

# Guidelines for Preparing an Alcohol Strategy

November 2008

# ACKNOWLEDGEMENTS

---

These guidelines have been prepared from a review of national and international practice in strategies to reduce alcohol-related harm.

In particular, many examples of content have been drawn from the following alcohol strategies:

- Auckland City Council's *Alcohol Strategy*, 2006
- Invercargill City Council's *Community Alcohol Strategy*, 2007
- Manukau City Council's *Alcohol Strategy – Reducing Alcohol-Related Problems in Manukau City*, 2002
- Nelson City and Tasman District Councils' *Nelson Tasman Regional Alcohol Strategy*, 2006
- Waitakere City Council's *City-Wide Alcohol Strategy*, 2006
- Westland District Council's *Hokitika Alcohol Strategy*, 2008.

ISBN 978-1-877373-48-0

Pub Code AL557

## TABLE OF CONTENTS

---

<b>ACKNOWLEDGEMENTS .....</b>	<b>2</b>
<b>TABLE OF CONTENTS .....</b>	<b>3</b>
<b>1. INTRODUCTION .....</b>	<b>4</b>
Why develop an alcohol strategy? .....	4
Liquor Licensing Policies.....	6
National Alcohol Action Plan .....	6
<b>2. DEVELOPING A STRATEGY: SEVEN KEY STEPS .....</b>	<b>7</b>
Step 1: Building Partnerships.....	7
Step 2: Data gathering and analysis .....	9
Step 3: Setting targets and priorities .....	12
Step 4: Developing a strategic framework .....	12
Step 5: Drafting the strategy .....	13
Step 6: Implementation and communication.....	16
Step 7: Monitoring, evaluation and review .....	16
<b>3. HANDY HINTS FOR AN EFFECTIVE STRATEGY.....</b>	<b>20</b>
<b>APPENDIX: ACTION AREAS TO CONSIDER FOR YOUR STRATEGY .....</b>	<b>22</b>
Partnerships .....	22
Regulatory and Enforcement .....	24
Council Operations.....	28
Young People.....	30
Workplaces.....	31
Advocacy.....	31
<b>REFERENCES .....</b>	<b>33</b>

# 1. INTRODUCTION

---

These guidelines have been designed to assist local authorities and their partners with developing responses to local alcohol problems and bringing them together within an alcohol strategy. An alcohol strategy summarises all the current and planned initiatives of a council and its partners in tackling local alcohol-related harm.

The guidelines represent good practice based on the experiences of a number of councils in New Zealand, and international research on liquor licensing policies and alcohol strategies.

The guidelines include:

- an outline of the steps involved in preparing a strategy
- recommendations for local research to be carried out before starting to develop a strategy
- handy hints for writing an effective strategy
- guidance on recommended 'Action Areas' for your strategy.

Alcohol is the most commonly used recreational drug in New Zealand, with over 80 percent of New Zealanders reporting that they have drunk alcohol in the last year (ALAC, 2005a). While most people drink without harming themselves or others, the misuse of alcohol contributes significantly to a number of health, social and economic costs. These costs are borne by individuals, families and the wider community.

Alcohol-related harm includes:

- injuries and fatalities, either intentional (eg, from violence or self-harm) or unintentional (eg, from road traffic crashes, falls, accidents, drownings)
- crime (particularly violent crime) and social disorder, such as vandalism, litter, noise, and public disturbances
- economic and social harms such as personal financial failure, poverty, unemployment, homelessness, absenteeism and low productivity, family breakdown and child neglect, truancy and educational failure
- mental health conditions, such as dependence and depression
- haemorrhagic stroke, cancers of the mouth, throat, breast and liver, and cirrhosis of the liver
- birth defects, including Foetal Alcohol Spectrum Disorder (FASD) and other permanent disabilities
- sexually transmitted infections and unplanned pregnancies.

Source: Adapted from National Drug Policy 2007-2012 (Ministerial Committee on Drug Policy, 2007)

## **WHY DEVELOP AN ALCOHOL STRATEGY?**

In New Zealand, it is estimated that alcohol-related harm costs somewhere between \$1 billion and \$4 billion a year (Easton, 2002). There are significant costs to the public health sector, the criminal justice system, and, social welfare and from lost productivity in the workplace. Up to 70 percent of weekend

emergency department presentations, and a significant percentage of weekend crime is related to alcohol. A number of government agencies have responsibilities around reducing alcohol-related harm, including the Ministry of Health, the Alcohol Advisory Council of New Zealand (ALAC) and the New Zealand Police. However, councils are the lead agencies on local social issues and have responsibilities under the Local Government Act 2002 to promote the wellbeing of their communities. Research shows that people's drinking behaviour is influenced by their local environment and that communities can do a great deal to reduce local alcohol-related harm (ALAC, 2005b).

Local authorities have a number of responsibilities around the sale and supply of alcohol. District Licensing Agencies (DLAs), which are part of councils, have a direct role through granting and enforcing liquor licences. Councils often undertake a range of additional initiatives to reduce alcohol-related harm, such as providing alcohol-free events for young people and participating in alcohol accords to encourage good practice by licensees. At a local level, other organisations also have a role in reducing alcohol-related harm, and for some it is part of their core business. An alcohol strategy helps to bring all these initiatives together in one coherent document.

Approaches will vary between local authorities as they address the unique needs and aspirations of their communities, including different population groups and the individuality of a neighbourhood.

The benefits of having an alcohol strategy include:

- raising the profile of alcohol-related issues in the community
- encouraging a joined-up approach between councils and partners in developing strategies to address local alcohol issues
- defining the responsibilities of councils and their partners in tackling alcohol-related harm
- demonstrating how councils are fulfilling their obligations under relevant legislation.

Furthermore, the Liquor Licensing Authority (LLA) has expressed the wish that councils develop alcohol strategies, and in *Asian Pacific Developments Limited* LLA PH 194/2007 [20] it commented, with regard to Manukau City Council's *Alcohol Strategy*, that:

“In the past we have expressed the wish that councils would develop a clear policy reflecting the views of the community. Such a policy provides invaluable guidelines and assistance to the Authority”.

And in [22]:

“In summary, we believe that the strategy provides a balanced approach between the needs of the community, and the need to consider the objectives of the Act. One of the advantages of such a policy is that it provides a consistent approach to the granting of liquor licences within the district. Applicants are able to anticipate the trading hours that the community had deemed acceptable.”

## **LIQUOR LICENSING POLICIES**

Many councils have formally adopted liquor licensing policies. These provide licence applicants with information about the resource consent and licence application processes that they need to follow in establishing or purchasing a bar, restaurant or retail outlet. They also set out the councils' expectations of licensees, based on legislative requirements and any other relevant policies adopted by each council. Typically, these cover licensing requirements, Host Responsibility practices and hours of trading. Some councils also include sections on manager training, age-restricted bottle stores, age verification and proactive enforcement practices.

A liquor licensing policy that has been formally adopted by a council can be referred to by the LLA in its decisions, as well as an alcohol strategy (see LLA PH 194/2007 above).

## **NATIONAL ALCOHOL ACTION PLAN**

The Government's response to addressing alcohol-related harm was previously the *National Alcohol Strategy 2000-2003* (ALAC & Ministry of Health, 2001), aimed at minimising alcohol-related harm to individuals, families/whānau, the community and New Zealand society as a whole. However, the *National Drug Policy 2007-2012* (Ministerial Committee on Drug Policy, 2007) signalled that action plans would be developed to achieve the objectives set out in the *National Drug Policy*.

