



Research on alcohol-related harm in Auckland City

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Te Runanga, Wananga, Hauora me te Paekaka



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Executive Summary

Purpose of this Study

In 2006 SHORE conducted research to inform Auckland City Council of appropriate, ongoing monitoring methods for alcohol bans and opening hours as well as recommendations to address issues associated with alcohol bans and opening hours. These related to the following specific objectives in the Alcohol Strategy:

- To assist police in providing a safe and non-threatening environment,
- To ensure the appropriateness of liquor bans,
- To ensure opening hours for licensed premises are consistent with a vibrant 24/7 CBD and take account of the local environment.

The scope of the project included:

- Impacts of opening hours of licensed premises and alcohol bans on alcohol-related harm,
- Scoping of existing health, police and other statistical data that measures alcohol related harm,
- Analysis of relevant existing statistical data for monitoring alcohol-related harm,
- Identification of the social impacts of alcohol bans including impacts on civil liberties, youth and homeless people,
- Identification and analysis of enforcement issues related to both licensed premise opening hours and alcohol bans,
- Gap analysis and recommendations of data collection methods to provide more accurate monitoring of the impacts of licensed premise opening hours and alcohol bans for Auckland City,
- Realistic and achievable recommendations for appropriate council and other agency responses to the findings, including alternatives to alcohol bans and ongoing monitoring and compliance methods for licensed premises.

Background

At the national level there have been a number of changes in the past two decades which are likely to have impacted on alcohol-related harm:

- The introduction of the Sale of Liquor Act (SoLA) in 1989, which removed controls on outlet density leading to a considerable increase in the number of licensed premises in New Zealand,
- Supermarkets and grocery stores were able to sell wine from 1990 and restrictions were also lifted on hours of trading,
- From 1992 there has been an increase in televised alcohol advertising and the development of new products such as the introduction of ‘alcopops’ in 1995,
- Amendments to the SoLA in 1999 included the lowering of the legal purchase age from 20 to 18 years, supermarket sales of beer as well as wine and the sale of alcohol on Sundays was permitted,
- The introduction of Compulsory Breath Testing in 1993 along with a reduced alcohol limit for drivers under the age of 20,

- Linking of alcohol taxation to inflation in 1989 in order to maintain the real price of alcohol and the introduction of a higher tax on light spirits in June 2003.

In Auckland several alcohol harm reduction and CBD safety initiatives were also introduced after 2000 including:

- A Māori Warden's patrol,
- Enhanced digital Closed Circuit Television coverage,
- A car-park safety accreditation scheme,
- A downtown Youth Aid Service proactive patrol to remove at-risk young people from the streets,
- Enhanced Police focus on intelligence analysis and enforcement,
- Closer liaison between key stakeholder agencies such as police with the Auckland City Council through its Law and Order Committee, and the inter-sectoral Safer Auckland City group,
- Three pseudo-patron surveys of age verification practices at off-licensed premises in the Auckland region run in 2002, 2003 and 2004 (with media coverage), followed by a large Controlled Purchase Operation in Auckland City,
- An Exit Breathalyser survey to assess Breath Alcohol Concentration and intoxication levels of patrons exiting on-licensed premises was also conducted in 2004.

Alcohol Bans and Opening Hours

- Following legislative changes in 2002 to allow more flexible use of alcohol bans, Auckland City was one of the first local authorities to introduce an alcohol ban into the central business district. The days, times and area were extended in 2004 and alcohol bans were also introduced into other areas but these appear to have had less enforcement than the CBD ban.
- Twenty-four hour liquor licenses became possible after the introduction of the Sale of Liquor Act in 1989. These have been introduced gradually into Auckland City with most issued prior to 1995. In practice many of the on-licensed premises with 24 hour licenses in Auckland City usually close before or around 3am unless there are special events.

Methods

Multiple methods were used to gather information for this report:

- A literature review was undertaken by searching relevant databases as well as sourcing unpublished literature, reviewing relevant Auckland City Council and New Zealand documents and personal communication with other Councils,
- A range of key informants were interviewed. These included representatives from the Police, licensed premises, public health, Council staff, local businesses, social services and youth workers,
- The following data sets were scoped to a) assess their potential for monitoring alcohol-related harm in Auckland City; and b) the impact of liquor bans and opening hours:

1. Police (disorder offences, assault offences, alcohol ban breaches, destruction of property offences, Last Drink Survey). Alco-Link data was not made available for use in this project,
 2. Hospitalisation (short term and longer term alcohol-related),
 3. Ambulance (alcohol and drug-related attendances),
 4. LTSA (alcohol involved crashes),
 5. Ministry of Justice (prosecutions for driving with excess alcohol),
 6. Population estimates were also obtained from Statistics New Zealand to convert relevant data into rates.
- A small exit breathalyser survey was conducted to assess the impact of licensing hours on the breath test readings of patrons exiting licensed premises in Auckland City.
 - Analysis of all data was undertaken, collated and integrated together to inform the findings.

Impacts of alcohol bans and opening hours

Alcohol Bans

- There is limited international research on the effectiveness of alcohol bans although they are widely used throughout the world. There have been a few small evaluations of the use of bylaws prohibiting drinking in public in Great Britain. A common finding was that the alcohol bans did not decrease crime. However they did increase public perceptions of safety and that disorder had decreased.
- An evaluation of the alcohol ban in Wellington in 2005 included analysis of crime indicators, interviews with key informants and observational studies. No decrease in alcohol-related crime indicators was found. The lack of impact was linked to lack of enforcement of the ban by Police; the vast majority of alcohol ban breaches resulted in warnings. Key informant interviews reflected perceptions that the city had become safer for young people with less fighting.
- An alcohol ban evaluation from Havelock North in 2004 used key informant interviews, questionnaires, a telephone survey of residents, Police statistics on offending, observational studies and security patrol incidents to assess the impact of the alcohol ban. The Police statistics collected were limited due to the small number of events that occurred in the area each year. No formal analysis was undertaken. Data from the surveys and interviews found that there was awareness and support for the ban from people 26 years and over and business people in the area. The report concluded that despite awareness of the ban it was largely being ignored and that this was likely due to the lack of enforcement of the ban by Police.
- An evaluation of the Christchurch alcohol ban in 2003 found minimal decreases in crime indicators such as disorder offences. Positive impacts such as less rubbish and increased perceptions of safety were found following the introduction of the bans. Police took an educative approach to breaches and the alcohol ban was not enforced during the evaluation period.
- Evaluations of the alcohol bans in Auckland City conducted in 2003 and 2005 found indications that offences of disorder, assault and destruction of property had decreased after the introduction of the alcohol ban. Interviewees also observed less crime and increased perceptions of safety. The reviewers

reported that there was a need for more robust data to be collected to assess the impact of the ban, particularly in relation to assessing displacement and social impacts due to the ban. The Police have taken a proactive approach to enforcing the alcohol ban in the Auckland CBD.

- In this current 2006 study most key informants interviewed expressed positive benefits arising from the alcohol bans such as less alcohol-related crime, less intoxicated people on the streets and increased perceptions of safety. Several key informants thought alcohol bans were having a positive impact on community norms and were useful tools to encourage acceptable drinking practices.
- Analysis of police data shows that there has been a reduction in disorder offences in Auckland City since the introduction of the alcohol ban(s). No clear trends emerged from the analysis of other data including: assaults, ambulance attendances, hospitalisations and property destruction. The traffic indicators analysed in this report (crashes and driving with excess alcohol) reflected national trends and showed declines prior to 2000 and increases in younger age groups following the change in the minimum purchase age.
- Previous Auckland evaluation reports had indicated there was displacement into areas such as Dominion Rd, Parnell and Newmarket and into public spaces bordering alcohol ban areas. In the current research key informants did not express much concern about displacement effects although a few people considered that there had been some displacement of public drinking by young people and homeless into other areas of Auckland and into adjoining park areas not covered by the alcohol bans. As there was no access to Alco-Link data for this study, it was not possible to assess displacement using this data.
- Key informants did not generally consider that there had been a negative impact on people's civil liberties from the alcohol bans. It was noted however that some security officers were taking on an enforcement role and tipping out alcohol, which is not within their legal powers. Some believed that alcohol bans may be influencing community norms about the appropriateness of public drunkenness.
- Previous research on alcohol bans indicates that they are ineffective unless they are enforced. Findings from this research indicated that Police in Auckland City are using the alcohol bans as a proactive tool to prevent the escalation of incidents in the CBD (although some key informants considered that many breaches still occurred). Key informants expressed a need for heightened enforcement and supported increased resources for Police in Auckland City. Concern was also expressed about inadequate enforcement of the alcohol ban in Parnell.
- In summary, the introduction of alcohol bans in Auckland City, particularly in the CBD are associated with a number of positive impacts including a reduction in disorder offences, an improvement in the physical environment, increased perceptions of safety and changes in community norms regarding public drunkenness.

Opening Hours

- There is considerable international research on the impact of the opening hours of licensed premises on alcohol-related harm. Previous research has found that changes in opening hours affects both the time at which alcohol-

related harms such as violence and traffic crashes occur and the overall levels of harm.

- Studies in Australia, Iceland and Ireland found increases in alcohol-related harm such as violent assaults, public drunkenness, drink-driving, admissions to hospital, absenteeism and drug-dealing after closing times were extended. In Norway, Finland and Sweden the consumption by heavier drinkers decreased when hours of sale were reduced. In Mexico, earlier bar closing times reduced the levels of alcohol consumption by young Americans crossing the border for easier access to alcohol.
- Negative impacts on tourism of public drunkenness due to extended hours were also found in Iceland.
- In Canada there was minimal impact on traffic crashes after regulations extended licensing hours by one hour. However, few premises opened for the extra hour.
- Studies in England, Wales and Scotland found minimal changes in indicators of alcohol-related harm after small changes in the extension of licensing hours in the 1980s and 1970s. None of the studies found reductions in harm after licensing hours were extended.
- In this current study in Auckland City key informants reported that the busiest time for Police in Auckland City is between 1am and 3am and a common time for fights to take place was around this time when most licensed premises closed. Analysis of Last Drink Survey data from 1996 to 2003 found that the peak time of apprehension of alleged offenders from a licensed premise is between 12.00am to 2am and this has not changed over time. Times of ambulance attendance also remained stable in Auckland City between 2001 and 2005.
- Although most licensed premises in the CBD have 24 hour licenses their opening hours are discretionary and less than a dozen are known to regularly operate after 4am and up to about 9 or 10am. Some key informants considered that patrons of these later closing premises were often more likely to be under the influence of drugs at this time with associated problems of drug dealing occurring within or around these premises. There was also reported to be increased mess (vomit, urine and faeces) around the vicinity of some of these later closing premises.
- In 2004 an Auckland regional Exit Breathalyser survey of patrons aged 25 and under exiting on-licensed premises found that average Breath Test Readings significantly increased between the hours of 9pm and 4am with the highest average readings recorded after 3am. This is the time when most premises close.
- In this current study in Auckland City the 2006 Exit Breathalyser survey of 10 premises found a small but not significant difference between the average Breath Test Readings of those exiting premises which closed between 12-3am and premises that were open 24 hours.
- In this current study in Auckland City some key informants supported the use of extended or 'staggered' licensing hours as a way of managing alcohol-related harm but there was general concern expressed about overall increases in the availability of alcohol and possible increased alcohol-related impacts.
- The importance of good premise management and reducing on-licensed premise patron intoxication was emphasised by many key informants as

critical for reducing alcohol-related harm, particularly for those premises with later closing hours.

- In summary, in Auckland City, although many premises have 24 hour licensing, many of these do not operate on a 24 hour basis. The police, LDS and ambulance data analysed for this study showed no changes over time in alcohol-related offending or ambulance attendances between 2-6am. However, key informants in this study considered there were problems associated with longer hours, especially where premises were not well-managed.

Gap analysis

- Gaps in the information and data for monitoring alcohol bans and opening hours of licensed premises were identified.
- Alco-Link data was not available for this study but was identified as an important and necessary tool for use by Council for monitoring the harm and offending in and around alcohol ban areas and premises with 24 hour licenses.
- There is a gap in effective information exchange and liaison between key Council and other regulatory stakeholders such as Police and Public Health, including the Auckland City District Licensing Inspectors.
- Information from street cleaners, security personnel, street ambassadors, Maori wardens and any Council workers who have a street surveillance role about public nuisance data, such as the presence of rubbish, broken glass, vomit and so forth in Auckland City, does not appear to be currently collected. This could provide early warning of areas that might be hotspots or areas where displacement (due to alcohol bans) may be occurring.

Monitoring, compliance and intervention tools

- There is international research evidence that the following strategies are effective for reducing alcohol-related harm: i) reducing outlet density; ii) restricting outlet trading hours; iii) responsible alcohol service with visible law enforcement; and, iv) collaborative community action approaches focusing on local regulation, compliance and law enforcement.
- There was widespread support by key informants for alcohol bans in this study and most favoured complementary strategies to address public drinking issues, alongside increased enforcement by Police.
- Key approaches to monitoring alcohol bans are outlined including analysis of Alco-Link data to identify hotspots and enforcement practices, analysis of complaints, information exchange and continued proactive enforcement. Other data collection approaches such as gathering information from street cleaners, Maori wardens, GIS mapping and purpose-built studies are included.
- A range of alternatives to alcohol bans are described as part of a comprehensive approach to scope, implement and review appropriate responses to reducing alcohol-related harm in public spaces.
- Regular multi-agency night visits focusing on premises with extended hours are standard practice amongst Wellington, Christchurch and Manukau City Councils.

- Auckland City is considered to be under-resourced, in terms of Police and Liquor Licensing capacity, to adequately monitor late closing premises on a regular basis.
- Approaches for improving the monitoring of opening hours and licensed premise compliance are outlined.
- The use of Alco-Link and intelligence-led responses to monitor and plan effective interventions is integral to the optimal use of the Police Graduated Response Model for compliance and enforcement.
- The ALAC guidelines for monitoring and enforcing intoxication are a very helpful monitoring and compliance tool for multi-agency approaches.

Recommendations

It is noted that some of these recommendations may already be either under consideration or implemented in different forms, but they are included here to emphasise their importance.

It is recommended that:

- Alcohol bans are monitored on a systematic basis using analysis of Alco-Link data, public complaints and information exchange between key agencies.
- Additional data collection methods are investigated such as reports on incidents, rubbish and so forth by Council contractors including street-cleaners, security staff and Maori wardens.
- All bans receive heightened, proactive enforcement by Police, particularly in areas where problems are experienced.
- A three stage plan to investigate, implement and evaluate relevant issues and strategies is suggested as an alternative to alcohol bans, where these are not already in place and where problems are identified.
- The impact of 24 hour licenses and extended hours is monitored by using Alco-Link data to analyse the time, type and place of offending and these data are interpreted in the context of actual hours of opening.
- There is greater integration of planning and licensing with an agreed set of conditions for both planning permits and liquor licenses.
- There is a requirement for the sale of liquor to be a notifiable and discretionary land use, with social impact assessment reports required for all new liquor licenses and those requesting extended hours.
- Social impact assessments include a profile and demographic analysis of the local area, careful consideration of outlet density issues and likely impacts (benefits and negatives) on the neighbouring area and specific populations such as tourists, young people and rough sleepers.
- Communication and collaboration with and between stakeholders is improved for more comprehensive monitoring and enforcement action, through coordination of key networks within and outside Council including the Liquor Liaison group, Safer Community network, Accords and the Responsible Auckland Region Project (RARP).
- There is robust implementation of the Police Graduated Response Model using Liquor Liaison Groups as the hub for providing shared intelligence data to inform evidence-based planning for key initiatives.

- There is continued work with Accords, including off-license premises, on codes/protocols for best practice on the condition that these are enforced.
- All Auckland City Licensing Police are located in the same office with an intelligence analyst to ensure a consistent approach and optimum impact.
- Adequate resourcing of additional multi-agency monitoring visits for specific interventions is provided.
- Support is continued for the development and resourcing of community action initiatives, such as OK K'Rd, that identify and target community safety issues for different users of inner city entertainment districts.
- Promotions and price discounting in off- and on-license premises are monitored in areas/premises where problems are reported, in accordance with the Sale of Liquor Act provisions and national alcohol promotion protocols.

1.0 Introduction

1.1 Purpose of the study

In January 2006 Auckland City contracted the Centre for Social and Health Outcomes Research and Evaluation (SHORE) to undertake research to monitor the responsibilities and accountabilities that Council has for specific objectives in the Alcohol Strategy. These objectives relate to alcohol bans and the opening hours of licensed premises in Auckland City.

The Alcohol Strategy includes the following objectives and actions in relation to alcohol bans:

Objective one: Assist police in providing a safe and non-threatening environment

Actions: a) Continue to develop and put in place effective and appropriate alcohol bans to control drinking in public places and b) Inform the public of alcohol ban areas through signage, publications, and relevant promotions.

Objective two: Ensure the appropriateness of liquor bans

Actions: a) Continue monitoring the effectiveness of alcohol bans (Auckland City, 2006).

The objectives and relevant actions for opening hours are:

Objective eight: Ensure that hours of opening for licensed premises take into account the location of the nearest residential properties and the hours of licensed premises in the vicinity.

Actions: Include the following criteria as a condition of a liquor licence

a) CBD: Operating hours be consistent with Auckland's CBD strategic vision of a vibrant and dynamic 24/7 city.

The hours of operation for licensed premises, (excluding entertainment facilities-nightclubs, off-licenses and mini bars in hotels), in the CBD to be granted a 3am liquor licence, with a review to extend these hours to 24/7, where an application is made by the licensee and certain conditions are met. If complaints are received in relation to the operation of the premises where extended hours have been granted, the District Licensing Agency (DLA) will recommend to the Liquor Licensing Authority (LLA) that the liquor licence operating hours revert to 3am. Existing 24/7 liquor licenses in the CBD will continue to operate 24/7, however if complaints are received in relation to the operation of the premises, then the DLA will recommend to the LLA that the liquor licence operating hours revert to 3am.

Entertainment licences (nightclubs) will be granted 24/7 licences (Auckland City, 2006).

Auckland City commissioned the current research to inform Council on ongoing monitoring methods in relation to these objectives. As a result this report focuses on the following questions and topics. In relation to alcohol bans:

- What impact do alcohol bans have on incidences of alcohol-related harm
- Other impacts of alcohol bans including social impacts, displacement, civil liberties, and which groups are affected
- Police enforcement of alcohol bans

In relation to the opening hours of licensed premises:

- How and what impact opening hours of licensed premises have on alcohol-related harm in Auckland City

In relation to monitoring:

- Identification of appropriate methods for the continued monitoring of the impact of alcohol bans and opening hours on alcohol-related harm

The research also includes recommendations for appropriate Council responses to the research findings, including alternatives to alcohol bans and ongoing monitoring and compliance methods for licensed premises.

1.2 Report structure

The report begins with background information to the introduction of alcohol bans in Auckland City and the extension of opening hours. The wider context surrounding alcohol bans and changes to opening hours, is outlined briefly. The methods used to gather data are explained and the scoping of quantitative data is outlined. Finally, Section One ends with an explanation of how these data were analysed.

Section Two is an analysis of the impacts of alcohol bans and opening hours drawing on previous research, key informant interviews and quantitative data. The impacts of alcohol bans on alcohol-related harm, crime, displacement of problems and social factors such as civil liberties are examined and discussed. This is followed by an examination of the effects of extended opening hours particularly in relation to alcohol-related harm, the time at which harm or problems occur and the implications for the management and monitoring of licensed premises.

The next section provides information on best practice approaches to monitoring and compliance methods for licensed premises and includes information provided by key informants about what is currently happening in Auckland City. Information on alternatives to alcohol bans is provided.

In Section Four the gap analysis of current data collection methods is reported.

Recommendations about appropriate responses to the findings of the current study are included at the end of the executive summary.

1.3 Background

The context for this research is a climate of changing alcohol legislation, where multiple factors have impacted on purchase and drinking patterns, and approaches to addressing problems associated with alcohol use. There have been several major liberalising changes to the alcohol environment in New Zealand. The introduction of the Sale of Liquor Act (SoLA) in 1989 removed controls on outlet density leading to a considerable increase in the number of licensed premises in New Zealand (Habgood et al., 2001, Marriott-Lloyd and Webb, 2002). Supermarkets and grocery stores were able to sell wine from 1990 and restrictions were also lifted on hours of trading (Habgood et al., 2001). From 1992 there has been an increase in televised alcohol advertising and the development of new products such as the introduction of ‘alcopops’ in 1995 (Huckle et al., 2006). In 1999, amendments to the SoLA included the lowering of the legal purchase age from 20 to 18 years, the ability of supermarkets to sell beer as well as wine and the sale of alcohol on Sundays (Habgood et al., 2001).

In the same period, other regulatory changes were also introduced including the linking of alcohol taxation to inflation in 1989 in order to maintain the real price of alcohol, the introduction of Compulsory Breath Testing in 1993 along with a reduced alcohol limit for drivers under the age of 20 (Huckle et al., 2006). A higher tax on light spirits was introduced in June 2003.

In Auckland several alcohol harm reduction and CBD safety initiatives were also introduced after 2000 including: a Māori warden’s patrol; enhanced digital CCTV coverage; a car-park safety accreditation scheme; a downtown Youth Aid Service proactive patrol to remove at risk young people from the streets; enhanced Police focus on intelligence analysis and enforcement; closer liaison between key stakeholder agencies such as police with the Auckland City Council through its Law and Order Committee, and the inter-sectoral *Safer Auckland City* group (Webb et al., 2004). Three pseudo-patron surveys of age verification practices at off-licensed premises in the Auckland region were run in 2002, 2003 and 2004 (with media coverage) and were followed by a large Controlled Purchase Operation. An Exit Breathalyser survey to assess BAC and intoxication levels of patrons exiting on-licensed premises was also conducted in 2004. Potentially, all of these changes could have impacted on alcohol-related harm in Auckland City.

1.3.1 Brief history of alcohol bans in Auckland City

In response to concerns with increasing levels of disorderly behaviour and criminal offending associated with alcohol use, Auckland City introduced an alcohol ban in the Auckland CBD in September 2002, extending the ban to the Viaduct in November 2002. In March 2004 the Alcohol Ban Bylaw became operational following the introduction of the Local Government Act (2002). This bylaw extended the geographical boundaries of the CBD ban to include Albert Park, Nelson Street, Symonds Street and the area around The Strand and Beach Road. (Hood, 2005). The time of the ban was also extended to 24 hours a day, seven days a week. Other alcohol bans were also introduced across Auckland City. These included bans in Avondale, Glen Innes, Mission Bay, Onehunga, Otahuhu and Panmure from 10pm to 6am Thursday, Friday and Saturday nights, and in the shopping and business areas of Parnell and Newmarket from 10pm to 6am Wednesday, Thursday, Friday and

Saturday nights.¹ Prior to the introduction of permanent bans temporary bans had been used for specific events such as Guy Fawkes night celebrations and Christmas in the Park.

1.3.2 Brief history of opening hours

The introduction of the Sale of Liquor Act in 1989 lifted previous restrictions on the trading hours of licensed premises, effectively introducing the possibility of 24 hour liquor licenses in New Zealand. In Auckland City 24 hour licenses are only permitted in the CBD and these have been introduced gradually over the last 16 years. Casswell and Maxwell (2005) use the Auckland CBD as an example to illustrate the lifting of restrictions on trading hours in New Zealand.

[I]n the 1980s on-licenses were required to close at 10.30 pm (1.30 am if providing a meal); in the mid-1990s closure for city bars was mostly 3 am; by 2004 the majority of the central business district's bars had been given 24-hour licences (2005:125).

There are currently 99 bars and 18 nightclubs with 24 hour licenses in Auckland City (as at April 2006). In practice many of the on-licensed premises in Auckland city usually close before or around 3am unless there are special events occurring. This is the time period when breath alcohol levels appear to be highest and the most alcohol-related harm is reported.

1.4 Methods

The following methods were used to gather information for this report.

