC process.

An important outcome of the research will be enhanced understanding of how the sector is responding to and interacting with the Act.

Design, settings and participants

To gain a comprehensive picture of how the Act impacted communities and TAs around the country, six New Zealand communities were selected for this research, representing urban, provincial and rural New Zealand areas. These were defined as follows:

- Two from Metropolitan areas (population of more than 90,000 residents).
- Two from Provincial areas (population between 20,000 and 90,000 residents).
- Two from Rural areas (population fewer than 20,000 residents).

Some TAs included both smaller (rural) and larger (provincial) towns. The locations involved in this research may be unrepresentative of TAs involved with LAPs in that they chose to develop a LAP early on and so participants' experiences and views may differ from TAs who chose to develop a LAP later.

Key informant interviews and focus groups were used to collect data from a range of participants including local government, Public Health, Police and local industry representatives.² Also included were members of the public - described in this report as either: 'community participants' i.e. individuals or members of organisations who had contributed to the development of the Local Alcohol Policies (LAP) as part of the consultation process; and 'general public participants' who were recruited based on not being interested or involved in local politics or issues and who had not contributed to the development of the LAP. These latter participants were included to ascertain the perceptions and viewpoints about the Act, and experiences and knowledge of the consultation process, among the lay public.

Analysis

Key informant interviews and focus group discussions were thematically analysed i.e. transcribed interviews were analysed to identify meaningful patterns, common themes and phrases around specific topics in the research. These were then sorted and categorised into key themes, sub-themes and conclusions which have been summarised and described within the main chapters (and sub-chapters) in the body of this report.

The reporting provides findings and conclusions identified across the six Case Studies. The report does not provide a detailed commentary on the experiences of individual TAs.

² Local industry representatives excluded those who were part of a national chain and whose views were represented at a national level. Key national-level stakeholders were interviewed in Stage One.

Summary of main findings

Overview

At the time this research was undertaken (2015), staff in regulatory agencies were in the main confident that the new Act will enable LAPs that reflect and address the needs/concerns of the community. This optimism was reinforced by limited early signs of change and success.³

Development of LAPs

❖ LAPs are a potentially important vehicle to address alcohol-related harm at a local and community level

Regulatory partners (Police and Public Health) are strong advocates of TAs decisions to develop a LAP, based on their confidence that LAPs will help to reduce alcohol-related harm in their communities.

Regulatory agencies believed that LAPs are 'owned' by the local community and offer an opportunity for them to provide input. And that LAPs have the potential to encourage collaboration, provide an opportunity to align policy with what is already happening in the district and provide impetus to review and implement an alcohol strategy.

❖ Joint LAPs are working well

Regulatory agencies agreed that joint LAPs are challenging and time consuming to develop, but guaranteed a more robust process and greater consistency for industry and of licensing and trading hours throughout a region.⁴

❖ DLCs are improving decision making

The establishment of DLCs is regarded by regulatory agencies as an important democratic process that has improved decision making for assessing licensing applications and granting liquor licences.

❖ There was strong support for the goal of independent decision making of DLCs and for separating licensing from TAs

Regulatory authorities approved of the more rigorous, transparent and fair process since the introduction of the Act, which they felt was raising the standards of licence applications. Including a community perspective was welcomed by nearly all participants, though many were disappointed that the community 'voice' has yet to reach its full potential.

Maintaining DLCs separation from TAs was regarded by many participants as the ideal scenario as it guaranteed autonomy. Nevertheless, most participants (excluding some local industry) trusted DLC members to make 'good' decisions, regardless of their affiliation with the TA.

Implementation of the Act has involved a steep learning curve for DLC members, though issues are being ironed out as DLC members become more experienced. Different procedures and

³ TAs in this research had chosen to develop a LAP early on and their experiences and views may differ from TAs who chose to develop a LAP later.

⁴ Two or more territorial authorities may adopt a single Local Alcohol Policy for their districts.

decision making processes regarding the establishment of DLCs between TAs sometimes creates difficulties for Health and Police.

❖ Appeals are an important part of the democratic process, but they are an expensive and time-consuming responsibility for TAs

Participants acknowledged the purpose and importance of appeals and their legitimate role in the democratic process. However, appeals were burdensome for TAs who may be tempted to 'water down' their LAPs to avoid appeals or to shelve them if there is little chance of defending an appeal.

Delays to hear appeals are most frustrating for TAs, but the learning and case law from them is starting to clarify the intent of the Act and provide benchmarks for evidence gathering, submissions, policy development and decision making at earlier stages in the LAP process.

Going forward, the outcomes of upcoming appeals and resulting case law may impact on TAs' decisions to proceed (or not) with appeals.

Factors impacting on actions and decision making

❖ There is inconsistent understanding of the purpose and potential impacts of the Act across TAs

Individual TAs possessed a mix of knowledge regarding the Act. Some were very knowledgeable and experienced and some less so, which meant their interpretation and application of the Act was inconsistent.

All respondents agreed that the Act specifies and defines alcohol-related harm, gives TAs more control over licensing decisions, provides protection and a voice to the community, and is another tool for Police to manage offending and antisocial behaviours.

Police and health participants, who spanned multiple TAs, stated that more guidance managing differing procedures and expectations early on would have helped them.

❖ The Act may be well timed to capitalise on a shift in attitudes towards alcohol-related harm

Findings from this small qualitative study suggested that attitudes toward and experience of alcohol-related harm in New Zealand communities are generally negative and, in some quarters, there may be a lower tolerance of alcohol's negative impacts on society.

❖ The narrow focus of the Act is most disappointing for PHU staff and community members

Participants, especially Public Health Unit (PHU) staff and community members, expressed disappointment that the Act focuses heavily on sale and supply and does not address the range of issues it could have done e.g. advertising or raising the drinking age. They were frustrated that the legislation did not address contentious issues such as pricing and expressed concern that any impacts will be minimal.

❖ Education and an increased sense of personal responsibility may also be required to affect behaviour change in the longer term

Respondents felt that restrictions around the sale and supply of alcohol, combined with the introduction of DLCs and a greater emphasis on local and community input and decision making, will go some way to curbing alcohol excesses. However, they expressed doubt that these would be sufficient to create significant change. While not a focus of this research, local industry and general public participants were keen to explain that, in their view, laws and policies will have limited impact, and that there needs to be a greater focus on behaviour change and personal, social and community responsibility.

❖ Good decision making is helped by good relationships and communication

Strong and mutually respectful relationships were important in the LAP development process. Respect for each other's roles and responsibilities, and open and transparent lines of communication that ensured there were 'no surprises' resulted in a shared vision and understanding.

Relationships and understanding among the regulatory agencies is strengthening over time. Licensing inspectors and Police reported having more conversations with existing and potential licensees, and said they were helping to educate them about what is required under the new legislation. Public Health and Police staff both noted positive developments. These included improved licensing (and special licence) procedures, wider and broader definitions and greater weight to health issues for DLCs when assessing licensing applications.

A range of factors have contributed to poor relationships. Some relationships were damaged due to conflicting understanding of stakeholders' (and regulatory agencies') roles and responsibilities or exclusion of key stakeholders (on purpose or inadvertently) at key stages. Sometimes policy development had failed to adequately consider stakeholders' input and suggestions, while misaligned expectations of what can be achieved through a LAP, and/or the rationale for the LAP driven by objectives other than minimising harm, also caused problems.

Critical for cohesive and trusted LAP development is consistent and timely **communication** and information. This can be challenging when there are multiple parties, across multiple sites, with diverse interests and opinions.

Reliable information from an agreed and trusted central dissemination point is important to ensure that all partners had a shared understanding.

❖ Political structure and climate has impacted on LAP development at a local level

In TAs where reducing alcohol-related harm has been made a priority, policy staff and elected members present a united, cohesive front and they are strongly engaged and supportive of the Act. Despite this, there are sometimes competing demands and priorities that can cause tension.

❖ The social and political environment can impact on how choices and decisions are made

Elected members' loyalties are to voters, and they have wide and varied priorities that do not always neatly align with the Act. Supporting and informing elected members about the Act helps to cultivate better relationships and more expedient and robust decision making.

Policy staff were responsible for ensuring elected members understood the Act and its impacts at a local level, that they were engaged and supportive of its aims and fully informed and consulted.

❖ There is support for the redistribution of power endorsed by the Act

This is a period of change, but a cultural shift is helping regulatory agencies to recognise and respect each other's changing roles and responsibilities.

There has been limited community engagement to date but, longer term, community members and regulatory agencies agree there is the potential for a more mobilised and cohesive community perspective in future.

Evidence gathering and community input

❖ Community consultation is a key component of LAP development

Community consultation was an important tool to establish the breadth of views in a community, and provided a way for all voices to be heard, thereby helping shape a balanced and inclusive policy that respected and addressed diverse community viewpoints.

Well-managed community consultation was an important part of the democratic process and one that all TAs should be encouraged and supported to deliver. The community was generally well consulted, but research findings indicated that the general public was difficult to engage unless they are directly affected.

Local industry representatives welcomed a fair and transparent consultation process, but feared their voices could be drowned out by a larger community presence.

❖ Evidence must be relevant, local and defensible

Good evidence is crucial to ensure policies are based on issues (not assumptions) and so that decisions can be substantiated. Participants who have had evidence rejected at an appeal find this frustrating and more guidance is required to ensure participants in the LAP process can understand what evidence is required and what will best support their LAP.

Impacts and (early) outcomes of the Act

❖ Overall

Early signs of change and success have given TAs a reason to be optimistic going forward.

This has been helped by improved licensing decision making as DLCs have become more practiced and experienced in their role.

Where regulatory agency relationships have been strained due to strong opposing opinions, these are now recovering as parties communicate and build mutual understanding and respect.

Relationships between local industry and licensing inspectors were generally working well, but the relationships between local industry and Police were inconsistent; some enjoyed good and supportive relationships while others were more challenging.

❖ Impacts on resourcing

LAPs are resource intensive and require significant time, money and personnel. Implementation of the Act and the development of LAPs has considerably stretched participants' resources and impacted on choices for evidence gathering and community consultation. Because of the introduction of the Act, PHUs reported that they are managing an increased workload with limited support from the Ministry of Health.

Developing and appealing LAPs was resource intensive for TAs and has impacted on how rigorously they approached evidence gathering and community consultation. Budget constraints also determined whether TAs choose to defend future appeals.

❖ Impacts for general public, community and industry stakeholders

Feedback from general public and community respondents suggest that impacts of the Act have been negligible so far.

Industry participants, and more so on-licence holders, believe they are responsible hosts already. They express doubts that future restrictions imposed by LAPs (e.g. trading hours and one-way door policies) will further reduce alcohol-related harm. However, they welcome initiatives which support and recognise good practice and which have the potential to suspend licences to poor operators.

Reduced patronage and income can be an impact for local industry, who was disappointed the Act has not placed greater emphasis on personal responsibility.

Unintended consequences

The following unintended consequences of the implementation of the Act so far were identified by participants:

- The number of LAPs that are being appealed was not entirely unexpected by regulatory agencies, but they created extra work for the individuals involved and slowed down the LAP process.
- Developing and defending LAPs has stretched TAs' resources.
- And the lengthy appeal process has meant that DLCs are deferring to national default hours, which has exposed TAs to criticism from stakeholders, when new licences are granted.
- A view held by nearly all participants was that supermarkets have taken a *hard-nosed* approach and have pushed back on some of the restrictions that were outlined in the LAPs that deviate from the default hours. Some local industry representatives expressed anger that supermarkets appeared to have been given special trading concessions, such as not complying with single area display and advertising regulations.
- Conflicting and inconsistent DLC decisions have been confusing for industry representatives and difficult for retailers and regulatory agencies (Police and PHUs) that span multiple TAs.

- A few on-licence local industry stakeholders have been angered by what they perceive as unnecessarily harsh and inconsistent Police practices. For example, a regular heavy police presence in premises with no previous history of illegal activity or trouble.

Introduction

2.1 Background to the Sale and Supply of Alcohol Act 2012

In December 2012 Parliament passed new laws regulating the sale, supply and consumption of alcohol. The law changes were the Government's response to the Law Commission's 2009/10 review of alcohol legislation and subsequent report - *Alcohol in Our Lives: Curbing the Harm*.⁵

The object of the Act is, *"The sale, supply and consumption of alcohol should be undertaken safely and responsibly and the harm caused by the excessive or inappropriate consumption of alcohol should be minimised"*.

The new laws, which replaced the 1989 Sale of Liquor Act, took effect in stages and came into full force on 18 December 2013, with the aim of improving New Zealand's drinking culture and minimising the harm caused by excessive drinking.

Key features of the new laws included:

- Increasing the ability of communities to have a say on local alcohol licensing matters.
- Allowing local level decision making for all licence applications.
- Requiring express consent of a parent or guardian before supplying alcohol to a minor.
- Requiring anyone who supplies alcohol to under 18-year-olds to do so responsibly.
- Strengthening the rules around the types of stores eligible to sell alcohol.
- Introducing maximum default trading hours for licensed premises.

The Act established national maximum hours for off-licences and on-licences (i.e. 7am - 11pm and 8am - 4am respectively); a change from up to 24-hour licensing prior to the new Act. In addition, there were changes to eligibility for those able to sell alcohol, with dairies and convenience stores no longer permitted to sell alcohol. DLCs were to be established that were independent of TAs and new licensing criteria established.

A key part of the new Act was that it allowed TAs to work in consultation with its communities to develop LAPs that governed the sale and supply of alcohol in its area. Once in place licensing bodies needed to consider the policy when making decisions on-licence applications. LAPs are optional and TAs are not required to develop one.

⁵ <http://www.alcoholaction.co.nz/wp-content/uploads/Law-Commission-Report.pdf>

If a TA decided to embark on developing a LAP, they are required to:⁶

1. Develop a draft LAP (DLAP) in consultation with Police, licensing inspectors and Medical Officers of Health.
2. Consult the community on the draft policy using the special consultative procedure in Section 83 of the Local Government Act 2002.⁷
3. Prepare a provisional policy based on the consultation feedback.
4. Give public notice of the provisional policy (PLAP). The LAP can be appealed at this stage.
5. Adopt the provisional policy. A provisional policy becomes final 30 days after it is publicly notified (or after appeals are resolved).
6. Give public notice of the LAP's adoption and the date it will come into effect (as determined by TA resolution).

The Act was expected to enable more community involvement through the development of the LAP. In addition, the Act has ramifications for TAs in how they include community input into local alcohol licensing decisions.

One of the aims of the Act is to improve community involvement into local alcohol licensing decisions through:

- Expanded licence criteria and grounds for objections.
- The ability to develop LAPs with legal standing.

Another key aim of the alcohol reforms is to give communities more control over the sale and supply of alcohol in their area. The Act and its related amendments contain a range of measures that allow:

- Participation in decision making by having elected members and community members decide most licence and managers certificate applications.
- Objection to licence applications on more grounds.
- Introduction of legally enforceable LAPs.

This research explores two components of the Act:

- The development of Local Alcohol Policies (LAP) relating to the sale, supply, or consumption of alcohol.
- The role of District Licensing Committees (DLC), working within the parameters of the Act and LAPs.

⁶ <http://www.justice.govt.nz/justice-sector-policy/key-initiatives/sale-and-supply-of-alcohol/community-involvement/local-alcohol-policies/#developing>

⁷ <http://www.legislation.govt.nz/act/public/2002/0084/latest/whole.html>

Objectives and methodology

3.1 Objectives

This research explored the effect of the Act on TAs and the involvement of local communities in decision making to develop LAPs. This research focused on the early impacts of the Act i.e. during the first 12-18 months of the Act becoming law.

Specifically, this research:

- Explored the impact of the Act on TAs and identified the ways in which they are addressing the requirements of the Act.
- Identified unintended consequences of the Act.
- Assessed the development of LAPs, albeit from a qualitative perspective.

The research was less successful in:

- Assessing the quality and influence of LAPs. The timing of the research meant it was still too soon for TAs (and other key stakeholders) to have collected the data necessary to assess quality and influence of their LAP. Just one Case Study TA had their LAP ratified at the time of the research.
- Exploring the level of community input into local alcohol licensing decisions and impact on sale and supply. While the research does provide some qualitative and contextual understanding of the barriers and enablers to community input, the qualitative methodology and timing of the research meant it was too early to assess how this impacted on sale and supply.

3.2 Methodology

For this research, we were looking to conduct six Case Studies and to examine both similarities and differences through a comparative Case Study approach. This report draws together the key findings and lessons from all six Case Studies to tell a story about how something exists within a real context through carefully examining an instance or situation. The objective is to recount real-life situations and describe these real-life situations/scenarios within the context of these events, the people and the factors that influence them.

A key objective of the approach is the development of illustrative Case Study examples that help to identify areas of best practice and success but which also help identify opportunities for improvement going forward.

A key outcome of the approach is one of teaching and learning as the Act is in transition and there is much to learn for TAs around community engagement and the development of LAPs that withstand legal challenges.

3.3 Research design

The research adopted a range of qualitative tools including individual and paired stakeholder interviews and focus group interviews with general public participants.

The research was organised into three key stages.

Stage one: Workshop with HPA and UMR personnel

The purpose of this stage was to develop an agreed outcomes framework that informed the subsequent stages of the research and provided a level of confidence that the specifications, research questions and approach addressed the overall research objectives.

An outcomes framework is a resource to help link what organisations or individuals do (activities) with what they want to achieve (outcomes). Frameworks can be used to improve planning and delivery to maximise the likelihood of success and to develop a clear vision of the links between activities and outcomes. For this research, the outcomes framework sought to define the activities required to achieve the service outcomes, benefits, intermediate and overarching strategic outcomes described in the Act.