The *National Alcohol Action Plan* (Ministry of Health, 2008), expected to be finalised and published in 2009, replaces the former *National Alcohol Strategy* and includes a range of actions for addressing alcohol-related harm. For more information, visit the *National Drug Policy* website: [www.ndp.govt.nz](http://www.ndp.govt.nz).

## 2. DEVELOPING A STRATEGY: SEVEN KEY STEPS

---

There are a number of key steps to undertake when developing an alcohol strategy. This section takes you through step by step, with suggestions for who to involve and where to find more information, and provides a framework for writing your strategy.

There are seven key steps towards an alcohol strategy:

1. Building partnerships
2. Data gathering and analysis
3. Setting targets and priorities
4. Developing a strategic framework
5. Drafting the strategy
6. Implementation and communication
7. Monitoring, evaluation and review.

### **STEP 1: BUILDING PARTNERSHIPS**

Alcohol-related harm has impacts across the health, social welfare and criminal justice systems. A partnership approach is therefore required for a comprehensive alcohol strategy. The support of key partners is essential and Step 1 gives you some ideas for convincing key people of the need for an alcohol strategy. You should get them on board as early in the process as possible. However, it may be that the initial partnership comprises a smaller core group of key stakeholders to drive the early stages of its development and further engage the broader partners listed below.

Building partnerships is about building relationships and a smaller core group may be more effective in engaging a wider group. Building partnerships is an important first step and should not be rushed. It may take some time to develop support and finalise a working group and can take as long as 12 months.

Important people/organisations to get on board include:

- local authority chief executive and/or the mayor
- police area commander
- secretary of the DLA
- Public Health Service
- Accident Compensation Corporation (ACC)
- Safer City planners
- local iwi
- Māori Wardens
- YATA (Youth Access to Alcohol) members
- New Zealand Fire Service
- New Zealand Transport Agency

- Ambulance Service
- local general practitioners (GPs) and/or hospital emergency medical staff
- District Health Board (DHB)
- Primary Health Organisations
- Child, Youth and Family (CYF)
- alcohol-focused non-government organisations
- Hospitality Association of New Zealand (HANZ)
- local licensed premises
- the liquor industry.

For some, key statistics highlighting a particular issue may be most effective, while others may respond to an emphasis on the relevant policy drivers. For example, alcohol-related crime and disorder statistics are a key driver for Police, and the *New Zealand Police Alcohol Action Plan* (New Zealand Police, 2006) underlines the commitment of Police to help reduce alcohol-related harm. A short presentation to a group, such as a liquor liaison group, could reach a number of key partners in one go, or you may need to meet them individually.

There are many people who have a stake in addressing alcohol-related harm, ranging from local businesses to health and social care professionals; from service users to licensed trade and those working in the criminal justice system; as well as the general public. It is important to get their views on alcohol-related harm and their ideas on how to address it.

Getting stakeholder input will assist with:

- informing decisions about what to prioritise in the strategy
- letting people know that the strategy development is underway
- securing stakeholder support for the strategy development
- encouraging ownership of the strategy
- pooling resources and combining funds.

It may be possible to use existing mechanisms such as Community Safety Audits or Residents' Satisfaction Surveys to get an indication of stakeholders' views on alcohol issues. However, in order to encourage ownership, it is important that all stakeholders are given an opportunity to contribute and given that opportunity in an appropriate way.

### **Involving stakeholders**

There are a number of ways of involving stakeholders at this stage e.g. surveys, focus groups, public meetings, road shows.

Factors to be taken into account when planning their involvement include:

- what information is required?
- who is to be involved? (i.e. who are the stakeholders?)

- other planned consultation that could be adapted to include alcohol
- how the results of the consultation will be communicated to participants
- representativeness - it is important to reach into the community and not just engage those with a loud or persistent voice, or those with organisations or groups that represent them
- 'hard to reach' groups - community involvement processes require specific attention to the needs of groups and individuals who, for a variety of reasons, may not fully participate in consultation or decision-making about local services and projects and may face barriers to their participation unless they are specifically addressed
- appropriate methods
- publicity and communication about the process.

## **STEP 2: DATA GATHERING AND ANALYSIS**

Local data on alcohol-related problems helps to:

- persuade partners of the need for action
- enable everyone involved to gain an understanding of the scale of the problems
- set a baseline against which to measure change
- identify priorities.

Data may come from a wide range of sources. Sometimes quantitative data on alcohol-related harm is not collected at a local level, and therefore is not available. Qualitative data, such as newspaper articles about alcohol issues or anecdotal information from stakeholder interviews, can be useful when quantitative data is limited or unavailable.

When quantitative data is limited, national research can also be used to indicate where problems are likely to be. For example, *Alcohol Use in New Zealand: Analysis of the 2004 New Zealand Health Behaviours Survey – Alcohol Use* (Stefanogiannis, Mason & Yeh, 2007) provides information on the alcohol consumption and drinking patterns of New Zealanders. The report also presents results about youth drinking and the supply of alcohol to young people. Differences in alcohol use between males and females, Māori and non-Māori and across age groups are also reported. If an area has a higher-than-average proportion of young people in its community, there might need to be more focus on initiatives for young people in their strategy than an area with an older population.

It is important to bring together licensees to discuss alcohol-related issues relevant to the area. They often have a good knowledge of local community alcohol-related problems. Alcohol accords are an ideal framework through which this can be explored.

Types of useful information that may be available locally include:

- information about local outlets: (Contact local DLA)
  - numbers
  - types
  - density (geographic and per head).
- information about local levels of alcohol-related harm (see *Health Impact Assessment* for more information): (Contact local District Health Board, ACC, Ministry of Social Development and local authority)
  - demographics
  - local drinking patterns and levels of alcohol consumption
  - impact on health services e.g. hospital admissions
  - impact on community safety e.g. Community Safety Audits and safety questions within Residents' Satisfaction Surveys
  - impacts on families/whānau
  - impacts on children and young people
  - impacts on the environment
  - impacts on the economy.
- alcohol-related crime and Alco-Link data (Contact NZ Police)
- national research such as: (Contact ALAC)
  - ALAC publications
  - Alcohol Use in New Zealand: Analysis of the 2004 *New Zealand Health Behaviours Survey – Alcohol Use* (Stefanogiannis, Mason & Yeh, 2007).
- international research on: (Contact ALAC)
  - links between outlet density and harm
  - cultural diversity
  - inequalities and inequities.

It is important that the information gathered is evidence-focused and relevant to the local community i.e. local data specific to the individuality of the community.

The following table gives some examples of local indicators of community safety that could be used to build a picture of the extent of alcohol-related harm.

**Table 1: Community safety baseline indicators**

<b>Measure</b>	<b>Data source</b>
Fear of alcohol-related violence and disorder	Community Safety Audit
Drink-driving offences	Police (Traffic section)
Licensing offences	Police (licensing inspector) DLA
Drunkenness offences	Police
Acts of public place violence occurring in connection with licensed premises	Police
Acts of violence perceived by the victim, a witness or Police Officer to have been committed by an offender who was under the influence of any intoxicating substance	Police
Fires where alcohol was a factor	Fire Service
Ambulance call-outs for alcohol-related assaults or accidents	Ambulance Service
Residents' attitudes to their local environment, including use of public/open spaces and town/city centres	Residents' Satisfaction Survey
Noise nuisance complaints	Local authority - Environmental Health
Complaints about alcohol-related antisocial behaviour e.g. by street drinkers or young people	Police
Complaints about street cleansing related to alcohol	Local authority - Environmental Health
Number of cases of alcohol-related anti-social behaviour or crime within the Youth Court or CYF	Ministry of Justice Local CYF

Adapted from: *Local alcohol strategy toolkit* (London Drug and Alcohol Network & Alcohol Concern, 2007)

### **Health Impact Assessment**

A Health Impact Assessment (HIA) is a process for documenting the effects of a proposed change (such as a strategy or policy) on individuals, groups and communities, while also building local capacity to respond to that change. An HIA of the effects of licensed premises in a community might look at factors such as outlet density compared with national averages; demographics such as the percentage of young people and Māori; levels of alcohol-related crime such as drink-driving; public transport facilities; and public services' response capacity (Wiggers, 2006).