1.4.1 Literature review

A range of methods were used to identify literature for the current review. The following databases were searched: Web of Science; Medline; Social Science Citation Index; EBM Reviews; Pubmed; Psychinfo and CINAHL using a combination of search terms including: alcohol; liquor; ban; free; zone; policy; control; public space; law; regulation; hour; licensed premise; monitor; harm and measure. In addition, the bibliographies of relevant reports and articles were searched by hand. Background material including Council evaluations of the Auckland alcohol bans were provided by the Auckland City project manager. The reviewer also made individual requests via phone and email for unpublished reports, along with a request for unpublished material to an alcohol research listserve.

1.4.2 Key informant interviews

Potential key informants were identified in consultation with the Auckland City project manager. Informants included representatives from the Police, licensed premises, public health, Council staff, local businesses, social services and youth workers. Interviewees were invited to participate either via letter or by email and the interviews were conducted either by phone or in person. In total, 18 key informants were interviewed. Most of the key informants were based in CBD area so less

¹ For further information please go to:
<http://www.aucklandcity.govt.nz/council/documents/liquorban/areas>

information was provided on suburban areas. It is also important to note that we did not speak to Auckland City resident representatives, although key informants did discuss impacts on residents.

The researchers also contacted Council officers from Christchurch and Wellington City Councils to ascertain what strategies they are using to manage and monitor alcohol issues in their areas.

1.4.3 Data scoping

Data scoping was done to understand what data is currently available to Auckland City Council to a) assess the impact of alcohol bans and licensing hours and b) to determine which data may be useful to monitor over time. Data scoping included reviewing current New Zealand documents that have utilised quantitative data, such as, the Ministry of Justice report of the likely effects of the lowering of the minimum purchase age (Lash, 2005); a report on the Wellington City alcohol control bylaw (Sim et al., 2005); effects of the lowering of the minimum purchase age (Huckle et al., 2006); two reports on the Auckland City alcohol bans (Hood, 2005, Boersen, 2003a); an overview of alcohol bans in New Zealand (Webb et al., 2004) and a report on local level alcohol-related harm indicators (Holder, 2003).

Data scoping also included determining any changes that may have occurred during data collection over time. This process included drawing on previous knowledge of these data and communicating with the relevant agencies. In one case this was not possible due to an agency policy of not providing information on their data (this is discussed in further detail below).

Data scoping also included the production of frequency tables of key data to determine overall observations in selected variables and by year to ascertain if numbers were large enough for analysis.

Other types of data, that have been collected over time and may be relevant to the assessment of alcohol bans, include the National Alcohol Surveys. These types of surveys have been designed to represent New Zealand and as such the sample numbers are too small for analysis at the level of the Territorial Authority (TA) or smaller.

Data Obtained for Alcohol Bans

The data identified as most appropriate to obtain were:

1) Police apprehension data (alcohol ban breaches, disorder offences, minor and serious assaults, destruction of property and alcohol ban breaches 2) Police intelligence data (Alco-Link), 3) Alcohol-related hospitalisations, 4) Alcohol involved ambulance attendance, 5) Alcohol involved crashes; and 6) Driving with excess alcohol.

For all Police data it was possible to obtain the data by smaller areas within each Police District, for example within the Auckland City Police District data could be obtained for the Western, Eastern and Central areas. However, in order to maximise the numbers of alleged offences/events (and the ability to detect change overtime) analysis was conducted at the level of the Police District.

Limitations of the Data for Alcohol Bans

Police data

The Police data included Police apprehension data (alcohol ban breaches, disorder offences and minor and serious assaults) and destruction of property. The data were obtained via the Statistics New Zealand website (apprehension data is categorised by age). Data from the years 1996 to 2005 were available. The precise locations of offending were not available. Currently precise geographic locations are not available for historic offences that are recorded in official Police databases (Sim et al., 2005).

Apprehensions for possessing alcohol or drinking in public places were scoped but were not obtained. In 1999 (when the minimum purchase age was lowered) Police could issue infringement notices instead of apprehending the alleged offender. This meant the data were not comparable overtime. Another complicating issue was that issuing of infringement notices was greatly affected by Police practice (Webb et al., 2004).

The Auckland City Police district covers Blockhouse Bay, St Heliers, St Lukes, Epsom, Balmoral, Pt Chevalier, Newmarket, Ellerslie, Onehunga, Mt Roskill, Mt Wellington, Panmure, Glen Innes, Remuera, Mission Bay, Parnell and Auckland Central.

Alco-link data

Alco-Link data for Auckland City was requested but the data were not released. Alco-Link is Police intelligence data that identifies and monitors licensed premises where alcohol-related offending has occurred, or where an alleged offender may have been drinking prior to an alleged offence.

Disorder offences

This data represents numbers of offences and it is possible that one or more offences may have been committed by one person, or multiple persons may have been apprehended for one offence.

Disorder behaviours are an indicator of alcohol-related offending. While not all of the disorder offences will be alcohol-related, in New Zealand people committing disorder offences may be more likely to have been drinking when the offence was committed (Lash, 2002). Police do not have a formal definition for 'disorder'; rather it is a label for a group of offences, each with their own definitions appearing in criminal legislation (pers comm; New Zealand Police 18.05.05).

Disorder offences broadly include obstructing/hindering/resisting, inciting/encouraging offences, behaviour offences, language offences, miscellaneous disorder offences and disorderly assembly offences.

Alcohol-related hospitalisations

Data were obtained from the New Zealand Health Information Service (NZHIS). It included all alcohol-related publicly funded hospital discharges (where a patient had been admitted to hospital and subsequently discharged). All non elective admissions in New Zealand are to public hospitals.

In 2000, a change in data reporting practices occurred for some areas of the country. Patients that had spent three or more hours in an Emergency Department (ED) were included in the discharge data, where previously they had been excluded. The ED admissions were combined with the same day admissions and there was no way to separate them. This meant that the data before and after 2000 were not comparable. Two analyses were undertaken with the hospitalisation data.

1) Analysis of hospital admissions (longer term): patients who had been admitted and discharged in the same day (or spent 3 or more hours in an Emergency Department) were excluded from the analysis. This removed the effect of the change in reporting practice. Data were analysed from 1996 to 2005.

2) The second analysis undertaken used the short term patients: a) the same day hospital stays; and b) the patients that had spent 3 or more hours in an Emergency Department. The data was analysed from 2000 onwards so that the change in reporting practice did not affect the results.

Alcohol and drug-related ambulance attendance

Possible alcohol and drug-related ambulance attendances were obtained from St John Ambulance. The dataset has been maintained from 2000 onwards so data previous to 2000 were not available. The data included possible alcohol and drug-related incidents and these could not be separated from each other; this meant that the dataset contained alcohol-related and non alcohol-related events. The data did not include injuries where alcohol may have been involved as these were coded primarily as injuries.

The year 2000 was excluded from the analysis as it had a substantial amount of missing data; however, from 2001 onwards the Auckland City area had minimal missing data.

Driving with excess alcohol

Data on prosecutions for driving with excess breath of blood alcohol were obtained from the Ministry of Justice. The data is documented by Court; and the data presented here is for the Auckland District Court. The Ministry of Justice does not provide any additional information on this data and, as such, it was not possible to obtain an estimate of the area that the Auckland District Court covered. For the purposes of this analysis we have used the Police District population data to convert the count data into rates. However, it is acknowledged that this is not ideal.

For prosecutions for driving with excess alcohol, a change in Police practice occurred in 1999. Drivers were required to produce their driver licence at the request of an officer. This meant that drivers under 20 years old, who had a lower legal limit, were easier to identify and the equipment was more likely to be set to the correct level for testing their legal limit. This may have resulted in more under 20 year olds being

identified as over their legal limit than previously, affecting the comparability of the data overtime.

Data Obtained for Opening Hours

Data obtained for the assessment of the impact of 24hour licenses were: Last Drink Survey (in lieu of Alco-Link data) and ambulance data. A small exit breathalyser survey in the Auckland CBD was undertaken and this is described in the next section.

Last Drink Survey

Last Drink Survey (LDS) annual reports from 1996 to 2003 for Auckland City were obtained. LDS data was collected for Police intelligence and data collection ceased in 2003. Alco-Link has now replaced LDS however LDS reports were used as Alco-Link data was not accessible.

As LDS depends on the collection of data by Police in the course of their duties it reflects Police priorities and actions. Consequently the LDS is a reflection of Police activity and is not a representative population survey (Fairnie, 2001).

The proportion of alleged offenders apprehended from licensed premises between 2am and 6am was documented in the LDS reports (1996 to 2003). It may be expected that increases in numbers of premises with 24 hour licenses may increase the chances of offending within this time due to increased intoxication levels. This data could only be reported from 1999 onwards because reports from 1996 to 1998 had combined the alleged offenders apprehended at licensed and non licensed places together when the time of alleged offending was reported. It was not possible to report the time of offending by the day of the week, although the majority of alleged offending occurred from Thursday to Sunday (Thomas, 1999, Thomas, 2000, Thomas, 2001, McArthur, 2002, Broughton, 2003).

Ambulance data

It may be expected that increases in numbers of premises with 24 hour licenses may increase the chances of possible alcohol and drug-related ambulance attendances between 2am and 6am.

As mentioned previously data on possible alcohol and drug-related ambulance attendances were obtained from St John Ambulance. The dataset has been maintained from 2000 onwards, so it was not possible to obtain data previous to 2000. It was also not possible to separate the possible alcohol incidents from the possible drug-related incidents. The data did not include injuries where alcohol may have been involved as these were coded primarily as injuries.

1.4.4 Exit Breathalyser Survey

The Exit Breathalyser Survey investigated breath alcohol levels of people exiting selected on licence premises (premises holding nightclub or tavern licenses), in the Auckland Central Business District (CBD). The selected premise types included those premises commonly referred to as bars and pubs. The survey provides an indication of the likely effect of 24 hour licenses on breath test readings in the Auckland Central Business District. Data collection took place over four weekends in 2006.

The methods used were similar to exit breath surveys that have been conducted internationally (Lang et al., 1998, Krass and Flaherty, 1994, Rydon et al., 1993, Stockwell et al., 1992), and similar to a large exit breathalyser survey conducted in 2004 across the Auckland region, where 250 bars and pubs were selected to be visited (SHORE & Te Ropu Whariki, 2005).

Sample

A list of on licence premises in the Auckland CBD was obtained from the Liquor Licensing Authority (LLA). From this list, the total population of premises with tavern and nightclub licenses was identified. The selected premise types included those premises commonly referred to as bars and pubs. A random sample of 10 premises was obtained. Five had closing hours around 3am and five had 24 hour licenses.

At the time of data collection some premises were found to be closed or could not be sampled for other reasons, such as the safety of field workers or if the venue was a strip bar. This reduced the number of premises in the original sample from which breath test readings could be obtained. Therefore a secondary sample of four premises was randomly taken from the original sample list (of which two premises had closing times of 3am and two premises had 24 hour licenses).

The Massey University Ethics Committee provided ethics approval for the Exit Survey in 2006. The ethical requirements for the survey state that reporting of aggregate data is permitted. No individual premise will be identified publicly or to Police and/or other relevant stakeholders.

Data Collection

Each data collection team consisted of: 1) a male field worker who took the breath sample; 2) a female field worker who approached those exiting the premise and conducted a short interview; and 3) a supervisor who monitored the safety of the field workers at all times (following the safety protocol developed for the Auckland regional Exit Survey that was based on NDARC interviewer guidelines (Day et al., 2002) and further developed by consultation with two Health Protection Officers in New Zealand).

Data collection took place over four weekends (Friday and Saturday nights). Premises that closed at 3am were visited from midnight to around 3am. Premises that had 24 hour licenses were visited between around 3am and 6am. This meant that each premise was visited for around three hours before closing time.

Teams stood outside the selected premise and approached the first person or group who exited. Participants were eligible to participate if they had consumed an alcoholic or non-alcoholic drink inside the selected premise. When a group exited a premise the person with the closest birthday to the current days date was selected. Participants were invited to have a free breath test and to participate in a short interview about alcohol.

Breath Sample

The Alcolizer HH1 was used to take breath samples, following the recommendation of ESR. All breathalysers were calibrated by the manufacturer before data collection commenced. Recalibration during data collection was not required as the breathalysers required re-calibration after 6 months or 300 breath tests. The accuracy of this breathalyser model was better than 5% at 400 micrograms of alcohol per litre of breath.

The standard warning for the model is that alcohol should not be consumed for ten minutes prior to taking the breath sample. The manufacturer advised that this was to allow time for residual breath alcohol in the mouth to dissolve. The manufacturer advised that the same effect would occur if a person rinsed their mouth with water prior to taking the breath sample. Participants were therefore provided with their own water bottle and asked to rinse their mouth, gargle and spit twice prior to giving the breath sample. This would eliminate the possibility of a higher reading due to residual breath alcohol.

The breathalyser provided a reading in micrograms of alcohol per litre of breath (mcg/l). The participant was told their approximate BTR; they were given a range which was 50mcg/l either side of their actual reading. Prior to the administration of the breath test participants were told that the breath sample they gave was not a legal breath test for driving and that it was only an indication of what it might be if the participant was stopped and breath tested by the Police. Participants were also told that even if the reading was under the legal limit, they may still be over the legal limit, and that the breath sample was for that moment in time and should not be used as a future indicator for whether or not they are over the legal limit. Finally participants were told that at any level of alcohol consumption, it may not be safe for them to drive.

Exclusion of Participants who were too Intoxicated to give Consent

If a person was selected to participate and was rated by a field worker as being too intoxicated to *give consent*, then they were not asked to participate. No potential participants, who exited the selected premises and had had a drink in the premise, were assessed as being too intoxicated to give informed consent in this survey.

Interview

The topics covered in the interview were derived from Rydon et al. (1993) and the interview previously used in the Auckland Regional Exit Breath Survey (Huckle et al., unpublished). Liquor Licensing Police and Council District Licensing Inspectors throughout the Auckland Region and the Regional Alcohol Project contributed to the development of the Auckland Regional Exit Survey interview. Participants were asked to rate their own level of intoxication on a four point scale; Extremely, Moderately, Slightly or Not at all intoxicated. This was the scale used by Rydon et al. (1994) and developed by Teplin and Lutz (1985).

Ratings of Intoxication

The rating was a four point scale (as above); Extremely, Moderately, Slightly or Not at all intoxicated. The field workers who conducted the interview made the

observational rating and were extensively trained and instructed on how to rate each participant on a four point scale.

Response Rate

The response rate gives a measure of the number of people, from patrons selected to participate, who gave a breath test reading. One hundred and twenty seven BTR were obtained from 157 eligible potential participants. This gives a response rate of 84%.

Of the 127 breath tests obtained, five were not considered valid and were excluded as the participants failed to adequately rinse their mouths with water before taking the breath test.

Limitations of the Exit Survey

A limitation of this exit survey is that while it provides some information about the premises that were visited, it does not provide information about the Auckland CBD in general. Another limitation is that relatively small numbers of premises were able to be visited.

1.5 Analysis

1.5.1 Quantitative data

The following datasets were analysed to assess the impact of alcohol bans in Auckland City: 1) Police apprehension data (alcohol ban breaches, disorder offences, minor and serious assaults and destruction of property); 2) Alcohol-related hospitalisations (both short term and longer term); 3) Alcohol and drug involved ambulance attendance; 4) Alcohol involved crashes; and 5) Driving with excess alcohol.

The following data were analysed to assess their impact of 24 hour licenses in Auckland City: Exit breathalyser survey; Last Drink Survey (in lieu of Alco-Link data); and ambulance attendances at possible drug and alcohol involved incidences.

Statistics New Zealand Data

Territorial Authority level resident population estimates from 1996 – 2005, for the year ending 30 June, were obtained. These estimates are based on census counts adjusted by births, deaths and migration (Statistics New Zealand, 2004). National resident population estimates for 1995 were not available from Statistics New Zealand. Population estimates for each Police district for the same years were also obtained, as some of the data analysed in this report is relevant to Police Districts not Territorial Authorities. These population estimates were obtained because analysing counts, without taking into effect population numbers, may be misleading. No population data was available to match the data obtained from the Ministry of Justice (prosecutions for driving with excess alcohol, however this is discussed in further detail in the relevant section).

Alcohol Bans

A number of different data were scoped and obtained. Where possible, data were obtained from 1995 to 2005. In this section data from the Auckland City area are presented. The limitations of the different datasets are also documented. Data have been analysed by age group: 14-16, 17-20, 21-30, 31-50 and 51+ years.

The model used for this data aimed: 1) to capture any linear trends between 1995 and 2005; and 2) to capture any change in trend that matched the introduction of alcohol bans, which occurred first on the 26th September 2002. This type of model is commonly called a broken stick model. The response variables were count data and were analysed using Poisson regression with an identity link function and the model allowed for over dispersion. The explanatory variables were adjusted by a factor equal to the yearly population divided by 100,000 so that the effective response was number of events per 100,000 of the population i.e. the model, as represented to computer software, is $\text{count}_i \sim \text{Poisson}(\lambda_i)$ and $\lambda_i = \beta_0 \times p_i + \beta_1 \times (\text{year}_i - 2002) \times p_i + \beta_2 \times (\text{year}_i - 2002) \times \text{period}_i \times p_i$ where $p_i = \text{population}_i/100,000$, year_i being an explanatory factor and period_i a binary variable with value 1 after 2002, otherwise 0. However, the interpretation of interest, the population rate per 100,000, is $\lambda_i/p_i = \beta_0 + \beta_1 \times (\text{year}_i - 2002) + \beta_2 \times (\text{year}_i - 2002) \times \text{period}_i$ where, in this representation, β_0 represents the break-even population rate per 100,000, β_1 is the trend or yearly increase/decrease in the population rate per 100,000 prior to the break-even point and β_2 is the change in trend after the break-even point.

Converting the count data to rates per 100,000 people removes the effect of population change over time from the analysis.

The data were analysed using SAS 8.02 (SAS Institute, 2001) and graphs drawn in R 1.8.1 (CRAN, 2005).

Significance is declared for any test with a p-value of less than 0.05.

Opening Hours

An initial idea for assessing the impact of 24 hour licenses in the Auckland City area was to conduct a similar analysis as for the assessment of the impact of the alcohol ban, that is to conduct a broken stick analysis of the time before and then after the introduction of the 24 hour licenses in Auckland City. However, since the lifting of the restriction on hours in 1989, 24 hour licenses have been introduced gradually. SHORE sought clarification from the Liquor Licensing Authority (LLA) on the number of 24 hour licenses issued each year in the Auckland City area, but neither the LLA nor the local DLA keeps these records. Information from a senior licensing inspector suggests that most of the existing 24 hour licenses were granted before 1995. Due to the gradual introduction of 24 hour licenses, it is not possible to identify a before and after point in time.

In relation to assessing the impact of opening hours on trends in data over time, relatively few premises with 24 hour licenses appear to have been operating for the entire 24 hour periods. As outlined in the background section there have been numerous changes to alcohol policy and to the licensing environment over the last fifteen years, so separating the effect of opening hours would be impossible.

Analysis for the Exit Breathalyser Survey data was conducted in SAS. Frequency tables were produced and, where statistical testing was undertaken, a t-test was used.

1.5.2 Key informant interview data

The interviews with key informants were tape recorded and transcribed. A thematic analysis was used to identify key themes and issues.

2.0 Impacts of alcohol bans and opening hours

2.1 Alcohol bans

2.1.1 Background

There is little international evidence about whether alcohol bans in public places are an effective strategy to reduce crime and/or alcohol-related harm (Bijoux, 2005, Akins, 2003, Kypri, 2003, Sim et al., 2005, Hart, 2004). In recent reviews of evidence about the effectiveness of strategies to reduce harm from substance abuse, no mention was made of the use of alcohol bans or alcohol free zones (Loxley et al., 2004, Babor et al., 2003) despite the use of these in many countries (Scottish Executive Social Research, 2003, Webb et al., 2004).²

There has been research on the use of alcohol bans as a very specific tool to prohibit both the sale and consumption of alcohol at public events such as sports games (Bormann and Stone, 2001, Spaite et al., 1990), and to prohibit the sale or possession of alcohol in particular sites such as universities or colleges (Wechsler et al., 2001) or in isolated rural settings (Wood and Gruenewald, 2006, Berman et al., 2000). A study of alcohol restrictions by native communities in Alaska found that more restrictive measures, such as prohibiting the sale of alcohol were associated with reductions in injury, deaths and homicides (Berman et al., 2000). However, these alcohol bans are not comparable to those used in Auckland City and therefore the findings are not particularly relevant to the current research.³

There is a growing body of research evidence about the use of alcohol bans in the New Zealand context. The New Zealand Police and some Councils have either conducted or commissioned evaluations of the impact of alcohol bans. ALAC has recently completed an overview of the use of alcohol bans in New Zealand (Bijoux, 2005) through an examination of evaluation reports, New Zealand literature and a media review. The Police have also provided an overview of the use of alcohol bans in New Zealand (Webb et al., 2004).

This section outlines the findings from previous research on the impacts of alcohol bans and also the findings from the current study. We begin with a discussion of the impact of alcohol bans on alcohol-related crime and harm (including impacts on the physical environment). The issue of displacement is considered followed by an analysis of the social impacts of alcohol bans. We then examine enforcement issues in relation to alcohol bans. Finally, we assess the overall impact of alcohol bans in Auckland City to date.

2.1.2 Alcohol-related harm and crime

There have been a number of small evaluations of the use of bylaws prohibiting drinking in public under different circumstances in Great Britain. A common finding was that the alcohol bans did not decrease crime. However they did increase public

² The Department of Local Government in New South Wales is currently evaluating the effectiveness of alcohol free zones in Australia (Department of Local Government, 2006).

³ For a summary of the key findings from these studies, please see Akins (2003).

perceptions of safety and the perception that disorder had decreased (Ramsay 1990 in Scottish Executive Social Research, 2003). Research in Australia found that alcohol bans were an effective part of a multi-component approach to reducing alcohol-related violence and public disorder in Surfer's Paradise (Homel et al., 1995).

In New Zealand, Police have reported positive impacts from the alcohol bans in a number of areas including the improved management of New Year celebrations (Taupo, Mt Maunganui and Auckland) and decreases in reported serious crime, disorderly behaviour and criminal damage (Christchurch, Auckland, Napier and Whangarei) (Webb et al., 2004). However, it is not possible to attribute these changes solely to the introduction of alcohol bans, as they were introduced as part of a number of different strategies aimed at reducing alcohol-related harm (Webb et al., 2004).

The most comprehensive research to date is the evaluation of the Wellington City alcohol ban which was introduced in November 2003 (Sim et al., 2005).⁴ Both quantitative and qualitative methods were used for the evaluation and these included systematic observations in the alcohol ban area, analysis of Police statistics, focus group interviews with Police and Council staff and key informant interviews with local retailers, members of the public, community group representatives and emergency response staff.

In the evaluation of the Wellington alcohol ban analysis of quantitative crime indicators (including violence and disorder or wilful damage in public places and destruction of property) found that the overall impact of the alcohol ban was small and that there was no evidence to suggest that the alcohol ban had reduced crime in the inner city area (Sim et al., 2005). The lack of impact (from the ban) on crime indicators was linked to the way the ban was being enforced by the Police. The report described the approach as a 'light' enforcement approach to the ban. Of the alcohol ban breaches, 97% were resolved by warnings and only 3% resulted in arrests.

A strength of the evaluation was that it used Police intelligence data, therefore events could be directly linked to alcohol. As with other retrospective studies utilising routinely collected statistics, a limitation of the evaluation was that it was not possible to control for external events that may have confounded the results of the evaluation.

The qualitative data reflected the view of the key informants, who reported that the alcohol ban had made the city safer for young people with less fights and fewer alcohol-related incidents attended by ambulance staff. Most people thought that the ban was a useful tool to minimise alcohol-related crime and other problems (Sim et al., 2005).

An evaluation of the alcohol ban in Havelock North used a number of methods to assess the impact of the alcohol ban including key informant interviews, questionnaires, a telephone survey, Police statistics on offending, observational studies and security patrol incidents.

⁴ Sim et al. (2005a) point out that their study has a number of limitations. It is retrospective providing limited opportunity to monitor extraneous factors that might influence crime or other indicators or to use any type of experimental design that might attempt to isolate the activities surrounding the ban from other factors.

