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# 1 INTRODUCTION

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## 1.1 FAR NORTH ALCOHOL TEAM – CO-LOCATION PROJECT INDICATOR FRAMEWORK

### 1.1.1 Purpose of co-location indicator framework report

In August 2008, the Government commissioned a review of the regulatory framework for the sale and supply of liquor. Included in the review was a recommendation for all territorial authorities to collect data as collected by the Far North Co-location Project<sup>1</sup>. This reference became a recommendation in the Cabinet paper on alcohol law reform<sup>2</sup>, which has been agreed in principle and is the responsibility of Local Government New Zealand.

Following the Law Commission review, the Alcohol Advisory Council of New Zealand (ALAC) received requests from local government for the Far North Co-location Project evaluation data.

This report is derived from excerpts from the draft project midpoint evaluation (will be available early 2011) and is not to be construed as advice from ALAC on what should be collected. The framework has been identified as an excellent demonstration of local data collection to evaluate and monitor alcohol-related harm.

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### 1.1.2 Methodology of indicator framework

#### Evaluation methodology: Far North context

Data were obtained from the sources below and analysed.

- Census 2006 mesh-block data from Statistics New Zealand.
- Far North Police Alco-Link data between July 2007 and June 2008.
- Police National Intelligence data pertaining to prosecutions between 2005 and 2008
- Controlled purchase operation (CPO) data from Northland District Health Board (NDHB).
- Far North Police family violence data between July 2007 and June 2008.
- Crash data from the NZ Transport Agency (NZTA) pertaining to crashes between 2003 and 2007.
- Licensed premises data from the Ministry of Justice as at October 2007.
- District licensing data from the Far North District Council (FNDC).
- Liquor licensing hearing information from the ALAC website.
- FNDC noise complaints data between July 2007 and June 2008.
- Mental health and addiction services data covering July 2007 to June 2008 from the NDHB.
- Data on mental and behavioural hospitalisations due to alcohol and the toxic effects of alcohol between 2005 and 2008 from the Ministry of Health.

**Boundary areas:** The majority of the data used to measure the outcomes of this project has been drawn from New Zealand Police databases. Therefore the analysis and documentation throughout this report specify Police boundary areas.

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<sup>1</sup> **Data collection for evaluation purposes**

During a consultation meeting with members of the Far North Co-Location Project, a framework of alcohol-related harm indicators was provided that documents data that are likely to or should be collected by relative agencies. We recommend this information be collected by all territorial authorities. Alcohol in our lives part 4 – limiting alcohol-related problems – Law Commission Review.

<sup>2</sup> **Recommendation 131 in the cabinet paper on alcohol law reform**

Territorial authorities should collect data, such as that collected by the Far North Co-Location Project, so that changes in the nature and extent of alcohol-related harm in the area can be monitored and evaluated. **Rationale:** If better information is collected, changes in alcohol-related harm can be properly evaluated. Minister of Justice – Cabinet paper on alcohol law reform.

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## 1.2 FAR NORTH ALCOHOL TEAM – CO-LOCATION PROJECT

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### 1.2.1 Project background

Alcohol contributes to a significant proportion of offending and public harm internationally, nationally and within Northland. Overseas studies suggest that between 50 and 70 percent of all Police work is alcohol-related and that the social costs of alcohol harm range from \$1 billion to \$4 billion per year<sup>3</sup>. While initial indications are that the majority of Northlanders are drinking at home, licensed premises and their compliance with the Sale of Liquor Act 1989 still present a core intervention point in the reduction of alcohol-related harm.

Within the Far North area, significant steps have been taken in the past three years to provide a co-ordinated and collaborative approach to reducing alcohol-related harm and increasing compliance by licensed premises with the Sale of Liquor Act. As part of this journey, it has been recognised that opportunities exist for even closer collaboration between agencies and that this could be facilitated through the co-location of the core statutory agencies of the Ministry of Health, the District Licensing Agency (DLA) and Police. In addition, it is believed that more effective and collaborative partnerships between these core agencies would enhance the function and delivery of existing projects and initiatives within the area.

The Far North Co-location Project has therefore been established with these opportunities in mind, with the intention being that the project would enhance working relationships, provide for more efficient and effective information-sharing and better enable collaborative intervention across the strands of prevention, enforcement and education.

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### 1.2.2 Project purpose and aims

Through a tripartite approach:

1. Provide greater understanding of and compliance with the Sale of Liquor Act by all licensed premises
2. Provide enhanced information-sharing between Public Health, Police and FNDC to assist in the reduction of alcohol-related harm
3. Enhance existing interagency initiatives relating to the reduction of alcohol-related harm
4. Implement a graduated response model to offending by licensed premises
5. Provide increased opportunities for collaborative planning and activity between the agencies involved in the project
6. Develop and/or enhance processes that assist the partner agencies to deliver on their statutory requirements more effectively
7. Develop a model of best practice in relation to interagency collaboration.

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<sup>3</sup> Easton (2002) estimated that the sum of social costs of alcohol harm range from \$1 billion to \$4 billion per year. It cost the public health sector \$655 million, crime and related costs added up to \$240 million, social welfare \$200 million and other alcohol-harm-related government spending \$330 million. Lost productivity alone cost New Zealand \$1.17 billion a year (Easton 2002).

### 1.2.3 Indicators and data to support the project

The Far North Alcohol Team (FNAT) aspires to:

- Reduce alcohol-related harm, focusing on prevention, enforcement and education in and around on- and off-licensed premises
- Reach the wider boundaries of reducing alcohol-related harm in Northland communities.

A wider scope of reducing alcohol-related harm is a new initiative for all stakeholders. Police especially have embraced this concept, having noted that only 15 percent of Police apprehensions reflect alcohol-related harm from consuming alcohol in licensed premises prior to offending. Offenders having their last drink at home or in a private residence remain the largest alcohol risk area for Police. Therefore opportunities to measure alcohol harm statistics in a wider context have been investigated as per the below graph.