The draft outcome framework developed for the stakeholder (national representatives) depth interviews in Stage Two and an updated version, incorporating their feedback, are appended to this document (Appendix 7.1 and 7.2).

The key research questions were to establish if and to what extent the intermediate and overarching strategic outcomes of the Act were being achieved. Specifically, to understand TAs and wider stakeholders' experiences of what is working well and not working well in relation to:

- Developing and implementing alcohol policy.
- Working with the Act, including the LAP development process.
- Working with community organisations, local industry and other regulatory partners.
- The DLC process.

Stage two: Interviews with key stakeholders (national representatives)

Ten interviews were conducted with national-level stakeholders and included four government (local and central) and six industry representatives:

- Government (Local and Central); Ministry of Justice, New Zealand Police, Ministry of Health (Medical Officer of Health) and Local Government NZ (x2).
- Industry; Lion Breweries, DB Breweries, Progressive Enterprises (x2), Distilled Spirits Association (x2), Retailers Association and Hospitality New Zealand.

The main objectives of the interviews were to:

- Provide context and identify areas to be followed up in the Case Studies.
- Explore with key stakeholders their role prior to and during the implementation phase.

- Gain their impressions of what was working well and what was not working well with the Act.
- Identify any unintended consequences of the Act.

The purpose of this stage was to identify the key themes about how well the implementation of the Act is working and what could be improved. A summary of the main findings from the national stakeholder interviews are attached in Appendix 7.3. These key themes informed the question-lines for the Case Studies and influenced the design of Stage three in respect of confirming Case Study specifications.

Stage three: Case Studies with a range of regulatory agency and community participants ⁸

Six Case Studies were used to assess perceptions about the impact of the Act and identify examples of best practice and areas where improvement is needed. Case Studies were used to investigate TAs' responses to the development of LAPs. Six communities were selected for in-depth investigation.

Each Case Study included depth interviews (paired and/or one on one) and one or more focus group/s. Focus groups are group discussions of around six to eight participants and can be defined as group interviewing which is *"... limited to those situations where the assembled group is small enough to permit genuine discussion among all its members"* (Smith, 1954, p.59 cited in Stewart & Shamdasani, 1990, p.10).⁹

The dynamics of a group discussion means that participants are encouraged to share ideas and respond to each other's questions. This is a particularly powerful tool of group research as participants play a part in formulating the research questions. This open questioning by participants' means topics can sometimes be explored in ways that may not have been thought of prior to the study commencing. This helps to ensure that the research uncovers a full range of topics on this issue.

Focus groups were chosen as the most appropriate methodology to capture the views of members of the general public who had limited experience or knowledge of the topic area and for whom the group dynamic helped to simulate and advance the discussion.

A depth interview is a loosely structured interview. It allows freedom for both the interviewer and the interviewee to explore additional points and change direction, if necessary. Depth interviews offer the opportunity to capture rich, descriptive data about people's behaviours, attitudes and perceptions, and unfolding complex processes.

Depth interviews were chosen as the most appropriate methodology to capture the views and experiences of individuals who might not wish to openly share these with a wider audience, who had detailed information to impart or who were geographically scattered.

3.3.1 Case Study specifications

The six Case Studies were selected to reflect a range of metropolitan, provincial and rural locations and a mix of models of LAP development i.e. individual TA response and those where three TAs

⁸ Regulatory agency participants include TA, NZ Police and Public Health Units (PHUs) personnel

⁹ Stewart and Shamdasani, Focus Groups Theory and Practice, Applied Social Research Methods Series, Volume 20, (1990)

joined together to develop their LAP. Both North and South Island TAs were included in the design.

Our objective was to ensure that we had diverse communities that would provide insight into the development experience of LAPs; what has worked well and what could have been done differently and to identify key learning for the future.

Note: We acknowledge that the locations identified for this research may be unrepresentative at a New Zealand nationwide level in that they chose to develop a LAP early on and so participants' experiences and views may differ from TAs who chose to develop a LAP later.

The table below provides an overview of the range and number of participants included across the six Case Studies and the methodologies used.

COMMUNITY OF INTEREST		PARTICIPANTS
Primary criteria	Participants	Methodology and number of participants
2 x Metropolitan areas 2 x Rural areas 2 x Provincial areas 2 x Joint LAP Process	TA personnel (including policy, environmental and licensing staff and Licensing Inspectors) DLC Chairs Licensing Trust NZ Police Public Health Units (PHUs)/ Medical Officers of Health Local industry representatives Community members General public	16 x depth and 2 x paired depth interviews 6 x depth interviews 1 x depth interview 7 x depth interviews 7 x depths and 1 paired depth interview 1 x mini group Depth interviews with 3 x café, 8 x bar, 2 x bottle store and 1 x convenience store managers/ owners 12 x depth interviews 1 x mini group 6 x focus groups
Table One: Case Study participants		

Notes

- TA respondents included staff from city and district councils.
- The term 'TA participants' is used throughout this report to describe findings that were consistent across **all TA participants**; including policy, licensing, environmental and DLC members. The text specifies where participants' views differed.
- Similarly, the term 'community' is used throughout this report to describe findings or viewpoints that were consistent across general public **and** community participants. Where findings differed, sub-groups are referenced individually.

3.3.2 Procedures (Recruitment)

1. A schedule of possible participants was developed to obtain a range of perspectives on the LAP development experience. These included regulatory agencies, local industry and community participants.
2. Lead participants or a liaison person for each TA Case Study were identified in discussion between UMR Research and the Health Promotion Agency (HPA).
3. Each lead participant was invited to take part by a letter from the HPA that also included a fact sheet about the research. (Refer to Appendix 7.2 and 7.3).
4. UMR then followed up each letter with an introductory telephone call and to seek agreement for that TA to participate in the Case Study research. The telephone call also offered the opportunity to provide further information if required.
5. Lead participants then obtained permission for their TA to participate in the research.
6. Once agreement for participation was obtained, lead participants identified other regulatory agency participants to take part. Some also suggested community and local industry participants to contact.
7. Identified participants were contacted by a letter from the HPA and then by a telephone call from UMR researchers to arrange a suitable time for the interview.
8. Local industry and community participants not identified by lead participants were mostly identified from submissions to the DLAP or, when this was not possible, from local directories. Again, identified participants were contacted by letter to inform them of the research and request their participation and followed up with a phone call from a UMR researcher to arrange a suitable time.
9. Participation in the research included either a one hour face-to-face semi-structured interview or a focus group discussion.
10. Focus group participants were recruited by telephone and sent a confirmation letter and information sheet prior to attending.
11. All participants signed a consent form before being interviewed, which confirmed that they were willing to have the interview recorded and understood that every attempt would be made to preserve their confidentiality. And to ensure UMR Research met their obligations under the Privacy Act and Market Research Industry ethics and guidelines.

3.3.3 Discussion guide/s

The discussion guides were developed in consultation with HPA staff and were informed by information gathered during the stakeholder research.

In qualitative research, question schedules are used as a guide to encourage participants to discuss and explore ideas and thoughts they have on the topic being researched. One of the strengths of qualitative research is that lines of questioning are flexible and allow for additional questions to be asked while conducting the interviews. Separate discussion guides were

developed for individual participants (regulatory agencies, local industry, community and general public).

The following key areas were covered during the research:

- Alcohol related issues in the community.
- Role and experience developing/implementing alcohol policy.
- Understanding and expectations of the Act.
- Barriers or enablers to implementation of the Act.
- Outcomes and impacts noticed.
- Working with community organisations, local industry and other regulatory agencies.
- Experience and understanding of the LAP development process including:
 - Community consultation and engagement.
 - Incorporating the views of local Māori and other communities.
 - Trust and confidence in the process.
 - Potential conflicts of interest.
- Experience of DLC process.

3.3.4 Analysis

All depth interviews and focus groups were audio recorded and transcribed.

Case Study participant notes and transcripts were analysed and sections categorised into themes under the main question areas. A key part of the research approach was to develop an understanding of the LAP development experience so a descriptive analysis was first undertaken.

UMR's computer-based qualitative analysis techniques were used to analyse the transcriptions, which enabled us to effectively collate, analyse and report on the themes from all Case Study locations and participants; and to summarise these into one report.

Analysis worksheets included key criteria (e.g. participant information, location, respondent-specific factors), which were then clustered into high level data and then into second and subsequent level data headings within each topic. Before the data was analysed it was subjected to a rigorous quality assurance check to ensure accuracy, consistency and completeness.

3.3.5 Research timetable

The Case Studies were conducted over three stages during 2015; approximately 12-18 months after the Act became law. They focused on participants' early experiences and impressions and the Act's early impacts and outcomes. Two Case Studies were included at each stage.

Stage one: March 2015

- One provincial and one rural TA.

Stage two: May 2015

- One rural TA and one metropolitan TA, including one joint LAP.

Stage three: August 2015

- One provincial and one metropolitan TA, including one joint LAP.

3.3.6 Facilitation

Alice Kan and Karen Connell moderated all the research components for this study and conducted three Case Studies each. Both are senior researchers at UMR Research and have conducted extensive qualitative research, including depth interviews and focus groups across diverse participants and communities over many years.

Main findings

The following sections summarise the main findings from the interviews and focus groups with Case Study participants.

The findings in this report have been grouped into four main chapters (and supporting sub-chapters), described below:

- LAP development process.
- Factors impacting on actions and decision making.
- Evidence-gathering and community consultation.
- Impacts and early outcomes of the Act.

Each chapter provides an overview of the main findings and conclusions identified across the six Case Studies. The report does not provide a detailed commentary of individual TAs experiences.

Each chapter includes:

A summary of the key findings across all six Case Studies in a **blue box**.

The main findings from each stakeholder group, including verbatim comments and an illustrative Case Study example, in a **brown box**.

Examples of best practice and recommendations (from UMR researchers) for optimising best practice in future in a **green box**.

Also included is a chapter describing unintended consequences of the Act and a brief discussion about community attitudes towards alcohol. The latter, while not directly relevant to this research, was helpful for participants to put the Act into context in terms of what was happening in their communities now and their hopes for what the Act might achieve in future.

A Glossary of terminology used in this report and their definitions is included at the end of this document.

4.1 LAP development

4.1.1 Decision making (to develop a LAP)

Key findings:

- LAPs were recognised by regulatory agencies as a potentially important vehicle to address alcohol-related harm.
- A local and community perspective was a key driver for regulatory agencies.
- Regulatory agencies had optimistic hopes and expectations for LAPs (alongside other alcohol harm minimisation strategies).
- Joint LAPs were challenging and time consuming to develop and administer, but the TAs involved in them felt the benefits of a joint approach outweighed the drawbacks.
- Despite strong support and high expectations of an efficient LAP process, external issues such as the long appeal process and local body elections have delayed the process.
- Consequently, DLCs are working to national defaults while DLAPs are waiting to be approved.
- Helpful going forward will be:
 - Case Studies, research and exemplars will provide guidance on the decision making process and potential pitfalls.
 - Case Law from appeals.

Regulatory agencies' view¹⁰

As a group, regulatory agencies were generally positive about LAPs, which they felt have the potential to address alcohol harm, largely through reduced hours and alcohol availability. Participants were cautiously optimistic that developing a LAP offered opportunities to reduce alcohol related harm and appreciative that central government has recognised the diverse New Zealand landscape means that blanket policies are not always appropriate.

Each TA had their own rationale for developing a LAP, though there were common drivers:

- LAPs offered an opportunity to include more community input and engage them in finding ways to address alcohol-related harm.
- They encouraged participants to develop new policies collaboratively and to address widespread concerns about alcohol-related harm.
- Where alcohol was already strongly on a TA's radar, demonstrated through existing liquor policies or accords, these provided good starting points for LAPs and an opportunity to align policy with what was already happening and the requirements of the district.

¹⁰ The term regulatory agencies is used to collectively describe Police, Public Health and TA participants throughout this report. Where views differ, the agency or agencies concerned are referred to specifically.

- LAPs provided some TAs with the impetus they needed to review their alcohol strategy.
- Local and community focus and ownership is a key benefit.
- LAPs give TAs the opportunity to 'make a difference' by reducing alcohol related harm in their communities.
- LAPs provided direction and empowered DLCs to make decisions that contributed positively to the community i.e. a safer, healthier environment, reflecting local character and amenity and encouraged licensed environments that fostered positive and responsible drinking behaviours.
- Police viewed the LAP as another tool to help them control alcohol-related offending and antisocial behaviours in the community.

Regulatory agencies acknowledged that a LAP is not a total solution to address alcohol-related harm in NZ, but they were optimistic regarding potential long-term impacts. They hope to see:

- Fewer incidents of domestic violence and other alcohol-related crime.
- Improved health statistics over the shorter and longer term. For example, improved blood pressure, heart disease, stroke and liver disease statistics.
- Public attitude and behaviour change; i.e. more responsible alcohol consumption.
- Reduced licences and availability of alcohol.
- Reduced alcohol availability near vulnerable sites, such as schools, community centres and parks.
- Community concerns in specific locations addressed.

Major disappointments for respondents in five (out of six) Case Studies were the delays and lengthy time scales involved, the high number and strength of submissions and appeals to their draft and provisional LAPs, and the waiting time to have appeals heard. Even the most motivated participants were beginning to feel jaded and frustrated that their hard work and effort was effectively in limbo.

Public Health and Police believed that a local and community voice was an important part of the democratic process. The development of the LAP was generally seen as very positive and there was initial optimism that their views were being heard and incorporated into the PLAP. They viewed a LAP as an opportunity to address alcohol-related harm through the reduction of supply using reduced trading hours and licences as a lever.

Local industry view

Local industry was supportive of a LAP if it offered a local perspective and a stricter stance on granting wholesale licences. However, they had concerns about earlier closing hours and licencees were concerned about one-way door policies that might impact on their custom and revenue. On-licences were also frustrated by special licence procedures and believed a more flexible, 'merit' based approach would be more appropriate and easier to administer for the industry e.g. when only occasional late licences were required.

Community view

Community participants fully supported the LAP process and welcomed the opportunity to engage in the development of policy that invites and reflects community input and requirements. They hoped the LAP will restrict access to alcohol, particularly near vulnerable communities and establishments.

General public view

General public participants had little or no understanding or knowledge of LAPs.

When read a short explanation, they assumed LAPs will make it more difficult to get a licence and restrict who and where licences are issued. While appreciative of a Policy that reflects, and considers the idiosyncrasies of their local community, they were sceptical about how effective such a policy will be and questioned the extent to which a LAP will help to minimise alcohol-related harm.

However, all general public participants in this research were supportive of measures which addressed alcohol-related harm in their communities.

Case Study example: Decision making to develop a joint LAP

The TAs' decision to develop a joint LAP was based on a desire to address alcohol-related harm in the community and to ensure current trading hours (which were less than the default hours) were maintained.

The development of a joint LAP was embraced by the three TAs and fully supported by regulatory partners. The key intentions for developing the LAP were to:

- Maintain the status quo rather than aligning to the default maximum trading hours in the Act, which were longer than currently occurring.
- Foster positive, responsible drinking behaviours and minimise alcohol-related harm in the region.

All three TAs were positive and supportive of the intent of the Act and wanted to make a difference regarding alcohol-related harm as soon as they could.

Developing a LAP offered the opportunity to align the three TAs and address the issue of alcohol-related harm in a more coordinated and consistent manner. The earlier trading hours were the result of liquor policies developed by the three TAs individually and, as they were less than the default hours in the Act, they were keen for them to be maintained.

Health and Police respondents were very supportive of the decision by the TAs to develop a LAP and agreed it was important that they did so.

The first recommendation we made was that we thought the TAs should develop a LAP. We thought that was an important thing that we wanted to advocate for all of them because there is an opportunity there to provide more than what is the default in the Act.

Local Industry participants understood the decision to proceed with a LAP. They said that they will not be affected by a LAP with shorter trading hours (than the default trading hours), but felt that the proposed one-way door policy was more divisive than shorter trading hours.

We strongly opposed the one-way door restriction - for me we are already governed by intoxication and unruly behaviour, we already have got fines in place for that. So, doing a one-way door policy, to me, you should have freedom of choice. If you want to go out at 1 o'clock in the morning and see a band or you are working late, if you are intoxicated and an idiot you are not going to be allowed in anyway. This one-way door policy, to me, is ridiculous.

KEY LESSONS LEARNED - DECISION MAKING TO DEVELOP LAPs

Examples of best practice	(Researcher) recommendations to support best practice
Experienced and knowledgeable team members.	Clear and detailed understanding of the Act and the parameters of LAPs and the ability to explain these to others with less knowledge.
Open and transparent processes i.e. all decisions and the rationale behind these evident to all; 'no surprises' a priority.	Being prepared for unexpected events that can prolong the process, strain relationships and increase costs e.g.
Inclusive approach from the outset.	<ul style="list-style-type: none"> - Higher number of submissions than expected. - Lengthy appeal delays.
Mutual respect and understanding for other parties' viewpoints.	And for potential criticism from consulted parties if their views are not perceived to be considered.

4.1.2 Joint LAPs

Two Case Studies were with TAs that had developed joint LAPs (three TAs in each Case Study). While the drawback of this joint approach was that it is more time intensive and, at times, logistically challenging to disseminate information and receive feedback in a consistent and timely way, participants reported that the benefits far outweighed the drawbacks. Potentially, a joint LAP:

- Enables those TAs involved to work smarter and more collaboratively.
- Allows TAs to assist each other with the process, while still recognising that each TA may have slightly different requirements.
- Facilitates a more integrated approach across the region, which is helpful for Police and Health, whose territories cover all three areas.
- Ensures more consistency of licensing applications and trading hours.
- Provides more consistency of approach for industry.
- May facilitate a more thorough and robust approach than if TAs were developing a LAP alone.
- Enables smaller, less affluent TAs to be involved.