The Police statistics that were collected to assess the impact of the ban (disorder, assaults, intimidation/threats, robbery and sexual attacks) were limited due to the small number of events that occurred in the Havelock North area each year. No formal analysis of these data was undertaken, which is likely due to the small numbers. The report noted that no obvious trends were apparent from eyeballing the data. (Hart, 2004).

Awareness of, and support for, the ban was found for most residents (over the age of 26 years) and business people. While public perceptions that safety had improved since the introduction of the alcohol ban, evidence gathered through direct observation and from interviews with CBD users contradicted this perception and there was continuing concern about drunken and disorderly behaviour and street drinking in the alcohol ban area (Hart, 2004).

The Havelock North evaluation report concluded that the ban was being ignored by many people. The report suggested that the way the ban was being enforced at the time may have contributed to this finding. The Police had taken an educative approach to enforcing the alcohol ban and there had been only one prosecution for a alcohol ban breach (Hart, 2004).

The alcohol ban in Christchurch has also been evaluated.⁵ After the introduction of the ban there were still many young people drinking in cars and young people reported that the ban would not stop them drinking (Bijoux, 2005). During the evaluation period Police were taking an educative approach and there were only four arrests (Bijoux, 2005). There were some indications that perceptions of safety had increased and there were reductions in litter, such as bottles, cans and broken glass. In Christchurch there was an increase in arrests, particularly for disorder, after the introduction of the ban but this was thought to be probably due to the Police running heightened operations targeting alcohol-related harm.

Initial impacts of the alcohol ban in the central city area of Dunedin were considered as part of a wider research project on alcohol-related harm (Kypri, 2003). A systematic evaluation of the ban had not been undertaken but anecdotal evidence from Police and licensees suggested that there was less serious offending in the central city and that licensees found it easier to assess the sobriety of patrons, as they had not just finished a drink prior to entering the premise so intoxication was easier to manage (Kypri, 2003).

In a case study of the 1995-1997 Piha beach alcohol bans, Conway (2002) found that perceptions of public safety increased and there was a significant decrease in alcohol-related disorder and injuries, the local crime rate and fire service call-outs to vehicle incidents compared to previous years when no bans were operating. Data were collected through document analysis, key informant interviews, a small survey of young people and participant observation. The ban was supported by a coordinated approach involving key stakeholders, including community organisations (such as Neighbourhood watch/ the Surf Lifesaving club/ local Fire service, campground manager) local Police, Council staff, City councillors/ Community Board. There was

⁵ The researchers were unable to access a hard copy of this evaluation so information is drawn from the discussion in Bijoux (2005).

extensive publicity about the alcohol bans as well as a proactive police presence at Piha during their operation over holiday periods.

Community partnerships between police, local authorities, health agencies, community representatives and sometimes Alcohol Accords or liquor liaison groups are viewed as enhancing the effectiveness of alcohol bans, especially where bans are used as one part of a wider strategy to reduce alcohol-related harm (Bijoux, 2005, Alcohol Advisory Council, 2002, Alcohol Advisory Council, 2005a, Bennett et al., 2003, Greenaway et al., 2002, Conway, 2002, Webb et al., 2004, Homel et al., 1995). This is because the joint effort to address alcohol-related problems improves communication and information sharing and such collaborative approaches are a major benefit to policing (Webb et al., 2004).

Research conducted shortly before the introduction of alcohol bans in Auckland City (over the summer of 2001-2002) found that drinking in public spaces was commonplace amongst all age groups of young people (Greenaway et al., 2002). Police reported that a large proportion of their work involved alcohol-related incidents on weekend nights, with most alcohol-related violence incidents in public spaces occurring between midnight and 4am. Observers noted the heavy flow of people carrying bottles down the street as they headed to nightclubs and drinking up until they reached the door. Empty bottles were evident throughout streets and squares, particularly after 3am (Greenaway et al., 2002).

Two evaluations of the alcohol bans in Auckland City have been completed by Council officers. Boersen (2003a) reviewed the first nine months of the CBD alcohol ban (September 2002-June 2003), with a focus on whether the alcohol ban had resulted in a reduction of disorderly behaviour and criminal offending in the CBD and whether public perceptions of safety in the CBD were enhanced. Evaluation methods included an analysis of Police statistics and last drink survey (LDS) data, two telephone surveys about perceptions of safety, face-to-face interviews with police and retailers, as well as an online survey of retailers (Boersen, 2003a).

The evaluation found anecdotal evidence that crime had reduced, with a drop in the time Police were spending on alcohol-related problems after the introduction of the alcohol ban. Public perceptions of safety also increased in the CBD, as measured by a survey of 300 residents. There was a decrease in recorded disorder on Friday nights, but an increase in combined arrests for disorder across Thursday, Friday and Saturday nights (Boersen, 2003a). However, there does not appear to have been any statistical testing conducted on these data so it is not possible to assess whether these changes are significant. Interviewees reported less disorder and a reduction in the number of intoxicated people in the CBD. As Boersen (2003a) notes there were a number of other factors that may have had an impact on offence data, including an increased Police presence due to the America's Cup after a number of years of below optimal staffing levels. Alcohol Accords and Closed Circuit Television (CCTV) coverage were also introduced around the same time as the alcohol bans.

However, additional analysis of Police data supports the conclusion that there had been a reduction in disorder and assault in Auckland city after the introduction of the alcohol ban. In an overview of the use of alcohol bans in New Zealand, Webb et al. (2004) report that analysis of recorded offence statistics for Auckland City show that

assaults declined by 12% and disorderly conduct by 21% between 2001 and 2003, during the times when the alcohol ban is in force (9.00pm to 6.00am, Thursday to Sunday) (Webb et al., 2004:7).

After the extension of alcohol bans in 2004 Council officers were asked to review their effectiveness and report on factors such as displacement, hotspots and hours (Hood, 2005). The second review included the analysis of provisional Police statistics, St John accident statistics, and consultation with Police, Council staff and contractors, members of Alcohol Accords and social service providers. Information was also gathered from surveys of residents, community boards, Business Association members and feedback from members of the public.

The findings of the second review were somewhat mixed. Analysis of provisional Police statistics suggested that disorder, assaults and destruction of property offences had decreased in the CBD after the introduction of the 24/7 ban. However, analysis of accident statistics found a 2% increase in accidents resulting from possible drug and/or alcohol impairment and residents in the CBD were slightly more likely to cite more alcohol-related problems in public spaces (Hood, 2005). Key informants believed that the bans had improved alcohol-related problems but there were still some problem areas. Some also believed the City was now a safer place for young people (Hood, 2005). The Parnell and Avondale bans were viewed as the least effective due to a lack of enforcement.

Although the two Council evaluations indicated that alcohol bans may be having a positive impact in Auckland City, Council officers were concerned that there was lack of robust data to assess the impacts of alcohol bans. This gap led to the current research project.

There has been some additional research on perceptions of safety in the Auckland CBD. Research conducted in 2005 found that the majority of respondents (the sample included randomly selected household respondents, senior students from a local college and international students) felt that the CBD was safe, with less frequent visitors and women more likely to consider the CBD as unsafe (Casey and Crothers, 2005). Household respondents and local students were asked about changes in safety over the last five years. Of those who answered this question, 71% of household respondents said it was safer or about the same and 62.5 % of local students reported that the CBD was safer or about the same (Casey and Crothers, 2005). This research was conducted as part of a larger customer satisfaction survey conducted for the Auckland City Police and was not designed to assess the extent to which the alcohol ban contributes to perceptions of safety.

Key Informant Data

Overall, in 2006 key informants viewed alcohol bans positively, as a very useful tool to help reduce alcohol-related harm around the city. Bans were at least partly credited with making the city feel safer, lessening the occurrence of people under the influence of alcohol in the CBD, and a decrease in alcohol-related harm.

Oh, it's been the best thing since sliced bread in terms of behaviour incidents. It's been real good. You know, the Police are more than happy with it. You

just don't get those mobs of drunken teenagers around town any more which you had 12, 18 months ago. So it's been good. Positive.

[Alcohol bans have] the affect of aiding in a 15% sustained drop in all types of crime within the CBD for the past 3 years. Yeah so that's our indicator, we can't lay total cause and effect on the alcohol bans but we know within ourselves it's been a huge hit.

Most of the interviewees thought that the alcohol bans have resulted in a generally increased feeling of safety and thought that there were less alcohol-related incidents and visible signs of public drinking since their inception.

... when you are walking along, say, K' Road, and you know two o'clock, three o'clock in the morning, with the introduction of the smoke free legislation pushing patrons out on to the footpath, it is still good that you can actually walk along certain streets and know that there's not people walking around with, um, bottles or glasses or anything like that. So, that is a great help for your own personal safety. [...] And if you have a look along K' Road there's a number of premises, nightclubs, who operate till the early hours of the morning, and so there's quite a few people out there. But it is very encouraging to know that there's no liquor out there.

I can tell you that there's been a change, the streets are safer places, it's got that feel you know that Police officers gain a feel for how things are around town. My staff tell me and I recognise that the streets are a safer place to be.

There was general consensus that prior to the bans being in place there had been far more alcohol-related harm, i.e. disorder and violent incidents, assaults, handbag snatches, vandalism, drink-driving, as well as a spate of people being hit by cars. Most interviewees noted a general decrease in other alcohol-related harm in alcohol ban areas with less hassling of women by groups of young men, alcohol-related residue such as bottles, litter, vomit, urine, and faeces and residents being upset by noise with one exception, Parnell. A further plus attributed to alcohol bans noted by many interviewees was a decrease in the likelihood of being hurt by bottles being available to intoxicated people to use as weapons.

Nobody's now carrying around weapons like they did before, which is a bottle. You haven't got large groups really intoxicated around the city drinking from bottles and smashing them and just throwing them. It has stopped that as well.

Interviewees from community organisations, who pick up the pieces in terms of dealing with drunken people on the streets, were very supportive of the bans. They reported that generally it had been much quieter and easier for them, with less workload taken up by intoxicated people.

It's great. It's made our job so much easier. Well before, our office would have been full of people, drunk people that we would have to take home. I mean we wouldn't have to take them home, they could end up in the cells for the night. But we would take them home. We haven't had hardly any of those in the last year..... (not counting the youngsters, because we always take the youngsters), but the older people, not fit to drive or who have had their car keys taken off them.

Some interviewees noted that the increase in safety may just reflect a change in perception, not a reality, and that statistics may not have significantly changed. However, there was also general acknowledgement that perceptions influence reality. The fragility of feeling safe in the CBD was noted by one interviewee who thought that it would only take a homicide or two to negatively change people's attitude to the CBD being safe. A few interviewees commented that there appeared to be an increase in families using the CBD, which was viewed positively and seen as an indicator of the city feeling and appearing safer. However, one interviewee felt that in general the CBD was not that conducive to families. They noted that the needs of families may be better met by suburban centres and shopping malls, making them more attractive places for family outings.

Licensees generally felt the alcohol bans had made running licensed premises easier. There was a general sense of the alcohol bans benefiting staff and patrons of licensed premises, particularly by creating a safer environment for them. There appeared to be less intoxicated people attempting to gain access to premises, and congregating to drink outside licensed premises. If a group did start drinking outside a premise, they were reminded of the alcohol ban and then moved on. The ban was seen as an effective tool in empowering licensees to take action against unwelcome non-patrons who assembled outside a premise. Alcohol-related disorder amongst groups appeared to most often occur between patrons of licensed premises and non-patrons who were drinking outside the premise, and (in Parnell) between locals and non-locals.

If events escalated, most licensees interviewed felt they could approach the Police for assistance with intoxicated people attempting to get into their premises, or causing trouble outside. Licensees generally noted a very good relationship with Police, which was conducive to requesting and receiving help. One felt however, that some licensees were unlikely to bother Police with people drinking in ban areas, unless there was disorder, as breaching the alcohol ban was considered a minor infringement.

Conversely, there was concern expressed by other interviewees that licensees did not always take their responsibilities seriously and some let people take alcohol onto the street or sold takeaway alcohol to already intoxicated people.

Well maybe they don't monitor their clientele so well, or they ply them with too much alcohol, they don't tell them to go home when they've had enough or something. Even little places like this liquor shop over here. I went over there one night because this young girl came down and she was staggering all round the place, she was absolutely blotto and she went in there and came out with a bottle. I couldn't believe it.....she started getting aggro and in the end the Police got her. But you know it was dangerous for her. It was dangerous for her. She was on her own, but fancy them selling her more liquor.

Quantitative Data

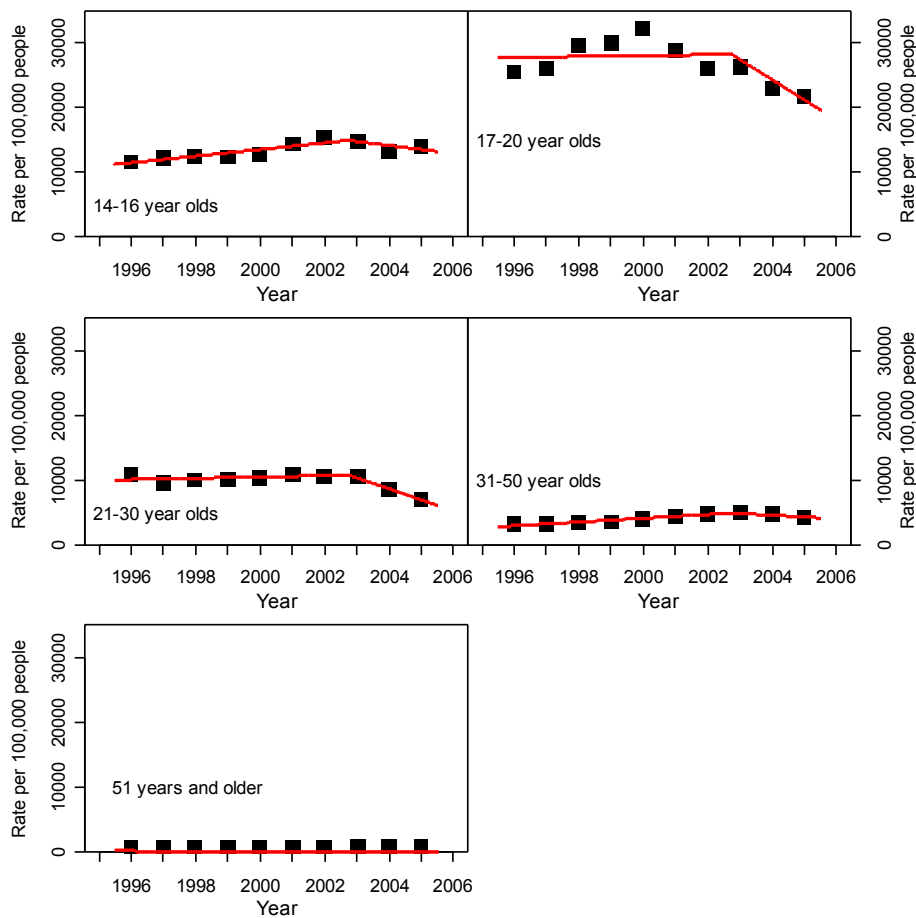
The analysis of quantitative data indicates that there have been changes in some key indicators since the introduction of permanent alcohol bans. There were a number of different data used to assess the impact of the alcohol ban introduced in September 2002, and the extensions that followed. These were: 1) Police apprehension data

(alcohol ban(s) breaches, disorder offences and minor and serious assaults); 2) Alcohol-related hospitalisations; 3) Alcohol involved ambulance attendance; 4) Alcohol involved crashes; and 5) Driving with excess alcohol; and 6) Destruction of property. Alco-Link data was identified as necessary to assist in the assessment of the impacts of the alcohol ban however it was not possible to access these data. Further methodological issues including limitations of the data can be found in the Methodology Section of this report.

Please note that tables reporting the trend estimates and p-values are in Appendix One

Disorderly Behaviour

Figure 2.1 Disorder offences in the Auckland City Police District



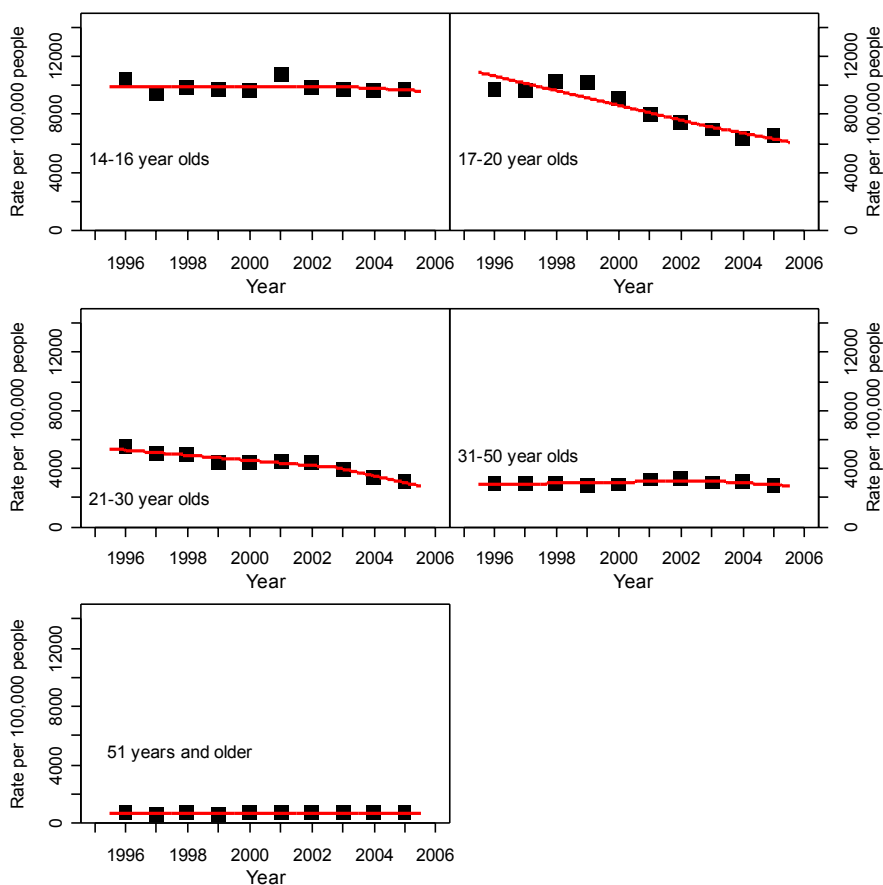
Disorderly behaviour is a measure that may be expected to be reduced by the introduction of an alcohol ban. In this study:

- Rates of disorder offences in the Auckland City Police District (for most ages) significantly increased from 1996 up till the introduction of the alcohol ban in 2002.
- Following the introduction of the alcohol ban significantly decreasing trends were found for most ages.

Previous trend analysis has been conducted by SHORE researchers on disorder offences. In the Auckland region from 1996 to 2004 rates of disorder offences for the 20-24 year olds significantly decreased over this time, however all other age groups (14-15, 16-17, 18-19, 25+) had a flat trend (Greenaway et al., 2005). The trends in Auckland City differ from the Auckland regional trend. Although disorder rates were increasing before 2002 in Auckland City (which differed from the regional pattern), after the introduction of the alcohol ban decreases were seen that were not present at the regional level. These decreases may suggest the results are due to an effect in the Auckland City area, such as the alcohol ban, and are not part of a larger trend present at a regional level (for example the effect of other policy changes such as the tax on light spirits that was introduced in 2003).

Minor Assaults

Figure 2.2 Minor assaults in the Auckland City Police District

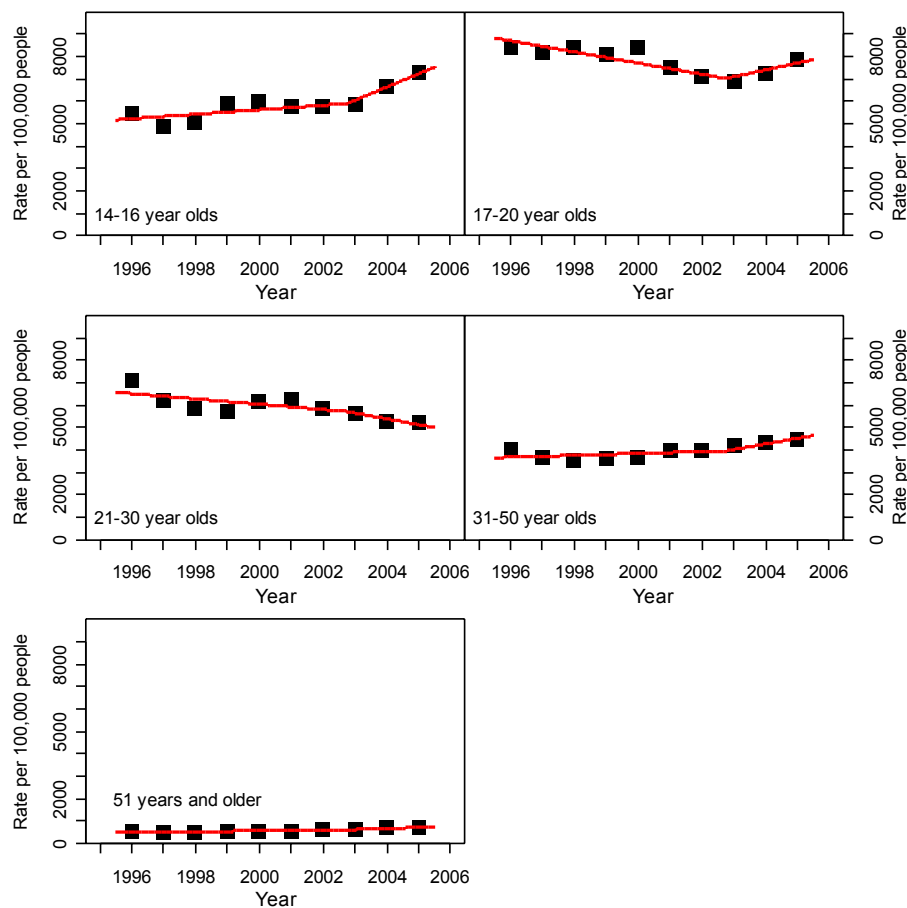


- Rates for minor assaults were decreasing or were flat for all age groups before the introduction of the alcohol ban
- After the introduction of the ban(s) rates for minor assaults for three age groups remained stable. One age group decreased (31-50 years) and one age group stopped decreasing (17-20 year olds); they changed from a decreasing trend to a flat trend.

It seems that for the majority of age groups minor assaults have remained stable from 1996 to 2005. The 17-20 year old group stopped decreasing following the introduction of the alcohol ban (which suggests an increase that did not reach the level of significance).