Figure 1 Far North Alcohol-related Harm Indicator Possibilities

### 1.2.4 What alcohol-related harm data exist in the Far North?

A scoping exercise was conducted on the data available to measure alcohol-related harm in the region. The following data were identified as possible indicators:

**Police:**

- **Alco-Link data** – offenders are asked where they had their last drink prior to offending, and their intoxication levels are assessed
- **Family violence data** – officers are asked to ascertain if alcohol has been consumed by either the offender or the victim (or both) prior to the incident
- **CPOs** – Northland Health in conjunction with Police conducts CPOs, focusing on the selling practices of licensed premises to ascertain sales of alcohol to minors
- **Crime data** – violence offences, and drug and antisocial offences.

**NZTA:**

- **Crash analysis data** – analyses of crashes in the region to determine the number of crashes where alcohol was a factor, along with other causal factors.

**FNDC:**

- **Liquor licensing data** – the number of premises applying for liquor licences, managers' certifications and district licensing hearings
- **Noise complaint data** – although there is no way at this stage to assess if alcohol is a factor in noise complaints, this has been deemed a possible indicator for future initiatives.

**Ministry of Health:**

- **Alcohol-related hospitalisation data** – assessing the toxic effects of alcohol as primary and secondary diagnoses relating to mental and behavioural disorders
  - **Alcohol-related abuse and dependency data** – treatment programmes for people presenting with alcohol and drug issues.
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## 1.2.5 What does Far North alcohol-related harm look like?

**Police Alco-Link data between July 2007 and June 2008**

- Police prosecuted a total of 2049 offenders where alcohol was a factor in the offending, a 16 percent increase over the previous year. This equates to 40 percent of the Far North's offender apprehensions.
- Males dominated the statistics at 80 percent of offending.
- Young adults were most at risk of causing alcohol-related harm.
- The majority of alcohol-affected offenders were aged 17 to 22 years of age.
- Peaks were also noted at 23, 28, 31 and 37 years, and again between 42 and 44 years.
- 71 percent of offenders were of Maori ethnicity, followed by 24 percent European.
- 50 percent of offenders had had their last drink at home prior to offending, followed by 16 percent in a licensed premises and 10 percent in a public place.

**Police family violence data between July 2007 and June 2008**

- Police dealt with 1238 offenders who were arrested for family violence-related offences; of those 447 were identified as alcohol-related family violence offences, equating to 36 percent of offending.
- 77 percent of offenders were of Maori ethnicity, followed by 21 percent European.
- 26- to 40-year-olds contributed to 46 percent of family violence offending.
- 82 percent of offenders were male.

**CPOs between 2007 and 2008**

- 111 premises were visited where minors tried to purchase alcohol; 26 percent of the premises visited sold the minors alcohol, a significant decrease from the previous year in which 82 premises were visited and 38 percent sold.

**NZTA data between 2003 and 2007**

- Alcohol was a factor in 31 deaths, 96 serious injuries and 293 minor injuries on Far North roads.
- 80 percent of 'at fault' drivers were male.
- The most common crash type was 'loss of control turning right'.
- 70 percent of alcohol crashes occurred at night.

**Ministry of Justice data as at 30 October 2007**

- Licences were held by 159 on-licensed premises, 99 off-licensed premises and 62 clubs.

**FNDC licensing data July 2007 to June 2008**

- The DLA:
  - Issued 42 new licence applications and 80 renewal applications
  - Issued 193 new managers' certifications and 330 renewal applications
  - Issued 205 special licences and 39 temporary authority applications.

**FNDC noise complaint data January 2007 to December 2007**

- The Council received a total of 1868 noise complaints.
- Of those, 90 were identified as coming from licensed premises.
- A number of residential addresses exceeded 30 visits to the same address during the year.
- One residential address exceeded 70 visits.
- 49 percent of calls resulted in 'no noise apparent' at time of arrival, while 41 percent resulted in a formal warning or an abatement notice being issued.

- 1 percent of calls were identified as being too dangerous to attend.

#### **Mental health and addiction services data July 2006 to June 2007**

- In the Far North the alcohol and drug client base rose by 42 percent over the previous year and in the Mid-North by 28 percent.
- Alcohol and drug services equated to 30 percent of mental health and addiction services in the Far North and 32 percent in the Mid-North.
- 42 percent of people accessing treatment in the Far North were of Maori ethnicity and 46 percent were European.
- 48 percent were aged between 20 and 44 years, followed by 26 percent between 45 and 64 years.

#### **Mental and behavioural hospitalisations due to the toxic effects of alcohol 2007/2008**

- 165 people were hospitalised owing to the toxic effects of alcohol; of those 70 percent of hospitalised people were male and 30 percent female.
- 47 percent of hospitalisations were for people aged 40-59 years, compared with 18 percent of hospitalisations being for people aged 10-25 years.

### **1.3 FAR NORTH ALCOHOL INDICATOR OPPORTUNITIES AND LIMITATIONS**

Statistics to assist in the evaluation and reporting of the FNAT have been documented using environmental alcohol factors and available statistics.

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#### **1.3.1 Alcohol-related data – New Zealand Police**

Alco-link data have been identified as the provider of integral indicators for tracking alcohol-related crime within the FNAT project.

Far North Police framework indicators to measure the FNAT team impact include:

- number of Police alcohol-related apprehensions, breakdown of proactive and reactive coding to measures proactive versus reactive enforcement
- number of licensed premises, home and public place offender apprehensions
- level of intoxication of offender apprehensions, especially pertaining to licensed premises
- drink-driving offences – CBT<sup>4</sup>, MBT versus EBT
- alcohol-related family violence incidents
- CPO outcomes.