Since an HIA can help to identify ways in which positive health aspects of the strategy can be enhanced; negative health aspects of the strategy can be diminished or removed; and health inequalities may be reduced or widened as a result of the strategy, you should consider the benefits of carrying out such an assessment.

For more information about conducting an HIA, see *A Guide to Health Impact Assessment: A Policy Tool for New Zealand* (Public Health Advisory Committee, 2005) and *An Idea Whose Time has Come: New*

*Opportunities for Health Impact Assessment in New Zealand Public Policy and Planning* (Public Health Advisory Committee, 2007).

### **STEP 3: SETTING TARGETS AND PRIORITIES**

Each alcohol strategy will need to identify its targets and priorities. These are likely to reflect the alcohol-related harm issues in its area. Some targets and priorities may come from central government targets and may be reported to central government, but others will be developed and agreed locally.

For example:

---

#### **Target 1: Reduce off-licence supply of alcohol to minors.**

---

##### **Priorities**

- Contribute to projects as part of the Regional Alcohol Project (including pseudo patron projects)
  - Support enforcement and monitoring operations (including controlled purchase operations)
  - Work with licensees to enhance a culture of asking to see proof of age.
- 

#### **Target 2: Reduce the incidence of intoxication at on-licensed premises.**

---

##### **Priorities**

- Support action research that monitors intoxication levels
  - Support enforcement initiatives that aim to reduce intoxication
  - Work with licensees to minimise intoxication at points of service.
- 

Adapted from: *City-wide alcohol strategy* (Waitakere City Council, 2006)

Although alcohol misuse impacts on the work of most partnership agencies, it is not always a priority. To overcome this, effective alcohol strategies seek to link alcohol work with the corporate objectives of the partnership agencies. It is useful to identify local 'champions' such as councillors or alcohol leaders who can then persuade partners to contribute to the shared actions that aim to tackle alcohol-related harm.

### **STEP 4: DEVELOPING A STRATEGIC FRAMEWORK**

Developing a strategic framework will lead to the success of the strategy and should consist of:

- a shared vision for the strategy
- a shared mission statement that defines what you are doing
- values that shape your actions
- strategies that zero in on your key success approaches
- agreed targets and priorities.

Setting a clear mission statement with a defined direction and purpose will ensure those targets and priorities identified in Step 3 are set with best practice in mind.

Usually, one specific person is given responsibility for coordinating the development of the strategy. Sometimes they will oversee the writing of the strategy by an external contractor, but regardless of whether the writing is done in-house or externally, it is important to have a steering group or team of key players to share the work and give input from their agencies or organisations. The role of the team is to drive the strategy work along by maintaining ownership of key players to ensure alcohol is included in local priorities.

It is, however, most important that the person responsible for coordinating the development of the strategy has a sound knowledge and understanding of the local community and how to engage it in a consultative manner. It is also helpful to have a high-profile champion such as the mayor associated with the team to get access to the key players.

The make-up and function of the team will vary according to local conditions and drivers. For example, the advisory group for the development of Whakatane's alcohol strategy comprised the DLA, council road safety, community safety and policy staff, Police, local iwi, HANZ, ACC, CYF, community representatives, ALAC, YATA, the Public Health Service and Ngati Awa Social Health Services. Furthermore, it is important that all partners work towards common goals, and a formalised combined agency approach may enhance their working together where this may be necessary.

## **STEP 5: DRAFTING THE STRATEGY**

This step involves drawing the process of strategy development together into a written document. A basic framework is suggested below, which can be adapted to suit local requirements.

### **Executive summary**

This should be written last and include a brief summary of the main points from each section.

### **Background**

#### **a. The need for an alcohol strategy.**

This could cover:

- the context for the development of the strategy – why was a strategy developed? What are the current responses to local alcohol-related harm and what are the gaps?
- links between the minimisation of alcohol-related harm and the role of local government, including the Local Government Act 2002, the Resource Management Act 1991 and the District Plan, and the Sale of Liquor Act 1989.

#### **b. Goals and objectives.**

This should cover:

- the overall goal of the strategy
- the objectives of the strategy related to the overall goal.

c. The role of all strategy partners and stakeholders in reducing alcohol-related harm.

This could cover:

- how the council works to reduce alcohol-related harm, through its regulatory and enforcement roles in relation to the sale and consumption of alcohol
- a description of the role of the DLA
- descriptions also of the roles of the other partner agencies (Police and the Public Health Service) in reducing alcohol-related harm
- the role of the LLA
- areas where other agencies have prime responsibility, including:
  - fire safety
  - criminal justice
  - drink-driving
  - accident prevention
  - health promotion
  - community safety
  - the licensed trade
  - education and awareness
  - counselling and treatment
  - programmes for young people.

d. Local profile of alcohol-related harm.

This should summarise the information gathered in Step 2 and cover:

- the local definition of alcohol-related harm
- an overview of local statistics and information indicating key issues in the local area.

e. Strategic links.

This should cover the policy and legislative context for reducing alcohol-related harm, including:

- national strategies and plans, including the *New Zealand Health Strategy* (Ministry of Health, 2000); the *National Drug Policy 2007-2012* (Ministerial Committee on Drug Policy, 2007); and the *National Alcohol Action Plan* (Ministry of Health, 2008)<sup>1</sup>.

It is, however, important to remember that while your alcohol strategy should align with these national strategies and plans, they may not reflect the local situation relevant to your area or community and should be adapted to suit local needs

- local policies:
  - council policies including the *Long Term Council Community Plan* (LTCCP); any social wellbeing policies; relevant bylaws covering drinking in public places; and children's and young people's policies

---

<sup>1</sup> Expected to be published in 2009.

- policies of partners/other agencies – Police, ACC, the Public Health Service and any other agencies identified during strategy development.
- legislation:
  - the Local Government Act 2002, the Resource Management Act 1991 and the Sale of Liquor Act 1989, which are all relevant to councils' responsibilities and practices concerning alcohol
  - the relevant provisions of the Gambling Act 2003, the Prostitution Reform Act 2003 and the Smokefree Environments Amendment Act 2003, which are linked to alcohol-related harm issues.

### **Strategic actions**

This section identifies the strategic initiatives or actions designed to address the strategic objectives. These include current and planned initiatives, grouped by key Action Areas.

For each Action Area, the following should be covered:

- the objective
- a description of the Action Area and why it is included in the strategy
- a list of the initiatives or actions, current and planned, in the Action Area.

Section 4: *Action Areas to consider for your strategy* gives more detail on suggested Action Areas, including why they should be included in a strategy, and examples of initiatives by local authorities.

### **Monitoring, evaluation and review**

Your strategy should include a section that describes how monitoring and evaluation will be conducted. For more information, see *Step 7: Monitoring, evaluation and review*.

### **Acknowledgements**

It may be appropriate to thank those who participated in the strategy reference group. This can be included in an acknowledgements section. This is usually included at the beginning of the strategy.

### **References**

References to any reports referred to in the strategy should be indicated in the text and the full references included in a references section of the strategy.

### **Appendices**

Any additional information that is relevant but does not need to be included in full in the strategy can be included as an appendix. Examples of information that might be included in an appendix are interview forms and survey results.