Serious Assaults

Figure 2.3 Serious assaults in the Auckland City Police District



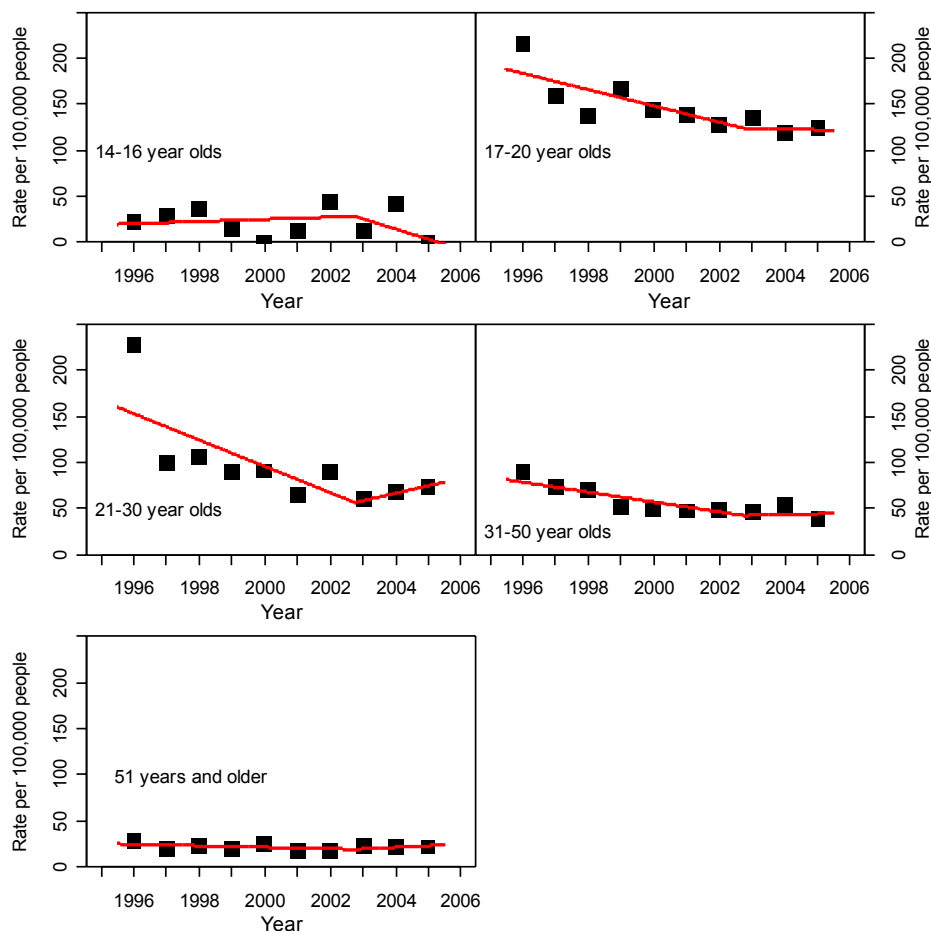
- Among some of the younger age groups (17-20 and 21-30 years) decreasing trends were found in serious assaults prior to the introduction of the alcohol ban(s). The other groups showed flat trends except for the oldest age group, who showed an increasing trend
- The 14-16 and 17-20 year olds showed significant increases in serious assaults following 2002. The 21-30 year olds changed to a flat trend and the older age groups stayed the same (flat), or changed to a flat trend

The younger age groups show significant increases in serious assaults in Auckland City following the introduction of the alcohol bans. Another study found that in Auckland City assaults decreased by 12 % between 2001 and 2003 when the alcohol ban was in force Thursday to Sunday 9.00 and 6pm (Webb et al., 2004). It is likely that the data used by Webb et al. (2004) was Police Intelligence data. Police Intelligence data can link assaults directly to alcohol. The data used in this study are official statistics and as such include non-alcohol involved incidences. It could be possible that the increases in serious assaults for the younger age group were not alcohol-related.

Traffic Crashes

One of the interesting findings from the Police overview of alcohol bans was that there had been a decrease in alcohol-related motor vehicle crashes after the ban was introduced in Wellington. Webb et al. (2004) note that the relationship between the alcohol ban and decrease in crashes is not clear but nevertheless point out that it is an interesting finding (Webb et al., 2004).

Figure 2.4 Alcohol Involved Traffic Crashes in the Auckland City Territorial Authority



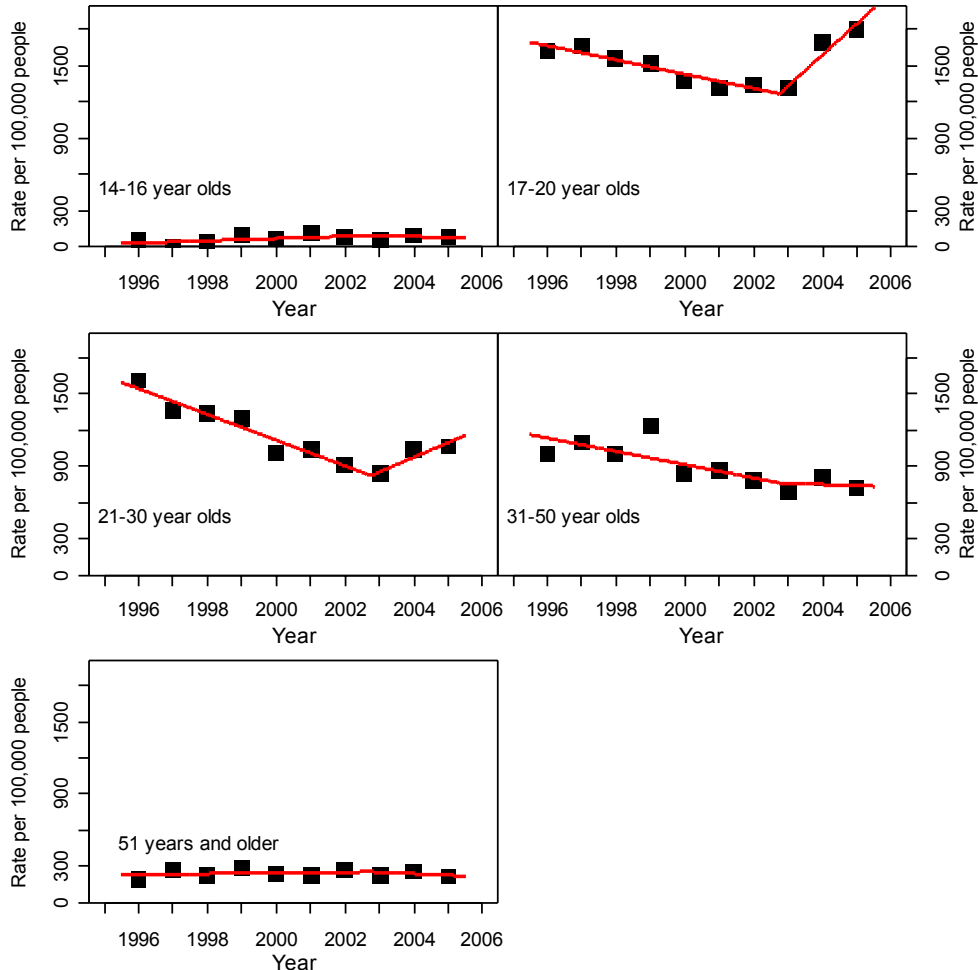
- Before the introduction of the alcohol ban in 2002, the 17-20, 21-30, and 31-50 year age groups showed decreasing trends in rates of alcohol involved crashes.
- Following the introduction of the alcohol ban alcohol involved crashes for the 17-20, 21-30 and the 31-50 year-old age groups stopped decreasing (they showed a flat trend which reflects an increase in rates; however this increase did not reach the level of significance).

Please note the 14-16 and 51-99 year age groups have small numbers.

Prosecutions for Driving with Excess Alcohol

The following section presents prosecutions for driving with excess alcohol.

Figure 2.5 Prosecutions for Driving With Excess Alcohol in the Auckland District Court



- Before the introduction of the alcohol ban in 2002, those aged 14-16,17-20, 21-30 and 31-50 years had significantly decreasing trends in rates of prosecutions for driving with excess alcohol (numbers are small for the 14-16 year olds).
- After 2002 the 17-20 and 21-30 year age groups had significantly increasing trends for driving with excess alcohol. The 14-16 and 51-99 year age group had flat trends.

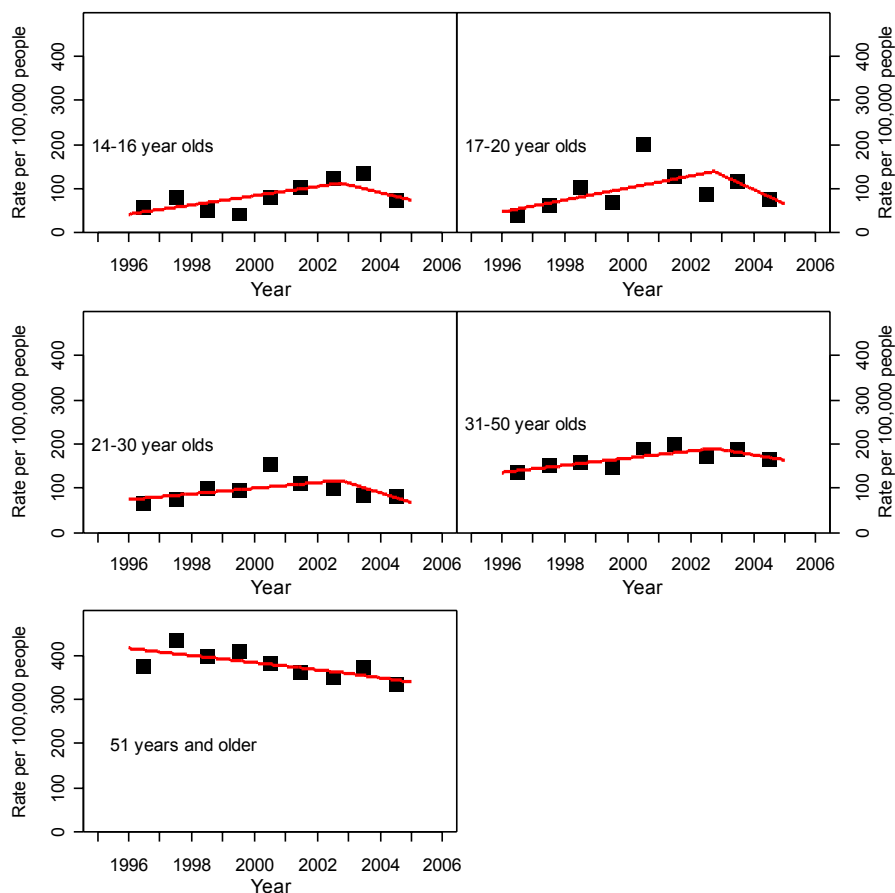
In relation to the traffic data assessed in this report, alcohol-involved crash data showed decreasing rates for most age groups before 2002. After 2002 these decreases stopped. A similar pattern of results was found for prosecutions for driving with excess alcohol. Prosecution rates for most age groups decreased before 2002 and most increased following 2002. The rate of increase was higher among the younger groups (17-20 and 21-30 years). For prosecutions for driving with excess alcohol for those aged 17-20 years this may have been, in part, due to a change in data collection practice that affected drivers under 20 years (please note this is explained more comprehensively in the Methods Section of this report).

The decreases in alcohol-involved crashes and prosecutions for driving with excess alcohol seen before 2002 are likely to be linked to the introduction of compulsory breath testing (CBT) in New Zealand in April 1993. At the same time the legal alcohol level for driving for those under 20 years was substantially lowered from 400 micrograms of alcohol per litre of breath to 150 micrograms of alcohol per litre of breath, while the level for those over 20 remained at 400mcg/ (Land Transport Safety Authority, 2004). Alongside the compulsory breath testing operations, advertising campaigns to deter people from drinking and driving occurred, as did substantial and continual enforcement of compulsory breath testing legislation by Police. The effect of CBT on lowering drink driving offences and related crashes has previously been reported in New Zealand (Guria et al., 2003). There was also a Police safety campaign (SRSP) introduced in 1995/1996 that is likely to have contributed to the reduction in alcohol-related crashes (Guria et al., 2003).

A previous national study (to assess the impact of the minimum purchase age) analysed alcohol-involved crash data and driving with excess alcohol between 1990 and 2003 (Huckle et al., 2006). It found that following 1999 (and the lowering of the purchase age) alcohol-involved crashes increased especially for the 18-19 year age group followed by those aged 20-24 years. It was also found that those aged 18-19 and 20-24 years had significantly increased rates of driving with excess alcohol. It was reported that the increase for the younger groups was likely due to the lowering of the purchase age. It is possible that the results found for the traffic related data for Auckland City are reflecting this national pattern and are linked to wider policy issues.

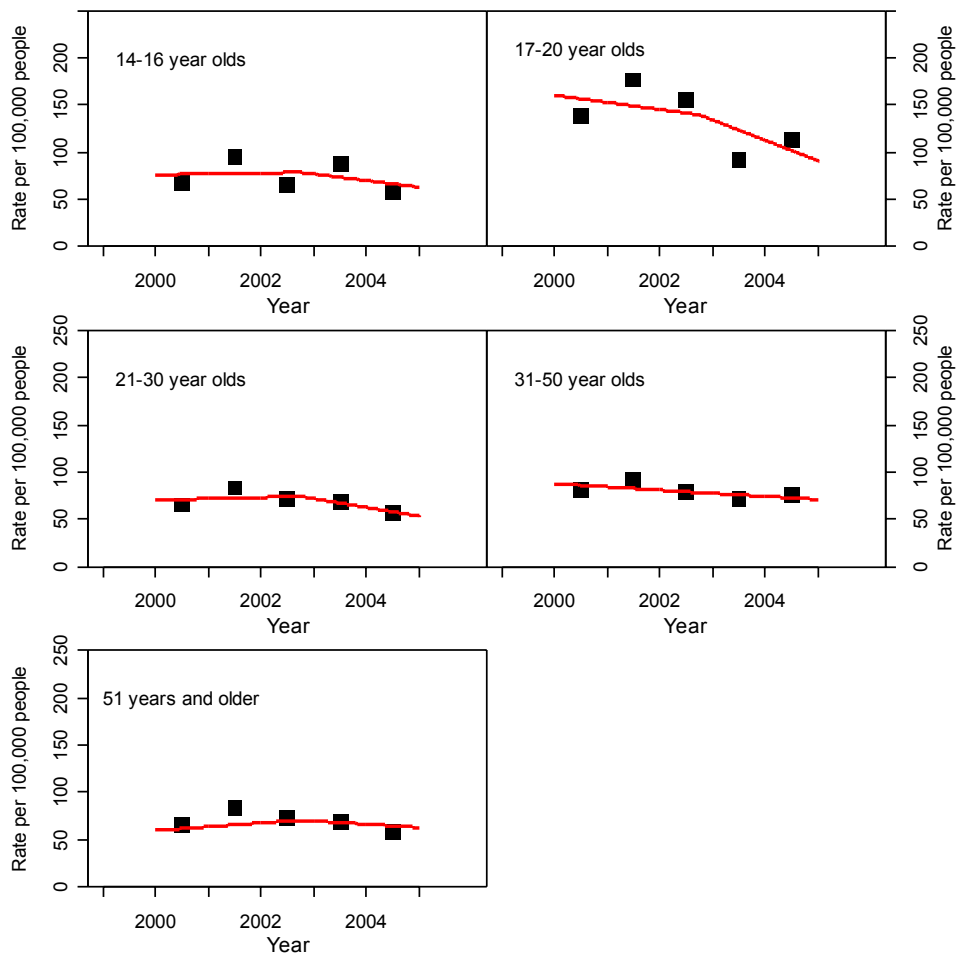
Alcohol-Related Hospitalisations

Figure 2.6 Alcohol-related hospitalisations (longer term) in the Auckland City Territorial Authority



- Before 2002 those aged 14-16 and 31-50 showed significant increasing trends in rates of alcohol-related hospitalisations (please note that numbers of 14-16 year olds are small). The oldest age group, 51-99, showed a significant decreasing trend.
- Following 2002 the rates of alcohol-related hospitalisations for the 14-16 and 31-50 year age groups stopped increasing (they changed to a flat trend) and 51-99, stopped decreasing (they showed a flat). The other age groups showed no significant changes overtime.

Figure 2.6a Alcohol-related same day hospital or emergency room visits in the Auckland City Territorial Authority



The data analysed here begins at the year 2000 to avoid the effect of a change in data reporting practices (see methodology section for further detail).

- Before the introduction of the alcohol ban all ages had a flat trend in same day hospitalisations or emergency room visits.
- Following the introduction of the alcohol ban there was no change for any group

The data in Auckland show no change overtime. Please note that numbers are too small to analyse for the 14-16 and 17-20 year groups.

National level analysis of alcohol-related hospitalisation from 1990 to 2004 has found significant increases for all age groups 14-15, 16-17, 18-19, 20-24 and 25+ (Huckle et al., unpublished). The Auckland City data (longer term admissions) does not reflect the national pattern; before the introduction of the alcohol ban(s) in 2002, only two out of the five age groups increased (compared to all groups increasing nationally) and after its introduction, no age groups were increasing.

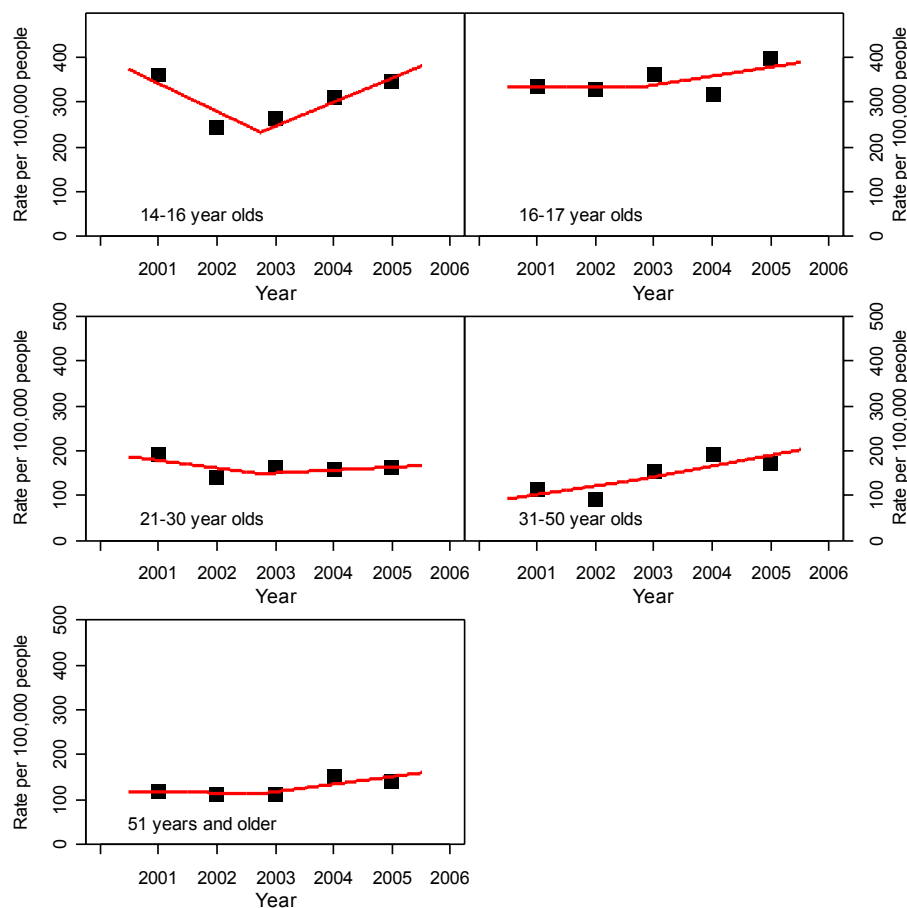
As the pattern of alcohol-involved hospitalisations in Auckland City is different to the national pattern it is likely that something specific to Auckland City may be influencing the trends. However, it is unclear if hospital admissions (longer term) are likely to be influenced by the introduction of the alcohol ban.

A study by Webb et al. (2004) reported that the District Health Board in Wellington contacted Police to ask why emergency room visits had declined. This occurred at the same time as Police were targeting alcohol ban breaches in Wellington.

In regard to the same day and emergency room visits in Auckland City there was no change overtime (before or after the introduction of the alcohol ban).

Ambulance Attendances

Figure 2.7 Possible Alcohol and Drug-Related Ambulance Attendances in Auckland City Territorial Authority



- The majority of the age groups remained stable for rates of possible alcohol and drug-related ambulance attendance.
- The 14-16 year age group significantly increased their rates for possible alcohol and drug-related ambulance attendance following the introduction of the alcohol ban in 2002.

Trends in ambulance attendances for possible alcohol and drug-related incidents show that the majority of age groups have remained stable over the time assessed. Increases were found for 14-16 year olds from 2001 onwards (please note ambulance data was only available from 2000). This is an interesting result as alcohol-involved hospitalisations stopped increasing for 14-16 year olds after 2002. The ambulance data does contain possible alcohol and drug-related attendances and it is possible that the data relating to drugs is confounding the results.

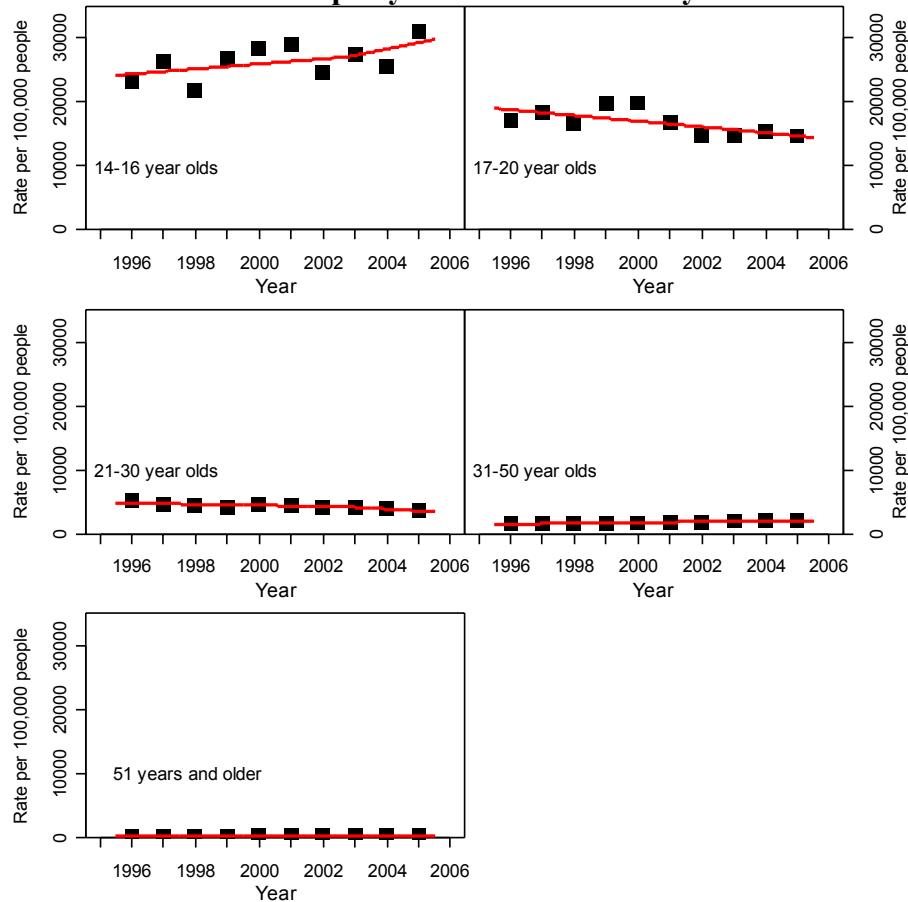
Destruction of Property

Alcohol bans have been found to reduce vomit, urine and rubbish in city centres (Webb et al., 2004, Bijoux, 2005) including broken glass and vandalism (Bijoux, 2005). The second evaluation of the Auckland City alcohol bans also found that destruction property offences may have decreased after the introduction of the alcohol bans (Hood, 2005).

- Before 2002 the 31-50 and 51+ age groups had significantly increasing trends for destruction of property. Those aged 21-30 years had significantly decreasing rates. The younger groups (14-16 and 17-20) had flat trends.
- Following 2002 the 51+ age group had a significantly decreasing trend for destruction of property and all other groups had a flat trend.

The trends in rates of property destruction were mixed. It is unclear why these results were found.

Figure 2.8 Destruction of Property in the Auckland City Police District



Limitations of the Quantitative Analysis

There are two main types of limitation for these analyses:

1. This study cannot directly assess the effects of other external factors that are associated with, and may influence, harm and offending, for example the real price of alcohol or economic effects in New Zealand during the period studied. The study cannot control for the effect that the wider alcohol policy environment, local initiatives, regional initiatives, community interventions or Police interventions such as Closed Circuit Television (CCTV) may have on data.
2. Each dataset has its own limitations. The limitations of each dataset have been highlighted previously in the section above. Some of these limitations included: for some cases there is not a direct link between alcohol and the offences or incidents that occur; the Police data reflects Police effort and practice; the data relate to a broader area such as the TA or Police District and not to a given alcohol ban in an area; and the data provide no information about precise locations of incidents. In one dataset drug and alcohol data have been included together and cannot be separated, in two datasets change in data collection/reporting practices have occurred affecting the comparability of the data overtime. These issues have been comprehensively documented in the Methodology Section of this report.