#### **Alco-link**

Alco-link data are obtained by questioning alleged offenders at the time of arrest or summons for an offence. Officers are asked to ascertain if the offenders have consumed alcohol prior to the offences, and to evaluate the observed levels of intoxication at the scenes. This observation is a subjective measure<sup>5</sup>. The questions asked are:

- 'time of last drink'
- 'place of last drink'.

'Place of last drink' is further categorised as:

1. home or private residence
2. public place
3. special licensed venue
4. not known
5. licensed premises (when an offender responds 'licensed premises', they are asked for the name of that licensed premises).

Using Alco-link data also has a number of limitations:

1. The data are based on the apprehension of alleged offenders; therefore the statistics are not focused on overall recorded crime, limiting the ability to evaluate accurately the extent of alcohol-related harm in a given area.

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<sup>44</sup> CBT – Compulsory Breath Test, MBT – Mobile Breath Test, EBT – Evidential Breath and Blood Tests.

<sup>5</sup> New Zealand Police, Far North Alcohol Scan 2006, Amanda Hardie.

2. Alco-link data are also generated by, and so dependent on, the tactical deployment of Police operations. Further analysis will be required to ascertain the reactive and proactive component of the Alco-link statistics. For example, drug and antisocial behaviour could arise as a direct response of increased enforcement (a proactive measure) whilst increasing statistics on alcohol-related apprehensions a benchmark indicator.
3. Other factors influencing indicators include data standards and Police observation levels.

As of 30 June 2008, the Far North Alco-link compliance rate was 89 percent, while Northland recorded 92 percent. On a national level, 90 percent compliance was the recorded average.

#### **Family violence**

Police also record alcohol involvement in family violence incidents. Officers are asked to ascertain if alcohol had been consumed by either the offender or the victim (or both) prior to the incident.

#### **CPOs**

Northland Health and Police also conduct CPOs, focusing on the selling practices of licensed premises to ascertain sales of alcohol to minors.

## Crime data – New Zealand Police

Owing to Alco-link data limitations and their inability to record all reported crime, the inclusion of offence data<sup>6</sup> identified as having a high alcohol involvement, violence, and drug and antisocial behaviour will be included in the evaluation.

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### **1.3.2 Alcohol-related road crashes – NZTA**

NZTA utilises a system called the 'Crash Analysis System' (CAS) to record crashes reported to Police where a traffic crash report has been completed. Crashes and local causal factors are reported in a comprehensive breakdown, identifying alcohol as a factor in Far North crashes. Limitations are also contained within the crash data. These data are based on all reported crashes submitted to NZTA. NZTA estimates that approximately 20 percent of all crashes are reported. Using these data, NZTA produces regional road safety briefing notes. These briefing notes have been used to inform the road crashes component of this report.

Estimated delays in reporting can be up to four months depending on local practices. The national average delay in reporting as of 30 June 2008 reflected a 5.1-week delay in reporting both fatal and injury crashes. The Far North recorded a 7.3-week delay in reporting fatal crashes and a 7.6-week delay in injury crash reporting to NZTA<sup>7</sup>.

Northland Police also have access to CAS, which could be used to inform indicators. Possible indicators include:

- Number of alcohol-related fatal, serious and injury crashes.

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### **1.3.3 Alcohol accident and emergency data – NDHB**

Data on alcohol consumption are not routinely or usefully collected in Whangarei Hospital's Emergency Department. Clinical staff's main concern is to treat patients' immediate symptoms. While they will always want to know if alcohol has been consumed in order to factor it into treatment, the system is not designed to record this. The patient data system has fields designed primarily for recording diagnosis and treatment. There is no field specifically for alcohol consumption, so any mention of it must be made in a free-text 'comments' space. Thus it is entirely reliant on staff as to whether alcohol consumption is or is not recorded, and in a busy Emergency Department it is difficult to assure such details are recorded. If they are recorded

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<sup>6</sup> Identified through Alco-link analysis and verified by the Far North Alcohol Co-ordinator.

<sup>7</sup> FATAL AND INJURY TCRs: Computerised by the LTNZ between 1 July 2007 and 30 June 2008. Sapec police area 07/08.

there is no system to ensure it is done in a consistent or structured way. Any information is therefore of little use for analysis<sup>8</sup>.

- No indicator possible to assess accident and emergency alcohol-related harm.
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### 1.3.4 Ambulance data – St John Ambulance

St John Ambulance does not specifically record alcohol-related statistics. Jobs attended do have chief complaint codes that record the causal factors of ambulance callouts. One such code pertains to overdose, but no coding or recording of alcohol as a factor in St John Ambulance callouts is currently available<sup>9</sup>.

- No indicator possible to assess ambulance callouts and alcohol-related harm.
- 

### 1.3.5 Alcohol-related fire data – New Zealand Fire Service

Northern Region Senior Station Fire Safety Officer, Craig Ban, estimates that approximately 50 percent of calls for service in the Far North have alcohol as a factor, whether they are beach fires, crashes or domestic related. Alcohol is not recorded as a mandatory recording component in the Fire Service incident report, but information as to the alcohol/drug component is contained in the 'comment' section.

Alcohol is captured in two fields in the casualty data:

- The 'Cause'.
- The 'Condition of person before injury'.

However, it is not a good reflection of the influence that alcohol has in fires, because only one option can be recorded in the 'Cause' field.

Example:

Someone can come home drunk, put the stove on to cook a feed and fall asleep, and the pot burns causing a fire. The cause would probably be recorded as 'Unattended, asleep: cooking, kitchen fire' rather than 'Person impaired by alcohol or drugs'. This information is searchable but is also reliant on information from fire officers.

*"The number of incidents where drug and alcohol is a factor in Northland indicates a need to start recording the information. It still involves an assumption on the part of the officer involved, and occasionally they will make a comment to that effect in the comments section. The system still has limitations, but I have given a few ideas to the IT gurus, but hey I am only a little voice in a small part of the country!"*

- Northland Fire Region Senior Station Fire Safety Officer, Craig Ban (interview dated 27 August 2009).