So, it actually added a layer of knowledge and recommendations and advice that we normally have under just one council. That joint committee (joint DLC) sits for other

reasons as well. But that was the first thing we did as a joint committee and it did kind of formulate the joint committee as well.

We have similar groups so we try to work on policy, share information, assist each other; we are doing a joint spatial plan for (TA). So, we try to work smart, the yuppy term is 'collaboration' but we have been doing it before collaboration became the buzz word, but we try and collate the two together and get smart and not reinvent wheels.

KEY LESSONS LEARNED - JOINT LAPs	
Examples of best practice	(Researcher) recommendations to support best practice
One central point of control for administration, communication and information dissemination.	Allowing flexible timeframes, with built in contingency, as the process takes longer the more parties there are involved.
Historical relationships e.g. joint policy team.	Consistent and aligned communication and information sharing, to ensure all parties hear the same information at the same time.
Existing systems and procedures for working together.	Scheduling/timing to align as well as possible with varied meeting schedules, as personnel availability can be difficult, which impact on time frames.
Equal partnerships with mutual trust and respect (regardless of relative size of TAs).	

4.1.3 DLC experience

Key findings:

- There was strong support for the goal of independent decision making of DLCs and for separating licensing from TAs.
- It is a more open, rigorous, transparent and fair process than in the past and one that is raising the bar for licence applications; the standard of applications has improved.
- All participants welcomed a community perspective, though encouraging more community input will be important longer term.
- Ideally, DLCs should include a range of skills and experiences and, where possible, be independent from the TA.
- Regulatory agency participants believed DLC members were generally competent, committed and motivated to make good decisions; but recruiting and retaining a high calibre DLC can be challenging i.e. finding people with alcohol, licensing and local policy experience.

- DLC practices are inconsistent and more guidance at a national level would be helpful.
- Implementation has been a steep learning curve for TAs and DLCs and lack of case law, hearings and experience means momentum can be lost; especially for less busy DLCs.
- Participants acknowledged that DLCs have an important role in minimising alcohol-related harm, and for encouraging community input, but they are resource intensive and a daunting legal process for the inexperienced.

Regulatory agencies' view

Overall, regulatory agencies strongly supported the goal of independent decision making of DLCs and separating the licensing of premises and TAs. Importantly, DLCs have sped up the licensing process and implemented a fairer and more democratic process. While the DLC is funded and provided for by the TA, it is an independent body making its own decisions. Although it was taking some time for the new process and approach to bed in, there was appreciation for the change in approach for TAs and licensing inspectors.

TA view

TAs used different approaches to develop and implement the DLC process but a key requirement overall was to include a range of experience in the composition of each DLC. This sometimes meant deliberately excluding elected members (councillors/Mayor/board members) to maintain independence. Participants were keen that DLCs represented a local and balanced perspective and felt that a formal recruitment processes ensured a mix of high quality, committed individuals with a range of experiences, knowledge and perspectives.

TAs have begun to develop their own procedures and new administration and document sharing processes. This has provided a good opportunity to ensure processes and documentation are up to date and consistently applied. One TA has developed service agreements to identify how things should work, and implemented new software to speed up the process and reduce costs.

Initial teething problems such as differences in how the Act is interpreted and granting special licences, were being worked through and resolved.

Probably I would say having commissioners has worked quite well for us as a process. We have got a really good relationship with the Commissioners and the team leaders from the alcohol licensing team. What we do is split the district licensing secretary role across an operation side and a governance side.

I think the council made the right decision for us to go down the route of having all appointed commissioners. I think the volume of work that we have precludes that really as being a role that the elected members could take on and my own personal opinion is that it removes that political element from it. It keeps it quite independent and it is not open to the same scrutiny that people can say you are biased because of X, Y or Z. So, I think that has been beneficial to have it separated from the political process. It gives us the opportunity to get through a volume of work that needs to be reviewed in a timely manner. We certainly haven't pushed out our timeframes for processing applications hugely by any means. I think we have always been fairly robust but it is the constant raising of the bar really.

I think probably the staff are getting a handle on what the Committee (DLC) really wants in regard to the Act and the sort of things we are looking for and the sort of things we expect from an application and that type of thing. That is something that just grows over time and with the staff getting a better understanding it helps with the work they do as well.

Highlights - what has worked well?

An overview of what has worked well is summarised below.

A rigorous process: Participants were generally positive about the DLC process, its role and responsibilities. Secretariat and regulatory agencies generally had good working relationships, which was important when improving the quality of licensing decisions, as the DLC could feed back improvements easily through the Secretariat.

TAs have 'set the bar high' and have invested in educating licence applicants. They looked at decision making from a wider perspective and were clear about people presenting evidence as opposed to just giving opinions; decisions were independent and evidence-based. The focus was on making good decisions based on the intent of the Act.

An open, fairer and more collaborative process: Licensing inspectors were, in the main, willing to listen and to learn what the DLC requires. Regular meetings and feedback ensured consistency of interpretation and approach.

Participants viewed DLCs as an improvement on the previous process, being truly independent and providing for more community involvement. It was a more transparent and objective system and a formal, recognised, legal process. Participants commented that applying for a licence was no longer just a 'box ticking' exercise and that decision making had improved. The relationships between DLC and other key stakeholders were more distant to maintain the independence and integrity of decision making, which was quite a change from the previous process for licensing. There was less risk of conflict of interest where there are no elected (TA) members on the DLC.

Members are high quality: The standard and calibre of DLC members was generally very high. Candidates have logical minds and asked the right questions; participants who dealt with DLCs described them as fair and committed. Also helpful were DLCs that were supported by experienced TA staff, which contributed to smooth transitions.

Licensing inspectors were expected to do more monitoring of licensed premises, which was more time intensive but guaranteed a more robust process. This also reassured licensees that poor operators were noted and warned and/or their licences revoked.

A few participants expressed their concern that DLCs will never fully be independent while licensing inspectors are TA employees, though the DLC does have the authority to overrule the licensing inspector.

Include a local and community perspective: The local perspective provided good understanding and brought additional insights to decision making. DLCs provided a balanced industry, social, community viewpoint and the process, in theory, was more accessible and less intimidating than before.

DLCs were another part of the 'tool kit' for TAs to work with to facilitate a local perspective and will be even more so when LAPs are approved.

DLCs have an important role in minimising alcohol-related harm: DLCs are an important part of the alcohol harm prevention 'tool kit' for TAs; they must now consider the potential harm alcohol (the licence application) will cause.

Processing and administration: Participants noted that good training has been provided via Local Government New Zealand (LGNZ), though a minority felt the training did not prepare Committees to meet strict legal requirements. Joint DLCs (reflecting joint LAPs) are working well now, though did face some initial administration and logistical issues.

And because we have got more than one Commissioner, we rotate who is doing what on a monthly basis. Somebody deals with the managers, somebody deals with the special licences, somebody deals with the premises, the clubs for renewals and then we have an Inspector spare who deals with any over spill or if people are away on holiday and that type of thing.

We have just been recently reconfiguring our whole approach to the licensing quite dramatically so we will be similar to what (TA) do. So, we won't be reporting on any licences unless we are opposing and that means we will be able to do a good job.

And I guess it flows on too with the DLC hearings that there is the emphasis on collaboration of the agencies under the Act, evidence on trying to get the local thing working well and all of that means that it is useful for the DLC to have local people at the hearing, so if there is going to be a hearing the Health person appears. Well once again that is resource hungry, and that is another chunk out of staff time. There is a good side to that but there is also a cost. And how is that allowed for?

What has not worked so well - opportunities going forward?

An overview of what has not worked well and how this learning can be used going forward is provided below.

Set-up and implementation has been a steep learning curve: It has taken those involved some time to understand, execute and put into practice the new DLC processes. Previously, licensing was more of a 'paper exercise'. Whereas now there is an expectation that every premise is checked and that inspectors should be talking to and questioning licensees.

Of concern to regulatory agencies and some DLC members was the lack of hearings and actual experience in smaller TAs, which meant knowledge and momentum can be lost. At a national level, there was limited case law or exemplars, though this is being rectified as more appeals are heard.

Added to this, all except one of the DLCs in the Case Studies are relying on national guidelines until PLAPs are approved and may face difficulties in the future when renewing licences i.e. moving from a later to an earlier closing time.

The Commissioner has been asking for a LAP to be implemented so it gives them an opportunity to consider the factors in the Local Alcohol Policy. From a business perspective, it would give them a bit more certainty.

DLCs have inconsistent practice/s: While local decision making was good, it would have been helpful to have some consistency at a national level e.g. exemplars/templates. This also extended to licensing fees; while there are standard fees throughout the country, TAs could establish a bylaw

to adjust fees upwards or downwards. There was the very real possibility of a wide variety of licence fees throughout New Zealand, which may make it difficult for TAs to justify their fees, especially when dealing with national chains.

And there is a different interpretation on different sections of the Act and I know [name] has put a lot of time in when we have queries on things. He will give his interpretation on it. That is something that is found around the country; there are some areas of the Act that are a bit grey.

The composition of DLCs was diverse and included an assortment of expertise and experience, ranging from fully independent to those that included elected members. This is allowed for in the Act, but including elected members prompted the comment that this might weaken the independence of DLC decisions.

In fact, most courts are effectively tribunals and your Liquor Licensing Authority is a tribunal. So, the District Licensing Committee have the powers and views of a tribunal. And there is quite a bit of variation in procedural stuff when it comes between different areas and that can make it quite difficult. We have been trying to help some of the District Licensing Committees with procedural stuff because it is new territory for most of them.

Recruiting the right calibre of people: TAs have sometimes found it difficult to find people of the right calibre and experience locally i.e. with experience of their local district **and** licensing and alcohol policy. A couple of participants reported instances of individuals working across multiple DLCs. Some respondents criticised this practice and suggested it was like ‘double dipping’ and undermined the principle that DLCs included local people with local understanding and experience. However, some participants felt there were benefits for less busy DLCs having experienced and knowledgeable personnel involved. One Commissioner commented on the poor remuneration package, saying that he had to negotiate a deal with the TA to make it worth his while.

A daunting legal process: While the Act empowers the community to get involved in decision making, the reality has been that it is difficult to do so. The DLC process is a legal one and can be daunting for community members and licensees; strict timeframes for objections add to the complexity. There is a role for TAs to educate the community about what to expect and help ease people through the process, particularly as the community has the right to be involved.

I think, as with anyone, it's a bit scary for those guys because it has a tribunal feel about it. The Chairs work really hard to make it as friendly as possible and talk them through the process, explain what their role would be, but some of them more than others come in and look a tiny bit terrified. Some of them I've noticed, more and more, seem to be bringing lawyers with them.

[How did you find the submission process?] *It was a bit nerve wracking. I went down and said what I had to say. It is a process; it is what you have to do. At the end of the day, if you don't make yourself heard, then you have got nothing to complain about. If you disagree with something and you don't say anything, it is like anything in life, like voting if you don't vote and the party you dislike gets in power you can't complain. I felt that they listened to me.*

Regulatory agency participants reported that it was not easy to provide good quality evidence to appeal licensing applications. Evidence was expensive to produce and difficult to find or pinpoint to an area.

DLCs are resource intensive: DLCs were time consuming to set-up and for participants covering multiple territories, licensing placed a large demand on their time. Recruiting members with the right skills and experience also took time.

Sometimes other parties' professionalism and recommendations are questioned: Relationships between regulatory agencies were strained at times, for example, when Medical Officers' of Health or PHUs' recommendations were considered too harsh or unrealistic. A few DLC and health participants claimed there were instances of 'coaching' applicants to get licences and vetting of some applications by TA staff, which undermined the role of the DLC and the Commissioner.

Local industry participants' main complaints were that the new licensing procedures were unfair, unjust and looking for problems. They were critical of Police who they felt had not been properly trained to understand and enforce the Act and who did not communicate well. Local industry participants also disliked the special licensing process as this was costly and time consuming to arrange.

Case Study example: DLC experience

A joint DLC gave TAs the opportunity to work collaboratively and to ensure greater consistency in their decision making.

A joint DLC was established to align with the joint LAP process. The TAs involved chose to appoint all independent members; including the Commissioner who is independent and was jointly appointed. This approach is generally working well and made sense for smaller TAs who have few licence applications per year.

The DLC Secretary is working out really, really well. We have got a good Commissioner and a good Deputy although that is not technically correct. They are a shared committee so we are keeping it legislatively correct in a sense that when they are working on a project it is a shared committee.

So again, that was really done well with the councils in a collaborative effort and that was working really well I thought when we were doing things and that was giving us good consistency across the whole area. They gave feedback on their decisions and I got a copy of all of their decisions. And the Commissioner came and saw me and we had about an hour-long chat at the start of the process letting us know what we expected from one another.

Nonetheless, the joint approach has not been without some teething problem (see verbatim quote below) which the TAs have been forced to work around.

We initially struck a snag right off the go because the Act requires that the Deputy be an elected member and you can't really have an elected member when it is a joint committee of three councils. And there is no provision for the deputy to be a Commissioner so there is an inconsistency in the Act which is a difficulty that they didn't anticipate. But the workaround is to appoint a second Commissioner and a second committee ...

Another potential drawback was that a joint DLC gave equal weight to all TAs, regardless of size.

It is inevitable when you have three councils that are not equal. If they are all equal then it is fine, but if you have a very large council and a very small council and you want to work together it is not equal and you end up with a leeching arrangement where one council piggy backs off the other council. And we don't mind that.

4.1.4 Appeal process experience

Key findings:

- There was consensus among regulatory agencies that appeals and hearings are an important part of the democratic process.
- Local industry, the community and the general public respondents had less understanding and experience of policy development than regulatory agencies, but agreed with the democratic principle that everyone is entitled to have input.
- Appeals followed strict legal processes that can be disconcerting for the lay person.
- The community and general public often lack resources and/or confidence to make and talk to submissions.
- Hearings can be burdensome for TAs as they require significant money, time and expertise. Some regulatory agency participants were concerned that TAs may be tempted to 'water down' their LAP to avoid appeals; or to 'shelve' them if they believe there is little chance of successfully defending an appeal.
- Some industry participants doubted their input will have any impact because they believed that TAs' minds were already made up.
- The appeal process is burdensome for Police and Public Health Units [PHUs].
- Providing evidence that is local, relevant and admissible and can stand up to scrutiny in court can be difficult.
- Delays were frustrating for all participants, but the learning and case law from appeals was starting to clarify the intent of the Act further and provide benchmarks for TAs at earlier stages in the LAP process.

Regulatory agencies' view

Regulatory agency participants are experienced and knowledgeable regarding the appeal process and accepted it as a legitimate part of the democratic process. They believed that appeals are important for establishing precedent for the future and allow all parties to have their say. They are an important factor in bedding in a LAP and require investment in time and money to submit and defend. Despite this, respondents said that the hearings were extremely challenging and time and resource intensive.

I think the process is there to be challenged and so if the rationale for the council was sound, then they have an opportunity to provide that in the court case and we'll see if it lives on its merits or not. You've got to hope the process is a fair one.

Understanding the need for local evidence and a LAP that includes rationales for all conditions was a key learning from the appeal process.

Research findings signified that in some instances the appeal process has strained relationships and left little appetite to renew the consultation process since the outcome of the appeal.

To the extent that many of my colleagues, Medical Officers of Health around the country, are saying, "We're not going to get involved in the alcohol area, we see how (city) has been treated and if we're going to be treated like that then we're not going to bother".

Appeals reportedly slowed down and on occasions stalled the LAP process. This has exposed some TAs to backlash from the consulted community, who felt disappointed that there was little, if any, tangible evidence of change, and licences were continuing to be granted in their community.

I think we have been in a holding pattern for a year and a half. We were the n^{th} or n^{th} to have had an appeal so we were in the early bunch to have our LAP finished, thinking we were doing a good job. We gave it our all and I think that is why we were so disappointed. And, to the best of our knowledge, there is no provision to mediate; one of our appeal points is a mistake which we would quite happily mediate out of that ... save the whole country a lot of money.

The appeals have been lodged and the last I heard was that it is not likely to be heard until next year [2016] which is a frustration and that is one of the frustrations with the Act and the process of the time frames involved.

Regulatory partners, including some Police, Health and TA participants, were disappointed that a lot of the good consultative work done by TAs has been undermined by the appeal process and it has been difficult and disheartening fighting the huge budget of the national retailers. Also, frustrating for regulatory agencies were appellants who did not understand or acknowledge the national versus local perspective and that the industry voice, which is well organised and instructed, has overwhelmed the community voice.

Sitting in that hearing, all those people there who are paid to be there, lawyers who have been paid \$600 an hour or whatever - we gave up our time to go. That's what puts people off. It's totally the imbalance as a process - for the ordinary citizen to participate in any of these processes is prohibitive.

One TA was disappointed that even after they had followed what they had interpreted were the initial recommendations of the Judge and the Alcohol Regulatory and Licensing Authority (ARLA), further delays occurred when these interpretations proved incorrect.

Police and Public Health views

Police and Public Health respondents were concerned that TAs may be bullied to water down or soften their LAP so it would not be appealed, which undermined the democratic process. They were also critical that there is an expectation that all relevant people/parties will attend all hearings. This is expensive, time consuming and often logistically impossible when hearings are on the same

day. However, when all parties did attend hearings, their combined voices added weight to an argument.

Local industry/community and general public view

Inviting and encouraging submissions from local industry, community and general public groups ensured that diverse opinions can be heard. However, feedback from participants in each of these groups indicated that the appeal process was daunting for those without legal experience and that little is done to assist any of these groups through the process. Hearings followed a strict legal process and required strong legal representation. They were off-putting and difficult for those with little experience of the process.