2.1.3 Displacement

One concern about alcohol bans is whether problems are actually reduced or simply moved to another location, in other words displaced. The key issue is whether problems associated with public drinking are long-standing or whether they are new problems that have resulted from displacement via the introduction of an alcohol ban somewhere else.

The case study of the Piha alcohol ban (Conway, 2002) found there was no displacement of drinking in public spaces to other beaches or areas and the author noted that this was consistent with a large Australian community action project that aimed to reduce alcohol-related violence and public disorder in and around public places in the beach resort of Surfer's Paradise (where permanent alcohol and glass bans on beachfronts are the norm). This project did improve public safety on a number of measures and specifically examined the possibility of displacement of alcohol-related violence to other areas. It reached the interesting conclusion that not only did displacement of the problems not occur elsewhere in the region, but the behaviour improvement appeared to be diffused into other venues and settings not directly targeted by the project (Homel et al., 1995). These findings suggest that the introduction of alcohol bans may influence community norms about appropriate behaviour.

The possible effect of alcohol bans on different population groups, with respect to displacement issues, has been examined. Akins (2003) reviewed a number of studies on alcohol bans and concluded that:

A realistic interpretation of the potential effectiveness of a ban is that for some, rowdy/aggressive drunken behaviour is likely to be eliminated or moderated in areas where public acceptance of it is limited, and for others (especially the young) drinking and disorderly behaviour will be done discreetly or be displaced to areas where it is less likely to result in official sanctions and to be witnessed by those outside of the individuals peer group (Akins, 2003:25-26).

Another concern is the displacement of public drinkers into less safe areas, for example unlit parks as was the case in Christchurch. Bijoux (2005) argues that, if this is the case then, alcohol bans may be increasing alcohol-related harm for high-risk members of the population rather than reducing it. The potential for alcohol-related harm could be further exacerbated if alcohol bans encourage speed drinking or secretive drinking habits (Bijoux, 2005).

In the evaluation of the Wellington alcohol ban, analysis of Police statistics such as recorded alcohol offending, public place drinking and public place drinking for minors did not identify any displacement effects (Sim et al., 2005). Police felt that displacement wasn't a significant issue associated with the alcohol ban and that a group of 'core trouble makers' would not drink in the suburbs because they want to be in the inner city.

Police did report that drinking in parked vehicles had become an issue among young people and this was raised by key informants as a displacement effect (Sim et al., 2005). Walkwise and Streetwise staff in Wellington had noticed some displacement of

public place drinking from street to car parks and to an area on the boundary of the bylaw. One key informant believed the alcohol ban had led to increased victimisation of homeless people and that the alcohol ban also needed to cover daylight hours.

There is some evidence that displacement is occurring as a result of the alcohol bans in Auckland City. Both Council evaluations of the alcohol bans found evidence of displacement into areas such as Dominion Rd, Parnell and Newmarket. Displacement also occurred in public areas immediately bordering alcohol ban areas (Hood, 2005, Boersen, 2003a). However, Hood (2005) expressed concern about the lack of robust data to assess the extent of displacement and the effectiveness of alcohol bans on reducing overall levels of alcohol-related harm.

Some information about the impact of the CBD alcohol ban on homeless people was gathered as part of a wider research project for the development of a plan for homeless and marginalised people in Auckland City. Some service providers identified an increasing need for services outside the CBD area, for example in Newmarket, which they attributed to the implementation of the alcohol ban and increased surveillance in the CBD (Gravitas Research and Strategy Ltd, 2005). However, a Rough Sleepers census did not find any rough sleepers in the Newmarket area (Gravitas Research and Strategy Ltd, 2005).

Key Informant Data

In general, in 2006 most interviewees felt that there had not been significant displacement outside of alcohol ban areas, although a few interviewees had heard of, or lived in, suburbs such as Balmoral, Avondale, Onehunga, Mission Bay, St Heliers and Parnell that appeared to be experiencing an increase in 'streeties', public alcohol consumption and related issues. Displacement appeared to occur mainly on two levels with two different groups – with the itinerant long-standing street drinkers who frequented the inner city parks and young people who came into the CBD or other areas on a regular or casual basis for a night's drinking. The former group were thought to have been moved further out of the CBD as a result of the alcohol ban.

It tends to be those suburbs, or those edges of the city where the alcohol ban stops tends to be that's the place where those people will gravitate towards. So lots of drunk wasted people hanging out in bus stops in Mount Eden [...]. Lots of people who don't like that. Lots of peeing in shop doors and people, you know a lot more homeless in those parts of town.

Other interviewees felt there were areas outside the ban areas that should be included in the bans and that the delineation between ban areas and non ban areas was confusing. It was also noted that a few hot spots for drinking in public, that were in close proximity to ban areas (such as parks across the road from licensed premises), were not included in the ban, which was problematic as people could legitimately congregate and consume alcohol on the periphery of an alcohol ban area.

One interviewee said that displacement of street drinking populations had really occurred in a major way in the 1990s at the time of the CHOGM meeting, when the Police, Maori wardens and other agencies had been asked to crack down and pick up all the street kids and other itinerants. Another interviewee considered that the

suburbs were not well equipped to deal with these issues, and that the bans had resulted in some problems simply being moved to other areas, rather than eradicated.

The young casual drinkers who came into town for a night out were thought to have just migrated to different places to drink or stayed home instead

They've just ended up staying at home or going to parties and stuff. For a lot of the time, a lot of them probably were just coming into town to drink. I'd say that the amount of young people who are over 18 that come into town with no money, just to drink in the park, probably you're talking a very small percentage here. I would imagine that for the most part they would just stay home, you know. It's less trouble for them.

There was acknowledgement by many interviewees that drinking within the alcohol ban area did still occur, albeit in concealment. Drinkers (mainly the rough sleepers and some young people out on the town) were more likely to consume alcohol in areas difficult to police and away from the public. Some areas such as Pigeon Park, the Symonds St Cemetery, the old Carlaw Park, Victoria Park, the ferry buildings, Heard Park, St Heliers and Potters Park in Balmoral were considered 'hot spots', where a lot of public drinking still took place. One interviewee felt clandestine drinking put people in unsafe environments, where they are both less rational and more vulnerable.

Even though it's not cool to have a bunch of 16-year-olds sitting in Aotea Square drinking a flagon of wine, the bottom line is it's much safer to have them there where you can see them, as opposed to them drinking in Myers park. You know, you can see them, they're a bit safer, you've got opportunities to mitigate harm should it arise.

Displacement from more strictly enforced alcohol ban areas was reported to have occurred in Parnell.

When the bans were implemented, particularly the CBD ban, (it was said) that this would cause displacement of that element that likes to drink on the street because you can go and buy cheap liquor and stock up your car and then come and get pissed in a party atmosphere in the street.Yes, I'm sure that we are victims of some of this displacement that's occurred as a result of the city CBD being cleaned up. But unfortunately, our ban isn't enforced to the same degree as the Viaduct ban.

Drinking in cars, particularly young people in car parks, was noted by some as an issue, although interviewees did not always view this as an effect of the bans, but rather as something that had been occurring for a long time anyway, in parallel with street drinking. It was typically related to minors and/or others who sought the ambience of the bright lights of the city streets but who didn't have the ID or the ready cash to drink in bars, or who simply preferred their bar on wheels. A couple of interviewees thought drinking in cars was now more common in ban areas as people sought to hide their alcohol from full view. Alcohol in cars was however detectable by Police in higher riding vehicles, who could then stop the car and direct the cars' occupants either to get rid of the alcohol or remove themselves from a ban area.

No quantitative data was available to assess displacement issues as the research team did not have access to Alco-link data.

2.1.4 Social Impacts: Civil liberties and impacts on youth and homeless

There is little research on the social impacts of alcohol bans. Bijoux (2005) notes that alcohol bans may potentially disenfranchise some segments of society through forcing young people and adult street drinkers into less safe areas. The use of Police discretion regarding the enforcement of alcohol bans may also have a discriminatory effect on some members of the population. However, Webb et al. (2004) argues that Police in New Zealand have not used alcohol bans as a tool for moving on homeless people or advancing any other discriminatory agenda.

A report by Sim et al. (2005), on the impact of the alcohol ban in Wellington, suggested that Police intelligence records (Alco-Link) indicate a different picture from the official statistics in that 4000 breaches were documented with 3,900 resulting in a warning. In the Wellington evaluation of the alcohol ban a wide range of people were found breaching the ban and it seemed to vary by age and gender. The majority of people breaching the ban were in transit.

Field observation of the Wellington alcohol ban area found that teenagers and those aged in their 20s and 30s were most likely to be breaching the alcohol ban. The age distribution of apprehensions for alcohol ban breaches in Wellington shows that people aged 17-24 years are most likely to be apprehended for breaching the alcohol ban. For public place drinking offences, those aged 17 and 18 years are more likely to be apprehended (resulting in an infringement notice) than any other age groups (Sim et al., 2005).

Another concern is that breaches of the alcohol ban may also result in otherwise law-abiding people being introduced into the formal justice system (Bijoux, 2005). This issue is being monitored by the Police. Analysis of national Police statistics from 2000-2002 indicates that most people convicted for breaching a alcohol ban were aged between 18 to 24 years and the majority (between 86% to 90%) were male (Webb et al., 2004:13). Between 28% to 33% were Maori and 61% to 68% were New Zealand European (Webb et al., 2004).

At the time of drafting the alcohol ban bylaw, Auckland City obtained legal advice that the bylaw was reasonable and consistent with the New Zealand Bill of Rights Act 1990 and did not breach or unnecessarily interfere with rights protected by the Act (Boersen, 2003b).

Key Informant Data

In 2006 most interviewees considered bans to be a tool that applied equally to everyone rather than being used to single out or move on the most visible groups such as young people or the homeless. No one was allowed to drink in ban areas and any discretionary element was removed.

I've seen them [the police] take beer off seemingly sober revellers in the city. They can and no one argues with it, look that's it, end of story. You do one of two things, you go back inside the bar with it, or we take it off you. You know, no one can argue with that it's quite acceptable.

However, Police appeared to take differing action according to the circumstances of different groups.

If you're talking in terms of it's a young person and we've never come across them before and they're unaware of the ban then yes, a warning is given and they're informed about the ban so that doesn't carry over you know can't try that same excuse twice won't get away with it. As opposed to the hard core group of 20-30 people that are alcoholics and live on the streets and know about the ban because they have multiple arrests for it.

Most interviewees did not consider the alcohol bans to have impacted very much on civil liberties. Making the CBD and other public areas safer was viewed as more important, in the greater public interest, than people not being allowed to drink on the streets.

Well I don't know if confiscating some 17-year-old's Jack Daniels and pouring it down the drain is an impact on your civil liberties. They probably don't get a lot of sympathy, it's not like it's violent, it's just tipping your liquor out and you shouldn't be drinking it anyway.

Well some people may say it's an impact on their rights to take their alcohol or drink wherever they want. I think you have to weigh that up with social responsibility and public good.

However, one interviewee was concerned about the possible civil liberties that had been infringed, in terms of moving on the homeless or singling out young people but also thought that alcohol bans were not anymore discriminatory than other laws.

...[O]nce again those who are marginalized tend to be those who are discriminated against regardless of the laws that we have in place, so young people for example, and then you've got the homeless and those types of groups. I don't know that this has led to any more discrimination or, you know, I think it's just kind of the status quo really.

There were also reports that some security personnel are confiscating alcohol from public drinkers which is, in itself, a breach of the alcohol ban as they do not have the authority to do so.

It is illegal to drink on the street. I'm not quite sure where that fine line is between the guards, but they just tip it down the drain. They say, go home, we don't want you drinking on the street, or go into a club and buy a drink legally. Also they're quite often under age at night, but the guys sort of feel that they're doing them a favour, because they're often under 18, and they're going to drive.

Another interviewee who worked with the 'streeties' didn't think they were being unduly harassed and expressed the view that many had largely adapted to the alcohol bans, particularly because of its economic consequences.

I don't get the impression that the cops are riding round, you know like a gang of storm troopers with alcohol detection dogs and devices targeting

every can that was opened. I don't get that impression.....I mean for our own streeties now that they know the law is in place they're doing their drinking where they can't be pinged. They don't want to be stopped by the Police all the time because they've probably got marijuana in their pockets for a start, so they don't want to go down on that. Plus they're not dumb, they're street wise.....So you know they don't want to bring the heat down on them. I mean they don't want their booze poured out either because it's expensive.../ The reality for streeties, if they get pinged and there's a \$500 fine, the effects of that can be bloody awful

The people who were affected by the bans were mainly described as young people out to enjoy themselves, either too young to be able to enter bars, or with not a lot of disposable income so likely to be bringing in and consuming their own cheaper drinks first before going onto clubs or bars. There was also another group loosely described as 'boy-racers' or those who were cruising the main social 'hot-spots' in cars, who often drank in their cars and who occasionally created 'flashpoints' in one-off incidents.

There were different estimates of the numbers of rough sleepers, anywhere between 30-100 and many of these people were seen as an age-old problem. There were often people with mental health or alcohol and/or drug problems who had either slipped through the health networks or chose to live outside the system. It was generally agreed by interviewees, who dealt with this group, that they are quite a small minority in a city the size of Auckland but they have needs and problems in disproportion to their numbers and some can be very difficult to deal with.

for those who have real issues, like the homeless, for example, most people have now been pushed into really unsafe places. Yes, that's just feedback that we get from the people that we work with in our working group and that sort of thing. They're all basically being moved along and then, of course, what you get is those suburbs who are on the boundaries of the alcohol bans, have now got this huge influx of homeless and street people now living in their bus stops and all of that carry on and because they're not used to dealing with those types of personalities they're not dealing with them at all. Whereas perhaps those areas in the city that were used to them, at least they developed strategies to cope in terms of how to talk to them and stuff like that.

Some of the people who work directly with this group, providing services, reported actual improvement in behaviour in and around their centres which they attributed to the ban, with less drinking in large groups and overt drunkenness.

Yes, I mean certainly for us at the xxx centre, lots of drinking outside the xxx centre. Although we try to stop that we don't have the power to say you can't drink on the street and the clients know that. But, it's doubtless one of the, probably the most destructive single most difficult thing that impacts on our running of our drop-in centre, with the consumption of alcohol closely followed by the sniffing of glue and use of P. But it's alcohol that leads to so many bloody problems, it's not funny. I guess we've seen a lessening of that, because not nearly as much drinking goes on outside the centre as used to.

A census of rough sleepers in the CBD indicate that numbers have increased slightly within a three kilometre radius of the Sky Tower, from 96 people either sleeping rough, in police custody or in temporary shelters in 2004 to 108 people in 2005 (reported in Casey and Crothers, 2005).

Table 2.1 Alcohol ban breaches in Auckland City Police District

Year	14-16	17-20	21-30	31-50	51-99	Total
2002	0	0	0	0	0	0
2003	1	157	132	75	6	371
2004	3	138	156	132	17	446
2005	17	211	227	204	60	719

The alcohol bans came into effect in September 2002 and following this, extensions of the bans occurred. There were no prosecutions for alcohol ban breaches in 2002. The numbers of prosecutions were similar across the age groups 17-20, 21-30 and 31-50 years in 2003, 2004 and 2005 (Table 2.1).⁶ Not everyone who breaches an alcohol ban will be prosecuted by the Police. Some may be asked, for example, to tip the alcohol out and move along. These data therefore depend on Police practice. It is likely that there are substantially more alcohol ban breaches in Auckland City than are recorded in Table 2.1.

Some key informants thought that the alcohol bans are affecting community norms. Many interviewees considered that New Zealand has a culture of excessive drinking, although a couple of interviewees felt that New Zealand was becoming more sophisticated in relation to its drinking. Alcohol bans were seen as one tool to encourage acceptable drinking practices, and reduce excessive alcohol consumption and related harms. Interviewees often compared changing New Zealand's drinking patterns to the changes in drink driving practices – that it would take some time and a range of strategies would be needed to stimulate and maintain improvement. Some interviewees felt the positive aspects of not getting inebriated need accentuating.

Well you know we often make comparisons with the drink drive message. Now you know drink driving was acceptable, people used to slap you on the back for it. Now, of course, if you get caught you're an idiot. Getting this message on to the street, the drinking in public place thing on to the street is a similar mind shift that has begun.

I go back a long way in the city, or a long time and certainly in the old days there used to be a lot of alcohol and alcoholics around. Now that the ban is in place and now that society has changed its attitude towards alcohol abuse there seems to be far less. I don't know whether that's backed up by your research, but certainly to me it doesn't seem to be a huge problem. If there's somebody in the city making a nuisance of themselves, or boozed up to the eyebrows somebody will call the Police pretty quickly.

⁶ Please note that the age bands are not equal: 17 to 20 = (3 years); 21 to 30 = (9 years); 31 to 50 = (19 years). It was not possible to categorise the age groups evenly.

2.1.5 Enforcement of Alcohol Bans

One of the key findings from previous evaluations of alcohol bans is that they are more likely to be effective when they are enforced. There was some concern about the inconsistency of Police approaches to alcohol ban enforcement, with some adopting a zero tolerance approach and others operating warning systems (Bijoux, 2005). In some areas there are concerns about a lack of enforcement leading to a disregard of the bylaw.

The capacity of the Police to enforce alcohol bans appears to be a key factor for determining their effectiveness. In a review of the impacts of alcohol bans in a number of different areas of New Zealand, the following comments are made.

The effectiveness of alcohol bans in public places depends on the extent of Police enforcement. Where Police have taken a largely 'educative' approach, there has been little change in behaviour or reduction in alcohol-related disorder and crime (Alcohol Advisory Council, 2005a:53).

As part of the evaluation of the Wellington alcohol ban, researchers identified a number of factors that affected Police enforcement of liquor bylaws. These include seasonal influences; there is often greater enforcement in relation to special events or holiday periods. Analysis of Police Intelligence data indicated that a greater number of warnings for breaches of the alcohol bylaw occurred than the number recorded in the official crime statistics. For example between November 2003 to February 2005, 4000 alcohol ban breaches were identified with more than 3900 of these resulting in a warning that was not recorded in official crime statistics. Only 3% of breaches were recorded as an arrest (Sim et al., 2005:54). The majority of those apprehended for alcohol ban breaches were under the age of 24 years (67%) and were male (89% of total number) (Sim et al., 2005).

Most respondents thought that increased enforcement of the ban was needed in Wellington. It is important to note that the alcohol ban was introduced at the same time as other initiatives including the introduction of the Smokefree legislation, which may have meant smokers who previously drank in bars were more likely to be drinking outside in public spaces.

The evaluation of the Havelock North alcohol ban found that a lack of resources had restricted the ability of the Police to take a more proactive approach to enforcement. Since the completion of the evaluation the Police have implemented an enforcement programme based on strict compliance (Hart, 2004). Police in Havelock North suggested that earlier closing times for licensed premises could also enhance their ability to enforce the alcohol ban (Hart, 2004).

Webb et al.(2004) note that one of the key benefits of alcohol bans is the ability of Police to apprehend and remove troublemakers from hot spots thereby "nip[ping] alcohol-related problems in the bud" (Webb et al., 2004:3). There were 477 arrests for breaches of the alcohol ban in the first nine months after the alcohol ban was introduced in the Auckland CBD (Boersen, 2003a).

In the current research Police key informants in Auckland described alcohol bans as a protective tool to get potential victims of street crime out of possible harm's way.

They are very good pro-active tools, most times you can pin point likely victims which is just as important as pin pointing likely offenders who are going to get intoxicated and put themselves in the role of predators that kind of thing so its good in that regard.

Interviewees felt that bans were only as good as the enforcement of them. The Police acknowledge there are still a lot of breaches of the ban and there's a continual need to police it pretty heavily, however they are not resourced sufficiently to be able to provide the kind of coverage they would like to be able to provide. Police enforcement of the bans was generally seen as adequate if not good in the CBD area, although some public drinking incidents were recounted which had not been seen or dealt with by Police

I know of half a dozen assaults probably in the last 48 hours that have happened that the Police won't know about, and they were quite nasty assaults. These young people were bloody drunk and they were drinking in public it's just that they weren't caught. Now they weren't the local streeties, these were young ones coming in from out of town, down south, getting on the booze here because nobody knows them here, being bloody larrikins shall we say, but they assaulted three or four people on the way. Now I'm not, that's not a breakdown of policing or anything like that they just didn't come to the attention of the Police.

All interviewees were aware that there are limited Police on the streets and lamented the lack of Police resources. Most commented that they would like to see more Police presence, particularly on foot. This type of policing was seen as more proactive as well as accessible to community members and businesses and particularly well suited to populated and contained geographical areas such as the CBD, rather than sprawling suburban areas.

We have a zero tolerance approach from downtown in relation to alcohol bans, it's our bread and butter, it's our way of keeping streets as clean as we can because we recognise alcohol is the aggravator if we can get in with early intervention then we're saving ourselves a whole lot of trouble later in the night. The person that's standing there drinking from their can of bourbon and cola at 7pm at night is a very funny and amusing individual. At 3 o'clock in the morning if he's still continuing to consume he's either a victim or an aggravator of a crime. I mean its generalising but that's the way it works.

Several interviewees considered there were different approaches and inconsistent responses by different Police with some more inclined to give warnings, tip out alcohol, move drinkers on, whereas others took a tougher approach and made more arrests. Some felt the bans were not being as stringently enforced as they were when first implemented (that more warnings were being granted than prosecutions) – conversely, a couple of interviewees felt they currently were being more rigorously enforced. This may reflect the different areas being policed and different patterns of policing, that is beat Police and Police in patrol cars. One interviewee noted that a heavy Police presence has an impact on the night time economy, so a fine balance is

needed. Another interviewee mentioned that prosecutions had been clogging up the courts so thought this had possibly led to more warnings.

If they're aware of the breach they get arrested yeah because that's what its there for. If they are ignoring the constraints and their behaviour, they know about it and there's a penalty to pay for that, its sort of, cant afford to be too wishy washy and do it otherwise it loses impact and it is a good tool because it's proven itself in my mind.

When it was first brought in, in the various phases it was, it was arrest after arrest, after arrest, after arrest and now they're pretty spasmodic, it's come down to either people who have been unaware of it from might have been living in other countries or definitely outside Auckland city and there's a little bit of leeway given there or it's just that people don't care that they are abusing it the alcoholics, the cynical abusers is what we want to call them.

There were ban areas that were considered to be under enforced such as Parnell, where one interviewee considered their local alcohol ban had had no impact due to lack of Police presence to enforce it. The Parnell situation is one where Wednesday night is a traditional cheap drinks night aimed at the student market but also attracting a lot of minors who drink on the streets and the nearby environs. Regular Wednesday night problems have occurred with fighting on the street, a huge amount of litter everywhere and vomiting, urinating and defecating in shop doorways.

There's a lot of street drinking. The problem I see is that it's toothless. There's very little, the Police don't enforce it, we employ security guards on a Wednesday night who intercept people who are drinking on the street and tell them to either finish it up or tip it away. But because there are no arrests made, so it's just, people just continue to drink and if they're told to throw the drink away, that's fine. But, as I said, it's toothless.

The other thing is that, and the Police would corroborate this, that the people who drink on the streets include a rough element who have come here.....and there's an element that's come to pick fights and that includes young gang members who just loiter outside bars and actually just try to pick fights with people. These do sometimes turn into brawls engaging 15 to 30 people at times.....but when you've got quite a lot of young white private school kids drinking outside, girls dressed in no more than tea towels, it might be quite an attractive thing to come round and hoot at the girls and try to make trouble and pick fights. Especially when a lot of these people are off their faces. That's sort of easy pickings.

However it was also noted that when the Police tactical support group had attended Parnell on one Wednesday night, it had been quiet. The unpredictability of alcohol-related disorder is problematic in this regard. Wednesday night is not a usual operational night for the Police tactical support team and enforcement at a similar level to the CBD would require changes to Police rostering and resources.

Security guards have been hired by local business associations to patrol both the downtown and Karangahape Road areas. The Karangahape business association has been gathering data on incidents dealt with by the security personnel and, in the six months from September to March 2006, they dealt with 1595 people described as

street drinkers. Whilst most of the night-time incidents involve alcohol, over a quarter to a third of the daytime incidents recorded are also deemed alcohol-related.