- No indicator possible to assess alcohol-related fire harm.
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### 1.3.6 Noise complaint data – FNDC

Noise complaint enforcement is a regulatory requirement of the Resource Management Act 1991, for which the enforcement is the responsibility of FNDC. Excessive noise is typically from loud stereos, noisy parties etc. Deciding whether noise is excessive is up to the judgement of the noise control officer. Noise control officers do not use decibel-reading noise equipment for noise complaints<sup>10</sup>. Where there is an ongoing, persistent noise nuisance, the Council may employ the services of the environmental health officer, with the

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<sup>8</sup> Northland District Health Board, Stephen Jackson, Health Planner (personal communication 29 August 2008).

<sup>9</sup> St John Ambulance, Wally Mitchell (personal communication 9 September 2008).

<sup>10</sup> Far North District Council, Excessive noise information, <http://www.fndc.govt.nz/Neighbours/noise.asp> (retrieved 30 August 2008).

appropriate equipment, to carry out specific noise monitoring and readings. This service would be employed in the case of an ongoing nuisance from a licensed premises or commercial/industrial situation.

Noise complaint details do not indicate if alcohol is a factor in excessive noise. However, if an incident indicates a licensed premises has been implicated in a noise complaint, a notification is forwarded to the DLA for documentation on file in the event further action is required.

Noise complaint data were recorded on Excel spreadsheets until 30 June 2008. The Council has since adopted a new process for recording complaints. As of 1 July 2008, all visits are entered into the Council Pathway system. FNAT and the Council have discussed possible improvements to the noise complaint data. This includes extrapolation into three components: licensed premises, domestic and commercial complaints. The Council is investigating the opportunity to identify subjectively if alcohol is a factor in each noise complaint, but this is only a concept at this stage.

Possible indicators could include:

- Number of alcohol-related noise complaints, especially pertaining to licensed premises.

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### 1.3.7 Alcohol-related hospitalisation data – Ministry of Health

The Ministry of Health has provided details of publicly funded hospitalisations for mental and behavioural disorders owing to alcohol and the toxic affects of alcohol (these being the only codes that are directly related to alcohol use). Data supplied contain the number of discharges in the Far North region by financial year with primary diagnosis codes and secondary diagnosis codes relating to mental and behavioural disorders due to alcohol (ICD-10 codes F100-F109). The toxic affects of alcohol as a primary and any diagnosis (ICD-10 code T51) were also supplied to inform this report.

Data from 2004/2005 onwards are provisional, and while most publicly funded events that took place in public hospitals before the end of June 2008 should now be in NMDS<sup>11</sup>, those publicly funded events that took place in private hospitals are only now being entered for 2005.

Discharges are for patients domiciled in the Far North (as opposed to discharges from facilities located in the Far North). While most patients are likely to have been treated in Far North facilities, some may have been treated elsewhere<sup>12</sup>.

Although not a directly influential indicator to the objectives of the project, the above statistics are an indicator of mental and behavioural disorders owing to alcohol and the toxic affects of alcohol in relation to hospitalisation in the Far North.

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### 1.3.8 Alcohol-related abuse and dependency data – NDHB

Data have also been gleaned from the *Mental Health and Addiction Service Plan*, which is an internal service action plan for the NDHB provider-arm services only<sup>13</sup>. Although not a directly influential indicator for the objectives of the project, the above statistics are an indicator of the NDHB mental health and addiction environment within the Far North.

The statistics and information contained in the *Mental Health and Addiction Service Plan* have had no input from other Northland mental health and addiction service providers (non-government organisations) or other stakeholders, so it is not to be viewed as a sector-wide strategic or service development plan. NDHB will be developing such a collaborative plan early in the New Year<sup>14</sup>.

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<sup>11</sup> The NMDS is a national collection of public and private hospital discharge information, including clinical information, for inpatients and day patients. Unit record data is collected and stored. All records must have a valid NHI number.

<sup>12</sup> Ministry of Health, Jane Perrot, Information Analyst (personal communication 26 August 2008).

<sup>13</sup> Please note that the data in the plan are for current NDHB service users only.

<sup>14</sup> Northland District Health Board, Alexis Nathan, Portfolio Manager Mental Health & Addiction (personal communication 29 August 2008).

### 1.3.9 Alcohol-related hazardous consumption data – Ministry of Health

In an attempt to obtain a social indicator to monitor consumption and drinking patterns in the Far North, hazardous drinking figures were obtained from the Ministry of Health.

Hazardous drinking has been defined: “The World Health Organization (WHO), through the AUDIT (Alcohol Use Disorders Identification Test), recommends that on any one drinking occasion no more than the following number of standard drinks should be consumed:

- six standard drinks for males
- four standard drinks for females.

Drinking more than this amount of alcohol on one drinking occasion is defined as drinking large amounts of alcohol. Alcohol consumption at this level is potentially hazardous and harmful, and is associated with increased risk of alcohol-related harm” (citation: Ministry of Health. 2007. *Alcohol Use in New Zealand: Analysis of the 2004 New Zealand Health Behaviours Survey – Alcohol Use*. Wellington: Ministry of Health. Page 18).

ALAC’s policy on upper limits for responsible drinking also advises no more than six standard drinks for men and four for women on any one drinking occasion.

Northland figures were supplied, but limitations occurred when TLA’s status was requested, as hazardous drinking figures are only available at district health board (DHB) level. They are estimates from the *Alcohol Survey Report*<sup>15</sup>, taken from a national sample. Since the figures are based on a sample (12,000 across all of New Zealand), estimates are only significant for DHB-level areas and cannot be extrapolated to a lower level of administrative boundary<sup>16</sup>.

- No possible indicator available.

## 1.4 SUMMARY ALCOHOL-RELATED INDICATORS AVAILABLE FOR EVALUATION

Alcohol-related harm indicators to assist in the evaluation by agency.