For more information, see *Strengthening Community Action on Alcohol* (ALAC, 2007).

## **STEP 6: IMPLEMENTATION AND COMMUNICATION**

This step involves both putting the strategy into action and communicating it to the community.

### **Implementing the strategy**

It may be useful to develop an implementation plan for the strategy. This will ensure actions to achieve targets and priorities identified in the strategy are implemented and within agreed timeframes.

Some strategic initiatives may be ongoing, while others may take a year or two to show results. This reinforces the importance of tracking the results of implementation, as described in Step 7.

### **Communicating the strategy**

It is useful for the strategy to include how the strategy and activities will be communicated. Informing the community of how alcohol-related harm is being tackled locally is likely to reassure the public and raise its confidence in the ability of the relevant partners and stakeholders to deal with it.

### **Consultation**

This step builds on Step 1, involving stakeholders by consulting on the draft strategy and securing support for the objectives. Local buy-in with community ownership of the strategy is important, as is the opportunity for local people and organisations affected by alcohol misuse to provide feedback about the strategy.

Many councils have their own consultation policies or guidelines, and where this is the case, these policies should be adhered to. For more information on consultation methods, visit the webpage *Good Practice Participate: Techniques* (Office for the Community and Voluntary Sector, 2007):  
[www.goodpracticeparticipate.govt.nz/techniques](http://www.goodpracticeparticipate.govt.nz/techniques)

## **STEP 7: MONITORING, EVALUATION AND REVIEW**

Monitoring and evaluation are essential for ensuring the objectives of the strategy are being met and for guiding further development and implementation. Monitoring measures whether those outputs/tasks documented in the strategy have been met, whereas evaluation measures their impact and effectiveness (i.e. outcomes).

Monitoring and evaluation ensures the ability to:

- assess whether the initiatives are achieving their objectives
- ensure that the priorities for the strategy are still relevant
- develop knowledge around best practice
- identify any new or emerging issues relating to alcohol within the area
- ensure compliance with policy objectives and legislative requirements.

Source: *City-Wide Alcohol Strategy* (Waitakere City Council, 2006)

A framework for systematic monitoring, evaluation and review should be established as part of the strategy. Responsibility for monitoring and evaluation should also be identified.

## Establishing the framework

The alcohol strategy should outline the mechanism for monitoring, evaluation and review, which, as far as possible, should be integrated into existing systems. It should identify:

- how information will be collected, including the establishment of systems for obtaining new information
- how often information will be collected
- how those affected by the strategy will be able to provide feedback
- who is responsible for carrying out the monitoring, evaluation and review of the strategy, and who will be involved or consulted
- when monitoring, evaluation and review should be carried out
- how results will be reported to stakeholders.

## Monitoring

Monitoring involves the ongoing collection of information to establish progress towards actions, targets and objectives, and measures what has been done (i.e. outputs/tasks). Each objective should be linked to one or more baseline indicators, so that progress can be measured.

For example:

<i>Strategic objective:</i> Work with licensed premises to reduce alcohol-related crime.
<i>Outputs/Tasks:</i> <ul style="list-style-type: none"><li>• develop new alcohol accord by end of financial year</li><li>• fund and facilitate Host Responsibility training for 50 percent of bar and door staff within six months and for 100 percent within 12 months.</li></ul>
<i>Outcomes:</i> <ul style="list-style-type: none"><li>• % fewer incidents of alcohol-related violence in or outside licensed premises</li><li>• % bar and door staff feel more confident in tackling alcohol-related violence.</li></ul>
<i>Sources of data:</i> <ul style="list-style-type: none"><li>• introduction of alcohol-related incident monitoring forms for Police</li><li>• surveys of bar and door staff to be carried out before and after training.</li></ul>

Adapted from: *Local Alcohol Strategy Toolkit* (London Drug and Alcohol Network & Alcohol Concern, 2007)

Monitoring should also consider why any targets or deadlines have not been met and what can be done to rectify this. For example, whether actions need to be reconsidered, implementation improved, or new or overlooked factors taken into account.

## **Evaluation**

Evaluation involves the measurement of the impact and effectiveness of the strategy's outputs and tasks, and has five key elements:

- effectiveness - the extent to which aims and objectives are met
- appropriateness - relevance to need
- acceptability - to the people concerned
- efficiency - ratio of costs to benefits
- equity - equal provision for equal needs.

Source: *Monitoring and Evaluating* (Save the Children, 2008)

A full evaluation of the strategy should cover all five elements. However, for most purposes, an evaluation of its effectiveness is the most important in the short term. This involves analysing the data collected in the monitoring stage, to determine whether the strategy is achieving its strategic aims and objectives.

The evaluation could also include consideration of:

- how stakeholders experience the strategy
- what changes or benefits the strategy is bringing about beyond the objectives (e.g. unexpected benefits/problems).

## **Review**

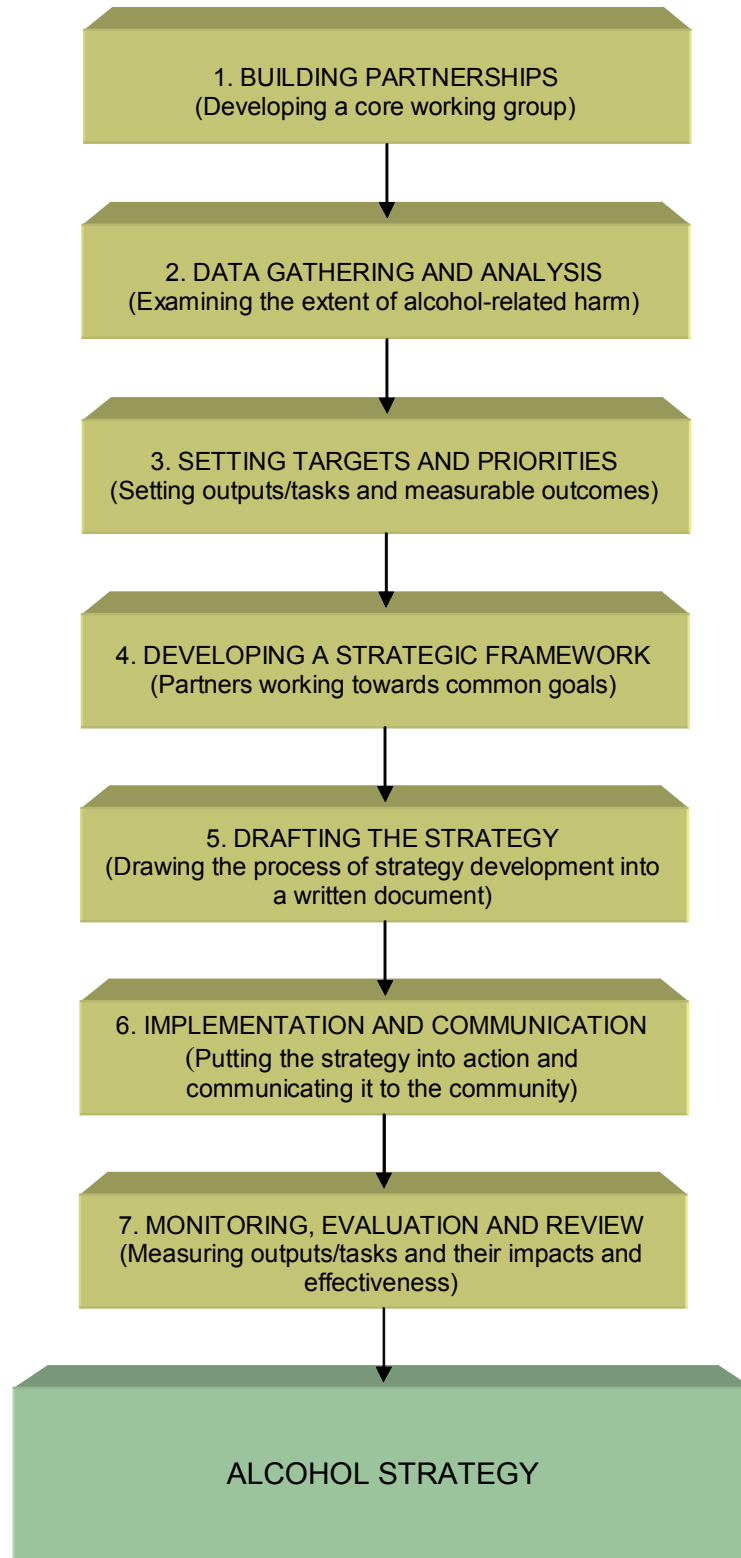
The strategy should be reviewed regularly. While there is no customary timeframe for this to be implemented, a review of the strategy beyond three years of its development (and thereafter) could deem the strategy out of date.