The Maori wardens also provide additional eyes and ears for the Police to aid enforcement of the ban through their patrols and security camera monitoring as well as providing a culturally based service to reach out to and care for young people. From a business perspective, as well as safety aspect, bans were also seen to be very useful – provided they were enforced

2.1.6 Discussion

The introduction of alcohol bans in Auckland City are associated with a number of positive impacts, including a reduction in disorder offences across Auckland City, an improvement in the physical environment with less broken glass and rubbish and some indication that community norms about the acceptability of public drunkenness are shifting.

The trends in minor and serious assaults, alcohol-related traffic crashes, prosecutions for excess breath alcohol, ambulance attendances and destruction of property in Auckland City after the introduction of alcohol bans are more difficult to interpret.

The trends in the traffic indicators (crashes and driving with excess alcohol) are likely to be linked to wider national trends and national alcohol policy. Some of the health-related indicators such as ambulance attendances and same day hospital admissions and emergency room visits show no trends for most age groups over time. In regard to the longer term hospital admissions, while they generally show a decrease following the introduction of the ban (although not statistically significant), it is unclear whether alcohol bans would affect this kind of indicator. The minor assaults remained relatively stable over time and the serious assaults increased, following the introduction of the alcohol bans for the younger age groups. No clear picture emerges from the analysis of these data.

Other evaluations of alcohol bans in New Zealand have shown minimal impact of bans on disorder and other alcohol-related harm indicators. The key difference in Auckland City appears to be that the alcohol ban is being used as a proactive enforcement tool by the Police, whereas in other studies the Police had adopted a more educative approach. The current research also suggests that the CBD is the most effective alcohol ban in Auckland City because it is adequately enforced.

One of the concerns in previous evaluations of alcohol bans in Auckland City was the ability to assess whether problems had been reduced or merely displaced. Analysis of disorder data indicates that there are actual reductions across Auckland City. However, we are unable to assess whether there is increased disorder outside Auckland City boundaries. The groups most affected by the alcohol bans appear to be young people and the homeless. As reported earlier the researchers did not have access to Alco-link data, so there is no information on where people were drinking prior to their apprehension.

As our analysis has shown there are difficulties with singling out the effects of the alcohol bans as they are not usually introduced as stand alone strategies.

It is difficult to disentangle the independent effects of Police enforcement of the alcohol ban from other initiatives which, in a comprehensive crime prevention and community safety strategy, are likely to have mutually reinforcing effects on one another (Webb et al., 2004:10).

The alcohol bans in Auckland City have not been introduced in a vacuum. A number of other initiatives or strategies were introduced, either alongside or after the alcohol bans began operating. For example three pseudo-patron surveys of age verification practices at off-licensed premises in the Auckland region were run in 2002, 2003 and 2004 (with media coverage) and were followed by a Controlled Purchase Operation in 2005. It is possible that improvements in age verification practices at off-license premises could reduce minors' access to alcohol for consumption in unsupervised settings such as public spaces. Therefore, it may not be the alcohol ban alone that is having an impact.

2.2 Opening hours

2.2.1 Levels of alcohol-related harm

There is considerable international research on the impact of opening hours on levels of alcohol-related harm. The evidence of the impact of licensed premise opening hours on alcohol-related harm is mixed (Babor et al., 2003). There are two distinct but related matters that have been examined in the research literature on alcohol-related harm: the impact of total number of trading hours and the closing times of licensed premises.

Increases in licensing hours and resultant increased harms, such as significant increases in assaults in or near pubs with extended hours, has been well documented in Australia (Chikritzhs and Stockwell, 2002, Australasian Centre for Policing Research, 2004). In a robust examination of extended trading hours in Perth, researchers found a significant increase in the level of violent assault occurring in and around Perth hotels associated with the introduction of extended trading permits and increased sales of alcohol (Chikritzhs and Stockwell, 2002). The extended trading permits allowed some hotels to remain open to 1am, where previously they had closed at midnight. The study analysed data gathered over a six year period, both before and after extended trading permits were introduced, and was able to control for a number of confounding factors such as age and proportion of male victims, changes to policing and community initiatives. Data was analysed from premises with extended hours compared to those with earlier closing times. The research found that there was a significant increase in monthly assault rates for hotels with late trading and that the greater number of patrons and increased intoxication contributed to increases in violence. The authors argue that it is particularly important that responsible service practices are in place when extended permits are introduced. Other evaluation findings from the Perth study included a shift in the times at which traffic crashes and assaults occurred (Chikritzhs 1997a et al in Chikritzhs and Stockwell, 2002).

A review of opening hours by Stockwell & Gruenewald (2001) also found evidence that later closing times can result in increased violence and public drunkenness. In a detailed study of the extension of trading hours of night clubs in Darwin, researchers found strong evidence of violence late at night and in the early morning which

subsequently led to a reduction in opening hours (D'Abbs, 1993 in Stockwell and Gruenewald, 2001). Their study concurred with earlier research findings (Olsson and Wikstrom, 1982) that reductions in the total number of trading hours, for example through reducing the number of days per week that alcohol is available for purchase, have been linked to reduced alcohol-related harm.

The Stockwell & Gruenewald (2001) review suggested that extended closing times may result in increased harm to the extent to which they contribute to increases in the total number of trading hours. Additionally, small changes in closing times do have an impact on the times that alcohol-related harms occur but do not necessarily result in increased (or reduced) levels of harm. They point out that this is highly significant information for local communities in order to inform local planning decisions. They further note that it may be more expensive to operate emergency and transport services in the early hours of the morning. This may be an unforeseen cost associated with later closing times for licensed premises. Police in Northern Ireland also point out that while extended closing hours may result in a lower concentration of drunken people on the street at any one time, it may be more difficult to plan operations around closing times and target resources effectively (Northern Ireland Police Service, 2004).

Research undertaken in the late 1980s found that small alterations in trading hours can shift the pattern of road traffic accidents. After the introduction of flexible trading hours (previously 10pm closing time for hotels) in Tasmania, traffic accidents involving casualties were significantly more likely to occur after midnight than before midnight (Smith, 1988).

In terms of extended hours, the Loxley systematic review found limited evidence supporting staggered closing times and concluded that there is increased harm if this intervention results in the overall extension of trading hours (Loxley et al., 2004). A study in Manchester found a fall in arrests in the city centre and a reduction in alcohol-related incidents when staggered closing times were trialed as an experiment in 1993. However when staggered closing times were introduced in Manchester in 1996 alcohol-related incidents, such as criminal damage and assaults, increased in comparison to the previous year (Lovatt 1996 in Department for Social Development, 2004).

A study on the impact of earlier closing times in Mexican bars found a reduction in Blood Alcohol Concentration of young people returning to the United States. Large numbers of young people from San Diego regularly cross the border to Mexico in order to drink, as there is a lower drinking age (18 as opposed to 21) and alcohol is cheaper (Voas et al., 2002). Concerns were raised about alcohol-related violence, poisonings and traffic crashes. As a result bars in one area frequented by border crossers were ordered to close at 2am rather than 5am. Researchers obtained Breath Alcohol Concentration (BAC) readings from returning border crossers from the area with earlier closing times and from a comparison area, where there had been no change to licensing hours. The study found that the 2 am closing significantly reduced the number of young people with positive BACs between 3 am and 6 am and that drinking had not been displaced to earlier time periods (Voas et al., 2002). There was some indication of a reduction in motor vehicle crashes but the researchers were not able to link this directly to the earlier closing times (Voas et al., 2002).

Other studies examining alcohol and violence have also suggested links between alcohol-fuelled violence and bar practices, including late trading hours. In 1999, the Reykjavik Municipal Council in Iceland extended their licensing hours to a virtual 24 hour trading environment, with advocates of liberalisation predicting it would spread Police workload more evenly and reduce excessive binge drinking prior to closing times. It did spread the impact of the post-closing peaks (Ragnarsdottir et al., 2002) but there were a number of negative impacts including an increase in the total number of admissions to hospital emergency rooms, an 80% increase in drink-driving, increased complaints from local residents disturbed by the prolonged nightlife and concern by Police that there was increased drug dealing in those bars with extended hours of operation, possibly due to the result of stimulants such as cocaine and amphetamines being taken to stay awake (Olafsdottir, 2003). Researchers also found an increase in assaults in the city centre and arrests for public intoxication (Olafsdottir, 2006). After two years the city council reinstated restrictions on licensing hours at the request of the Police and the City Centre Steering Group, in response to the increased alcohol-related problems created by the late closing hours (Ragnarsdottir et al., 2002).

More recently Vingilis et al. (2005) examined the impact on road safety of the extension of licensing hours from 1am to 2am in Ontario. Both total and alcohol-related monthly traffic fatalities were analysed for four years pre- and three years post the policy change. The results were compared with other jurisdictions that had no changes to licensing hours. The researchers found that there was little impact on alcohol-related fatalities with the extension of an additional hour. However, many licensed premises did not implement the extended one hour licensing period suggesting that alcohol availability may not have increased substantively as a result of the regulatory changes (Vingilis et al., 2005).

In 1988 the Licensing Act in England and Wales was amended resulting in extended hours of sale, but closing times of licensed premises remained at 11pm from Monday to Saturday. The main extension appeared to affect day time trading hours. Studies of the amendments found no clear evidence of significant increases in national indicators, such as alcohol-related mortality (Pinot De Moira and Duffy, 1995) or workplace accidents and absenteeism, traffic accidents, drunk driving and criminal offences (Duffy and Pinot De Moira, 1996), following the extension of trading hours. Analysis of alcohol-related harm after the introduction of extended opening hours in Scotland in 1976 found that “the new licensing arrangements may be viewed neither as a cause of harm nor a source of benefit. They have, in effect, been neutral” (Duffy and Plant, 1986:39).

In the Republic of Ireland later opening hours were introduced as part of the Intoxicating Liquor Act in 2000, with a number of well documented negative effects. These included spiralling binge-drinking amongst young drinkers (Kettle, 2003), an increase in alcohol-related attendances at hospital emergency rooms, an increase in alcohol-related and public order offences and a reported increase in Friday absenteeism with the extension of Thursday night opening hours; resulting in a negative impact on work, training and education. In 2003 the Irish government introduced a new Intoxicating Liquor Act to address the problems caused by the 2000 act (Butler, 2003). A key component of the new Act was to return to more limited

licensing hours, in accordance with the recommendations of the Commission on Liquor Licensing (Plant and Plant, 2005).

Another significant finding, that is in keeping with all the outlined research indicating higher intoxication rates with longer hours, is an in-depth literature review of documented alcohol control policies in Norway, Finland and Sweden (Makela et al., 2002). Reducing hours of alcohol sale, whether by deliberate government policy or through the ‘natural experiment’ of strikes, had a significant impact on decreasing the consumption of heavy drinkers. It has therefore been suggested that more liberal licensing hours are likely to have the greatest impact on the heavier binge and/or problem drinkers, who were previously constrained by limited licensing hours (Sewel, 2002). Alcohol policy experts concur that it is not moderate drinkers who are most likely to take advantage of extended drinking hours, but rather those drinking to excess now who have already demonstrated their lack of restraint (Bennett 1991, Smith 1986 cited in Plant and Plant, 2005, Chikritzhs and Stockwell, 2002).

The debate around licensing hours is a highly contentious issue in the UK, where new government licensing legislation to allow 24-hour opening of licensed premises has been challenged as illogical and inevitably leading to more alcohol-related crime and deaths by leading Police, medical and alcohol experts (Room, 2004). The proponents for more liberalised hours have claimed that restrictions on closing times contribute to the rising problem of binge-drinking and associated harm in the UK and that this will be alleviated by extended opening hours. These changes have occurred in a context of increasing alcohol consumption and associated problems in Britain (Academy of Medical Sciences, 2004). A British public health expert has contended that there is no evidence to suggest that further liberalisation will lead to desired changes in drinking patterns (Drummond, 2000).

The liberalising changes were introduced in November 2005 and one leading alcohol expert recently commented on the impacts to date:

The situation is so far unclear. The UK Government introduced the liberalisation of bar licensing hours in England and Wales in November 2005 against overwhelming (but unsuccessful) opposition. The Government, fearing immediate adverse effects, ploughed extra funds into policing. This has probably been masking any possible major changes related to disorder and street crime. There are some reports from accident and emergency (ER) rooms that since the liberalisation, alcohol-related hospital admissions have increased (Plant, 2006).

Proponents of extending licensing hours point to alleged lower levels of alcohol-related violent disorder in Mediterranean countries where legislation is more liberal, however the evidence of less harm is largely anecdotal (Drummond, 2000, Foster, 2003). There has been recent concern about increasing incidents of alcohol-related harm in a number of European city centres (BBC, 2006, Reuters, 2006, Osborn, 2004).

A systematic review of the available evidence on the impact of trading hours by Loxley et al. (2004) reports that “even small changes, although they may not effect overall levels of consumption, can lead to significant changes in local levels of harm” (2004:39). Furthermore, the authors rate interventions targeting outlet trading hours highly, noting that they have a strong rationale and that there is evidence for outcome

effectiveness (Loxley et al., 2004). Babor et al. (2003) also note that, whilst the evidence about the impact of trading hours is inconsistent, it appears that restrictions on hours of alcohol sales and service have the potential to reduce drinking and alcohol-related problems. It is important to note that even though the evidence is mixed over whether increases in hours of sales result in more harm, none of the studies reviewed found decreases in harm after extended trading hours were introduced.

There is minimal research on the impact of opening hours on alcohol-related harm in the New Zealand context. Currently a Community Violence Reduction project is being run in Christchurch, in response to alcohol-related violence and disorder in the central city. This is a two year project funded by the Crime Prevention Unit, Christchurch City Council, Police and Canterbury District Health Board. The aim is to reduce the Police crime statistics around violence and disorder in the central city by 10% over the project period. Two people have been employed; one person to increase the monitoring and training of licensed premises staff, security staff and Police beat staff and the other person to look at the research and initiatives that would increase safety in the central city in terms of alcohol-related violence. One such initiative is part of the Alcohol Accord currently under development. The idea is to get licensed premises to sign a voluntary accord, similar to a successful Alcohol Accord in Geelong (Babor et al., 2003) that reduced assaults, agreeing to a one way door from 3am - which means that patrons in a bar are allowed to stay but if they leave they won't be able to get into another bar. This is particularly aimed at the migration between bars at night when the alcohol-related disorder and crime statistics peak. Favourable results were reported in a trial over the 2006 Easter weekend where a one way door was made a condition of special licenses issued (personnel communication). ALAC is in the process of commissioning research to examine the efficacy of the one way door policy to reduce alcohol-related crimes and associated harms emerging from licensed premises within Christchurch city (<http://www.alac.org.nz/CommunityNews.aspx>).

There has been limited research on the impact of closing times in Auckland City to date. The City of Vancouver reviewed the hours of service in a number of international cities including Auckland. The review was conducted via the internet, interviews with Council staff, liquor control agencies and by reviewing existing studies (Hoese, 2004). These findings must be treated with caution as the sources for the information about Auckland were not given. Hoese reports that:

Following the Sale of Liquor Act 1989, which greatly liberalized the licensing law and allowed 24-hour licenses, the following impacts resulted:

- *High levels of intoxication were associated with longer operating hours*
- *Longer hours had a considerable impact on local residents*
- *Police and other resources were stretched due to antisocial behaviour including crime and violence*
- *Migration to 24-hour licensed establishments occurred from all over the metropolitan area (2004:6).*

Key Informant Data

Key informants reported that many premises had 24 hour licenses as a matter of convenience, so they did not have to continually re-apply for extended hours or special licenses and that only small proportion stayed open for 24 hour periods. This

appeared to be a practice encouraged by the licensing inspectors. It was unusual for premises to actually be open for the whole period, as there was not the volume of customers around and it was often not considered financially worthwhile. However some premises who cater mainly for the hospitality industry have been reported as claiming that 70% of their profits are gained between 4-7am.

As well as the oft-cited ‘vibrant dynamic CBD’ image of Auckland, a couple of interviewees felt that having longer opening hours made the area safer, as there were more people around throughout the night. Conversely other people thought seeing people stumble out of bars after 6am would make them think it was a pretty dodgy part of town and to be avoided. One interviewee working with young people thought that being out all night just increased the risk factors for harm in an environment that had little in the way of safety nets for them.

Many interviewees, even several of those who supported staggered hours (including one licensee), expressed concerns about the overall social impacts of the extended licensing hours environment - “*the more that alcohol is accessible then the more we have to sort really*”. Increased hours were seen to increase availability of alcohol and problems overall, particularly in terms of normalising late night drinking and the harms associated with this.

Yes, I mean the more boozed you get, and the more opportunity you’ve got to get boozed, the more opportunity you’ve got to make bad decisions really, at the end of the day. Going out at night and getting wasted is kind of attractive to a good chunk of our youth population. Once they’re in town and it might be that if bars closed at 3, for example, they’d go home. But suddenly they’re in town until 7 or 8 in the morning and who knows what’s going to happen in that window, who knows what is going to happen when they’re so trashed that they can’t remember what sort of other stuff that they’ll start to think is a good idea after all. With their beer goggles on, so to speak.

Key informants spoke of more assaults (not all reported), excess intoxication as described earlier, drink driving and more intoxicated drivers during daylight hours. Another interviewee noted that there were increased single vehicle night-time motor accidents (often indicative of alcohol involvement) after 3am.

It was generally felt that people (other than hospitality staff) rarely went out sober for an alcoholic beverage at 5am and most patrons drinking at 3 or 4am were more likely to be intoxicated, as they had usually been drinking for much of the evening. Overall it was considered that various licensed premises catered to different crowds. Licensees viewed opening closing hours as reflecting a response to patrons’ needs and a changing society with varying clientele at different hours. The restaurant crowd tended to be out between 7 – 11pm, the bar crowd until around 3am, and the nightclub crowd from 11pm until 5am. Some key informants noted that patrons from outer suburbs and other areas are attracted into the city after 3am because of the extended hours of licensed premises in the CBD and this may mean more customers, but also potentially more trouble in terms of stretching Police resources.

In Auckland City a common time for fights to occur was cited as around 3 or 4am due to many licensed premises closing around this time. Police reported that their busiest times were between 1-3am and then steady from 3-6am. There was also some

infrequent trouble that occurred later than this, right through to 8 or 9am due to intoxicated patrons leaving licensed premises, particularly from certain premises in Karangahape Road. Later closing hours in this area were reported by some key informants as being sometimes troublesome. Vomiting, urinating and a lot of noise were common often resulting in a less than attractive scenario outside premises situated close to apartments, churches and cafes, particularly on Sunday mornings when there were church and café-goers on the same streets. The immediate environment of one premise still open at 9am was described as “*very messy by then..... because of the nature of the drinking which is outside in the confined area, everywhere becomes a toilet there’s a fair amount of vomit and things.*”

Analysis of Last Drink Survey data gives an indication of the times at which apprehensions for alcohol-related offences occur in Auckland City.

Table 2.1 Proportions of all apprehensions that occurred at a licensed premise between 2am and 6am

Year	Proportion (%)
1999	7.0
2000	9.6
2001	10.3
2002	9.5
2003	9.4

Table 2.1 shows that the proportions of alleged offenders apprehended from licensed premises between 2am and 6am remained relatively unchanged between 1999 and 2003.

The time of apprehension of alleged offenders from a licensed premise was analysed between 1996 and 2003. The peak time of apprehension of alleged offenders from a licensed premise did not change over time. In 1996 it was between midnight and 2am and this remained the same up to 2003.

Table 2.2 Times of Ambulance attendance in Auckland City

Time	2001	2002	2003	2004	2005
9am-5pm	26.3	27.8	25.5	28.1	25.8
5pm-11pm	33.4	32.7	32.7	31.9	32.1
11pm-2am	20.9	20.7	20.9	19.8	21.6
2am-6am	13.3	12.0	14.2	13.5	14.5
6am-9am	6.2	6.8	6.8	6.7	6.0
Total	100	100	100	100	100

Table 2.2 shows that the proportions of possible alcohol and drug-related ambulance attendance between 2am and 6am have remained relatively similar between 2001 and 2005. Data was analysed by the day of the week, however the results are not reported as the numbers of ambulance attendances in the 2am to 6am period were too small.

There were concerns expressed about the still high intoxication levels being observed around the city, particularly in the later hours of the night

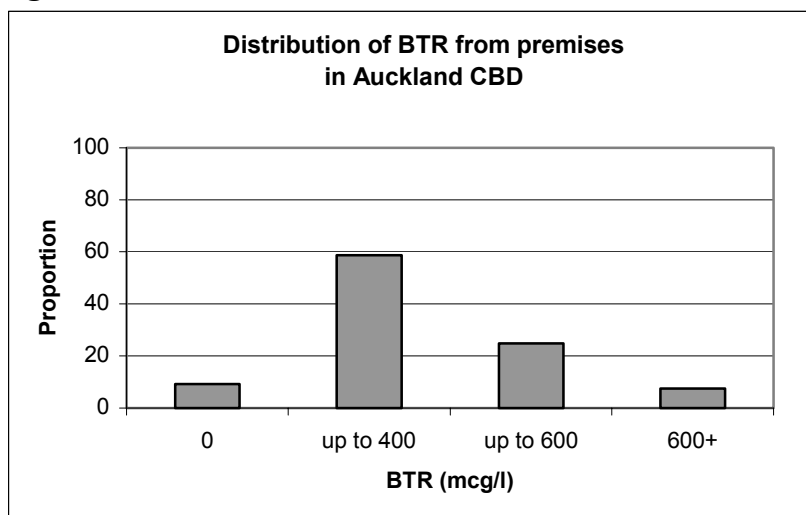
I'm not sure whether it's alcohol or drugs, but we all seem to notice that the early hours of the morning, after 3 o'clock. Because we have people that come and park here and they go off site to other venues in the city and then they come back to their cars. Some of them are absolutely totalled by the time they come back and they try to get into our premises and we turn them away. So we actually haven't noticed any decrease in the numbers of people who are under the influence of alcohol. I actually think it's increased.

Exit Breathalyser Survey Findings

The Exit Survey was conducted to give an indication of the likely effects of 24 hour licenses on BTR. It included participants selected from 14 premises in the Auckland CBD, half of which had 24 hour licenses and half of which did not. It is important to note that while the data collected provides information on the premises visited, it does not represent all the premises in the Auckland CBD.

Breath Test Readings (BTR)

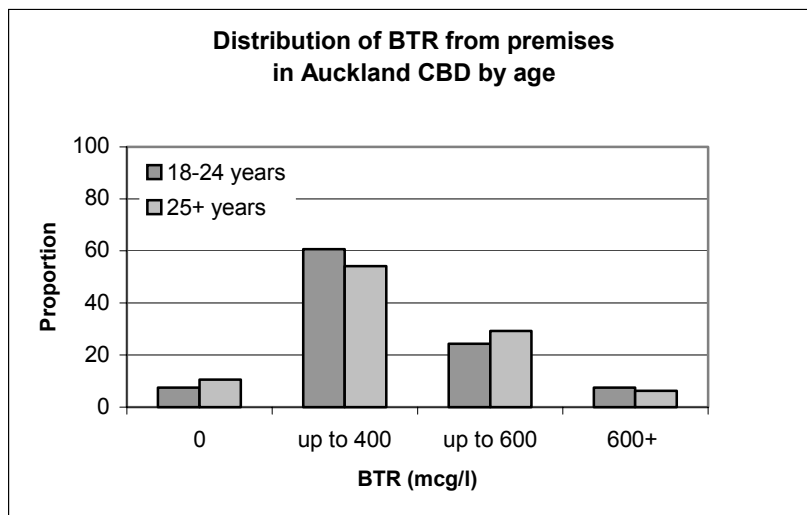
Figure 1.1



Of the BTR obtained from the premises visited in the Auckland CBD, approximately 60% were below 400mcg/l, the legal limit for driving. Around 25% were between 400 and 600mcg/l and 8% were above 600mcg/l. Nine percent of the BTR were zero.