### Police

- Crime data, including:
  - violence offences
  - drug and antisocial offences.
- Alco-link data, including:
  - alcohol involvement yes/no
  - level of intoxication by place of last drink
  - place of last drink
  - offence data
  - demographic data.
- Family violence data, including:
  - alcohol as a factor.
- Alcohol-related crash data, including:
  - fatal, serious, injury and non-injury crashes
  - demographics
  - number of incidents
  - causal factors.

### Health

- CPO data, including:
  - number of premises visited

<sup>15</sup> NZHS Hazardous Drinking, please see: Portrait of Health <http://www.moh.govt.nz/moh.nsf/indexmh/portrait-of-health>.

<sup>16</sup> Ministry of Health, Dryfed Thomas, Advisor Geo Health, Modelling and Forecasting, Health and Disabilities Unit (personal communication 3 September 2008).

- number of purchases made
  - licensing designation.
- Food and intoxication audits, including:
  - number of premises visited
  - number of purchases made
  - licensing designation.

**Council**

- Noise complaint data, including:
  - if possible, alcohol as a factor
  - licensed premises noise complaints
  - domestic complaints.

## 2 FAR NORTH ALCOHOL SCOPING AND CONTEXT

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### 2.1 ALCOHOL SCOPING AND CONTEXT

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#### 2.1.1 Demographics of the Far North

The Northland region is made up of three territorial authorities (Kaipara, Whangarei, Far North). This evaluation is focused on the Far North, the northernmost tip of New Zealand.

- The population of the Far North is approximately 56,000.
- The area has strong cultural links, with 37 percent of the populace identifying themselves as Maori, compared with 13 percent nationally.
- The medium family income for families in private occupied dwellings is \$41,800 for the Far North area, compared with \$59,000 nationally.
- Income coming into families is attributed to 34 percent in wages, salaries, commissions and bonuses, followed by government assistant at 29 percent<sup>17</sup>.

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#### 2.1.2 Police alcohol-related offending

##### **Alco-link Data between July 2007 and June 2008**

The Far North reported a 16 percent increase in recorded alcohol-related offending compared with the same period the previous year, equating to 40 percent of the Far North's offender apprehensions. This may be due to a heightened awareness of alcohol-related issues and increased enforcement, particularly in relation to drink-driving. Drink-driving offences increased by 20 percent over the same period in the previous year.

- Males dominated the statistics at 80 percent of offending.
- Young adults were most at risk of causing alcohol-related harm.
- The majority of alcohol offenders were aged between 17 and 22 years of age, with peaks also noted at 23, 28, 31 and 37 years, and again between 42 and 44 years.
- 71 percent of offenders were of Maori ethnicity, followed by 24 percent European.

Home-based drinking prior to offending was still the biggest problem for Police, with nearly half of all offenders apprehended admitting to drinking at home before offending. Between July 2007 and June 2008, the following statistics were recorded in relation to alcohol-related offending by offenders' place of last drink:

##### **Home/private residence (50 percent)**

- 20 percent exhibited signs of extreme intoxication.
- Predominantly male aged 17-21, 23, 26 and 31, with a peak again at aged 34-36 and 44 years.
- 75 percent Maori, followed by 20 percent European.
- Offences included drink-driving at 45 percent, followed by violence 17 percent and drug and antisocial behaviour 11 percent.

##### **Licensed premises (16 percent)**

- 17 percent exhibited signs of extreme intoxication.
- Predominantly male aged 18-20, 24 and 36, with peaks again at aged 41 and 43 years.
- 70 percent Maori, followed by 23 percent European.
- Peak offences included drink-driving at 56 percent, followed by violence 18 percent and drug and antisocial behaviour 9 percent.

##### **Public place (10 percent)**

- 10 percent exhibited signs of extreme intoxication.
- Predominantly male aged 16-22 years.

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<sup>17</sup>Statistics New Zealand, 2006 Census mesh block data.

- 74 percent Maori, followed by 21 percent European.
- Offences included drug and antisocial behaviour at 38 percent, followed by drink-driving 28 percent and violence 8 percent<sup>18</sup>.

The following table is a breakdown of offending by place of last drink and sub area.

Alcohol consumed prior to offending by place of last drink July 2007 to June 2008	Far North		Kaitaia Sub Area		Kaikohe Sub Area		Bay of Islands Sub Area	
		%		%		%		%
Home/Private residence	1032	50%	316	50%	352	54%	364	47%
Licensed premises	321	16%	67	11%	91	14%	163	21%
Not known	246	12%	118	19%	33	5%	95	12%
Public place	213	10%	73	11%	48	7%	92	12%
Special licence only venue	11	1%	5	1%	3	1%	3	0
Place of last drink not entered	226	11%	52	8%	123	19%	51	7%
Total alcohol-related offending	2049	100%	631	31%	650	32%	768	37%
Far North population	55,845	100%	20,352	36%	18,279	33%	17,214	31%
Offences per 10,000 population	367		310		356		446	

**Table 1 Alcohol-Related Offending by Sub Area**

The statistics contained in this table are provisional and subject to minor change.

### 2.1.3 Police liquor licensing prosecutions

The following table depicts a summary of liquor licensing enforcement in respect of breaches of the Sale of Liquor Act enforced by Police between July 2005 and June 2008.

Offence Code	2005/2006	2006/2007	2007/2008
Sell/Supply at a time not authorised	1	2	
Allows person on premises outside licensed hours	1	0	
Minor found in supervised area	0	0	1
Purchases/Acquires to supply person under 20	1	6	1
Other minor liquor offences	5	1	
Occupant allows unlicensed premises kept as place of resort	1	0	
Refuses/Fails to supply particulars or evidence	0	0	1
Breach of liquor ban local government	75	61	86
Other miscellaneous liquor offences	51	27	12
<b>Total</b>	<b>135</b>	<b>97</b>	<b>101</b>

**Table 2 Police Liquor Licensing Prosecutions**

<sup>18</sup> New Zealand Police, Alco-link Statistics July 2007 to June 2008.