I think I felt afterwards that I was naïve to walk in there still feeling that we were on equal grounds, both interested in trying to work to a positive result, rather than feeling that they were there to get us one way or another. We arrived 15 minutes early and there were already two Police officers there and I walked up and introduced myself and they basically weren't interested in talking - they just turned away and went into a little huddle themselves. So, that is what really shocked me.

The other thought I had about submissions, of course, New Zealand society still has that, "Don't stick your head up above the parapet" thing. If you're up there with your name on a submission, sometimes people are worrying all the time that it might be too visible or there might be comeback. Some way of doing it other than through a submission [would be good].

Case Study example: Appeal process experience

The lengthy appeal process means the LAP is currently in a state of limbo.

The appeal process was time consuming and at times a frustrating experience for the TA and their regulatory partners. It opened the TA to criticism from the consulted community, who felt let down that there was no tangible evidence of change, and instead another off-licence had opened in their community.

A lot of the good consultative work done by the TAs has been undermined by the appeal process and respondents said it has been difficult and disheartening fighting the huge budgets of the national retailers.

Police and PHUs have also been frustrated by the appeal process and felt the industry voice, which was well organised and instructed, had overwhelmed the community voice.

The hearings had been a protracted and disappointing process for the TA.

Frustrating that it has taken so long. I think we had to wait four, five, six months just to get a hearing date. Whereas we were quite keen to get in there early and get it up and running and have it in force. I imagine before there is a policy you could have six more alcohol shops open up and if that was to happen the public uproar would be huge. Especially when they have submitted and said, "We don't want more, we want less" and then they would say, "We told you what we want and now you are letting it happen". I would have thought from opening submissions to having the policy there - six months would have been a reasonable period of time for people to have their say and to iron out any appeals but it is obviously taking a lot longer.

Police and Health participants shared the TAs disappointment and were frustrated that the TA had been tempted to 'back down' on a key aspect of their DLAP i.e. opening hours to expedite the appeal process.

I have to say that we went along to a meeting of interested parties for (TA) and the intention of that meeting was to find common ground and try and resolve the issues before it went to a hearing and the in-house lawyers for the councils were present. We had an initial meeting with the councillors and we thought we had better say where we are coming from and get everyone on the same page. So, we took the Police over and went and met with the councils at an all interested party meeting and we said, "What is the guts" and the in-house lawyers for councils were saying maybe we should back down on hours, hours being the big one because I am not sure as a council we can afford to fight this. And I said, "Our position was that if you are going to back down on hours we are going to take you to task on it. Because what you are talking about now is doing something that is contrary to democratic process". We are saying we had an exhaustive democratic process, came up with a decision and now, because we are being threatened by big business, we are thinking about changing our view.

KEY LESSONS LEARNED - APPEAL PROCESS

Examples of best practice	(Researcher) recommendations to support best practice
<p>Local and statistically robust evidence.</p> <p>Having rational arguments for all conditions in the DLAP.</p>	Encouraging/educating a wider audience about the Appeal Process and their right to be involved.
	Being more prepared for the strength of feelings and time scales involved.
	Having the potential to mediate, for example, when an appeal point is a typing mistake, and not have to wait for a hearing.
	TAs and their regulatory partners being prepared and supported to fight appeals; as not defending them is undermining the democratic process.
	Supporting the community and general public to make and speak to submissions. The perceived imbalance of power is off-putting currently i.e. challenging the might of the liquor 'industry'.

4.2 Factors impacting on actions and decision making

4.2.1 Understanding of the Act

Key findings:

- Understanding of the Act is inconsistent among participants. Regulatory agency staff with historical and practical experience of the Act demonstrated the greatest understanding.
- There is potential for more training and support from central government to help to clarify and translate broad understanding into appropriate actions and positive outcomes for regulatory agency participants less familiar with the Act.
- While outside of the scope of this research, many participants felt there was an opportunity for more action/education alongside the provisions of the Act to support social and behaviour change and harm minimisation; the Act by itself is viewed as insufficient to achieve this.

Regulatory agencies' view

Understanding of the Act is greatest though inconsistent among regulatory agencies.

The most knowledgeable have '*lived and breathed*' the legislation from the Law Commission Review days, provided input into its development and made submissions over a long period. They have comprehensive and extensive experience in alcohol harm and detailed knowledge of the intent of the Act, LAPs and their implications for their organisations. Throughout the development of the Act, they were contemplating how they might implement it, once it came into law.

It is targeted more at reducing harm and it has enabled councils to have more of a say in the issuing of their licences, particularly with the provisions of Local Alcohol Policy and giving a power for contested applications to be determined by the local District Licensing Committee. And the criteria for issuing of licences have increased from the old Act to the new Act under Section 105, 106 provisions. It means we have got a Local Alcohol Policy that is relevant to our district and relevant to our area as opposed to having a one size fits all national criteria.

These participants praised the development of the Act as a good and rigorous process. They are aware that the Law Commission review involved significant work and learning and the accompanying research and investigation has been a very important part of the process. They recognise and value how reporting on wider licensing related matters has led to improvements in decision making and risk mitigation.

Regulatory agency participants who are newer to the area of alcohol-related harm generally have a less detailed understanding of the 'history' of the Act. Their knowledge and understanding is at a more superficial level and they are reliant on their colleagues or partners to fill in specific details and background. Common understanding is that:

- The Act 'specifies' and defines alcohol-related harm; one of the primary objectives of the Act is to minimise alcohol-related harm. It provides a good starting point or a framework for social change.
- The Act (LAPs), potentially give TAs more local control and input and a voice to the community.
- It provides greater structure and clarity around sales and marketing of liquor for retailers.
- In terms of this Act, one of the perceptions in terms of its strength would have been that there would have been more local engagement with communities through the DLC process.
- Participants generally have high hopes for the Act (LAPs) but many expressed disappointments that the Act did not go as far as it could have done. Focusing heavily on sale and supply is viewed as a missed opportunity that will only go part way to reducing harm in communities where issues are far wider and more pressing.

The big disappointment from everyone's perspective was the failure of the Government to back up or follow the Law Commission's recommendations, particularly with regard to their fiscal recommendations. Tax makes a difference. We know it makes a difference for smoking and right now the figures are quite clear in New Zealand for smoking and drinking. The revenue from smoking excise is about half a billion a year, the expenditure for Health from smoking-related illness is about \$1 billion. Every non-smoker in the country is subsidising to the tune of half a billion a year every smoker and those are all the Health costs. It doesn't make sense. If you asked John Key if he would just give away 50% of his money he would say, "No that doesn't make sense".

Certainly, in comparison with the Law Commission report the minimising of harm, I think everyone would say it has watered down the recommendations of the Law Commission. The Act had raised expectations that the community will have a genuine input into where licensed premises are allowed and what hours they have. I have to say looking at some of the legal decisions of ARLA and the courts it was disappointing to me that the same old vested interests still seem to be sometimes prevailing. I think that it certainly had raised expectations and that is a good thing in my view.

It (Government) pushed the responsibility for managing the problem out - in other words central government abdicated their responsibility. A cynic would say that they didn't want to take on the drinks industry. Leave it up to some poor local government to fight them. What a cowardly way to behave. We have cowards as leaders; they packed their bags and left it up to the little guys to fight their battles for them. Moreover, they have provided very little support. Even a relatively large city council like [Name] knows their resource for fighting these battles in court is limited, unlike the supermarkets, unlike the big breweries that have pretty much unlimited resource.

Industry view

Industry is well informed about how the Act will impact on them; the focus of their understanding and knowledge is how the Act will impact on their business and their licences. They are generally supportive of the intent of the Act, but challenge the view that reducing access to alcohol is sufficient to minimise harm.

We are very aware of our responsibilities; you are not allowed to promote binge drinking or excessive drinking or buy one get one free type of thing. But it is interesting when I do

see that. I must be more aware than I realise; because when I do see it I go, "Oh you can't do that, you can't advertise, buy three jugs and get three jugs free. That is encouraging excess alcohol consumption". [And what do you think about that?] I am all for those changes, oh my God absolutely. I just think that it is outrageous. And I don't like the idea of people encouraging younger people to come in and drink as much as they possibly can for as cheap as possible. So, I am totally in favour of all of those types of restrictions.

Community view

Community members support the Act's intention to minimise alcohol-related harm, but view it as only one of a package of tools necessary to address the alcohol-related issues endemic in their communities. They are puzzled what real power the Act has; it is very rule and process oriented at the expense of providing what they view as real strategies for behaviour change.

Every tin pot place has got a liquor licence now and this is what we are finding in (place) a lot - [So being more stringent and having an independent committee looking at licences?] I think that is a really good development. I think that it is a positive step forward.

General public view

The general public are also generally supportive of the intention of the Act; a minority is vaguely aware of changes (stricter controls on serving alcohol to minors, etc.). However, none have any real depth of understanding or knowledge and challenge how successful these changes will be.

Those buying a dozen beers and drinking one on the way home, you get nailed for that, you can't take alcohol into a public event. They are trying to use a hammer to squash an ant. It is like speeding kids will speed if they want to and you are never going to stop that.

I believe in the last two or three days a woman in (City) was prosecuted and found guilty of supplying alcohol to two children on two occasions. And I am pretty sure that was legislation that came into effect in 2013.

The point is down in Wellington they spend all this time bringing in this new legislation, they want to know what effect it has but you would think they would know wouldn't they? If the genuine bullet point about that was we want to reduce domestic violence in the community, there are ways of doing it. Put the price of the damn stuff up then. But some guy who comes home without any pay and has his kids screaming at them because they want a new whatever you are going to get domestic violence. The real problem we have got in this country is just not enough jobs.

Case Study example: Understanding the Act

TAs and regulatory agencies had an extensive knowledge and understanding of the Act which prompted a quick decision to develop their LAP and meant the development process was relatively quick and straightforward.

The TA staff had wide knowledge and understanding of the Act, considerable involvement in the national development of the Act and understood the implications for TAs.

The team leader had extensive experience in alcohol policy and the practical application of the Act; he had worked on the legislation development extensively throughout to identify the process and impact on licensing.¹¹ Therefore, he was very familiar with the resultant Act and understood well what was needed by the TA to implement it, and was in a strong position to advise the TA.

Throughout development of the Act, the TA was continually thinking how they would go about implementing the Act and were aware of the pitfalls in doing so i.e. tight timeframes and limited support from central government.

The TA identified early on the need to develop a LAP to maintain the status quo in their district; as the existing District Plan did not give the TA much control on trading hours whereas a ratified LAP would.

[So, you knew the Act really well?] I did yes. We were ready to hit the ground running, but we were really aware of the shortfalls that were part of the whole introduction of it, the time frames were really tight and there wasn't a lot of support from I guess central government in terms of getting everything in place which there had been in the past.

I was in a really strong position from the perspective of being able to advise my council. And rightly or wrongly with the benefit of hindsight we chose to get into the LAP processes as soon as we could. And philosophically the reason behind that was that we have very little control in our District Plan.

Their regulatory partners (Police and Public Health) also had sound understanding and awareness of the Act; both had been working in the alcohol harm minimisation area for many years. They acknowledged there were positive gains to be made in minimising alcohol harm with the new Act regarding trading hours, requirements for licensing and community input into licensing.

KEY LESSONS LEARNED - HELPFUL FOR UNDERSTANDING THE ACT

EXAMPLES OF BEST PRACTICE

- An 'expert' (with historical experience and/or interest in the Act) and who has the respect and trust of their contemporaries.
- Informed leadership.
- Doing the reading/homework. This puts those involved on the front foot and avoids playing catch-up later.
- Consistent understanding and interpretation across the regulatory agencies.

¹¹ In this instance the team leader operated in a project leader and coordinator capacity; he was responsible for overseeing and managing input from policy, licensing and DLC personnel.

4.2.2 Regulatory agencies' relationships

Key findings:

- Strong and cohesive relationships helped to present a 'united front' and ensured all parties understood and respected the others' perspectives.
- Transparent motives and ongoing communication and collaboration helped to ensure a 'no surprises' relationship.
- Strong and mutually respectful relationships supported, though did not guarantee, a positive outcome.
- There are many ways relationships can be damaged, including, but not restricted to, the inability to recognise and respect each party's role.

Regulatory agencies' view

In three Case Studies, the relationships between the regulatory agencies were very good; each complemented the other on their experience, knowledge and commitment. They had worked together before on other issues in common for example, Safe Cities and harm minimisation advisory groups. Relationships of over 10 years standing strengthened and underpinned the LAP development process.

These regulatory agencies had a cohesive and collaborative approach, with open and transparent lines of communication that ensured all parties were kept informed and up to date. This was crucial during the LAP development phase, to align evidence and to ensure that it strengthened and supported the arguments given by the other parties. Each participant knew their role and what was expected of them. Conversations and actions were focused, consistent and relevant and followed a well-known and/or agreed course of action.

I suppose we have a good relationship with the Police as well and they are not standing out there locking people up because they have walked five metres out of where they should have. They work with people and, as they say, it is another tool in their tool box to be able to deal with anti-social behaviour.

Any problems were jointly addressed and the overriding attitude among all participants was to find solutions.

All participants acknowledged TAs were the 'policy experts' who directed and oversaw the development of the LAP. They worked hard to get key stakeholders working together. However, the Police, PHU and licensing counterparts also had a wealth of experience in policy development and alcohol harm minimisation. Where relationships were strong, the TAs could harness the collective wisdom and experience of all parties and work towards common goals and objectives, which meant that all partners made valuable contributions to the LAP.

In each of these Case Studies, all parties had trust and confidence and a collective belief in the LAP objectives and in each other's expertise and involvement.

Collaboration and engagement with neighbouring TAs was important to ensure consistency of approach and policy.

Absolutely (LAP an important tool). The National Act sets the default hours and Parliament has said to communities within these parameters, “If you can justify it, you decide how you want alcohol to be delivered to your community”.

However, in three Case Studies the relationships were less strong and, in one instance, had deteriorated during the LAP development process.

Staff turnover across regulatory agencies meant there were fewer long term relationships and staff were more apt to have misunderstandings and/or incorrect assumptions. They did not have previous policy development or partnerships to fall back on, or the ability to rely on predetermined roles and responsibilities. The result was less consistency and a more ad hoc and reactive approach. Participants were sometimes surprised by others’ actions/views, which left them exposed and vulnerable in the face of public scrutiny.

Relationships could also be damaged by:

- Individuals having a different understanding of the role of regulatory agencies participating in consultation and pre-consultation phases.
- TAs treating their regulatory partners, albeit unintentionally, as ‘interested parties’ rather than key stakeholders.
- The LAP being at odds with the input and expectations of key regulatory agencies.
- Agencies having differing expectations of what will address alcohol-related harm effectively and what actions are permissible within the Act, and consequently failing to agree on outcomes.
- Individuals involved in the LAP having limited understanding and overly ambitious expectations of what can be achieved through the LAP.
- The rationale for the LAP being driven by objectives other than to minimise alcohol-related harm, for example, economic drivers.
- Regulatory agencies not notified or involved during key phases of the process e.g. community consultation.

Regulatory agencies did not always expect to see eye to eye on all issues, but all agreed that it was important to present a united front in public; to debate and take all perspectives into consideration, until a consensus could be reached.

The other key part of the Act that we clearly understood was that the Act was around reducing alcohol-related harm; first and foremost, the Act was there to reduce alcohol-related harm.

Case Study example: Strength of relationships

Historical, strong and positive working relationships have useful spinoff benefits when developing a LAP.

The TA officials recognised early on that the Act intended that the regulatory agencies work together and that the legislation states that the Medical Officer of Health, Police and licensing inspectors have a special role in the consultation stage of the LAP development.

So, we had them all - Medical Officer of Health and the Police - sitting in a room saying, "What do you think a LAP should look like?" So, we then worked as a bit of a group and we thought about what a LAP should look like and what sort of conditions we might typically have in a LAP.

From the outset, the TA worked on getting these key stakeholders together. This was aided by the already strong and long-established relationships, developed over 10 years, which made the LAP process very workable.

Also helpful was that throughout the development of the Act the regulatory agencies had been discussing the implications of the legislation and how they would go about the implementation of the Act (long before the Act became law). They had already formulated a working relationship that helped guide the LAP development from an early stage. In this locality, the key players were on the same page and initial talks centred on working together to get a common understanding of what the LAP should look like and what conditions might be included. Any problems were jointly addressed and the overriding attitude among all participants was to 'make it work' and to find solutions to any problems.

The key standout for this part of the process was that the whole team was focused and understood the LAP process well. They were willing to work with the new legislation and robustly discussed how it should be applied. They could sort out where they were heading and provide clarity about the intent of the legislation.

KEY LESSONS LEARNED - STRENGTH OF RELATIONSHIPS

Examples of best practice	(Researcher) recommendations to support best practice
Historical/existing relationships i.e. knowing each other and how each agency works.	Improved staff transitions and succession planning (when key personnel leave).
Equal partnerships with mutual trust and respect for each other's positions and priorities.	
Clear roles and responsibilities and staying on task.	
Being open-minded and adaptable.	
The ability to reach a consensus viewpoint and present a consistent and united front or voice.	
Clear lines of communication and information sharing.	
Staying positive, proactive and non-blaming.	
Having open and transparent motivations and decision making.	

4.2.3 Communication

Key findings:

- Good communication underpinned strong and mutually trusting relationships.
- Difficulties occurred when there were multiple parties involved, when communication was inconsistent, or when parties failed to see information or heard it from disparate sources.
- Reliable information from an agreed and trusted, central dissemination point was important.

Regulatory agencies' view

A consistent finding across all Case Studies was the importance of good communication. Regular updates and open and transparent communication helped to keep participants fully informed and reduced the likelihood of an individual speaking out of turn or contradicting the agreed position.