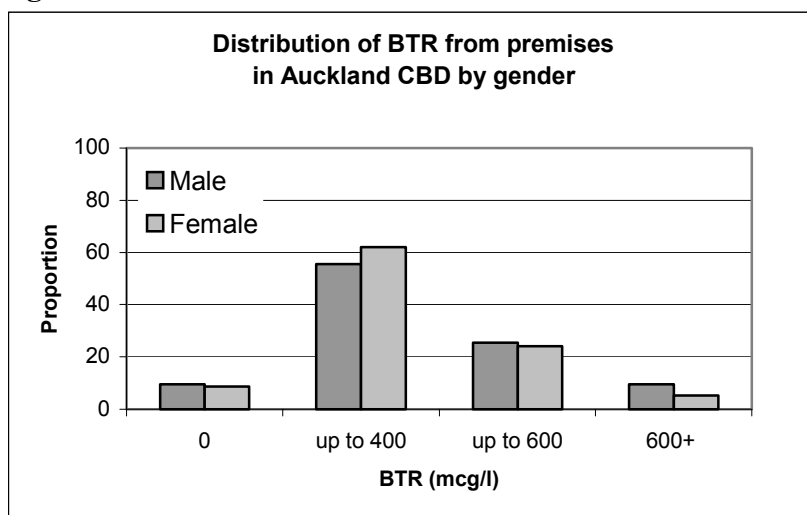
The distribution of BTR was analysed by age. The age groups used were 18-24 years and 25 years and over. The age groups could not be further specified due to small numbers in some categories.

Figure 1.2



The distribution of BTR was similar when analysed by age.

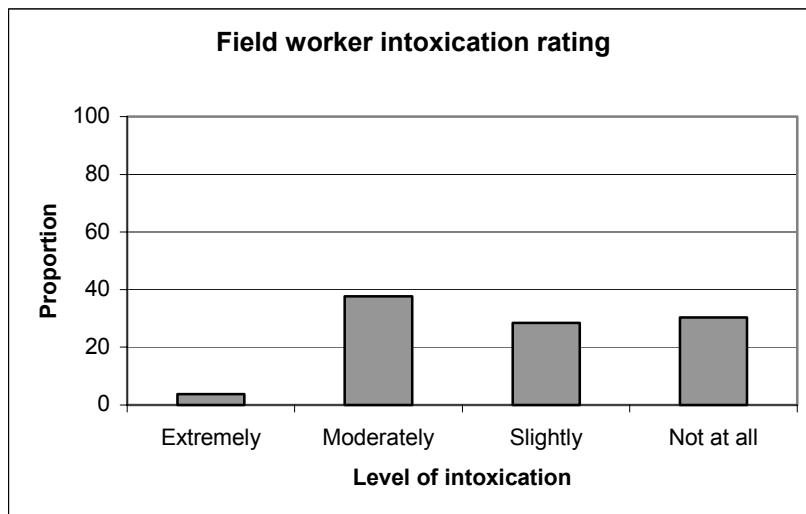
Figure 1.3



The distribution of BTR was similar when analysed by gender. There were 57 males and 53 females included in the analysis. The average BTR for males was 363.5 and for females the average was 321.3. There was no statistically significant difference between male and female BTR.

Intoxication

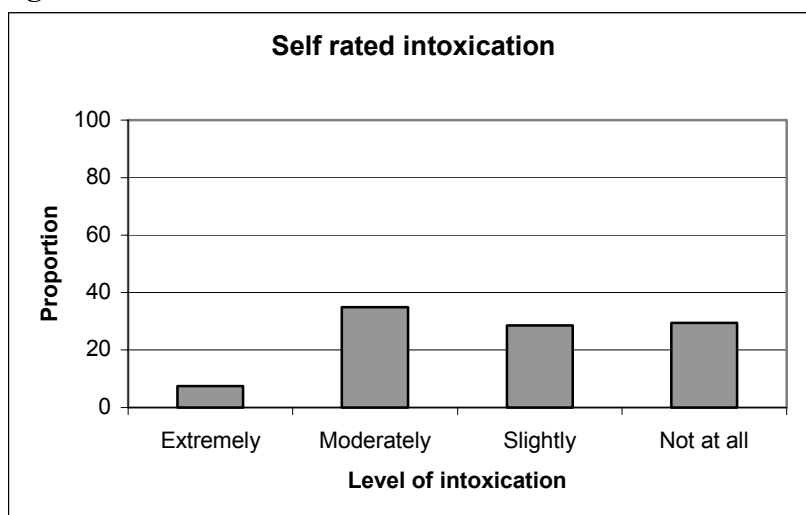
Figure 1.4



* Participants who rated themselves as extremely intoxicated were eligible to participate if they could provide informed consent

Each participant was asked to rate how intoxicated they felt. They were asked to rate themselves on a four step scale based on Rydon et al. (1994). Approximately 7% of participants reported that they were extremely intoxicated, 35% reported that they were moderately intoxicated, 28% reported being slightly intoxicated and 29% were not at all intoxicated.

Figure 1.5



A field worker, who had been extensively trained, provided an observational assessment of intoxication for each participant using the same four step scale (based on Rydon et al. (1994)).

Approximately 4% of participants were rated as extremely intoxicated, 38% were considered moderately intoxicated, 28% slightly intoxicated and 30% were rated to be not at all intoxicated.

Table 1.1 Time of BTR and average BTR (including BTR of zero)

Time	Average BTR
12.00am to 2.59am	295.9
3am to 6am	329.3

Table 1.2: Time of BTR and average BTR (excluding BTR of zero)

Time	Average BTR
12.00am to 2.59am	333.3
3am to 6am	352.8

The average BTR obtained after 3am were approximately 20 mcg/l higher than the BTR collected between midnight and 3am. However, these differences were not statistically significant at the 0.05 level.

The findings from this Exit Survey suggest that, for the premises visited:

1. Over 50% of BTR were less than 400 mcg/l (the legal limit for driving). Approximately two thirds of BTR were below 600 mcg/l.
2. The BTR did not differ substantially between age and gender groups
3. The majority of the participants in the survey reported that they were moderately or slightly intoxicated at the time of the survey.
4. There was no significant difference between BTR taken earlier in the night from premises without 24 hour licenses (midnight to 3am), compared to BTR collected later (3am-6am) from premises with 24 hour licenses.

Some of these findings differ from an Exit Breathalyser survey conducted across the Auckland region in 2004, which included 350 participants selected from a representative sample of premises (approximately 200) (SHORE & Te Ropu Whariki, 2005). The survey found higher proportions of respondents with BTR over 600mcg/l and 800mcg/l (please note this survey was conducted on participants aged under 25 years). It also found that males had a significantly higher average BTR than females.

Of particular interest, the survey found that BTR significantly increased over time, that is between 9pm-11.59pm the average BTR was 248.9; between 12am-1.59am the average BTR was 366.7 and between 1am-4am the average BTR was 413.8 (SHORE & Te Ropu Whariki, 2005).

In this Exit survey, there was no significant difference between BTR readings from patrons exiting premises with or without 24 hour licenses. It suggests that, in the premises visited, 24 hour licenses had a limited effect on BTR. The key informant interviews conducted for this report have revealed that there has been increased Police effort around enforcement of intoxication laws in the Sale of Liquor Act 1989 in the Auckland CBD recently, including checking for intoxication, building up relationships with premises, attending meetings with licensees and attending alcohol

accord meetings. It is possible that this has had an effect of maintaining lower levels of BTR and/or intoxication in the premises visited in this survey.

2.2.2 Physical environment of 24 hour Cities

The City of Vancouver has closely examined the relationship between regulation and enforcement and licensing hours (Hoese, 2004). As part of a review of liquor licensing hours in Vancouver, Council staff investigated the licensing regimes of a number of other large cities including London, New York, Toronto, Berlin, Sydney, New Orleans and Auckland. The review found that all of the cities experience issues associated with later hours of trading including noise, nuisance behaviour and violence. Cities also reported insufficient Police resources, problems with large crowds at closing time and conflict between patrons of licensed premises and urban residents (Hoese, 2004).

Tourism costs were also reported as high, after 24 hour licenses were introduced in Iceland. The appearance of the city centre suffered as a consequence of nightlife stretching into morning, with intoxicated people still leaving bars and clubs when tourists and those working in the CBD were arriving on the streets the next day (Olafsdottir, 2003).

In Auckland City there were different perceptions of the impact from interviewees. A few interviewees felt having liquor available at any time was good for tourism and showed Auckland to be on a par with other international cities, with longer opening hours demonstrating Auckland's sophistication and maturity and individuals' capacity to self-regulate alcohol consumption. One interviewee commented "*you want your city to be inviting for guests at anytime of the day or night*".

However in practice many interviewees described the 24/7 environment, particularly after 3am, as rather less than sophisticated and even more so after 8am. One interviewee talked about the incongruity of the vomit and urine-soaked state of the environment outside the few licensed premises still operating at this time saying "*on one hand let's change the drinking culture but you don't present that [the mess] as a view for a lot of kiddies and people that are coming in to use large parts of the city*".

2.2.3 Enforcement

Staggered closing hours over a 24 hour period was preferred by many of the interviewees, mainly for pragmatic reasons. Many of the interviewees considered that alcohol-related assaults and fights commonly occurred at closing time, so having a range of closing times helped spread the Police work-load and was preferable to a blanket closing time, when Police resources were stretched. It was deemed preferable by the Police to be continually busy most of the night rather than being overwhelmed with work at one stage of the night.

It actually has a perverse positive impact and that if you said all bars have to close at 3 you're chucking a lot of people of all different diversities in the social mix out onto the street at the same time - bad recipe. Where now the discretion's there and it's a trickle affect and we prefer that because our resources are best able to deal with that. I well remember the time when all hotels use to close at 11 but I was involved in team policing units at that time and it was bloody mayhem, yeah it really was all over town right through out

the district you're just racing from brawl to brawl to brawl and then nothing. It's all gone quiet now [...] you're able to respond most times to licensed premises disorder.

There was concern that after 4am on the weekend Police resources were limited and not able to respond adequately. Some areas such as Parnell were experiencing alcohol related trouble on Wednesday evenings due to an influx of University students, when team policing was not operating. Once again it was difficult for the Police to have the flexibility to respond in an immediate manner, although they expressed a willingness to re-deploy resources to address the situation. One interviewee was strongly of the opinion that standards in licensed premises drop after 4am, when there is less Police presence and fewer customers to be shared between bars (competition may make bars less stringent about intoxication).

A few interviewees noted that staffing appeared sometimes inadequate in bars, making monitoring of intoxication of patrons problematic in licensed premises. For licensees there were problems in being able to predict what level of staffing would be needed after 4am, as often they were very quiet, so had few staff. However sometimes large groups would descend on a licensed premise at 3 or 4am. One licensee, whose bar had been open for longer hours (into the morning 8am), had needed to add security after 4am due to intoxicated patrons leaving other premises and attempting entry.

A licensee who had tried to operate an almost 24hr licensed premise had decided, in consultation with Police, to change the premise's hours and close at 5.30am due to a range of problems the bar had experienced, especially after 6am. These included drug dealers (as patrons) working from the premises, unpredictable patterns of patronage, and large groups leaving other premises and attempting to get into the premise. It was noted by several interviewees that many patrons still at a premise after 6am in the morning will be engaged, in one form or another, with the party pills and/or illicit drugs scene and will often be under the influence of a mixture of substances including alcohol.

Given the large number of liquor licenses in the CBD and the limited Police and other regulatory agency (licensing inspectors and public health officers) resources, there was a strong focus on requiring licensed premises to take responsibility for their own self-monitoring and regulation. The need for good management practices was emphasised by all interviewees without exception.

If everyone just, if we drink responsibly then 24 7 wouldn't be a problem, but it's just that the licensees don't control that good enough and people go in and need some controls because they have little self-control and will just drink until they are intoxicated. We need licensees to step in and be managing it and stopping people getting intoxicated on the premises, which is part of the law, but it's not an easy thing to do. But it can be done if you've got the right staff and the right doormen are the keys to it.

I would have thought that licence holders should be far more vigilant and far tougher on people that sit in there and drink themselves silly. You know I think it's their responsibility anyway.

Yes, it's not actually the 24/7, allowing them to be open it's to do with how they manage it and how they run it. Well again if it's being run well they get them out of the premises. It's their job to make sure they don't become intoxicated on the premises. It doesn't matter how long it's open for. I mean obviously the longer it's open the more risk there. But again if they're running it properly then it's not an issue. It's all down to their management.

This 'responsibility' has in fact become enshrined in a new amendment to the Sale of Liquor Act that came into effect on April 1 2006, as cited by several interviewees. The duty manager is now, not only responsible for the conditions of the license, but for the enforcement of those conditions as well. It is also the responsibility of the licensee to give them any resources that they need, to ensure compliance with the conditions of the license.

Basically gives them total, total responsibility of the license. So, not only just ensuring, it goes on to say something like, um, that the manager must be on duty, must be on the premise at all times and ensure, um, compliance and enforcement of the conditions of the license and the Sale of Liquor Act is met. So, it's a real, it's going to put a huge responsibility on to the manager, who already had that anyway. Um, but it just means that, it actually, I think it's really going to assist the agencies. It's going to assist us with any breaches that we see. Because now we're really holding, the Act is really holding the manager accountable. So it's actually going to give us a lot more, ah, you know, to go to court with.

Police and licensing inspectors were generally fairly positive about most of the premises in the CBD, although they noted that some were regarded as problematic.

I have to say overall I believe that the managers, our managers are actually doing a very good job of, um, of, you know, keeping an eye on the intoxication levels of their clients of their customers and patrons.

At the moment Auckland premises are pretty good, but there's always some that aren't. Those ones that aren't cause a lot of problems for the Police

There was however cynicism in other quarters about the effectiveness of monitoring and enforcement from other interviewees, who were familiar with the licensed premise scene at night.

Well maybe they don't monitor their clientele so well, or they ply them with too much alcohol, they don't tell them to go home when they've had enough or something..... Well I don't know how many of those inspectors they have. I don't think they have enough actually. Because I don't think that they monitor them very well, eh? I mean they're not supposed to sell to drunk people? Like they're not supposed to sell to under age people, but they do. So who monitors them? We should have spies out, might have to employ spies.

Well you know our experience has been that if there's any weakness in the process it was the lack of enforcement.....(the bars) have to play their part in that, have to be monitored. They will only do what they can get away with.

The Team Policing Unit (TPU) use a well tested model of seven indicators of intoxication, with an emphasis on agreement on someone being intoxicated between

all the Police visiting a premise and hopefully the duty manager.⁷ One large premise had a four step model to assist staff in monitoring intoxication in patrons. Steps included slowing down service, offering alternatives to alcohol, stopping service and encouraging patrons to go home (taken by a sober friend or in a taxi). All staff are trained in the model and younger staff can request supervisor or manager assistance if having difficulty with patrons.

Police were empathetic to the tension they created when visiting a licensed premise and attempted to be sensitive with regard to not severely impacting on the ambience and atmosphere of a premise. Some licensees welcomed their presence as reassuring. The response that Police and liquor licensing inspectors visiting a licensed premise received from duty managers was varied, but generally premises were compliant. They emphasised to the licensees that it was in their best interest to run a good bar.

The TPU endeavoured to build up a good working relationship between themselves and licensees by giving them their cell phone numbers and encouraging them to call if they experienced difficulty with intoxicated patrons. TPU officers were given a licensed premise each to monitor and meet with each month, to explain their work and build relationships.

2.1.4 Discussion

Previous research in Australia, Iceland and Ireland found increases in alcohol-related harm after closing times were extended. In Norway, Finland and Sweden the consumption of heavier drinkers decreased when hours of sale were reduced. In Mexico, earlier closing times of bars reduced the levels of alcohol consumption of young Americans crossing the border for easier access to alcohol. Studies in Canada, England, Wales and Scotland found minimal changes in indicators of alcohol-related harm after licensing hours were extended in the 1980s and 1970s but it is important to note that these extensions were to day time trading hours. None of the studies found reductions in harm after licensing hours were extended.

International research shows that even though regulations may allow extended trading hours, not all premises actually operate for these times (Vingilis et al., 2005, Chikritzhs and Stockwell, 2002). Even though there are many licensed premises in Auckland City with 24 hour licenses, only a small proportion of these operate on a 24 hour basis. Most close before 3am and this trend would appear to coincide with reports of the police's busiest times. Key informants had mixed views on extended licensing hours and although there was some support for a vibrant 24/7 environment, many were concerned about the increasing availability and the normalising of late night drinking, as well as premise management and enforcement issues. They associated this with a number of problems such as increased alcohol and drug-related harm, as well as adverse effects on the physical environment in some places.

The importance of effective premise management and enforcement in relation to extended hours was emphasised in both the international literature and local key informant data.

⁷ This is the approach recommended in the ALAC guidelines for monitoring and enforcing intoxication (Alcohol Advisory Council, 2006).

It may be expected that increases in numbers of premises with 24 hour licenses may increase the chances of offending and ambulance attendances between 2am and 6am, due to increased intoxication levels. However, the Last Drink Survey data and ambulance attendance data show that the proportions of apprehensions (1999 to 2003) and possible alcohol and drug-related ambulance attendances (2001 to 2005) between 2am and 6am remained relatively unchanged. Although an exit breathalyser of patrons leaving on-licensed premises in the Auckland region in 2004 found that breath test reading increased significantly as the night got later, a smaller survey in 2006 of Auckland City premises found no significant differences in the breath test reading of patrons exiting premises with 24 hour licenses compared to those with earlier closing times.

The results presented here are an indication of likely effects of 24 hour licenses. The results are indicative due to the limitations of the data. The Exit survey data, while it reflects the BTR in the premises visited, does not represent all the premises in the Auckland CBD. Anecdotal evidence suggests that many of the patrons still at licensed premises after 4am are likely to be using other substances as well as, or instead of, alcohol. The exit survey does not measure drug use. The Last Drink Survey data is a collection of data by Police in the course of their duties; as such it reflects Police priorities and actions. It is not a random general population survey. The ambulance data combines possible alcohol and drug-related incidents and there is no way to separate these variables. This confounds the ability to analyse and track alcohol-related attendances over time. In New Zealand there are relatively few datasets/bases that have time of incident included. This limits the amount of analysis that can be conducted on the times of incidents, which is of importance when trying to assess the impact of 24 hour licenses from routinely collected data.

It is likely that extended opening hours may have more adverse impacts in the context of poor management, monitoring and enforcement of licensed premises. If licensed premise staff routinely sell to intoxicated patrons it is reasonable to assume that extended hours will make a bad situation worse, that is increase intoxication levels and harm. In situations where intoxication is managed and enforced adequately, then perhaps extended hours may have less impact on local levels of alcohol-related harm. However, it is likely that the negative impacts of extended opening hours are likely to be experienced by people who are already drinking heavily and on young people enjoying the nightlife in Auckland City. Effective systems to promote, monitor and enforce responsible licensed premise management practices, using both routine and targeted activities to ensure compliance, are essential in a 24/7 environment. There are also additional resources required for monitoring, enforcement, transport and street-cleaning costs when licensed premises are open for extended hours.

3.0 Gap Analysis

3.1 Introduction

This section outlines the existing gaps in information and data to date that are relevant to the monitoring of alcohol bans and opening hours in Auckland City.

3.1.1 Gaps

Alco-Link Data

Alco-Link data is currently only available to Auckland City through the District Licensing Inspectors. Alco-Link has evolved from a Police intelligence data collection system, previously known as the Last Drink Survey, and the Alcohol-Linking Program in New South Wales. Alco-Link identifies and monitors licensed premises where alcohol-related offending has occurred or where an alleged offender may have been drinking prior to an alleged offence. Alco-Link data for Auckland City was requested for the current study but the data were not accessible.

Alco-Link data is necessary to monitor both alcohol bans and opening hours in Auckland City. A current gap is the lack of data to assess displacement issues. Specific detail on how it can be used for monitoring will be discussed in greater detail in Section 4.

Information Exchange with Key Stakeholders

Another gap in information for monitoring alcohol bans and opening hours has been effective information exchange between Council and other key licensing and Police stakeholders, including the Auckland City District Licensing Inspectors. Although stakeholders meet relatively regularly at the Liquor Liaison Group (LLG) concerns were expressed about the effectiveness and co-ordination of follow-up actions once problem premises have been identified.

Public Nuisance Data

As part of two evaluations of the Auckland alcohol bans the Auckland City Council has previously accessed information from street cleaners and similar types of council workers about public nuisance data such as the presence of rubbish, broken glass, vomit and so forth in Auckland City. Data such as this provides insight into areas that might be hotspots or areas where displacement (due to alcohol bans) may be occurring indicated by changes in levels of rubbish or broken glass. The collection of this type of data by Council, while useful, is not to our knowledge ongoing.

Licensed Premise Hours of Operation

Currently Auckland City does not collect information on licensing hours over time or the actual operating hours of licensed premises. This is a gap as it is difficult to assess the impact of licensing hours when there is no documentation of the actual changes that have taken place.

Monitoring systems for Auckland City

Auckland City would benefit by having effective monitoring systems in place to ensure that accurate information is collected about the operation of licensed premises and the extent to which they comply with SoLA and contribute to alcohol-related harms. Good quality information is required to be able to assess applications for extended hours and review existing 24 hour licenses.

4.0 Monitoring, Compliance and Intervention Tools

The section provides a brief overview of best-practice approaches to monitoring and compliance tools for licensed premises and intervention strategies to reduce alcohol-related harm that could be applied at the local level.

4.1 Best practice approaches

There is a wealth of evidence from decades of alcohol research that identifies effective policies and strategies such as community-level planning, regulation and enforcement of licensing laws as key to reducing alcohol-related harm. Major reviews have identified that there is evidence of effectiveness for the following approaches to address alcohol-related harm (Babor et al., 2003, Casswell and Maxwell, 2005, Drugs and Crime Prevention Committee, 2006a, Drugs and Crime Prevention Committee, 2006b, Loxley et al., 2004, Stockwell et al., 2005):⁸

- Regulating the price of alcohol through restrictions on price discounting locally
- Restricting outlet density
- Reducing outlet trading hours⁹
- Responsible alcohol service with visible law enforcement (ineffective without enforcement)
- Collaborative community action initiatives involving key stakeholders

Regulating the Price of Alcohol

There is strong evidence that increasing the price of alcohol, through taxation and other policy measures, can reduce harm (Babor et al., 2003). Although taxation is set nationally Councils do have a regulatory role to ensure that licensees comply with Section 154A of SoLA that prohibits alcohol promotions that are likely to encourage excessive consumption. Unacceptable promotions include extreme price discounting, multiple free drinks and all you can drink offers (Dunedin City Council and Alcohol Advisory Council, 2005).

Restricting Outlet Density

The relationship between outlet density and alcohol related violence has been examined in some detail (Babor et al., 2003, Gruenewald et al., 2006, Hill, 2004a, Hill, 2004b). Physical availability of alcohol (outlet density) has been found to be predictive of alcohol-related arrests (including drunk driving), alcohol-involved traffic crashes, violent crime, and cirrhosis of liver mortality (Alaniz et al., 1998, Weitzman and Nelson, 2004). These effects have been found after controlling for factors within areas such as socio-economic status, road network density, and population density. In a review of several studies Hill reports that the density of alcohol outlets in a community has been found to be a better predictor of alcohol-related harm, such as violence, than either the socio-economic characteristics or the ethnicity of the population (Hill, 2004b). Although establishing a causal relationship between density

⁸ These reviews identify a range of other evidence-based strategies such as increasing the price of alcohol via taxation but these are not included as they can only be implemented at the National level.

⁹ This issue has been canvassed in detail in Section Two.

and harm is complex some high quality studies strongly suggest that controls may be an effective means of reducing alcohol-related harm (Stockwell and Gruenewald, 2001).

In New South Wales, social impact assessments are now required for all new liquor licenses. Licensees have to prove that a new premise will not have adverse social impacts on the community. They have to provide information on the density of outlets in the proposed location; the demographics of the local population; statistics on alcohol-related crime; availability of public transport; public services response capacity; and, consultation with the local community (Wiggers, 2006). A range of statutory agencies are able to review and comment on the social impact assessments.