The review should take into account:

- the findings of the monitoring and evaluation, including successes and problems
- environmental changes (e.g. policy/legislative, economic and social changes) that may demand new or different responses
- developments in other localities (or within the local area) - are new schemes emerging as examples of good practice that can be learnt from?
- feedback from those affected by the strategy.

If, as a result of the review, significant changes to the strategy are required, these should be consulted on as in Step 6.

# DEVELOPING A STRATEGY: THE SEVEN KEY STEPS



### 3. HANDY HINTS FOR AN EFFECTIVE STRATEGY

---

This section contains tips for writing an alcohol strategy in a way that is easy to read and accessible for all those who may be interested in reading it.

Top tips:

- include definitions
- avoid using abbreviations
- include a contents page and page numbers
- keep formatting simple
- use diagrams
- adapt the contents for your area
- include an executive summary
- look at other examples.

#### **Include definitions**

It is important to clarify what is meant by key terms like 'alcohol-related harm' as interpretation may vary depending on the key issues in your area. You may develop your own definition during the consultation on, and drafting of, your strategy, but remember to include your definition in your strategy. You could include definitions in a glossary at the front of your strategy.

#### **Avoid using abbreviations**

In general, you should try to avoid using abbreviations (e.g. DLA for District Licensing Agency) in your strategy as it is a formal document, but you may wish to use them when space is an issue – in tables, for example. If you do use abbreviations, include explanations in a glossary at the front of your strategy.

#### **Include a contents page and page numbers**

A contents page shows what is in your strategy and page numbers make it easy for people to find the information they need quickly. This is important in draft versions as well as the final document.

#### **Keep formatting simple**

The formatting of your document should be simple and uncluttered:

- remember not to use different font types or font sizes in the document
- use font size 10 or 12 and do not put too much text onto each page
- numbered sections and subsection headings are a good idea
- remember not to leave formatting until you get to your final version, as clear formatting is important if you want people to read your draft and give you feedback.

**Use diagrams**

Diagrams such as flowcharts can be a very useful way to show relationships and processes, and they help break up text and add interest. Consider using them in your strategy when you need to explain important relationships or processes.

**Adapt the contents for your area**

Remember that the content suggested in these guidelines is a guide for developing your own unique strategy. Your guide should reflect the issues and initiatives relevant to your own area and communities.

**Include an executive summary**

You should include an executive summary or an overview of what is in your strategy, as a quick reference for readers. You will need to follow the standard requirements of your council for structuring the strategy contents.

**Look at other examples**

It is a good idea to look at other examples from around New Zealand, but keep in mind that your local alcohol issues may be different. However, before copying or paraphrasing from other documents, you should get permission and acknowledge the original source. Any statistics, research findings or phrases that are not original must be attributed to the original author.

# APPENDIX: ACTION AREAS TO CONSIDER FOR YOUR STRATEGY

---

This section contains a number of suggested Action Areas to consider during the development of your strategy. It is not an exhaustive list, and you do not have to include all the Action Areas suggested here unless they are relevant to your area. Step 2: *Data gathering and analysis* will have helped with identifying the key issues in your area that require strategic responses.

For each Action Area, you will find:

- an explanation of why you should consider including this Action Area in your strategy
- real examples of initiatives or actions by local authorities within New Zealand
- suggestions of where to find more information.

As you develop your own Action Areas, it is a good idea to structure each area so that it has an objective, and alongside each initiative or action to address that objective, you should identify who has responsibility, the timeframe for achieving the initiative or action, and the resource implications.

For example:

*Objective: Support Host Responsibility training programmes*

Action	Responsibility	Timeframe	Resource implications
50 percent of licensed premises to have had at least one staff member attend a Host Responsibility training programme within 6 months and 100 percent within 12 months	Public Health Service; District Licensing Agency	6 and 12 months	Within budget

---

## PARTNERSHIPS

The Police, DLAs, and Public Health Services are the regulatory agencies charged with administering and enforcing the provisions of the Sale of Liquor Act 1989. They are also the lead agencies in reducing alcohol-related harm and work in partnership with key stakeholders and community organisations involved in alcohol-related harm reduction. Councils may develop formal partnerships with these agencies through a memorandum of understanding or similar means to clarify roles and responsibilities in reducing alcohol-related harm across the community.

There are also benefits to be gained from regular interaction and information-sharing between these agencies and community-based groups whose work is alcohol-related.

Examples of the regulatory agencies working together include:

- **controlled purchase operations** combine the strengths and expertise of Police, DLA and Public Health Services staff to carry out planned operations designed to monitor and enforce the provisions of the Sale of Liquor Act relating to the sale of liquor to minors. They involve supervised volunteers aged less than 18 years who attempt to buy alcohol from licensed premises. Should a volunteer's purchase prove successful, the premises' operator, manager or licensee is liable to prosecution or other sanction via the LLA or the District Court.  
For more information, see *Controlled Purchase Operation Guidelines: Helping to Reduce Alcohol-Related Harm Among Minors* (ALAC, 2004).
- **liquor liaison groups** provide opportunities for key stakeholders to have input with lead agencies. The purpose of these groups is to disseminate information among stakeholders and to raise issues of common interest and concern. As well as Police, the DLA and Public Health Service, group members may include HANZ, drug and alcohol treatment services, the New Zealand Transport Agency, local iwi and ACC.
- **local alcohol accords** are voluntary codes of practice between key partners in promoting safer communities through safer alcohol consumption. They involve all licensees in a particular area, the DLA, Police, Public Health Service and other affected parties such as nearby businesses. The objective is to encourage compliance and better Host Responsibility. An effective accord that leads to a safer drinking environment has benefits for licensees, the community and the regulatory agencies. Accords may be most effective when preparing for a specific event or situation, and may therefore have a limited lifespan.

For more information, see *Alcohol Accords: Getting Results – A Practical Guide for Accord Partners* (Department of the Prime Minister and Cabinet, ALAC & New Zealand Police, 2000) and *Alcohol Accords – Safer Communities Through Safer Alcohol Use: Guidelines* (ALAC, New Zealand Police & Department of the Prime Minister and Cabinet, 1999).

Examples of initiatives or actions:

- formalise a partnership with Police and the Public Health Service by developing a signed agreement (such as a memorandum of understanding) with each, to identify specific roles and responsibilities in reducing alcohol-related harm
- carry out formal liaison with key stakeholders through a liquor liaison group
- consider the development of a local alcohol accord. Carry out an investigation into the general support for and feasibility of an accord and funding requirements for any administration and coordination
- carry out liaison with community groups whose work incorporates elements of alcohol-related harm reduction.