## 2.1.4 CPO results

The Far North Police and Public Health have been conducting CPOs together since April 2006. In 2007/2008 111 premises were visited. Of these, 26 percent sold to minors, and of those 34 percent of sales were by on-licensed premises and 66 percent by off-licensed premises, a significant decrease from the previous year when 82 premises were visited and 38 percent sold.

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## 2.1.5 Family violence

In 2007/2008, 3,212 people were involved in family violence incidents in the Far North<sup>19</sup>; of those, 1,210 offenders were identified where a family violence report was completed (Pol400). Alcohol was a factor in 36 percent of offenders' involvement (439). Twenty-six percent of victims had alcohol as a factor.

Six hundred and fifty-seven (20 percent) children aged 10 years > either were involved in or witnessed family violence incidents in the Far North during the year.

Family violence incidents:

- 71 percent of Maori ethnicity and 18 percent European
- 57 percent male and 43 percent female.

Offenders involved in alcohol-related incidents:

- 75 percent of Maori ethnicity and 19 percent European
  - 82 percent male and 18 percent female.
- 

## 2.1.6 Far North roads

Northland has been identified as an area of growth, with increasing heavy vehicle and tourist traffic. The Far North roading infrastructure consists of about 3000 kilometres of road. Only 29 percent of the total length of roads that are managed by FNDC are sealed compared with the national average of 60 percent<sup>20</sup>. This poses additional hazards for Far North drivers. FNDC is responsible for 2,510 km and the rest is under state highway jurisdiction<sup>21</sup>.

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## 2.1.7 Far North crashes

The major road safety issues highlighted by Land Transport New Zealand on Far North roads include crashes on bends, followed by alcohol, then speed and road factors. Seventeen people died, 83 sustained serious injuries and 301 sustained minor injuries on Far North roads in 2007.

In the Far North, alcohol was a factor in 22 percent of injury crashes in 2007, a significant decline from the 28 percent in 2006<sup>22</sup>. Since the beginning of 2007, Land Transport New Zealand has been adding driver factor codes to all non-injury crashes for the northern region. In 2007, 59 non-injury crashes occurred in the Far North.

Road injury crash statistics for the Far North between 2003 and 2007<sup>23</sup>:

### **Alcohol-related injury crash statistics on local roads between 2003 and 2007**

- 12 deaths, 47 serious injuries and 157 minor injuries.
- 79 percent of 'at fault' drivers were male.
- Most common crash type 'loss of control turning right'.

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<sup>19</sup> People involved included victims, offenders, witnesses, complainant, subject of and complainant

<sup>20</sup> Far North District Council, Road Improvement Strategy, 2005.

<sup>21</sup> Far North District Council, Long Term Council Community Plan 2006-2016.

<sup>22</sup> NZ Transport Agency, Briefing notes – road safety issues, Far North District, June 2008.

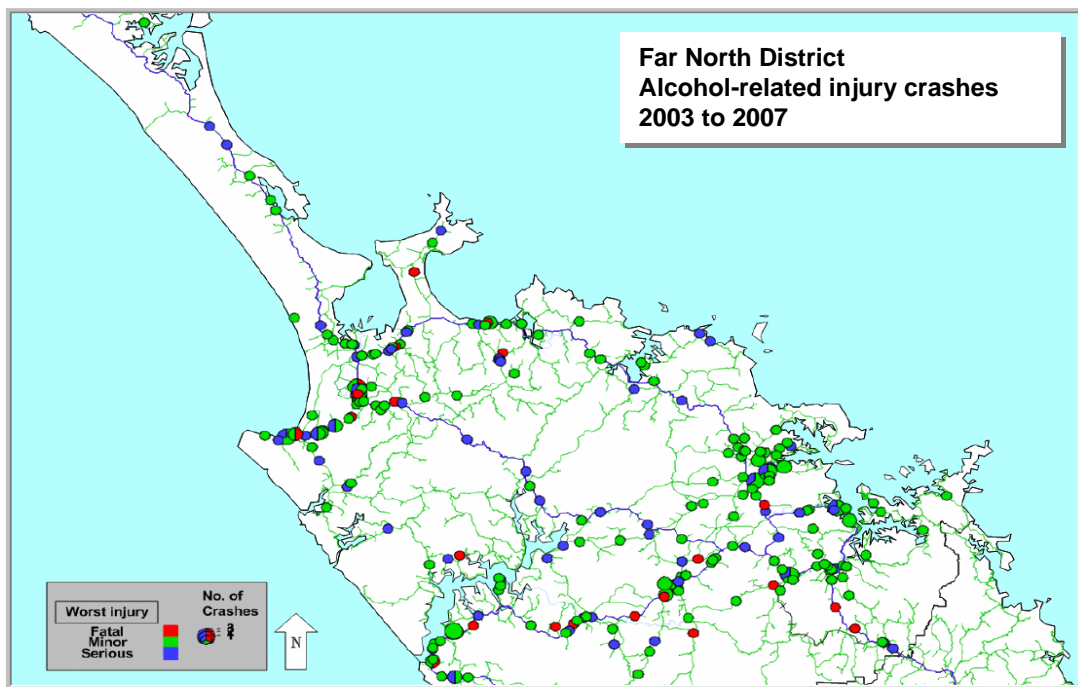
<sup>23</sup> NZ Transport Agency, Briefing notes – road safety issues, Far North District, June 2008.

- 68 percent at night time.
- Worst time period 6pm to 9pm, next worst midnight to 3am.
- Worst month February, best March.
- Worst day of the week Sunday, best Monday.

**Alcohol-related injury crash statistics on Transit roads between 2003 and 2007**

- 19 deaths, 49 serious injuries and 136 minor injuries.
- 80 percent of 'at fault' drivers were male.
- Most common crash type 'loss of control turning right'.
- 72 percent at night time.
- Worst time period 9pm to midnight, next worst midnight to 3am.
- Worst months October, November, December, best April.
- Worst day of the week Friday, best Tuesday.