In positive and supportive relationships, individuals made a concerted effort to set-up and maintain good channels of communication and to follow-up parties who did not always read the information sent to them. If and where views were at variance, full disclosure and knowledge made sure issues or conflict were identified and addressed early.

When we had the meetings at the council chambers here, there were several councillors involved in that and interested people who were invited. People with on or off-licences or club licences were asked to be part of it and also people who would quite often provide useful submissions like the Grey Power and that sort of thing, where you know they have an interest in a community issue so they were asked to take part as well. So, it was a pre-consultation type thing but it was also to feed into the policy. [So, the council commented on the feedback as a group?] Yes, and then the information, we gathered from there and our own personal views went into the final draft policy and the final draft was decided by all of the councillors with recommendations from the working party. It is actually a very good way of doing it because if you just sit in your own little room down there and come up with ideas it might not fit with the local community, which the idea of a local policy is to suit the local people. So, having a bit of information up front and then putting it in with the national framework that was there, in the end, came out with something that suits the locals.

Despite best intentions there were incidents where communication had broken down:

- It was difficult to ensure all parties received the same information at the same time e.g. not all elected members attended all meetings and therefore missed discussions. When this happened, they were sometimes out of sync with how decisions were reached.
- The logistics of keeping multiple agencies (and TAs) informed and the task of collating and sending feedback/comments was arduous and time consuming.
- Disjointed and informal channels of communication led to misinformation and distrust (if key personnel were excluded); one key channel or disseminator of information worked best.

- A minority of participants wondered if all information was being shared with all parties; this was more prevalent in Case Studies where relationships were less strong and participants did not have longstanding and trusting bonds.

LAP development involved a constant back and forth of information between multiple parties, with diverse roles, views and agendas. The risk of miscommunication and misinformation was high and had the potential to derail relationships and progress. Reliable communication from a trusted central source was crucial for maintaining consistent understanding and support.

It might have helped if the council did the pre-consultation ... if we had consultation meetings after the draft came out then we would have had the Committee at the consultation meetings so they would have heard the groups talking. But the Committee didn't witness that, I don't think they even saw the minutes of the consultation meeting and maybe that is where they weren't as well informed as they could have been.

When it was first drafted the powers that be should have probably realised that the staff involved in preparing that document had done the groundwork and maybe communicated with those staff members and asked some questions. Why have you left this in there, why have you got this?

[Did [Name] have much relationship with the elected council at all?] No not really. A little bit of liaison, but that is an area we could have improved. I do recall when we went in for submissions, one of the councilors made a comment about Health and said here is Health banging on - it was some derogatory comment - but I certainly see that as an area that could be worked on. More engagement could have been established there.

[Surprised Police didn't submit.] We didn't expect them [Hearing Panel] to do a U-turn like they did. We were surprised about them dropping the off-licence thing. Had we known we would have said to Police, "Make sure you come". We didn't foresee that happening. I think Health and Police possibly do not know council processes that well.

But when the LAP came out there was a mix-up and they put the ad in the paper the day of the submission meeting and I happened to be flicking through. I was reading it at 10.00am during my morning tea break that there is a meeting and the date says today at 10.00am. So, that was a tick box exercise to cover themselves. But it is stuff like that, that makes us feel a bit cynical of our community.

Case Study example: Communication

Joint LAP required rigorous and consistent communication and information sharing processes.

Three TAs working together to develop a LAP that supported and reflected the views and needs of three different communities meant that the complexities of timely information sharing and good communication were magnified threefold. Maintaining open dialogue and ensuring efficient information sharing was helped by:

- TA staff who kept elected members informed throughout the process.
- Three TAs who were fully engaged and supportive of the process and each other.

- Representatives from each TA who talked jointly and understood each other's points of view, before coming up with recommendations and reporting back to their respective TAs.
- TAs made their own decisions but the joint committee added another layer of knowledge, recommendations and advice.

However, this process was time consuming and there were logistical difficulties in keeping all three TAs informed and meeting deadlines.

The option we took to collaborate added more time to it. It sounds all loving and caring to collaborate, doesn't it? But if you are going to get three councils of similar but not the same demographics and views of the world to come together to have one system, one policy, one whatever, that means lots of meetings, lots of travelling, lots of getting together, taking it through councils. Council meetings are six weeks apart; you have to have your report ready two weeks before, all of that takes time

[Is there anything else you want to say from a learning perspective for other locations?] *We have a pretty good relationship and I gather in a lot of areas they don't, they never talk to each other. Public Health, Police, I think that is really important and we have had one meeting already with everyone around the table which was really helpful to talk about various issues that have come up. And I think we are keen to continue that on a six monthly or yearly basis. [And that is with all your committee members as well as them?] Yes, it is really helpful. Everyone gets an understanding where each party comes from.*

KEY LESSONS LEARNED - COMMUNICATION

Examples of best practice	(Researcher) recommendations to support best practice
Agreed points of contact, channels of communication, dissemination of information, spokespeople and responding to requests.	Ensuring external parties understand council processes, protocols, dates of meetings, etc.
Agreed timeframes e.g. outcomes of discussions/meetings distributed within a week.	Reminding all relevant parties of the importance of responding on time.
Central overseer (coordinator) as a disseminator and conduit for information and responses.	Direct forewarning of key dates/action required sent to key stakeholders i.e. don't assume they will see a newspaper notice.
	Process to ensure all parties have received and sighted information. If they do not respond, resend; do not assume they were not intending to respond.

4.2.4 Social and political environment (TAs)

Key findings:

- TA policy staff members are most informed; they are familiar with and supportive of the Act (and the democratic process).
- The most supportive TAs have made alcohol and harm minimisation a priority.

- Elected members' priorities do not always align with the Act, but keeping elected members informed promotes better understanding and supports more expedient and robust decision making.
- The social and political landscape is constantly evolving, which means regulatory agencies need to be flexible and responsive to changes in personnel, priorities and budgets and can work with these.
- Where TAs have run workshops with elected members, this has helped them to have a better understanding of the role of the Act prior to receiving submissions on LAPs.
- Newly elected members need support to develop their knowledge and understanding to align with that of their longer standing colleagues.
- TAs' different (and evolving) priorities can slow down or stall the LAP process.

TA staff views

TA staff are in the main strongly engaged and positive toward the Act. For policy staff, this is their area of expertise. They are well practiced at researching, analysing and reporting on new and proposed policy and its potential impacts. They understand and support the political process and consider the systems and processes for implementing the Act no different to others they have been involved in; it is the law and they are obliged to follow predetermined protocols.

The process was standard, submissions and opportunities to have your say and then implementation.

TA staff members are generally well supported by management. Work pertaining to the Act (e.g. researching and compiling a LAP research document) was approached using a collaborative and cohesive team approach. All relevant personnel were kept informed to ensure consistency of understanding, approach and expectations.

TA elected members' views

Elected members (councillors and community board members) have a slightly different perspective; they are elected by residents and their priority is to represent the views and requirements of their residents. They are more likely to challenge and question the rationale and benefits/disadvantages to their specific communities of central government policy.

Added to this, elected members sometimes have conflicting and/or equally pressing priorities that can impact on their inclination to support new or proposed policy/ies.

Councils believe that for better or worse licensed premises are an asset to a town and are needed for vibrancy and to keep the night life and it attracts tourists and is good for our economy. That is because councils don't have a stake in the harm apart from cleaning up the graffiti. They don't have to fund the Emergency Department and they don't fund the Police or social workers.

The timing of this research and the Case Study methodology limits the findings in this research to those TAs who were more proactive and advanced in the LAP process. Despite this, there was mixed levels of engagement and support for the Act across the participating TAs. The most

positive have made alcohol-related harm a priority in their communities; they fully support the Act and have driven action at a TA, community and policy level. They understand the rationale and intent behind the Act and its possibilities and limitations.

At the beginning, we were very optimistic. We saw a whole heap of levers that could mean we could do something quite remarkable in terms of transforming peoples' understanding of what the night time economy was, moving it away from alcohol consumption to a much more events and entertainment orientation.

Other TAs are supportive of the Act, but alcohol is not their only priority and the Act (and resultant LAPs) are competing for councillors' attention among a myriad of other, equally pressing issues.

So, our councillors that have experience in the retail industry, they are well aware of the need to reduce unemployment and they are well aware of how to balance their approach to a sensible policy but also reduce those social issues and the alcohol reduction and harm issues while also balancing the economic issues.

What is clear is that for policy to be successful, elected members need to understand and identify/agree with it, come on board early on and stay involved throughout the process. Retaining open lines of communication, keeping elected members well informed and answering questions (providing data/evidence when required) so they can make informed and more robust decisions will help.

Case Study example: Social and political environment

Political, commercial and community factors have slowed down the development and signing off the PLAP.

On the advice of officials, the TA chose to embark on the LAP process and to make a difference for their community. Importantly, they wanted to debunk the city's historical negative associations with alcohol-related harm. However, policy staff found there was a fine balancing act required to meet the needs and expectations of a disparate audience.

This TA commenced their LAP development before the 2014 Local Body elections, which resulted in a significant change of elected members. The policy team was forced to wait while the new TA familiarised themselves with the Act, the (DLAP) and the history behind these, before they were willing to approve the (PLAP). This effectively stalled the process, but was necessary to facilitate responsible and informed decision making.

4.2.5 Redistribution of power

Key findings:

- There is support among regulatory agencies for the redistribution of power endorsed by the Act.
- Regulatory agencies are beginning to recognise and respect each other's changing roles and responsibilities.

- The community (community and general public) voice suggests there is less tolerance for alcohol in New Zealand society and, longer term, offers the potential for a more mobilised and cohesive community perspective.

Regulatory agencies' view

This is a period of change and it will take time for the agencies to understand each other's position and work well together. Decisions from the appeals will continue to provide guidance and help all sectors better manage areas of the Act that are currently very contentious.

A consistent finding across all Case Study locations was of the widespread support for the redistribution of power and changes that have accompanied these changes. While these have required a period of adjustment and necessitated a cultural or attitudinal shift, TAs, Police, Public Health and licensing inspectors are beginning to establish collaborative and supportive working relationships, which respect the others' perspective.

Local industry view

Local industry is supportive of some aspects of the Act in as far as it has greater power to refuse licences and to 'weed out' poor operators which give the industry a bad name. However, they also feel that some of the conditions to which industry must now conform, and the process for obtaining special licences, are too harsh and punitive for operators with good reputations of long standing.

Community and general public view

A key element of the Act (and specifically LAPs) is to provide an opportunity/channel for the community to have a voice and to have more input into licensing decisions. This has yet to be fully realised, but regulatory agency and community participants did report incidents where community opposition has contributed to licensing applications being refused and/or withdrawn. Longer term, as momentum builds and as news of successes spread (e.g. licence applications rejected or withdrawn), participants hope that more communities will understand the potential influence they exert and will be mobilised to act.

In the meantime, some community members expressed a sense of fatalism and cynicism, with a common view being that the power remains with those with the deepest pockets and who benefit most from alcohol sales e.g. supermarkets and the liquor industry. In one TA, the regulatory agencies, the community and the general public were upset to see a new off-licence approved despite community opposition and the PLAP including a sinking lid policy.

4.3 Evidence gathering and community consultation

4.3.1 Evidence gathering

Key findings:

- Good evidence is crucial to ensure policies are based on issues and so decisions can be backed up and proven.
- Evidence gathering has involved a steep learning curve for regulatory agencies, who were frustrated and disappointed when evidence was rejected e.g. for lack of a local perspective.
- More guidance will be helpful to ensure TAs understand exactly what evidence is required and what will best support their LAP.

TA view

For most TAs, evidence gathering to support their LAP has been a lengthy and extensive process. The information included was broad, inclusive and followed strict legislative process, which largely aligned with the information requirements for developing a LAP as set out in Section 78 of the Act. This was important to counter potential legal action later.

Existing local alcohol strategies/alcohol accords had been good starting points, as these had also involved a thorough consultation and development process and the learning from these had been helpful. One TA elected to have a well-developed strategic alcohol plan, prior to developing their LAP. This was useful in that it provided direction on issues that were not part of the LAP and enabled additional issues that were raised to be incorporated into the strategic plan. The TA worked hard on developing the plan alongside the LAP and accumulated a wealth of knowledge and understanding relevant to both.

The quality and quantity of data collected was diverse; from TAs who relied solely on secondary or published information to those who used a combination of secondary data, supplemented by primary data via community consultation and specially commissioned surveys. These had generally provided useful background information and had confirmed TAs' suspicions that public sympathy supported the development of a LAP. However, research inexperience and budget constraints had meant that one survey did not include a representative sample of ratepayers and another had included too many open-ended questions. These had been time consuming to analyse and the qualitative nature of the data output was less persuasive than robust quantitative data. A couple of TAs reported spending far more time and money than they had intended to ensure the robustness and relevance of their data.

Others described a less in-depth or extensive process; they had done the best they could with the limited resources they had.

Regardless of the methodology chosen, data collection, collation, desk research and reporting were acknowledged to be time-consuming tasks. They resulted in increased workloads and mostly without additional resources. Despite this, all TAs agreed that evidence gathering provided important learning and should be done regardless of whether it resulted in a LAP or not.

A good example is (Name) Council. They had a huge number of submissions and they had a very thorough questionnaire circulated and lots of responses and a very thorough consultation process so they have had a rock-solid mandate for their LAP.

The benefits from the evidence gathering stage were:

- It helped to achieve 'buy in' from the wider community, which was crucial as the TA represents their collective voice.
- Communication and liaison with local industry helped to balance TAs' economic and alcohol harm minimisation objectives.
- It provided useful data and understanding of local communities, the findings of which could be used for other purposes. (Except in the case of primary data gathered for one purpose which cannot be used for another purpose without the express consent of those who had provided the evidence).
- It also provided a good starting point for developing a LAP, particularly for those TAs starting from scratch.
- It helped to mobilise the local community.

Evidence gathering was not without difficulties and there were occasions where evidence was criticised, challenged or dismissed during hearings. For example, one TA had undertaken a ratepayer survey, but the findings were criticised for not being representative of the whole community. Difficulties common across all TAs were:

- It was not easy to collect local Health and Police data and to differentiate specific local data from regional/national data.
- National crime statistics did not provide local data to the level of detail required.
- TAs were not always confident in the quality of their data (methodology and analysis) and had to manually check things.
- Statistics were sometimes challenged by industry and were not always well understood by Hearings Committees.
- LAPs required relevant, local data; national or international data was less important.
- Qualitative evidence from Police was admissible and valued, although its lack of 'robustness' was criticised by some participants.

Police had said this is domestic violence and this is where these people had their last drink and gave that fact based on [Region], whereas we all know that [City] and [City] is a different environment and if you lump them together the council will say you have two big party centrals; if you took those out the numbers probably aren't that high. Some people would argue that that was not true, but I don't think the Committee (DLC) had sufficient confidence to make any changes.

Public Health view

Medical Officers of Health had significant knowledge and expertise, and while they had an advisory, rather than a decision making role, they do have a lot of input. When TAs were not very experienced or knowledgeable, they reported that support from the Medical Officer of Health was invaluable. They have an important role beyond community consultation, and access to a wealth of local and published secondary data to support their recommendations. Public Health evidence typically included a literature review of available evidence and, where available, local evidence.

Public Health and TAs have not always agreed on all LAP matters and some admitted to tense conversations and negotiations to reach mutual understanding and agreement.

One emergency department had a good dataset, which included information about alcohol-related admissions, which helped the TA to be strategic and to focus on specific areas of harm minimisation. However, as other parts of NZ did not have such comprehensive data, comparisons could not be made to establish whether what seemed like extremely high levels of intoxication and injuries were as high as they seemed. Another PHU had access to a medical student who managed the literature review, a GP survey and the gathering and analysis of statistics. The student also audited Emergency Department data. This was extremely useful when analysed in collaboration with other data sources and provided valuable verified local data at the hearing.

There have also been other positive outcomes for PHUs. While some have already resulted in early indications of success, others are expected to reap changes in the longer term:

- Regional collaboration on the gathering of health data.
- One TA has started auditing the Emergency Department data for quality.
- Another is commencing ambulance data collection on alcohol-related incidents.

A frustration for PHUs was that data and evidence cannot be generalised to a national level. The time and money that individual TAs were required to expend to essentially collect the same information was seen by some respondents as wasteful. Anecdotal knowledge and experience of the local area was not admissible evidence; even if witnessed first-hand, the alcohol link cannot be proven. While they understood the importance of robust evidence or data, this was not always available. Also challenging was the lack of good quality or local data, collected and reported in a consistent way.

One of our really, really significant challenges with preparing these submissions and also presenting it to councils on LAPs has been the lack of good quality data for us and that is really significant. The data hasn't been collected in the health system in any systematic way and so the data, because it is not collected in a standard manner, you can't go to the hospital database and look at the number of hospital related admissions or ED presentations. You just can't do that because it is very sporadic when it is recorded in the notes. So, that has been a real challenge for us.

Police view

Police acknowledged the difficulties they faced in gathering local quantitative evidence. While national (and local) statistics are gathered, early on it was difficult to obtain the local statistics. At the outset, there was an undertaking at a national level to provide local statistics for the Police contribution to the evidence gathering to support Police and Public Health views for the LAP, but

these did not eventuate and Police had to come up with local statistics. Police described providing the following examples of evidence, though these differed by TA:

- The number of alcohol-related offences from 2007-2012.
- Location of offenders' last drink prior to arrest.
- The number of Sale of liquor offences from 2007-2012.
- The number of drink driving offences from 2007-2012.
- The number of liquor ban breaches.
- National Police statistics.

Police evidence had sometimes included international literature that explored measures to minimise alcohol-related harm, but ARLA has made it clear that local evidence was required. Police participants understood the rationale for this, but still found it disappointing.