## REGULATORY AND ENFORCEMENT

There are three main Acts that determine the regulatory and enforcement functions of local government that relate to the availability and use of alcohol. These form an important legislative mandate for alcohol strategies. They are:

- a. the Sale of Liquor Act 1989 – as amended in 1999, which devolves some responsibility for granting and issuing liquor licences to DLAs that are located within local government
- b. the Resource Management Act 1991 – which requires each local authority to develop a District Plan that sets out objectives, policies and rules for the sustainable management of natural and physical resources in the city or district
- c. the Local Government Act 2002 – which requires councils to promote community wellbeing and to develop LTCCPs that set the activities that councils will undertake to contribute to community outcomes.

Councils are responsible for a number of regulatory and enforcement functions that can influence alcohol use, including:

- granting and issuing liquor licences (Sale of Liquor Act 1989)
- regulating and granting consent for land use to remedy, mitigate or avoid negative effects that activities may have on communities and the environment (Resource Management Act 1991)
- passing and enforcing bylaws to protect the public from nuisance, to maintain public safety and to minimise the potential for offensive behaviour in public places (Local Government Act 2002).

This section looks at council responsibilities and initiatives in the following areas:

- liquor licensing: DLA
- Host Responsibility
- liquor control bylaws
- monitoring and enforcement
- National Protocol on Alcohol Promotions.

### **Liquor licensing: DLA**

Under the Sale of Liquor Act 1989, local authorities are the DLA. The DLAs are responsible for issuing and renewing liquor licences (if uncontested), imposing conditions for licences, and monitoring licensed premises.

The DLAs determine all new and renewal applications for on-licences, off-licences, club licences, special licences and managers' certificates where these are not opposed either by report (DLA inspector, Police or Medical Officer of Health) or by public objection. The general monitoring of licensing conditions is also a responsibility of the DLAs.

Contested applications are referred to the DLA to decide.

The Sale of Liquor Act does not provide for location-specific issues. These must be addressed at the resource consent stage.

Examples of initiatives or actions:

- provide licensees with Host Responsibility information, including training opportunities and written guidelines at the time of application, issue or renewal, or any other time where such information needs to be updated
- provide licensees with information on alcohol accords and other inter-sectoral initiatives, and strongly encourage their attendance when they are located within an accord area
- ensure the provision of relevant training for DLA inspectors
- develop written guidelines to educate the public on the grounds for, and process of, objecting to liquor licensing applications and renewals.

### **Host Responsibility**

Many DLAs require applicants to provide a comprehensive written Host Responsibility policy with their licence applications. Councils can also be proactive in encouraging licensees to adopt best practices in Host Responsibility that contribute to the wellbeing and safety of drinkers and the community at large.

Host Responsibility refers to six concepts designed to help create safe drinking environments.

These are that a responsible host:

1. prevents intoxication
2. does not serve alcohol to minors
3. provides and actively promotes low and non alcoholic alternatives
4. provides and actively promotes substantial food
5. serves alcohol responsibly or not at all
6. arranges safe transport options.

A liquor licensing policy may include a requirement for licensees to produce a comprehensive written Host Responsibility policy with their licence applications, and for management to ensure that their staff are aware of and comply with their Host Responsibility policy.

The DLA and Public Health Service can provide a wide range of material relating to Host Responsibility requirements.

Examples of initiatives or actions:

- ensure the council's liquor licensing policy document includes guidelines to ensure best practice in Host Responsibility
- require applicants to provide comprehensive written Host Responsibility policies, individualised to their premises
- encourage general on-going training and upskilling for managers, bar staff and door staff

- provide support for training programmes such as Host Responsibility workshops
- provide applicants with appropriate documentation and posters, including information and updates on the Sale of Liquor Act, guidelines for producing a Host Responsibility policy, Host Responsibility posters, a guide on how to recognise intoxicated patrons, the law about responsible promotions, and best practice in identification checking.

### **Liquor control bylaws**

Councils that use liquor control bylaws to manage behaviour in public places should identify these in their strategies.

Licensed premises are often concentrated in particular streets or entertainment areas, and this sometimes results in public drinking in places such as nearby parks, squares and malls. Concern about the adverse impacts of public drinking on people's perceptions of safety in some areas has led a number of councils to adopt liquor control bylaws under the provisions of the Local Government Act 2002. Their intention is to assist Police in managing disorderly behaviour and criminal offences linked to the consumption of alcohol in public places.

Liquor control bylaws prohibit the possession and consumption of liquor in public places at certain times in specified areas and give Police the power to search a person for alcohol, seize any found and destroy or confiscate it. Councils may use specific event or ongoing liquor control bylaws.

Liquor control bylaws are just one tool available to Police to assist them in dealing with alcohol-related crime and disorder, and should form part of a wider strategy to address alcohol-related harm.

#### *Limitations of liquor control bylaws*

It is important to realise that there are a number of limitations on the effectiveness of liquor control bylaws in reducing problem behaviours related to drinking in public places.

Liquor control bylaws on their own do not encourage moderate drinking or reduce the number of people drinking to intoxication levels. Neither are they a solution to youth drinking. Even if there is no liquor control bylaw in place, under the Summary Offences Act 1981 it is illegal for anyone under 18 years of age to consume or possess alcohol in a public place unless their parent or legal guardian accompanies them.

Liquor control bylaws may also displace problems from a controlled area to neighbouring areas (ALAC, 2002). Furthermore, consistency in implementing liquor control bylaws is important and they appear to be as effective as the level of enforcement in place.

Examples of initiatives or actions:

- ensure adequate research is conducted prior to the implementation of a liquor control bylaw, to identify the issues and whether a bylaw is the most effective way of addressing them
- inform the public of alcohol-controlled areas through signage, publications and promotions
- monitor the effectiveness of liquor control bylaws.

For more information on liquor control bylaws, see *Regulation of the Drinking of Alcohol in Public Places* (ALAC, 2002).

### **Monitoring and enforcement**

To ensure alcohol-related harm is reduced, councils and their partners need to employ proactive, consistent monitoring and enforcement. This section of your strategy should summarise the monitoring and enforcement responsibilities of the DLA, Public Health Service and Police. Many councils have separate liquor licensing policies that detail the framework for liquor licensing and enforcement.

In addition to routine monitoring required by the Sale of Liquor Act, there are a number of special types of enforcement initiatives that may be undertaken, such as one-way door and controlled purchase operations. One-way door is a policy that prevents patrons entering a bar or nightclub after a certain time, but allows patrons within the facility to remain. The policy aims to reduce the number of assaults that occur when intoxicated people move between various locations.

Examples of initiatives or actions:

- participate in intersectoral groups such as liquor liaison groups
- advocate for increased resourcing of Police licensing, vetting and enforcement activity, when necessary and appropriate
- ensure the provision of relevant training for DLA Inspectors
- consider initiatives such as one-way door and other policies that are likely to reduce harm in and around licensed premises. Support these by reviewing their effectiveness and promoting them with other businesses.

For more information on monitoring and enforcement, see *Sale of Liquor Act 1989 Intoxication Monitoring and Enforcement Guidelines* (Lyne, 2007).

### **National Protocol on Alcohol Promotions**

Promotions are a marketing tool for enhancing product awareness, providing a special offer to customers and/or boosting trade during quiet periods. However, price discounting and other promotions can effectively increase the availability of alcohol and thereby encourage risky drinking. Under the provisions of Section 154A of the Sale of Liquor Act 1989, any promotions or activities must not be seen as intended or *likely to encourage* persons to consume alcohol to an excessive extent.