The crash locations for alcohol-related crashes occurring between 2003 and 2007 are shown in the map below.



**Figure 2 Far North Alcohol-Related Injury Crashes**

### 2.1.8 Licensed premises in the Far North

According to the Ministry of Justice, the Far North reported a total of 320 licensed premises as at 30 October 2007. On-licensed premises represented 50 percent of the Far North licensed premises, off-licences 31 percent and club licences 19 percent. This was comparable with the national figures of 52 percent on-licences, 30 percent off-licences and 17 percent club licences<sup>24</sup>.

<sup>24</sup> Ministry of Justice, Licensing register as at October 2007.

Licensing Type	Total	Kaitaia Sub Area	Kaikohe Sub Area	Bay of Islands Sub Area
Club	62	21	16	25
Off	99	34	20	45
On	159	38	16	105
<b>TOTAL</b>	<b>320</b>	<b>93</b>	<b>52</b>	<b>175</b>
2006 Census population	55,845	20,352	18,279	17,214
Population per 10,000	5.6	2.0	1.8	1.7
# of premises per 10,000 population	61	45	31	112

**Table 3 Licensed Premises per Population Count**

Fifty-five percent of the premises were located in the Bay of Islands, 29 percent in Kaitaia and 16 percent in Kaikohe. Restaurants made up 23 percent of the total licensed premises in the Far North, followed by taverns at 16 percent and hotels at 15 percent.

Category	Bay of Islands Sub Area	Kaikohe Sub Area	Kaitaia Sub Area	Grand Total	% of Total Premises
Club licence aero club	1		1	2	1%
Brewery		1		1	0%
Bottle store	10	2	8	20	6%
On-licence BYO		1		1	0%
Off-licence caterer	2			2	1%
Chartered club	6	3	2	11	3%
Combined sports club	1	6	2	9	3%
Complementary off-licence			3	3	1%
Conveyance	9			9	3%
Function venue	1			1	0%
Grocery store	10	6	6	22	7%
Hotel	18	12	18	48	15%
Restaurant	54	3	15	72	23%
Social club			2	2	1%
On-licence sports facility	20	8	16	44	14%
Supermarket	2	2	1	5	2%
Tavern	30	7	15	52	16%
Tourist house	7		2	9	3%
Wine maker	4	1	2	7	2%
<b>Grand total</b>	<b>175</b>	<b>52</b>	<b>93</b>	<b>320</b>	<b>100%</b>

**Table 4 Far North Licensed Premises by Category**

The Far North saw a decrease of 21 licences in the 18 months to October 2007. The Bay of Islands reported the largest decrease, with 18 fewer licences in the area. Kaikohe reported a decrease of four licences, while Kaitaia had increased by one.

### 2.1.9 Far North DLA licensing overview for year ending 30 June 2008

The Far North DLA determined 42 new on-licence applications and renewed 80 applications for club, on- and off-licence renewals. Managers' certificates included 193 new manager certifications and 330 renewal applications.

Two hundred and five special licence and 39 temporary authority applications were granted in the 12-month period.

The following table represents decisions pertaining to cases brought to the attention of the Liquor Licensing Authority by the Far North DLA between July 2007 and June 2008.

Date	Reference	Outcome
2 May 2008	PH 623/2008	Manager's certificate refused (using a document conviction, dishonesty conviction, not in industry, no LCQ, non-appearance)
10 April 2008	PH 607/2008	Manager's certificate suspended (assault charge, manager's conduct)
10 April 2008	PH 632/2008 PH 633/2008 PH 634/2008 PH 635/2008	On-licence suspended; off-licence suspended; manager's certificate suspended; on-licence renewed for lesser period; off-licence renewed for lesser period (manager's conduct, suitability of applicant, manner in which premises operated, failure to comply with Smoke-free Environments Act, display of signs, Alco-link, minors on premises)
11 April 2008	PH 621/2008	On-licence granted (public objections, hours, proximity to school)
10 April 2008	PH607/2008	Manager's certificate suspended (assault charge, manager's conduct)
20 December 2007	PH 13/2008	On-licence granted (hours reduced, rehearing, public objections, disorderly behaviour, noise, intoxicated persons on premises, Alco-link)
3 October 2007 x 10	PH967/2007 PH976/2007	On-licences suspended; off-licences suspended; managers' certificates suspended (sales to minors – CPO)
3 October 2007	PH1034/2007	Manager's certificate refused (DIC convictions, non-appearance)

**Table 5 Far North District Licensing Authority Decisions 2007/2008**

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### 2.1.10 FNDC noise complaints January – December 2007

FNDC received a total of 1868 noise complaints between January and December 2007. Of those, 90 calls were identified as coming from licensed premises<sup>25</sup>. Noise complaints are not necessarily alcohol-related but are an indicator of calls for service that may indicate alcohol involvement.

The Kaitaia area initiated 30 percent of calls for service, followed by Kaikohe with 24 percent and Kerikeri with 9 percent. A number of addresses exceeded 30 visits to the same address over the year, with one personal address exceeding 70 visits from noise complaint officers.

Forty-nine percent of all calls resulted in 'no noise apparent' at the time of arrival, while 41 percent resulted in a verbal warning or an abatement notice being issued. Only 1 percent was recorded as being too dangerous to attend.

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### 2.1.11 Mental health and addiction services July 2006 – June 2007

The majority of mental health and addiction services are provided in each district: Far North and Mid North including Hokianga, Whangarei and Kaipara.

Alcohol and drug, clinical rehabilitation, psychology, crisis outreach, child and youth mental health and general adult services and services for older people are co-located and managed as one team in each locality.

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<sup>25</sup> Limitations were noted in the data as no reference or coding identifies the category of licensed premises; an individual count of licences was made to assess licensed premises' involvement.