ARLA has made it quite clear that they are Local Alcohol Policies and while the national research and international research can set the scene, this is about what is happening in your community.

We agreed with the reduction in hours and we were able to provide good examples why and the main one was the (town) example; they had been running to 2 o'clock for a number of years after a series of homicides and once they reduced to 2am closing their issues went down. So, we were able to say this is our area, it is in (TA) and it has worked there and we believe it could help everywhere else.

Police mentioned that the main challenges in the future for evidence gathering is agreeing on defined sets of measures that can be used across the country, that are robust and can withstand scrutiny.

From a policing point of view, it is hard because when we arrest people we record whether alcohol was a factor, but a lot of these jobs we go to like disorder, by the time we get there it is over, so there is no record in our system to say alcohol was a contributing factor to this fight in the street, when we didn't lock anyone up. But if it has happened outside a pub at closing time you would have to suspect that it probably was.

Police reported that it is useful that they can 'talk to evidence' and provide qualitative feedback at hearings. Personal accounts and experiences are deemed admissible and relevant evidence.

So, we came up with some local stuff but, to be honest, most of our argument was qualitative as opposed to quantitative, so it was based on our own field experience, and I made a very strong point in the hearings around saying, look, at the end of the day the only people who are consistently out there at 3am and after 3am when the real carnage starts are Police officers and taxi drivers. And I made that point.

Case Study example: Evidence gathering

A response which did not include the views of a representative cross section of residents was a disappointing outcome for a TA who tried hard to achieve this in their community consultation.

As part of the community consultation process one TA included a community-wide survey. The TA worked closely with other local TAs to develop a consistent survey across the region that each TA could then use. Public Health supported this initiative as they were also looking to gather data on drinking habits across the region and they covered several localities.

The survey development process included adapting a draft survey from the HPA, which was distributed randomly via a mail survey to have a more robust survey methodology and research findings.

Unfortunately, the sample achieved was skewed heavily towards elderly residents and the findings and method were criticised at the hearing for being unrepresentative. While this was frustrating, the TA has learned valuable lessons for community consultation and evidence gathering from this experience which they will utilise in future.

[What would you do differently next time?] I think I would see if it could be worked so people could choose to either respond in hard copy or directly on the survey link, do it online. But we couldn't afford to limit ourselves to online. So many of the people we deal with don't use computers much and don't use the internet much because it is a rural area and a lot of them don't get particularly good coverage. And I know then that we would miss out on a lot of the people who replied last time and it would be skewed in another way. [Would you try another way with young people next time?] As I say, if I could get it working online so there was a choice I would use that option just because it stops us having to double handle. But, also, because you might get a better response from younger people. We got young people writing in.

The major barrier to conducting a more robust survey and/or employing the services of a professional research organisation was budget.

4.3.2 Community input into LAP decisions

Key findings:

- Regulatory agencies consider community consultation is a very important part of the democratic and LAP process and is a valuable learning and planning tool.
- Local industry welcomes the consultation process, but some questioned whether their input is listened to.
- With one or two exceptions, the community has generally been well consulted.
- The general public are not engaged unless directly affected.

Regulatory agencies' view

Community consultation processes were variable and followed no set pattern or procedure. They range from TAs who spent considerable time and money on a rigorous and inclusive consultation procedure to those who fulfilled their obligations under the Act, but no more.

Larger TAs, with more resources can deliver more robust consultation processes, whereas smaller TAs with fewer resources had a more variable approach and have sometimes conducted more limited community consultation.

TAs used a variety of approaches to engage the community, ranging from online and mail surveys, to direct mail to key stakeholders and using social and traditional media. All TAs established 'community/external reference groups' (or similar) and/or held workshops, forums and public meetings, and erected information stands in public spaces e.g. libraries and malls. In one TA, local media and elected members were important channels to raise public interest and awareness. All TAs had consulted directly with key stakeholders e.g. licensees.

Participants were sometimes frustrated with the lengthy timeframes involved to develop their LAP and that TAs, once again, were 'caught in the middle' of groups with opposing views and objectives. Despite this, all participants agreed a well-managed community consultation was an important part of the democratic process:

- They are a vehicle to ensure all voices are heard.
- They are a crucial learning tool that enables TAs to identify the breadth of views and strength of opinion early on.
- They seek to avoid a glut of appeals at the PLAP stage.
- They help to shape a balanced policy that respects and addresses diverse community viewpoints.

We had a very good external reference group, which I think worked very well. Internally, it was our licensing staff and policy people and crime safety, urban design and then we got all the main stakeholders in the room, so we had, obviously, Police and Medical Officer of Health, Hospitality New Zealand, the two big supermarket chains and a representative from the bar owners.

The main thing I have heard is that people were happy to have a say when we went through the local policy and the chance to fill in a survey or make a submission. People were pleased they had that opportunity, whereas previously they wouldn't have. [So, the council does consult with the community?] Yes, and I think different ways of doing it. If you just put your submission in it is a bit faceless whereas we had open debate and there were invited workshops, licence holders and community groups and the budgeting services and those types of groups and people and Police. So, we had a good round table discussion to help understand the issues and it helped the different groups understand where each other were coming from. It is important to do that before you get stuck too far into your policy and the submission side of it.

Local industry view

Local industry participants have had varied experiences of the community consultation process, but most agree there was ample information available and there had been community consultation and local industry engagement locally. They have been kept informed, felt part of the process and have been sent papers for submission. Attending meetings with other like-minded individuals has been reassuring and useful.

These licensees recognise the TAs have a difficult job appeasing all parties and appreciate the efforts they have made to bring about a consensus.

Off-licence participants in busier, later opening areas, tended to have the most jaded viewpoint, believing that TAs, Police and Public Health had already made up their minds and only paid lip service to their concerns. They felt decision making should be fairer and more transparent.

Community view

There was consensus among community members that the community consultation has generally been handled well and community participants mostly feel they have been well consulted and advised throughout the process. They felt that the TAs are responsive and informative and, in smaller towns, readily accessible and open to conversations with the community; trying hard to reconcile diverse points of view.

However, many participants feel let down and disappointed by a legal process which they believe places far greater weight and importance on the 'large' players (those who stand to lose financially from any changes) at the expense of individual groups and citizens whose priorities are community wellbeing.

They all view the consultation process as important, but are frustrated by what they described as an apathetic general public, who are reluctant to get involved and participate in consultation unless directly affected.

Social media has made people very lazy; they expect to be spoon fed.

I haven't seen that level of community mobilisation. I don't think that would happen because there is a strong culture of drinking here in (city), so for that to happen that would be a long time. Because they see the benefits of more competition and cheaper prices.

General public view

One or two participants from each Case Study had passing memories of hearing about the LAP process, but most were unaware. While they express general support for the intent of the Act and what the LAP sought to do, there is only very low level interest in a more participation. The main comments were that unless you are emotionally or directly involved you are unlikely to participate actively in the LAP process. There is a view that it is difficult to make a public submission as an individual, but there was more support for doing one as a collective.

They keep us informed. We get letters to say we are getting to the point where we are going to discuss this and this and there is an opportunity for consultation, there is an opportunity to meet with people, there is an opportunity to present which we take up. And if we feel it is something that affects the community as a whole and drugs, alcohol, tobacco, gambling, legal highs are all things that we are going to do whatever we can. For a small-town mentality, we are also pretty much aware of who's who and we can have these conversations on the street casually or you can end up going to a hearing and giving your submission.

Case Study example: Community consultation and engagement

The general public and community's poor understanding at the DLAP submission phase meant that the community voice was not heard and the good consultation work done earlier on was largely undermined by a mobilised industry cohort.

The main vehicle for gathering input into the LAP was through a pre-consultation phase with community organisations and groups. These included Māori, Pacific peoples, Māori wardens, Salvation Army, and Women's Refuge etc. Industry participated in a separate workshop and provided an industry viewpoint into the DLAP.

Our approach was influenced by the Christchurch LAP experience, where community consultation resulted in thousands of submissions.

A consultant was engaged to take responsibility for facilitating the workshops and gathering the information into the DLAP. Having an independent consultant provided important leadership and coordination across the TAs.

Initially Public Health and Police were not included in the pre-consultation workshops and heard about them through channels other than the TA. They felt it was important to participate so joined in. Notwithstanding, Health and Police were fully supportive of the pre-consultation workshops and the value they brought to the DLAP.

Following the release of the DLAP a series of public hearings were conducted in the three TA areas. These were planned to provide an opportunity to hear the community's voices via the submissions on the DLAP. A call for submissions was then made to the community. However, it was surprising and disappointing to the TAs that few submissions were received in support of the DLAP conditions on trading hours and the one-way door policy. Potential reasons for this were that there had been limited follow-up after the pre-consultation and, in hindsight it is possible that the community groups considered their input was provided at the pre-consultation stage and they did not realise the importance of following up with submissions on the DLAP. In part this may also have been reinforced by community groups' experience of other TA consultation where the usual process has been for a one-off consultation meeting.

Conversely, industry was mobilised and ensured that there was a strong industry voice during the submission stage. Industry was able during the submission stage to support their case for not reducing trading hours as outlined in the DLAP and to refute the arguments for the benefits of the one-way door policy.

I think there were 600-something submissions, but a lot of them were a copy of a standard form. I think the hours were the biggest thing because they looked at (time) in (City). We had a publican from (town) saying that when the farmer is finished, he wants to go and buy his box of beer on his way home and the councillors listened and agreed and changed it just on one submission. He got them at the right time I think with that one submission and now it is default hours.

LESSONS LEARNED - EVIDENCE GATHERING AND COMMUNITY CONSULTATION

Examples of best practice	(Researcher) recommendations to support best practice
<p>Consultation is an important learning exercise and a key component of LAP and the democratic process.</p> <p>Process has prompted a lot conversations and it has confirmed the TAs' views that they are doing the right thing and representing the community voice.</p>	<p>Ensuring community consultation is robust and can withstand scrutiny (even if limited by budget or inexperience).</p>
	<p>Planning and timescales must consider the long waiting times to have appeals heard.</p>
<p>Using an independent consultant (where appropriate):</p> <ul style="list-style-type: none"> To coordinate and manage pre-consultation phase across multiple TAs. To provide leadership and coordination. 	<p>Retaining independent consultants to improve consistency of guidance and understanding may be helpful for less experienced TAs.</p>
<p>Pre-consultation phases which included all stakeholders and community groups.</p>	<p>Ensuring all parties consulted at the pre-consultation stage are educated and encouraged to make submissions to the DLAP or their voices will be 'lost'.</p>
<p>Collaborative process; TAs have worked hard to assimilate and take account of disparate views and expectations.</p> <p>TAs who have elected to reflect what the community wants and not been bullied into watering down their policy.</p> <p>Māori voice sought and included.</p>	<p>Raising awareness and encouraging participation (even when the public perception is there are no significant alcohol issues in their community).</p>
	<p>Ensuring groups with opposing views believe their participation is welcome and valued.</p>
<p>High public responses to LAP surveys, which provided good background information.</p>	<p>Ensuring a representative sample of the affected community is included.</p> <p>Enlisting specialist help to analyse and interpret the data correctly.</p>
<p>Joint approaches worked well; each TA consulted independently with their own community.</p>	<p>More consistency in approaches by TAs will be helpful for Police and Health working across multiple TAs.</p>

4.4 Impacts and early outcomes of the Act

4.4.1 Impacts on resourcing

Key findings:

- Developing LAPs required significant resources from regulatory agencies to progress.
- Limited resources impacted on choices for evidence gathering and community consultation.
- PHUs were managing an increased workload within existing budgets and staffing levels.
- Police were also managing an increased workload, but with support at a national level and some at a local level.

A consistent finding across all regulatory agency participants was that the implementation of the Act and the development of LAPs have considerably stretched their resources.

TA view

This was less so for TA policy staff (in those TAs who have them) for whom policy development, research and reporting are core functions and responsibilities. Notwithstanding, collecting, collating and disseminating data and information, writing reports and attending meetings are lengthy and time-consuming processes and were described as “*a huge amount of work*”.

Additional resources (staff and/or funding) were generally limited and some TAs struggled to devote the staff, time and money needed to develop their LAP. This meant that any research or evidence collecting for the LAP had to be managed within existing resources which, in turn, had implications for choices of evidence gathering and community consultation. However, TAs admitted that these choices were necessary for any issue they were required to consult on. A couple of participants reported that they had done the best they could but that their approach was neither as robust or as extensive as it could have been if they had more resources.

With every survey, you do afterwards, after the information has come in, you think, “I could have asked that and set a parameter a bit more around that question”. It would have been good, I think, to have a few more discussions with the big players in the industry like Progressive and Foodstuffs. But we invited them to come along to the discussion groups and invited them to have their input but they didn’t attend any of those. So, there is only so much you can do in an amount of time.

A couple of TAs were watching the appeal process and resulting case law as they believed the outcomes will determine whether they continue with a costly appeal, which they cannot afford and may not win, or if they reconsider their LAPs.

One of the concerns that we had as part of our defence of our appeal, for instance, for our Local Alcohol Policy is whether or not we could afford to do it.

One TA had been forced to divert additional resources from other projects and policy development to deal with an unexpectedly high number of submissions and appeals. The process cost more than originally budgeted for.

Adding to licensing inspector's workloads, at least in the short term, were the new DLCs. It has taken some time to understand and implement the new licensing regime and to put into practice the new DLC process. This resulted in additional administrative requirements that lengthened the timescales.

Health view

PHUs reported that writing appeals and submissions took more time than they had envisaged or could reasonably be expected to spare. This was even more difficult for PHUs working across multiple TAs and DLCs who, were in turn, developing multiple LAPs. PHU managers were sometimes located in different towns or cities and this also impacted on the time spent travelling between venues, the visible support they could offer and the strength of their relationships. PHU participants were disappointed and angry that the Ministry of Health had not offered additional resources, funding or support even though a successful LAP potentially has spin off benefits in terms of reduced hospital admissions.

The number of appeals had caught PHUs by surprise and somewhat unprepared; submissions and appeals took a lot of time and created anxiety and tension among officials.

Police view

The impact on Police resources was less apparent. Although Police were also working across multiple TAs (LAPs and DLCs), their management was reportedly more supportive. Police participants reported that they were reasonably well prepared with regards to understanding the Act and its implications of licensing and policing. Nationally coordinated workshops had been held with local Police. Furthermore, many parts of the Act were not significantly different from the processes with which Police were already familiar.

In one district, the Police alcohol harm minimisation team had increased in size, so the participant has more time to devote to alcohol licensing and LAPs.

For community and local industry participants, finding the resources (time, expertise and finances) to make and talk to a submission was challenging.

Case Study example: Resourcing

Legal processes and procedures are time-consuming and expensive.

One TAs consultation process was dominated by a social media campaign that resulted in multiple submissions.

The TA followed correct procedure and contacted everyone who said they wanted to talk to their submission, which was time and resource intensive; however, they found that most submitters did not understand the process or that they were making a submission, rather they had assumed they were signing a petition.

I think we were so concerned about following legal process that we accepted all the individual submissions, because we were scared that if we didn't and said they were just a survey, then we would get challenged. They all ticked the box saying they wanted to be heard so, of course, when we started ringing them they all said, "No, no, I don't know anything about that".

KEY LESSONS LEARNED - RESOURCING	
Examples of best practice	(Researcher) recommendations to support best practice
<ul style="list-style-type: none"> Investing in planning and preparation saves time and avoids surprises and delays later. Allowing ample time for community consultation, analysis and reporting. Analysing, collating and considering all feedback/viewpoints at the outset saves time and debate later. 	Exemplars/templates to provide guidance regarding best processes i.e. the most time and resource efficient.
	Streamlined processes across TAs will be helpful for Police and PHUs.
	More support and acknowledgement at a national level (PHUs).
	Ensuring all evidence is relevant and admissible i.e. has a local focus.
	Ensuring communities understand the difference between a petition and submission (to save time following up the former).

4.4.2 Outcomes

As explained earlier, the timing of the research meant it was still too soon for TAs (and other key stakeholders) to have collected the data necessary to assess the quality and influence of their LAPs (outcomes from the Act). Just one Case Study TA had their LAP ratified at the time of the research.

The following section provides a qualitative overview of outcomes so far, but no quantitative or statistically robust findings.

Key findings and lessons learned:

- Regulatory Agencies are optimistic the new Act will enable LAPs that reflect the community perspective.
- The establishment of DLCs was a welcome initiative and they have improved decision making for granting licences.
- Where regulatory agency relationships have been strained due to strong opposing opinions, these are now recovering as parties communicate and build mutual understanding and respect.
- Resources have been and continue to be stretched for regulatory agencies, in large part due to the unanticipated high number of appeals.
- Relationships between local industry and licensing inspectors were generally working well, but the relationships between local industry and Police were inconsistent; some enjoyed good and supportive relationships while others were more challenging.

- Reduced patronage and income can be a consequence for local industry, who was disappointed the Act has not placed greater emphasis on personal responsibility.
- Impacts for general public and the community have been negligible thus far.

Regulatory agencies' view

Overall, regulatory agencies were optimistic that the new Act will enable a LAP that reflects the community. The new Act provides an opportunity for more community involvement and increased independence for licensing decisions. The overriding view was that “*it is still early days*” ... and that significant impacts have yet to filter through, though participants noted there are signs of change and success that will become more evident once LAPs are approved.

The **development of DLCs** was viewed as an important democratic process and the increased transparency and fairness of decision making should benefit local communities. Having DLCs independent of TAs was working well. DLCs are becoming more experienced and knowledgeable as time goes on, but more guidelines earlier on would have been helpful for national consistency.