The *National Protocol on Alcohol Promotions* (2008) was developed by ALAC, HANZ, Police and Local Government New Zealand and is intended to assist DLAs, Police, Public Health Services, licensees and all bar staff to understand the types of promotion and events that are likely to be considered acceptable and unacceptable under the provisions of the Act. All promotions must also comply with the Advertising Standards Authority's *Code for Advertising Liquor*. To this effect, alcohol strategies should be seen to endorse the requirements of the Protocol.

## **COUNCIL OPERATIONS**

### **Council as landlord and owner**

Councils should ensure there are effective policies and procedures in place to ensure that council employees and visitors are safe when alcohol is present on council-owned or leased property.

Councils often own or lease a wide range of community facilities. Issues to consider here include the safe use of alcohol on council-owned or leased property and advertising and sponsorship on council property. See also Community events below.

Sports clubs on council land may be granted liquor licences. In some areas there has been concern over serving and drinking practices in sports clubs, particularly in regard to young people. Consequently, where relevant, these should be addressed.

Some local authorities have adopted specific policies to address a wide range of issues covering advertising and sponsorship opportunities (including council buildings, reserves, billboards, programmes and activities, bus shelters and flag poles). Consideration of the concerns and impacts of alcohol advertising should be included in a policy. Current evidence on alcohol advertising and sponsorship, public concerns over the promotion of alcohol, self-regulatory codes relating to alcohol advertising, provisions within the Sale of Liquor Act, and opportunities for health promotion messages should all be taken into account.

Examples of initiatives or actions:

- require council leases, concessions and management contracts to contain standard clauses relating to the sale and consumption of alcohol, and requirements for Host Responsibility policies
- develop council policy on responsible advertising and sponsorship practices, including those involving alcohol.

### **Council as employer**

Councils play a leading role in reducing alcohol-related harm within their local areas, and this extends to ensuring that staff and visitors are safe when attending internal functions and events at which alcohol is served. As responsible employers, councils should have their own Host Responsibility policies for staff functions, and ensure employees are aware of them and adhere to them.

Examples of initiatives or actions:

- provide training in the management of responsible beverage service for relevant council staff
- raise staff awareness of the internal Host Responsibility policy
- monitor staff awareness of and adherence to the Host Responsibility policy using, for example, an annual staff survey.

## **Community events**

Councils should ensure there are effective policies and procedures in place in relation to the appropriate use of alcohol at any council events at which alcohol is served.

Councils often provide or give support to celebrations or events for the public. These can range from large-scale public events to smaller community events. Some may be alcohol-free or have alcohol available in the context of safe responsible usage, which can help to reinforce positive messages – that celebrations can take place without alcohol, or that alcohol can be enjoyed in moderation in a safe, responsible manner.

Examples of initiatives or actions:

- ensure council follows best practice Host Responsibility in relation to all public events that it provides
- develop guidelines for planning safe events
- When council provides events at which alcohol is served, ensure sufficient public transport is available and include information about transport options in advertisements for the events
- ensure that special licensees at public events get the same information and instructions as all other licensees concerning their responsibilities under the Sale of Liquor Act
- promote the safe, responsible use of alcohol at events where alcohol is permitted
- provide alcohol-free events for young people
- involve a number of agencies in the planning and execution of events, including, but not limited to, Police, Public Health Services, medical emergency services, Māori Wardens, youth workers and community groups.

For more information, see *Guidelines for the Management of Alcohol at Large-Scale Public Events* (ALAC, 2008).

## **Crime Prevention through Environmental Design (CPTED)**

The application of the principles of safe city design, particularly in areas where licensed premises are located, can reduce the potential for alcohol-related harm and enhance city safety.

CPTED is a strategy for integrating safe design principles into the design, management and maintenance of the built environment and public spaces. By paying careful attention to things like the adequacy of lighting, patterns of movement around and between licensed premises, and access to public transport, CPTED can help to reduce the likelihood of alcohol-fuelled aggression and violence occurring. CPTED also promotes the use of 'capable guardians' such as community patrols, Māori Wardens and City Hosts to support Police with additional eyes and ears on the street. To be effective, CPTED needs to be part of a wider crime prevention strategy and supported by other initiatives such as Host Responsibility.

Examples of initiatives or actions:

- consider CPTED principles when refurbishing inner-city areas, including the adequacy of lighting, seating, rubbish bins, safety in alleyways, signage and patterns of movement between licensed premises
- provide funding for guardians to patrol streets and provide a source of assistance to residents and visitors, particularly at night on the weekends when they may be able to help defuse alcohol-related violence
- provide training in CPTED principles and practices to council staff involved in the planning, design, management and maintenance of public buildings and spaces.

## **YOUNG PEOPLE**

Councils can work with young people and fund various projects to promote the safe and responsible use of alcohol by young people.

Young people are particularly at risk of experiencing alcohol-related harm. Half (53 percent) of all young people aged 12-17 years are current drinkers (32 percent moderate drinkers, 21 percent binge drinkers). Two-thirds report experiencing some alcohol-related harm in the past 12 months (Cagney & Palmer, 2007). The significant levels of harm caused by and to young people mean that councils should consider initiatives targeted specifically at young people.

YATA teams have been established in a number of communities around New Zealand. YATA initiatives include providing alternative entertainment that is alcohol-free, increasing the amount and range of youth-focused information available to young people around safe partying, and increasing the number of young people who believe it is socially acceptable to drink without getting intoxicated. Some strategies include supporting Youth Councils, surveying young people as to their needs for entertainment and developing resources for young people around partying and alcohol issues and laws.

Examples of initiatives or actions:

- investigate support for establishing a YATA team
- support opportunities for young people to have a safe gathering place and alcohol-free events
- consult young people through Youth Councils and other means about attitudes to alcohol and effective measures to reduce alcohol-related harm
- support Māori Wardens in their work with young people
- provide funding for patrol guardians and ensure they receive training in the range of services available to young people
- support local projects involving collaborative, intersectoral, multi-level interventions with school communities to reduce alcohol-related suspensions
- incorporate messages about the safe use of alcohol in promotions of events for young people.

For more information, see *Youth Access to Alcohol (YATA) - a Community Action Project* (ALAC, 2005c).

## **WORKPLACES**

In addition to having alcohol policies for their own employees, all strategy partners and stakeholders can encourage and support other local employers to develop their own Host Responsibility and workplace alcohol policies.

Lost productivity owing to alcohol-related absence costs New Zealand an estimated \$1.17 billion per year (Easton, 2002). Alcohol misuse can cause absenteeism, illness, increased staff turnover, poor performance and reduced productivity in the workplace, and can have health and safety impacts such as accidents at work. Problem drinking can stem from conditions at work, for example stress, the availability of alcohol, or workplace cultures that encourage or tolerate heavy drinking.

When workplace rules are breached and performance is adversely affected, the workplace may be the first place where problematic use is identified. However, alcohol problems in the workplace are often left unaddressed. Employers and colleagues may feel that these problems are outside their area of expertise or responsibility, or that they are too sensitive to broach. Although some employers have alcohol policies, employers may need training in the skills and knowledge to raise issues with staff, and which specialist agencies to go to for advice and support when dealing with problems.

There are a number of different interventions appropriate to the workplace, including: providing counselling through internal or external services; Employee Assistance Programmes (EAPs - provide counselling and support on work and personal issues); and training to help managers to recognise employee problems. Workplace interventions should be part of a holistic workplace alcohol (or alcohol and drugs) policy. A workplace alcohol policy encourages problems to be identified and puts procedures in place for addressing them. Councils can encourage employers to develop alcohol policies and provide information and support for developing and implementing them.