**Far North** covers the Far North Hospital catchment. With the exception of alcohol and drug services, there was no significant change in the client base compared with the previous year. The alcohol and drug client base rose by 42.8 percent over the previous year. Drug and alcohol services equated to 30 percent of mental health and addiction services in the Far North.

Demographic breakdown for all mental health and addiction services for the Far North:

<b>Ethnicity:</b>		<b>Age:</b>
42% (224)	Maori	48.4% (258) aged 20-44
46% (245)	European	26.6% (142) aged 45-64
0.8% (4)	Pacific Island	7.5% (40) aged 15-19
6.6% (35)	Not stated	7.1% (38) aged 65+
		6.2% (33) aged 10-14

**Mid North**

The Mid North team covers the following areas: Bay of Islands, Kerikeri, Whangaroa and Kaikohe. Since December 2007, the team has also provided adult mental health services to Hokianga.

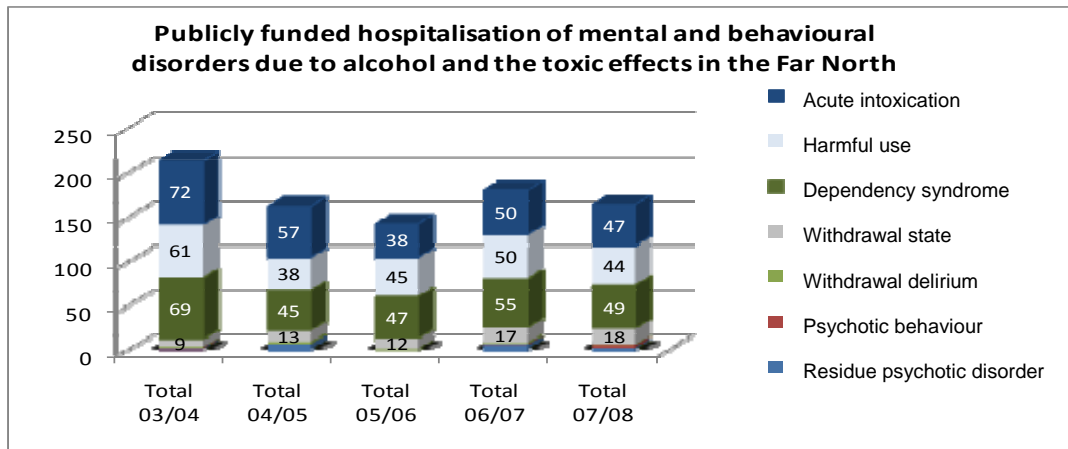
There was little change in client base compared with the previous year, although there was a 28 percent increase in clients in alcohol and drug services, with a corresponding decrease in clients in adult mental health services. Drug and alcohol services equated to 32 percent of mental health and addiction services in the Mid North.

Demographic breakdown for all mental health and addiction services for the Far North:

<b>Ethnicity:</b>		<b>Age:</b>
47% (244)	Maori	54.1% (281) aged 20-44
41% (213)	European	19.5% (101) aged 45-64
1% (5)	Pacific Island	10.6% (55) aged 15-19
4.8% (25)	Not stated	7.7% (40) aged 10-14
		5.4% (28) aged 65

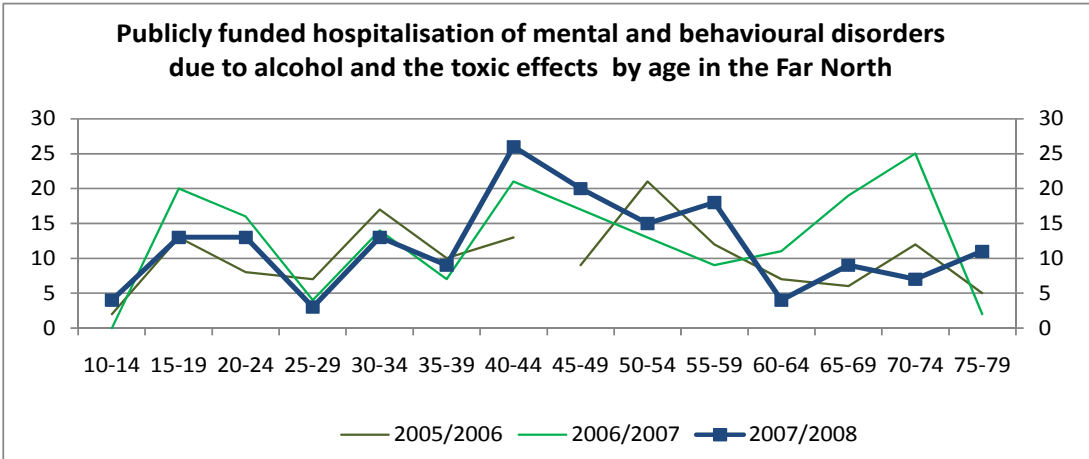
**2.1.12 Mental and behavioural hospitalisations owing to alcohol and the toxic effects of alcohol**

The graph below depicts the publicly funded hospitalisations for mental and behavioural disorders due to alcohol and the toxic affects of alcohol in the Far North. The data supplied contain the number of discharges in the Far North region by financial year with primary and secondary diagnosis codes relating to mental and behavioural disorders due to alcohol (ICD-10 codes F100-F109).



**Figure 3 Mental and Behavioural Hospitalisation Disorders Due to Alcohol and the Toxic Effects of Alcohol in the Far North**

In 2007/2008, a total of 165 people were hospitalised due to alcohol and the toxic effects of alcohol; of those 70 percent of hospitalisations were male and 30 percent female.



**Figure 4 Mental and Behavioural Hospitalisation Disorders Due to Alcohol and the Toxic Effects of Alcohol by Age in the Far North**

The above graph reflects publicly funded hospital admissions of mental and behavioural disorders due to alcohol and the toxic effects of alcohol, by age group between 2005/2006 and 2007/2008.