Participants reported that the **relationships among the regulatory agencies were strengthening**. Police and licensing inspectors were having more conversations with existing and potential licensees and were helping to educate them about what is required. They were working with local industry to help them comply, rather than forcefully shutting them down.

[Working with Police and Health?] We work really well with Police or I feel that we do. The local licensing sergeant and I and (name) from the Ministry of Health will get together with applicants especially for large special events, sit them down, have a talk and go through the application. We all jointly did an inspection for the renewals of the (organisation) premises. We will pick up the phone; we will talk to each other. We have monthly meetings, the Fire Service are involved, the three councils, the local Police, (city) Police and Ministry of Health. It is usually monthly; sometimes it might be five-six weekly just depending on what is going on so I think we have a pretty good working relationship with them all.

In TAs where there were strong opposing views about the content of LAPs, relationships were sometimes under significant strain, though none are broken, and are showing signs of recovery.

Regulatory agency's relationships with national retailers continue to be challenging, especially where retailers failed to understand that the purpose of a LAP was to represent a local perspective.

Police and Public Health view

Police and Public Health were working with several TAs at different stages in the development of their LAP, and with inconsistent DLC practices, which stretched resources. TAs have faced challenges in terms of workload and it has taken time for licensing inspectors to become comfortable with the new approach.

Health participants commented that the Act has made it more difficult to get a special licence and the Act has given wider and broader definitions and greater weight to public health. It has prompted some DHBs to develop position statements on alcohol-related harm that capture the requirement to work closely with TAs to achieve alcohol harm minimisation goals. Health has also

begun to collect data in more standard and comprehensive ways, to help them to provide relevant, local data and to track changes over time.

It is going to be in a couple of DHBs and eventually rolled out so that data is collected in ED. So, for example, it will be part of the compulsory dataset you need to collect and you will record if the presentation is alcohol-related. And there will be a standard way of defining that and what it means and so on but we are not there yet. So, that will make a big difference for us.

Local industry view

The impacts of the Act in smaller towns, where opening hours are shorter and competition is less, have been negligible.

In larger towns and cities, introducing the Act in incremental stages was helpful in enabling licensees to gradually adapt and change. The industry was generally keen to comply and not to risk their licences and managers' certificates.

In addition, licensees in larger towns and cities have noticed a decrease in revenue because of reduced opening hours (and the reduced drink driving limits). They were critical of increased licence fees and more stringent controls for special licences.

Licensees described mixed interactions with Police, with some saying there were occasions when Police have been helpful and supportive, advising licensees and not coming down hard on them; whereas other licensees have had the opposite experience, saying they have felt victimised by Police and relationships have become more adversarial than previously. They suggested that greater consistency is required.

Community and general public view

Most participants had yet to notice any specific impacts and nothing that reflected a local influence. It was difficult to distinguish impacts of the Act from other initiatives and activity around alcohol-related harm.

One observation was that earlier closing has had a positive impact on some inner-city areas, with emptier streets and less violence and drunkenness. This view was reiterated by Police.

While most community respondents were aware of the changes that the Act has brought about, especially around the hours of trading and the accessibility of alcohol, the impacts have not made much impression on them personally.

Frustrating for community participants was that the 'limbo' status of PLAPs has seen new licences being issued in communities whose PLAPs include a sinking lid policy.

There was a petrol station and it has become a liquor shop and that is right opposite a kindergarten and a school and I think they said they had to shut at 3pm and open again at 4pm. There was a lot of opposition from the community but insufficient to prevent it.

That is where we were most annoyed when we found that licences were still being given to alcohol outlets. Because consultation had taken place and our understanding of what the council was proposing seemed like no more outlets would be provided. That would be our major concern.

Unintended consequences

The following unintended consequences of the implementation of the Act so far were identified by stakeholders:

❖ The number of LAPS that are being appealed

While this surprised some regulatory agency participants, others did not find it unusual, with the need to develop case law as part of implementing a new Act.

While some Agencies were not surprised by the litigation, some were surprised by the amount of resource that industry is willing to put into the appeal process. They felt there was a risk that a LAP was potentially being dictated by whoever has the biggest cheque-book, rather than reflecting the wider views of the community.

PHUs are stretched with the appeals creating more work for individual PHU and Medical Officers of Health.

The long delays to have appeals heard has meant that DLCs are, effectively, working in limbo; deferring to national defaults, which may not be reflecting local wishes. Delays have also exposed TAs to criticism from stakeholders who feel their wishes have not been adequately addressed or considered.

❖ Developing and defending LAPs is resource intensive

The number of and strength of submissions has taken TAs by surprise and TAs whose resources (budgets and personnel) are already overstretched may choose to abandon their LAP rather than spend more money defending an appeal.

❖ Supermarkets taking a tough approach

Supermarkets had been part of discussions in developing the new Act and had clear ideas about how they thought the Act would be interpreted through the DLC and LAP process. As TAs have implemented the LAP process, supermarkets have pushed back on some of the restrictions that are being outlined in the LAPs that deviate from the default hours.

❖ Conflicting and inconsistent DLC decisions

This has added some confusion to retailers and difficulties for regulatory agencies (Police and PHUs) spanning multiple TAs. This is improving as DLCs become more experienced.

❖ Perception of harsh and inconsistent position taken by Police among some licensees

Some licensees felt Police have focused more on on-licensed premises than off-licences. Some also expressed the belief the Police were using the Act to reduce the load on Police resources late at night by pushing for earlier closing times and/or centralised and more easily policed late night opening areas. And, that Police's motivation was more about saving resources than reducing alcohol-related harm.

Community attitudes towards alcohol

It was not an objective or intention of this research to investigate community attitudes towards alcohol. However, for general public and some community and industry participants to comment on the Act and LAPs, it was helpful for them to put these into the context of alcohol related harm generally.

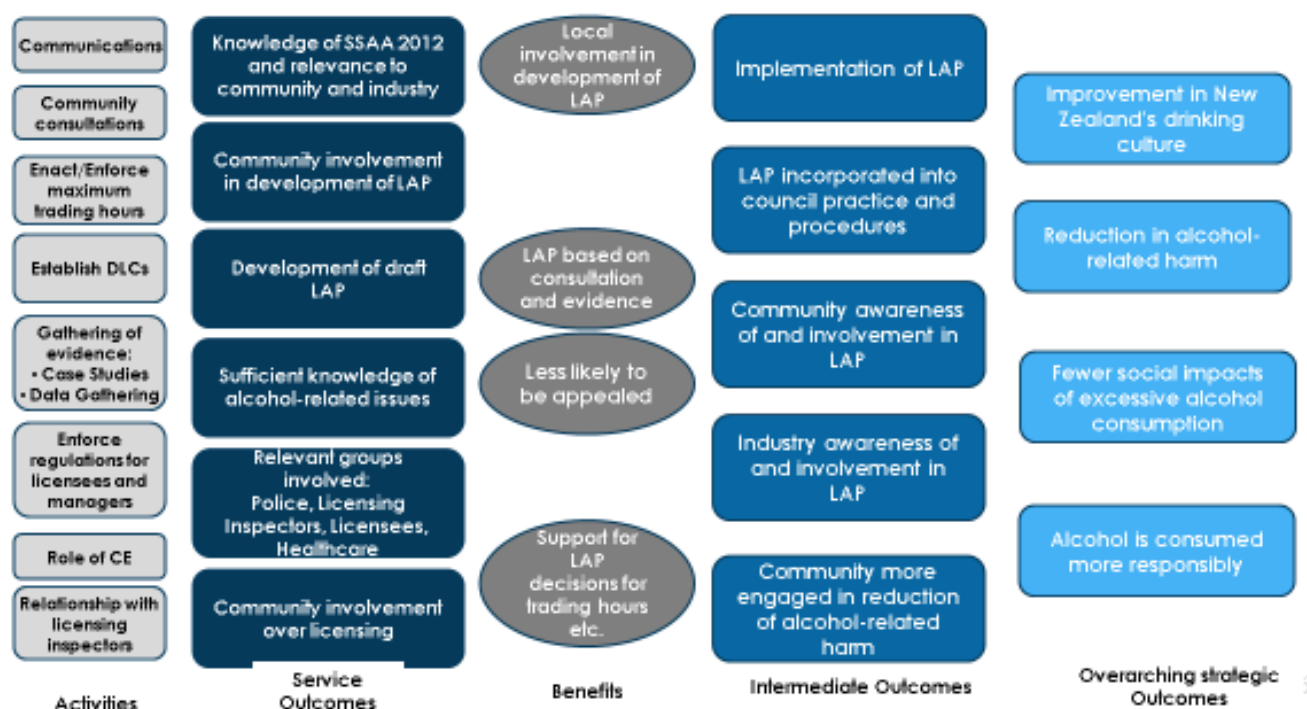
More detailed feedback is appended in Section 7.4 but, in summary, the research findings indicated that:

- Communities recognise the negative impacts of alcohol and alcohol-related harm in NZ society.
- There may be a shifting in attitudes towards a lower tolerance of alcohol due to its negative impacts on society.
- And that greater emphasis on behaviour change and personal, social and community responsibility, running parallel with sale and supply restrictions (The Act/LAPs), are necessary in future.

Appendix

7.1 Outcomes framework developed for stakeholder (national representative) interviews

SITUATION: NEW ZEALAND EXPERIENCES ALCOHOL RELATED HARM WHICH IMPACTS ON HEALTH, CRIME AND VIOLENCE, DRINK-DRIVING AND HAS SOCIAL COSTS



Abbreviations:

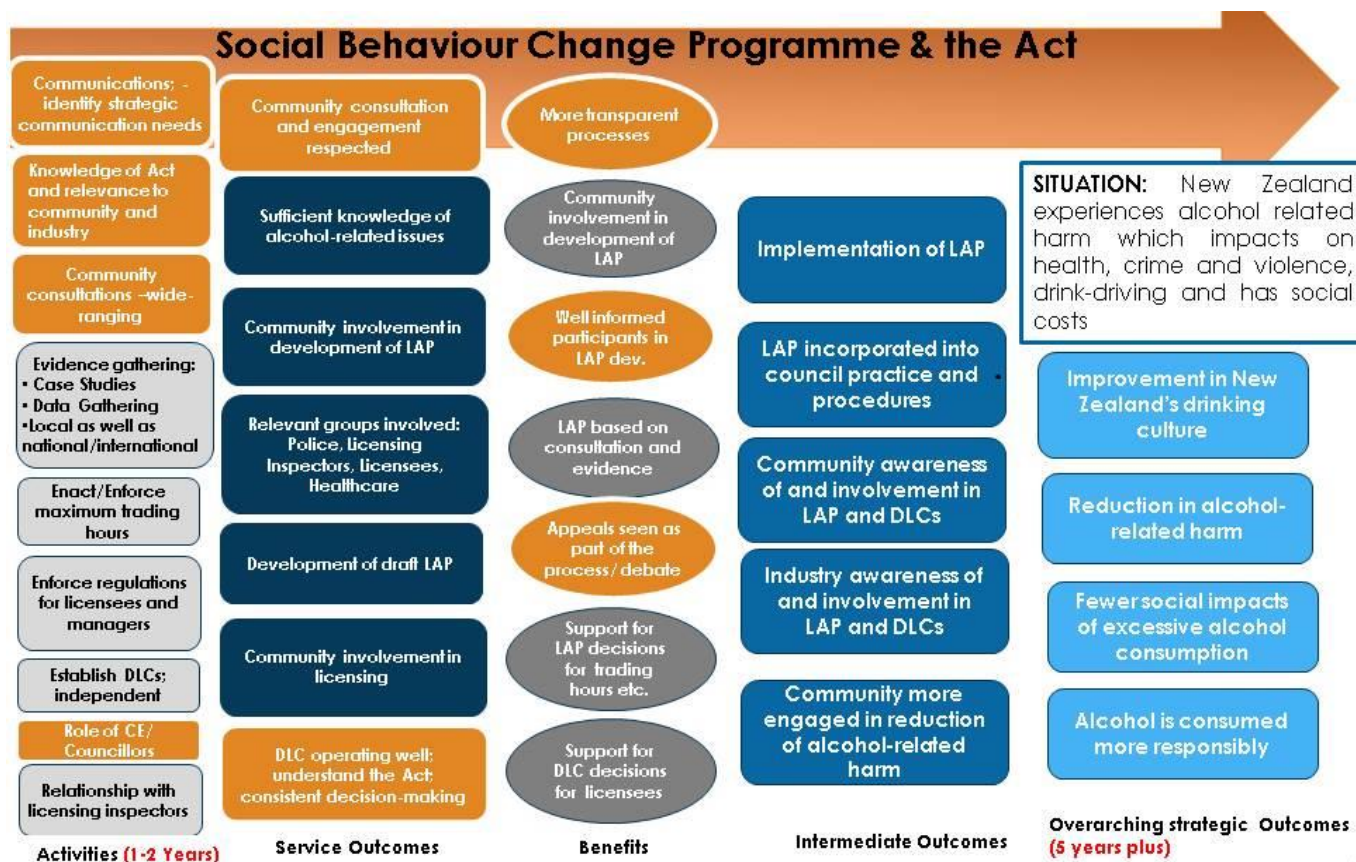
CE – Chief Executive

DLC – District Licensing Committees

LAP – Local Alcohol Policy

SSAA – Sale and Supply of Alcohol Act 2012

7.2 Updated outcomes framework (including stakeholder and national representative input)



Abbreviations:

CE – Chief Executive

DLC – District Licensing Committees

LAP – Local Alcohol Policy

SSAA or The Act – Sale and Supply of Alcohol Act 2012

7.3 Key findings from Stage two (national representatives)

The main findings from the national stakeholder research are summarised below.

Understanding of the Act

- All stakeholders were aware of and keenly interested in how the Act was working generally and concerned about how DLCs and LAPs were working specifically, though there were diverse views of how well both were working.
- All stakeholders agreed with the overall strategic objectives of the new Act to address the risks of alcohol harm; however, for many the first year had been characterised by the submission and appeal process to LAPs.

Relationships between key stakeholders

- There was a divide among industry and government representatives about the benefits of the Act and how the first year of LAP development and implementation was working. For example, the local interpretations of the Act have resulted in more stringent requirements that industry feel do not align with national body goals; or are not based on local evidence, which has led them to make submissions and invest in litigation and appeal.
- Research findings indicated a lack of understanding of other stakeholders' motives. Greater community consultation, including main sector groups and more transparent and strategic conversations earlier on may help.
- Findings also highlighted that this is a period of cultural change and will take some time for all sectors to understand and work within. It may take case law and precedents to help all sectors interpret the contentious areas of the Act when developing LAPs and making licensing decisions.

LAP process

- Findings suggest there may be potential for more information sharing and open conversations early on, to provide a balanced view and to find common ground before LAPs are developed, which may avoid appeals later.
- The submission process has put an extra burden on many key sector groups including Health, Police, industry, supermarkets and TAs.
- Appeals were a key part of the Act and enabled the interpretation of the Act to be clarified through case law and precedents - a key part of the process for a new law change. However, the cost and duration of the appeal process was challenging for many stakeholders.

- For many, the view was that the LAP process has been approached with undue haste, with insufficient time allowed to gather and consider evidence, listen to submissions and develop plans which best reflect the community viewpoint. Gathering local evidence and ensuring relevant and open community consultation and engagement were two areas where there was room for improvement.
- Industry suggested it would have been more prudent if the default hours had been allowed to bed in sufficiently before any changes were made through a LAP.
- All stakeholders expressed frustration with the inconsistencies of DLC processes and decisions.
- The LAPs and DLC processes were intertwined and decisions in one impacted on the decisions in the other. Improved understanding of how the DLCs and LAPs related to each other and the powers held by DLCs would improve the development of the LAPs.

Community engagement and evidence gathering

- There was strong support for the concept of increased community involvement and agreement that effective community engagement was critical for the development of LAP and operation of DLCs.
- The quality of community consultation was variable though, with some TAs doing this well and others relying on community surveys only.
- The range and quality of local evidence gathering to support the LAP was also called in to question.
- Stakeholders commented that community engagement and evidence gathering were both crucial for a well formulated LAP and that they put the LAP at risk during an appeal if not done well.

Impacts

- A consensus view was that the impacts of the Act would only be realised after many years and some stakeholders considered it would take decades.
- Also, it was reinforced that the Act addressed sale and supply and that a behaviour change programme was also required to address demand.

The key areas identified to follow-up in the Case Studies were:

- Understanding of the Act among regulatory agencies, industry and community participants.
- The LAP development process; exploring community engagement and evidence gathering to identifying best practice and examples.
- The appeal process; identifying what is working well and what can be done differently?
- Investigating how Māori and Pacifica views are obtained and included in the LAP.

- Investigation as to how the DLCs are working, including the role of elected members who participate in DLCs.
- The impacts and implications of local variation versus national consistency.
- Relationships with regulatory agencies and other key stakeholders.

7.4 Community attitudes towards alcohol

There is concern about the negative effects of alcohol in the community. The consensus is that alcohol-related issues are widespread in New Zealand society and alcohol consumption has negative knock-on effects including poverty, poor family health and mental illness.

Irresponsible and binge drinking behaviour is understood to be more prevalent among younger drinkers, but not uncommon among older, supposedly more mature groups. Unacceptably high rates of domestic violence (correlated with alcohol consumption) and (rural) drunk driving (directly attributable to alcohol consumption) continue to be major problems. Also of concern are young people in rural communities who travel to socialise in larger centres (Hamilton and Tauranga for example) and those who pre-load or side-load rather than purchase and consume more controlled quantities of alcohol from on-licence facilities.

I just thought about my upbringing and my life. My thoughts are drink fun, drink fast and drink long. Going out and having a good time, not meaning that it's going to be a good time because nine times out of 10 there's always a fight or an argument of some sort. Spending a lot of money on one night drinking and looking forward to the weekend to drink.