Examples of initiatives or actions:

- work with EAPs and Human Resources departments among larger employers to increase awareness of and action on the recognition of alcohol problems among employees
- promote the development of Host Responsibility policies and practices within workplaces
- provide support and information to employers that do not have workplace drug and alcohol policies on how to develop and implement a policy.

For more information, see *Alcohol and Other Drugs in the Workplace: Employer Guide* (ACC, ALAC & New Zealand Drug Foundation, 2008).

## **ADVOCACY**

Councils have an important role in advocating for the safe and responsible use of alcohol throughout the whole community, and to central government about issues affecting the councils and their local communities.

Councils can raise awareness about alcohol-related harm and the safe and responsible use of alcohol, and deliver health promotion messages within their local communities. Promotion can be to the community in general or targeted to specific groups.

Local authorities often advocate to central government on matters that affect them and their local communities. Advocacy may be on matters as diverse as cost recovery for liquor licence applications, advertising of alcohol, the purchasing age of alcohol, and the resourcing of Police.

Examples of initiatives or actions:

- partners in the strategy advocate to central government on issues that are relevant to their terms of reference
- add links on council websites to information about alcohol use on other websites e.g. ALAC, National Drug Foundation, Youthline, DARE
- consider ways for councillors and other community leaders to champion the alcohol strategy in their local area
- include messages that promote the safe and responsible use of alcohol in council publications
- prepare submissions to central government on alcohol-related issues.

## REFERENCES

---

- Accident Compensation Corporation, Alcohol Advisory Council of New Zealand & New Zealand Drug Foundation. (2008). *Alcohol and Other Drugs in the Workplace: Employer Guide*. Wellington: ACC.
- Advertising Standards Authority. (2003). *Code for Advertising Liquor*. Wellington: Advertising Standards Authority
- Alcohol Advisory Council of New Zealand, New Zealand Police & Department of the Prime Minister and Cabinet. (1999). *Alcohol Accords: Safer Communities through Safer Alcohol Use: Guidelines*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand, & Ministry of Health. (2001). *National Alcohol Strategy 2000-2003*. Wellington: ALAC; Ministry of Health.
- Alcohol Advisory Council of New Zealand. (2002). *Regulation of the drinking of alcohol in public places*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2004). *Controlled purchase operation guidelines: helping to reduce alcohol-related harm among minors*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2005a). *The burden of death, disease and disability due to alcohol in New Zealand*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2005b). *Planning for alcohol in the community: local government toolkit*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2005c). *Youth Access to Alcohol (YATA): a community action project*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2007). *Strengthening Community Action on Alcohol*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2008a). *Guidelines for the management of alcohol at large-scale public events*. Wellington: ALAC.
- Alcohol Advisory Council of New Zealand. (2008b). *National Protocol of Alcohol Promotions*. Wellington: ALAC
- Auckland City Council. (2006). *Alcohol Strategy*. Retrieved 21/09/2008, from <http://www.aucklandcity.govt.nz/council/documents/alcoholstrategy/default.asp>.
- Cagney, P., & Palmer, S. (2007). *The Sale and Supply of Alcohol to Under 18 Year Olds in New Zealand: a Systematic Overview of International and New Zealand Literature: Final Report*. Wellington: Ministry of Justice.
- Department of the Prime Minister and Cabinet, Alcohol Advisory Council of New Zealand, & New Zealand Police. (2000). *Alcohol Accords: Getting Results: a Practical Guide for Accord Partners*. Wellington: Department of the Prime Minister and Cabinet, Crime Prevention Unit.
- Easton, B. (2002). *Taxing Harm: Modernising Alcohol Excise Duties*. Wellington: Alcohol Advisory Council of New Zealand.
- Home Office, Department of Health, & Department for Children Schools and Families. (2008). *Safe. Sensible. Social: Alcohol Strategy Local Implementation Toolkit*. London: HM Government.
- London Drug and Alcohol Network, & Alcohol Concern. (2007). *Local Alcohol Strategy Toolkit*. Retrieved 21/09/2008, from <http://www.localalcoholstrategies.org.uk/process.php>.

- Lyne, M. (2007). *Sale of Liquor Act 1989 Intoxication Monitoring and Enforcement Guidelines*. Wellington: Alcohol Advisory Council of New Zealand.
- Manukau City Council. (2002) *Alcohol Strategy: Reducing Alcohol-Related Problems in Manukau City*. Manukau City: MCC.
- Ministerial Committee on Drug Policy. (2007). *National Drug Policy 2007–2012*. Wellington: Ministry of Health.
- Ministry of Health. (2000). *New Zealand Health Strategy*. Wellington: Ministry of Health.
- Ministry of Health. (2008) *National Alcohol Action Plan*. [Expected to be published in 2009].
- Nelson City Council & Tasman District Council. (2006). *Nelson Tasman Regional Alcohol Strategy*. Retrieved 21/09/2008, from <http://www.nelsoncitycouncil.co.nz/thecouncil/comm.-wellbeing/alcohol-strategy/strategy-downloads/alcohol-strategy-part-1.pdf>.
- New Zealand Police. (2006). *New Zealand Police Alcohol Action Plan*. Wellington: New Zealand Police.
- Office for the Community and Voluntary Sector. (2007) *Good Practice Participate: Techniques*. Retrieved 21/09/2008, from <http://www.goodpracticeparticipate.govt.nz/techniques>.
- Public Health Advisory Committee. (2005). *A Guide to Health Impact Assessment: a Policy Tool for New Zealand* (2nd ed.). Wellington: Public Health Advisory Committee.
- Public Health Advisory Committee. (2007). *An Idea whose Time has Come: New Opportunities for Health Impact Assessment in New Zealand Public Policy and Planning*. Wellington: Public Health Advisory Committee.
- Save The Children. (2008). *Monitoring and evaluating*. Retrieved 21/09/2008, from [http://www.childpovertysolutions.org.uk/StepsToReducingChildPoverty\\_MonitoringAndEvaluating.aspx](http://www.childpovertysolutions.org.uk/StepsToReducingChildPoverty_MonitoringAndEvaluating.aspx)
- Stefanogiannis, N., Mason, K., & Yeh, L-C. (2007). *Alcohol Use in New Zealand: Analysis of the 2004 New Zealand Health Behaviours Survey - Alcohol Use*. Wellington: Ministry of Health.
- Waitakere City Council. (2006). *City-Wide Alcohol Strategy*. Retrieved 21/09/2008, from <http://www.waitakere.govt.nz/AbtCnl/pp/pdf/citywide-alcohol-strategy.pdf>.
- Westland District Council. (2008) *Hokitika Alcohol Strategy*. Hokitika: Westland District Council.
- Wiggers, J. (2006) *Opportunities for Reducing Alcohol-Related Harm in a Changing Regulatory Environment*. Paper presented at the ALAC Partnership Conference.

## **FOR FURTHER INFORMATION CONTACT:**

### **WELLINGTON**

ALAC National Office

PO Box 5023, Lambton Quay, Wellington 6145

*Phone* 04-917 0060

*Fax* 04-473 0890

*Email* [central@alac.org.nz](mailto:central@alac.org.nz)

### **AUCKLAND**

ALAC Northern Office

PO Box 11791, Ellerslie, Auckland 1542

*Phone* 09-916 0330

*Fax* 09-916 0339

*Email* [northern@alac.org.nz](mailto:northern@alac.org.nz)

### **CHRISTCHURCH**

ALAC Southern Office

PO Box 2688, Christchurch Mail Centre, Christchurch 8140

*Phone* 03-365 8540

*Fax* 03-365 8542

*Email* [southern@alac.org.nz](mailto:southern@alac.org.nz)

*Freephone* 0508-258 258