I do think there is a strong education on the effects of alcohol especially in high schools, but people still choose, especially younger people around my age, still choose to go out every weekend and drink irresponsibly.

In some communities, social issues such as poverty, unemployment, bored and disaffected youth, gang and drinking culture, encourage antisocial and alcohol-related behaviours. Alcohol consumption may be accompanied by drug taking and other criminal and antisocial behaviour. Parties arranged via Facebook and other social media channels, which then get out of control, are worrying for the community members. The knock-on effects of alcohol abuse on family and youth raised concerns among community leaders.

When the kids wake up on Monday morning and the parents have been partying all weekend, got no uniform, no breakfast, no lunch. On the table is half drunk bottles of beer, hang on I am feeling sad I will gather up all the half-drunk bottles of beer and drink them and what happens they feel good because they are pissed.

A Māori community leader shared his observations regarding alcohol and drug problems in his community and why he felt the Act would have little impact.

Our children in the rural areas, they hear if there is an anniversary of the death of a gang member, a funeral for a gang member or the unveiling of a stone for a gang member they know that the gang is going to be there at midnight to drink because that is what the gangs do. They drink, they get drunk, they smoke drugs and before they leave they will leave a bottle of Steinlager, which is their drink, on every headstone of the gang members. We have found a P pot loaded with a lighter next to it on a headstone that a gang member has left for their mate, cigarettes and ashtrays and it doesn't take our kids long to figure out where they can get a free bottle of whisky or hit of P.

Licensees do not enjoy their 'policing' or 'parental' role and are frustrated when held to account for intoxicated patrons who have spent little or no money in their establishment. They feel there needs

to be a greater focus on personal responsibility, supported by behaviour change education provided by local and central government.

We know down here that parents are providing their 14 and 15-year-old kids with alcohol. So, the only way the Police can deal with some of these problems is in bars. I say, "You are making it our responsibility to look after people; you are not making people accountable". If the Government was so clear about 18-year-olds drinking, put the accountability on them.

It is also personal responsibility, why do judges allow people to hide behind it? "I bashed up my wife because I was drunk." Drunk doesn't change the person you are it just brings the true person out and takes away the inhibitions. Is it the bottle store owner's fault that the person got smashed on the alcohol he bought from him or is it the person who got smashed?

Most other participants reiterated this view, but from a concern for public and community wellbeing, not from dissatisfaction with their own role in minimising harm.

The focus groups noted a complacency and lethargy at a general public level, and while people bemoaned alcohol-related problems in their communities, they did little, if anything, to speak up against it.

People worry that any strategies aimed at addressing alcohol-related harm are in danger of being superseded by those with a vested interest in maintaining alcohol consumption i.e. on and off license holders.

Conversely, cheap and accessible alcohol is a benefit for some general public participants; it is legal and 'socially acceptable'.

Some community leaders maintained that mainstream strategies lack a Māori perspective and as such are unlikely to work. They suggested that greater focus must be on treating the symptoms and not just the causes of alcohol consumption and harm.

For Māori, the mainstream approach is to treat the symptom and not the cause. And those policies treat symptoms but I prefer to treat the cause. So, a policy is not going to affect a 17-year-old boy who has broken up with his partner and feels spiritually depressed or a young woman. A policy is not going to do a thing because what comes out when he or she is feeling that depression is we have a high suicide rate in New Zealand.

But in Māoridom the environment is the womb. If you drill down to any ailment or illness it is probably a result of the environment. So, if you are in the womb and mum is smoking and drinking it is going to impact you as a baby. If you are brought up in a domestic violence home it is not going to take long before that environment has an impact on you. If you live in a gang environment it is not long before that environment has an impact on you. You could be the fittest person in the whole wide world and you go and live in a moldy house and it not going to take long before that environment has an impact on you.

More positively, the general public noted that alcohol is now "on the agenda" and that there has been a mind-shift and increased public interest, awareness and concern regarding alcohol-related matters in recent times. The Nigel Latta programme that screened in 2014, the Act, a lower tolerance for drunk driving and public drunkenness, and a more responsible attitude from on-licences have started to mobilise public interest and support.

I've noticed that at organised social gatherings alcohol is starting to take more of a back seat actually. I stopped drinking a few years ago, and I've noticed even in that time there's been a much greater change in how accepted it is. It used to be, "Oh go on, have one" and now I don't even have to say if I'm driving or anything like that, now it's "Oh yeah, okay".

I think it is all part of a greater public awareness that it is an issue now, whereas perhaps three years ago, it was something that happened at a national level and there were alcohol shops and you bought your alcohol and did what you like. Whereas now there is a new Act and there are more programmes on TV, there was a Nigel Latta series last year that gets people a bit more aware of it. And it is all very well to see a TV programme but when you can relate that to the local policy and it is being talked about and is in the paper and that sort of thing, local campaigns you can relate it directly to yourself and your friends. And the local council plays an important role in that.

7.5 Information sheet

Research on Sale and Supply of Alcohol Act: Case Studies with territorial authorities - Information Sheet.

What is the research about?

The research aims to provide information on the impacts and effects of the Sale and Supply of Alcohol Act (2012) (SSAA) by examining how territorial authorities are approaching the first year of the introduction of the SSAA, policy development such as the development of Local Alcohol Policies (LAPs), and exploring community involvement in local licensing decision making. The research also aims to gain an understanding of perceptions of the process and changes related to the SSAA on alcohol-related behaviour and social harm and effects within local authorities.

Why is the research being done?

The Health Promotion Agency (HPA) is working with the Ministry of Justice (the lead government agency for the SSAA) to undertake research and collect a range of data and information to understand the impacts and effects of the SSAA. This research project forms part of a suite of projects and activity that contribute to this aim. The information collected will be used by HPA to provide feedback, advice and information to the agencies and organisations in the alcohol sector.

Who is the HPA?

HPA is a New Zealand Crown entity that promotes health and encourages healthy lifestyles by developing and delivering national health promotion initiatives. HPA also has specific functions related to alcohol on providing advice and undertaking research on alcohol-related issues.

More information on HPA can be found at www.hpa.org.nz.

Who is carrying out the research?

UMR Research Limited, an independent New Zealand research company, is carrying out the research for HPA.

What is involved?

The approach UMR are taking is to interview a range of people within six territorial authorities using a Case Study approach. Within each territorial authority, it is planned to cover a range of interviews with people who have involvement in the SSAA and alcohol-related activity. These include; interviews with TA staff involved with the SSAA, the development of LAPs, and alcohol-related activities; interviews with local DHB staff such as the Medical Officer of Health and local Police staff; members of the public involved in the SSAA process such as LAPs and some local hospitality sector retailers/operators.

Do I have to take part?

A letter from Clive Nelson, Chief Executive of HPA will be sent to those known to HPA who are involved in implementing the SSAA within the Case Study territorial authority to invite them to participate in the research. Shortly after UMR will contact the letter recipient to discuss the project and request participation in the research. They will also enlist their help to identify possible other participants. Participation is entirely voluntary. Your views and experiences are important to us and we would appreciate your involvement.

How were the territorial authorities involved selected?

Territorial authorities for potential inclusion in this research were selected to provide a range of different experiences with the SSAA, and included consideration of demographic characteristics of the territorial authority, stage of LAP development and type of LAP (for example, if a joint LAP).

If I am interviewed will my responses be confidential?

UMR does not provide any information that can identify an individual person to the Health Promotion Agency or any other organisation or individual. Common themes will be identified and information grouped. Some use of quotes may be used in reporting; however, no identifying information will be included. You will have the opportunity to discuss this with the researchers personally and confirm how you would like your responses reported.

UMR must follow the Professional Code of Practice of the Research Association of New Zealand. Please refer to <http://www.mrsnz.org.nz/wawcs0146303/Code-of-Practice.html> for further information.

HPA is bound by the Privacy Act to use this information only for the purpose for which it was collected.

When is the research taking place?

UMR will be contacting territorial authorities to seek their involvement and undertake the Case Studies between January and August 2015.

When will the results from the research be available?

Findings from the research are expected to become available in early 2016.

Do you have any other questions about the survey?

If you have any questions about the survey you can contact;

- Alice Kan, Director, UMR Research, Free Phone 0800 825 5867 or alice@umr.co.nz.
- Craig Gordon. HPA Project Manager Research and Evaluation Team, c.gordon@hpa.org.nz or (04) 917 0745.

7.6 Letter to stakeholders

August 2014

Dear [Stakeholder Name]

In December 2012, the New Zealand Parliament passed new laws regulating the sale, supply and consumption of alcohol in response to the Law Commission's 2009/10 review of alcohol legislation.

The reforms introduced by the Sale and Supply of Alcohol Act 2012 (SSAA) aim to improve New Zealand's drinking culture and reduce the harm caused by excessive drinking.

The Health Promotion Agency (HPA) has commissioned UMR Research Limited, an independent market research company, to undertake research for us to understand the impacts and effects of the SSAA. The focus of this research is to understand how territorial authorities are approaching the introduction of the SSAA and exploring community involvement in local licensing decision making such as input into the development of Local Alcohol Policies.

I believe that your views and knowledge would make a valuable contribution to this research. I am very conscious that I'm asking you to personally commit some of your valuable time to this work. I'm doing this because I want to ensure that we obtain key sector views at a national level. Your participation in this research will help us inform the next stage of the research which involves consultation with a range of territorial authorities using a Case Study approach. If you are unable to participate or believe that there is someone else in your organisation that is better placed to speak on these issues, please contact in the first instance Alice Kan at UMR.

UMR Research will contact you shortly to invite your participation in the study. Your participation will involve an interview with a senior person from UMR for about 45 minutes at a location convenient to you.

Your confidentiality in this research is guaranteed. UMR will only report summarised results, not specific individual responses to the HPA.

If you would like further information about this research, please contact:

Alice Kan UMR Research	Phone: 04 473-1061 alice@umr.co.nz
or	
Karen Connell UMR Research	Phone: 04 473-1061 karen.connell@umr.co.nz
Craig Gordon HPA Project Manager	Phone: 04 917 0745 C.Gordon@hpa.org.nz

I would like to thank you for considering my request.

Yours sincerely

Clive Nelson
Chief Executive

Glossary

TERM	DEFINITION
SSAA 2012 AND LEGISLATIVE	
SSAA 2012 (The Act)	The Sale and Supply of Alcohol Act 2012. Adopted following recommendations made after the 2009/2010 review of alcohol legislation.
Alcohol Regulatory and Licensing Authority (ARLA)	The Alcohol Regulatory and Licensing Authority (ARLA) replaced the Liquor Licensing Authority (LLA) from 19 December 2012. ARLA will primarily determine appeals from decisions of DLCs and appeals on Local Alcohol Policies (LAPs).
Law Commission Review	2009/2010 Review of alcohol legislation carried out by the law Commission.
2009/2010 Review of alcohol legislation	The Government of the day entrusted the New Zealand Law Commission, led by Sir Geoffrey Palmer, to undertake a rigorous and comprehensive review of the liquor laws in 2009/2010. The final report by the Law Commission 'Alcohol in our lives: curbing the harm' made 153 recommendations. While several of these were adopted, in whole or in part, in the new Sale and Supply of Alcohol Act 2012, some of the most effective recommendations to reduce alcohol-related harms were ignored.
GOVERNMENT AGENCIES	
Health Promotion Agency (HPA)	HPA is a Crown entity established on 1 July 2012 under legislation to lead and support national health promotion initiatives.
Canterbury Earthquake Recovery Authority (CERA)	The Canterbury Earthquake Recovery Authority (CERA) is the agency established by the Government to lead and coordinate the ongoing recovery effort following the devastating earthquakes of September 2010 and February 2011. On 1 February 2015, it became a Departmental Agency within the Department of the Prime Minister and Cabinet.
LGNZ (Local Government New Zealand)	Local Government New Zealand is an incorporated society. Membership is voluntary and open to all territorial local authorities (cities and districts) and regional councils. All 78 local authorities are currently members. Policy and strategic direction is set by the National Council, a body elected by local authorities through a series of electoral colleges to ensure it is representative of the different types of councils as well as having representation from both North and South Islands.

TERRITORIAL LOCAL AUTHORITIES	
Territorial (Local) Authorities	Territorial authorities are the second tier of local government in New Zealand, below regional councils. There are 67 territorial authorities: 12 city councils, 53 district councils, Auckland Council and Chatham Islands Council. Six territorial authorities (Auckland Council, Nelson City Council, the Gisborne, Tasman and Marlborough District Councils and Chatham Islands Council) also perform the functions of a regional council and thus are unitary authorities. A unitary authority may also have local boards; currently only Auckland Council has them.
Policy staff	TA staff that are responsible for policy development.
Elected Members	Councillors, Regional Councillors, Board Members, Mayor.
LOCAL ALCOHOL POLICY (LAP)	
Local Alcohol Policy (LAP)	A Local Alcohol Policy (LAP) is a set of decisions made by a territorial authority in consultation with its community about the sale and supply of alcohol in its geographical area.
Draft Local Alcohol Policy (DLAP)	Once a draft LAP is prepared, the territorial authority must consult the community. The process that should be followed is set out in the special consultative procedure in the Local Government Act 2002. The draft LAP and a summary must be made readily available to all residents and ratepayers. For example, TAs may make the information available on their websites, at their public offices and in public libraries. The draft LAP must also be included on the agenda for a meeting of the territorial authority.
Provisional Local Alcohol Policy (PLAP)	Once the submission period for the draft LAP ends, the territorial authority will consider submissions when developing an updated version of the policy. This version is called a provisional LAP. A provisional policy is subject to an appeal process and must obtain final approval by the Alcohol Regulatory Authority before becoming operational.
Sinking lid policy	A sinking lid policy means no new licences can be issued. It is a way to gradually reduce alcohol related harm.
One-way door policy	Licensed premises can stay open until a set time (e.g. 3am) but cannot let any more patrons in after an earlier set time (e.g. 1am).

LICENSING	
District Licensing Committees (DLCs)	<p>The Sale and Supply of Alcohol Act 2012 (the Act) requires territorial authorities (TAs) to establish a District Licensing Committee (DLC). TAs can have more than one DLC for their area. DLCs are committees of the TA. DLCs decide applications for:</p> <ul style="list-style-type: none"> • New and renewed licences and managers' certificates, regardless of whether these are contested. • Temporary authorities and temporary licences. • Variation of licences. • Most enforcement action for special licences.
Licensing criteria	<p>DLCs must consider a range of criteria when deciding licence applications, including suitability the applicant, any relevant etc. LAP case law and guidance or practice directions issued by the Alcohol Regulatory and Licensing Authority (ARLA) will also influence DLC decisions.</p>
Licensing bodies	<p>Licensing bodies make decisions around matters to do with licensed premises and include ARLA and DLCs.</p>
Licence applications	<p>An application to the DLC to get a licence or special licence to sell alcohol.</p>
Licensing Inspectors	<p>Inspectors have power of entry to any licensed premises at any reasonable time and may request to see the licence or any records to establish compliance with the Act.</p> <ul style="list-style-type: none"> • Enquiring into all applications for licences, managers' certificates and renewals. • Monitoring licensed premises' compliance with the Act reporting to the DLC or ARLA. • Appearing and being heard at ARLA and DLC hearings, appeals and other matters. • Applying to ARLA for variation, suspension and cancellation of licences and Managers' Certificates. • Making appeals to ARLA issuing infringement offence notices. • Providing information for development of Local Alcohol Policies. • Exercising the power to seize alcohol and containers without a warrant for analysis.
Risk-based fees	<p>A risk-based fee regime, where fees increase in line with increasing risks of alcohol-related harm posed by a licensee.</p>

REGULATORY AGENCIES / PARTNERS	
Regulatory agencies/partners	NZ Police, Medical Officers of Health (PHUs) and Licensing Inspectors.
District Health Board (DHB)	<p>DHBs were established in January 2001 by the New Zealand Public Health and Disability Act 2000. Although they may differ in size, structure and approach, all 20 DHBs have a common goal: to improve the health of their populations by delivering high quality and accessible health care.</p> <p>DHB functions include both funding and planning of services, and provision of services. DHBs hold contracts and agreements with organisations that provide the health services required to meet the needs of the DHB's population.</p>
Medical Officers of Health	<p>The Medical Officer of Health has a statutory reporting role and may delegate powers and functions to any suitably qualified or trained person.</p> <p>Functions of the Medical Officer of Health include:</p> <ul style="list-style-type: none"> • Enquiring into all applications for licences and renewals. • Making reports to DLC or ARLA where there are matters in opposition. • Providing information for development of LAPs. • Applying to ARLA for suspension of an on-licence or a club licence where there is evidence of non-compliance with public health requirements.
PHU	Public Health Unit.
MISCELLANEOUS	
Pre-load/Side-load	Loading up on alcohol before going out to licensed venues and/or between licensed venues.
CPTED (Crime Prevention Through Environment Design)	Crime Prevention Through Environmental Design (CPTED) is a multi-disciplinary approach to deterring criminal behaviour through environmental design. CPTED strategies rely upon the ability to influence offender decisions that precede criminal acts.

RESEARCH	
Informant interviews	Interviews conducted with key individuals within the community.
Focus groups	A focus group is a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs, and attitudes on the relevant topic.
Qualitative research	Qualitative research is primarily exploratory research. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses for potential quantitative research.
Quantitative research	Quantitative research is the systematic empirical investigation of observable phenomena via statistical, mathematical or computational techniques.
Local industry	Licence holders within the relevant TA where a new LAP will control.
Community participants	Members of the community who put their thoughts on a new LAP forward.
Stakeholders	A person, group or organisation that has interest or concern in an organisation. Stakeholders can affect or be affected by the organisation's actions, objectives and policies.