In Victoria a state-wide system to identify benchmarks or criteria for identifying the appropriate number and types of licensed premises for inner city entertainment precincts is being proposed to manage the cumulative effects of licensed premises (Crime Prevention Victoria Knowledge Bank, 2004, Inner City Entertainment Precincts Taskforce, 2005).

Currently there is limited ability for community consultation and concerns to be taken into account when new licenses are proposed in New Zealand, due to a number of factors including the lack of integration between the SoLA and the Resource Management Act (Hill, 2004a). The only way that local community consultation can occur is if licensed premises are made a discretionary land use in the district plan.

It is possible that a change in interpretation of the Resource Management Act is necessary and may need to be tested in case law, in order for social impact assessments to be used in Auckland City (see Alcohol Advisory Council, 2005a:39-49). Good quality data will also need to be available to licensees and regulatory agencies to make effective use social impact assessments.

Responsible Alcohol Service with Visible Law Enforcement

Studies have found that training in Responsible Alcohol Service alone is ineffective, but when combined with enforcement there are more positive outcomes. Violent crime in Stockholm was reported to have decreased by 29% after the introduction of a multi-component intervention targeting licensed premises, including collaboration by key stakeholders (including the local Council, licensees, police and health promotion personnel), extensive Responsible Service Training and increased monitoring of licensed premises by enforcement agencies (Wallin et al., 2003).

A similar approach is being used in Manchester. The City Centre Safe initiative has been operating for a number of years with a focus on managing the night-time economy for sophisticated, safe environments. This project arose in response to a rapid growth in the number of licensed premises and accompanying increases in assaults (Home Office, 2004). Key components of this initiative, which have been reported by Police as reducing the alcohol-related offence rate, include:

- Best Bar None awards for the best managed pubs
- Systematic recording of place of last drink of people in custody and attended A&E departments
- Top ten premise enforcement scheme where the worst ten premises were monitored and provided with support and advice to improve practices

- Nite net radio systems for licensees, CCTV and Police to maintain constant contact (Home Office, 2004).
- Yellow coats initiative to reduce violence in and around hot-spot licensed premises by door staff wearing yellow coats, similar to those worn by police, two hours before closing with an additional yellow-coated security person stationed 10mtres outside the premise. This strategy is about to be instigated by police in Counties Manukau.

Alcohol Accords initially emerged and proliferated in Australia as local agreements between licensees and police, local councils, liquor industry associations, licensing authorities and local communities to reduce alcohol-related issues such as violence in and around licensed premises. They are generally aimed at encouraging more responsible management practices by licensees. The few evaluations available of Alcohol Accords indicate limited evidence to support their effectiveness and sustainability (Lang and Rumbold, 1997, Hawks et al., 1998), unless accompanied by sufficient industry engagement (which is difficult to sustain given the high turnover of businesses and the inherent instability of industry self-regulation) and a strong enforcement component. The Geelong Alcohol Accord required all licensed premises to agree to adhere to a common code of practice including a 'lockout' or 'one-way door' protocol, requiring licensed premises to not admit any new patrons after an agreed specified time. It also had a substantive police enforcement presence. Findings from this study showed that it had significantly reduced 'bar-hopping' and there was a relative decrease in rates of assault and violence associated with the migration between bars (Felson et al., 1997).

Another example of encouraging responsible practices at licensed premises is an approach used by the City of Oakland, California. Oakland has a local ordinance, passed in 1994, that requires alcohol retailers to be good neighbours. Nuisance violations can range from minor infractions like litter and graffiti, to more serious problems like drug dealing, prostitution, and selling alcohol to underage persons. If activities in and around the establishment disturb neighbours and community residents, the City can demand that the premise take steps to reduce problems. If problems continue, the City can revoke the premise's operating permit and force it to close. The law, known as a 'deemed-approved' ordinance, affects only businesses within city limits and allows the community to set standards for business that sell or serve alcohol. Several cities in California have these laws (Hill, 2005).

Although Oakland's law has been on the books for 10 years, the City recently stepped up enforcement efforts. Under the direction of the Neighborhood Law Corps (NLC), the City put out a 'report card' in April 2004 on the impact of liquor stores in Oakland. The report, called 'The Good, the Bad, and the Ugly; A Report Card and Recommendations on Oakland's Liquor Stores', graded each store based on the number and types of violations reported. Community members then had 60 days to send their comments to the NLC for inclusion in the findings. Final results are pending, but the City has already categorised 11 of its 359 stores as 'ugly' and plans to use these findings as the basis for enforcement efforts (Hill, 2005).

Collaborative Community Action Approaches

The findings from reviews of evaluations of community action initiatives in New Zealand and internationally suggest that local collaborative community level

interventions, involving key stakeholders implementing evidence-based environmental strategies, can achieve positive alcohol harm reduction outcomes and systemic change (Casswell, 1999).

In the USA the effectiveness of community action strategies to reduce alcohol-related injury was demonstrated through controlled community trials in a five year project involving six sites (Holder et al., 1997a, Holder et al., 1997b, Holder and Reynolds, 1997, Treno and Holder, 1997). Environmental factors were targeted through five main components: community mobilisation (Treno and Holder, 1997); host responsibility on licensed premises (Saltz and Stanghetta, 1997); drink driving enforcement and prevention (Voas et al., 1997, Voas, 1997); reducing retail availability to minors (Grube, 1997); and reducing availability and outlet density through local government planning controls (Holder and Reynolds, 1997, Reynolds et al., 1997).

In Australia, a local community action project was initiated to improve the image of Surfer's Paradise as a tourist destination and reduce fear of crime, including alcohol-related violence and disorder. The project focused community concerns about safety and security by channelling energy into a steering committee, three major task groups and a Code of Practice monitoring committee, which involved members of all sections of the community including nightclub managers (McIlwain, 1994, McIlwain, 1996, Homel et al., 1995). An important insight from this project was that involvement of the wider community, not just enforcement agencies, increased personal and moral pressure on licensees who valued being regarded as part of the responsible business community. The Surfer's Paradise multi-sector approach was successfully replicated in three other sites in Queensland (Hauritz et al., 1998, Hauritz, 1998).

Recent evaluations of New Zealand community action projects involving multi-sector approaches have found increased collaboration by key stakeholders leading to improved monitoring and enforcement of licensed premises (Milne and Greenaway, in press, Huckle et al., in press).

4.1.1 Monitoring Alcohol Bans

A lack of consistency in monitoring or evaluation of alcohol bans in New Zealand has been identified in an overview of the use of alcohol bans (Bijoux, 2005). As a result, Bijoux (2005) suggested that ALAC develops an alcohol ban evaluation framework, with recommendations for the most appropriate Police statistics to analyse. Bijoux noted that a report writing template could be useful to capture the information needed to assess the effectiveness of alcohol bans in different areas of New Zealand. ALAC have advised that they are working with Standards NZ on a template for developing and monitoring alcohol bans and would welcome working with interested Councils on this. Involvement in the development of a template would be useful for Auckland City as a way of sharing information and keeping up-to-date with any innovative ways of monitoring alcohol bans.

In the interim, it is suggested that Auckland City considers using the approaches outlined in the Matrix below. It is anticipated that Level One approaches would require minimal extra resource and that Level Two approaches are likely to be more

resource intensive. These have been separated into activities that can be done on a routine basis (ongoing) and potential purpose built studies.

Table 4.1 Monitoring and Enforcing Alcohol Bans

Level One	Benefit to Auckland City
<p>Ongoing Analysis of Alco-Link data to identify ‘hotspots’ and monitor enforcement practices</p> <p>Analysis of complaints to Council regarding public drinking and associated problems to identify hotspots</p> <p>Information exchange within and between key agencies such as LLG members and, where appropriate, Alcohol Accords and Community Boards.</p> <p>Continue proactive enforcement of alcohol bans in the CBD and implement in other alcohol ban areas where there are identified problems.</p>	<p>Alco-Link provides information on the location of where problem drinking occurs, displacement and information about enforcement practices for example, who is being apprehended for breaches of alcohol bans and whether warnings or apprehensions are being used.</p> <p>Identify hotspots where problem drinking may be occurring. Multiple or serious complaints can be used to guide follow up activities.</p> <p>The effectiveness of alcohol bans will be increased if information is shared between agencies. These people are also likely to have a good idea of current issues regarding alcohol bans</p> <p>Research evidence indicates that alcohol bans are ineffective without enforcement.</p>
Level Two	Benefit to Auckland City
<p>Ongoing Requiring street cleaners and security personnel to report on levels and location of rubbish, broken glass, vomit and so forth. Could also report on public disorder incidents.</p> <p>GIS mapping of Alco-Link data.</p> <p>Support Maori Wardens to monitor and record compliance with alcohol bans.</p> <p>Purpose Built Observational studies of areas where there are particular problems to assess appropriate responses.</p>	<p>Use to identify ‘hotspots’ and possible displacement effects from alcohol bans</p> <p>Provides precise information on the location of alcohol-related incidents. Possible because Alco-Link data includes the location of last drink</p> <p>Additional ‘eyes and ears’ on the ground to support regulatory agencies</p> <p>Use fieldworkers to investigate trouble areas and provide additional information to target follow up actions.</p>

4.1.2 Alternatives to Alcohol Bans

Alcohol bans were introduced in Auckland City as a way of both reducing and managing public disorder and harms arising from the consumption of alcohol in public places. As part of this research the authors were asked to identify alternative strategies to alcohol bans that could also be used to manage public disorder associated with alcohol use. Many of these strategies could also be used to strengthen the impact of existing bans.

Alcohol bans have been widely acknowledged as only one tool amongst a complementary mix of strategies that are recommended to reduce the types of harm

that alcohol bans seek to address. The roles of outlet density, licensing hours and effective licensed premise management are also very important when considering alcohol-related problems in public spaces. Outlet density, licensing hours and responsible licensed premise practices are significant contextual factors contributing directly or indirectly to street-level disorder.

Key informants expressed support for a range of complementary or alternative strategies targeting alcohol-related harm and public drinking, many of which reflected the evidence-based literature. These included clamping down on irresponsible alcohol promotions, social impact assessments, restricting outlet numbers and hours of operation in areas where there are problems, using street cleaners, security and regulatory personnel to identify public drinking in ban areas, using Auckland City Council personnel to reinforce messages about alcohol bans, investigating strategies to reduce drug use and support for ALAC's 'Culture Change' programme.

It is suggested that the following three stage plan is used to: 1) Investigate; 2) Implement; and 3) Evaluate alternatives to alcohol bans.

1) Investigate

Undertake scoping exercises to determine specific issues and potential solutions for areas where there has been a call for alcohol bans. This could comprise:

- The collection and analysis of all available local alcohol-related harm data
- A community profile of the specific area i.e relevant business and neighbourhood area demographics, characteristics, social and recreational amenities, numbers and types of licensed outlets and clientele
- Field observations of, and field interviews with, key informants such as those drinking in public spaces (use Young People, Alcohol and Safer Public Spaces as a guide for methods (Greenaway et al., 2002)), licensed premise door staff, local security firms, local business people, local residents' groups, street cleaners and police to ascertain types, times and scale of incidents such as violence, vandalism, rubbish (bottles/cans) vomit/urine/ faecal matter and so forth.
- Environmental audit (CPTED) of key factors such as lighting and physical proximity to parks
- Identification of features of any on- and off-licensed premises that may impact on public drinking such as outside smoking areas, extended licensing hours, specific promotions that are likely to contribute to increased consumption of alcohol, sale of alcohol to intoxicated persons or minors
- Data analysis written up into a brief scoping report

2) Implement

Establish a collaborative working party of local key stakeholders to discuss the scoping report and develop key strategies. These might include:

- Recommendations for Council planning provisions in terms of desired premise density, social impact reports and DLA licensing conditions in terms of desired hours of operation and promotions
- Requirements for improved management of off-licensed premises in the immediate and adjacent areas to prevent sales to minors or intoxicated persons

- Restrictions on off-license hours
- Requirements for improved management of on-licensed premises to prevent intoxicated people going out on the streets (consideration of lock-out/one-way door schemes where applicable)
- Requirements for adherence to SoLA (Section 154A) and protocols regarding alcohol promotion
- Additional street lighting or recommended redesign of public space/street areas
- Initiation of Maori wardens/Night Owls type community patrol scheme
- Adaptation and trial of Manchester Yellow coat scheme (possibly extended to community patrols)
- A hot-line communication system between police, licensed premises, security personnel and other stakeholders as appropriate
- Compliance clean-up costs in the nearby vicinity for late closing premises
- A system of 'dry, damp and wet' amenities to cater for the chronic alcoholics/street people/rough sleepers population
- Development of alcohol-free recreational events/amenities for/by young people (note Nelson City Council Youth Events Scheme (YES))
- Work with local schools and appropriate local media avenues to promote norms regarding safe supervised drinking environments (ALAC Youth Access to Alcohol initiatives)

3) Evaluate

Use recommended monitoring measures to provide feedback, review and inform regular discussion for the collaborative working party on:

- How well the strategies are working in reducing alcohol-related problems and other impacts
- Any improvements/changes required to existing strategies
- Potential development of new strategies

4.1.3 Monitoring, compliance and interventions in licensed premises

Donnelly and Briscoe (2005) advocate for intelligence-led responses to policing licensed premises. They argue that in order to target enforcement effectively:

there [needs to] be in place high-quality, integrated information systems which facilitate the allocation of limited resources toward dealing with the more problematic licensed premises (Donnelly and Briscoe, 2005:257).

Alco-Link provides such an information system. It is based on its predecessor the Last Drink Survey, which was widely regarded as a very useful tool, and the similar but more systematic Alcohol-Linking Program¹⁰ in NSW, Australia. The Alcohol-Linking Program involves Police routinely collecting information from people involved in Police incidents and was developed in response to a lack of information about alcohol-related crime and low enforcement levels (Wiggers et al., 2004). This information includes: whether the person had consumed alcohol prior to incidents; the person's level of intoxication; where the person last consumed alcohol and; if the last drink was at a licensed premise, the name and address of that premise (Wiggers et al.,

¹⁰ The Alco-Link program in New Zealand is based on this and the previous Last Drink Survey.

2004:358). This information is analysed and licensees are given feedback about incidents associated with their premises. High risk premises are audited for responsible service and management practices and these results are presented to licensees along with suggestions for improvements (Wiggers et al., 2004). A randomised control trial of the Alcohol-Linking Program found:

there was a 15% greater reduction in alcohol-related incidents associated with premises that received the feedback/audit approach compared to those that received normal policing (Wiggers et al., 2004:359).

The development of Alco-Link is integral to informing the Police Graduated Response Model, outlined in some detail in the New Zealand Police Alcohol Action Plan (New Zealand Police, 2006). The main tenet is proactive policing with a particular focus on monitoring the small number of premises that are usually responsible for a sizable proportion of problems. Key elements include dialogue and support to promote compliance to reduce intoxication in premises initially identified (through Alco-Link data) as low to medium risk. If they continue to show up on Alco-Link and management practices do not improve they become targeted as high-risk, with a graduated scale of sanctions applying from restrictions on conditions of operation to applications for license removal and/or prosecution.

The New Zealand Police Alcohol Action Plan introduced this year emphasised ten best practice principles that need to be taken into account when planning and implementing local actions. These are equally relevant for development of multi-agency initiatives

Table 4.2 Principles for Effective Policing of Licensed Drinking Environments

Licensing	Ensure liquor licensing decisions consider community and patron safety
Management	Ensure management practices comply with legislative requirements and reduce risk of harm to staff and patrons'
Staff training	Ensure bar staff, security and management understand their legal obligations
Responsible service policies	Ensure staff understand and engage in responsible server practices
Premises design	Ensure licensed premises are designed in a way that minimises potential for harm
Responsible marketing strategies	Ensure the licensed premises are promoted in a way that does not encourage excessive consumption
Community education	Reduce alcohol-related social disorder by improving public awareness of liquor laws
Public transport	Ensure sufficient public transport is available to disperse patrons quickly and prevent drink driving
Collaborative crime reduction strategies	Establish cooperation between police, licensees, liquor authorities, local councils and the community and develop collaborative strategies to reduce alcohol-related incidents
Enforcement	Ensure a visible police presence at and around licensed venues and events and ensure action is taken for breaches of liquor and other legislation

Source: SJ Doherty and AM Roche (2003) *Alcohol and Licensed premises: Best Practice in Policing* (in New Zealand Police, 2006: 8).

There are currently underway two major city-based project evaluations of intelligence-led responses to policing licensed premises, that may be of particular interest to Auckland City. Both of these studies are aimed at improving the environment in and around licensed premises to reduce alcohol-related harm.

- a) The MALES (multi-agency liquor enforcement study) approach in three New Zealand sites using a multi-agency heightened intervention approach
- b) The Christchurch 'lockout' or 'one-way door' initiative.

The MALES 2006 study in three New Zealand sites aims to measure the effectiveness of multi-agency approaches in reducing the harm caused by intoxication and other risky drinking behaviours in licensed premises. The present study is based on a pilot study undertaken in Wellington, which involved a heightened focus by regulatory and enforcement agencies on licensed premises, over two six-week periods in late 2004 and early 2005. The Wellington study found that violent crime and disorder offences were reduced during the two intervention periods and there were fewer ambulance attendances at incidents involving alcohol (Sim et al., 2005).

The current 2006 study will focus on the effectiveness of interventions applied by the Police, Regional Public Health and the District Licensing Authority in each area. The interventions will differ from 'normal' regulatory and enforcement activity in that they will involve a heightened focus on the service of alcohol to intoxicated patrons on licensed premises, with increased regulatory and enforcement visits by the three agencies. The interventions will be directed to licensed premise 'hot spots' identified by Alco-Link data.

The impact of the interventions on intoxication in licensed premises, responsible bar practices and indicators of alcohol-related harm will be measured through a combination of non-participant observation of bar management practices and drinking behaviour on licensed premises, analysis of administrative data obtained from the participating operational agencies as well as Alco-Link ambulance services and emergency departments, to identify crime, incident and health impacts. Findings from this study will be available in 2007.

The Christchurch 'lockout' initiative is a two year project funded by the Crime Prevention Unit, Christchurch City Council, Police and Canterbury District Health Board. The aim is to reduce the Police crime statistics around violence and disorder in the central city by 10% over the project period. One initiative is the Alcohol Accord currently under development. Licensed premises are encouraged to sign this voluntary accord agreeing to a one way door from 3am - which means that patrons in a bar are allowed to stay in that particular bar until it closes but if they leave they won't be able to enter another bar. This is particularly aimed at the migration between bars at night when the alcohol-related disorder and crime statistics peak. ALAC is in the process of commissioning research to examine the efficacy of the one way door policy to reduce alcohol related crimes and associated harms emerging from licensed premises within Christchurch city (<http://www.alac.org.nz/CommunityNews.aspx>).

Intoxication

In New Zealand, ALAC has recently released guidelines for monitoring and enforcing intoxication in the New Zealand context (Alcohol Advisory Council, 2006).¹¹ These guidelines emphasise the importance of regularly monitoring licensed premises and following up with enforcement when necessary, as an effective approach to reduce alcohol-related harm and improve compliance. As noted by Police, enforcement is more likely to be effective if targeted at premises rather than individual drinkers (Marriott-Lloyd and Webb, 2002).

A step-by-step guide to monitoring and enforcement of intoxication is outlined which is designed to facilitate effective follow up actions (see Alcohol Advisory Council, 2006 pp: 12-17). Key steps include:

- joint planning by the three regulatory agencies,
- agreement on follow-up action if intoxication found
- agreement about which agency will lead the prosecution process if necessary
- use of a standard Record of Assessment of Intoxication form (Alcohol Advisory Council, 2006).

Intoxication and its management was reported as a key issue for licensees and the regulatory agencies in this study. Some licensees felt there were issues of subjectivity with gauging intoxication of patrons from both sides – DLIs/ Police and licensees. They felt some of the intoxication indicators could be attributable to alternative reasons (argumentativeness due to a historical grudge with Police, slurred speech and /or co-ordination due to disabilities). One licensee commented that the presence of other substances made intoxication difficult to detect, and patrons had a range of ways of evading attention from licensees when intoxicated (like getting friends to buy drinks, sitting in dark corners). Being busy compounded difficulties for licensees in monitoring intoxication levels. One large premise trained staff in a four step model to assist staff to monitor intoxication in patrons and introduce appropriate interventions to slow/ stop service or provide safe travel home.

Monitoring and Compliance Tools used by Councils

International

A number of regulatory factors that contribute to a ‘successful nightlife’ were identified in a review of international cities undertaken by the City of Vancouver. These include:

¹¹ The guidelines specify the roles of agencies with a regulatory role in relation to the Sale of Liquor Act. These are:

- Police: monitor premises for compliance with the Act and report to DLA or LLA. They focus on suitability of license applicants and specialist Liquor Licensing Officers are sometimes involved in training to improve understanding of the SoLA by members of the hospitality industry
- District Licensing Agency – Licensing Inspectors: Report on all license applications and monitor premises for compliance with other regulatory agencies
- Public Health Service – Medical Officer of Health, Health Protection and Health Promotion Officers: Enquire into license applications, monitor premises for compliance with the Host responsibility provisions of SoLA and report to DLA or LLA
- Maori Wardens: have a role in monitoring compliance with SoLA due to their powers under the Maori Community Development Act 1962 (Alcohol Advisory Council, 2006)

- Local government controls to quickly put appropriate sanctions in place thereby effectively influencing behaviour of operators such as license suspensions
- Appropriate regulatory tools such as; conditional approvals to address noise levels and security plans and use of separate licenses for later trading hours with higher fees and increased requirement to reduce impacts
- Quick and effective enforcement such as penalties to remove right to do business, removal of right to play music, and revocation of license after a set number of violations
- Limits on concentration and size of bars such as a moratorium to freeze the number of licenses in a specific area, ‘dry’ options and identification of Alcohol Impact Areas to restrict types of sales or hours of service
- Adequate Police presence including designated liquor squads
- Collaboration, communication and conflict resolution including pro-active approaches such as good neighbour policies with consequences for premises that do not adhere to agreed codes (Hoese, 2004).

New Zealand

Information from a Council Officer in Wellington describes the collaborative approach to reducing alcohol-related harm on many levels utilising a data-driven approach.

As a part of the response we have the Ko-ordinated Enforcement Group (KEG) which meets regularly and addresses issues associated with individual premises that have been identified as a problem. The focus is on effecting change and if that doesn't happen then further action will follow. It meets regularly so keeps up to date with issues.

At a higher strategic level we see reducing alcohol related harm as a response for both the Licensing Team and City Safety. At that level we meet regularly to identify strategies that can support the work on the street as well as the bigger picture stuff. Reducing alcohol related harm is a part of the City Safety Strategy. We are developing a regional alcohol strategy to ensure some consistency across the region in dealing with alcohol related issues.

In relation to monitoring and tracking of alcohol-related issues/trends the following information was provided:

We are provided with information from Alco-Link which drives the KEG model and identifies those premises in need of attention. We also have City Safety Officers working in the CBD (where we have 263 licensed premises) who report regularly on trouble spots. As well at that higher strategic level we take that information and ensure the resources are available to address the problems identified. On a weekly basis some Council managers and City Safety Officers are briefed by Police and alcohol related harm and problem premises are a regular feature. We are well informed of what is happening. We also collect data from the Emergency Department and have a close relationship with ACC around alcohol related injury. There is a strong connection with our Safer Roads project which works closely with Police, LTNZ and Transit. Our Liquor Control by-law has been evaluated within Council and externally and hasn't really shown any effect in reducing offending or alcohol related harm. It has improved perceptions of safety in

the city though. Council has just extended the hours of the by-law but it is seen very much as just one tool to support reduction in alcohol related harm. They are not the magic bullet some Police districts think they are. [This information] informs how we work around safety and how we work within the liquor licensing team. It will also inform a subsequent review of the policy.

Joint visits by Police, licensing inspectors and public health agencies are undertaken on a regular basis to problem premises identified through Alco-link. Further monitoring information at the street-level is also provided by Council contractors who provide street-cleaning and security services and who are requested to report on any incidences that occur (offences and public nuisance).

In Christchurch, Council officers report a proactive approach to monitoring and enforcement. Regulatory personnel including Police, Licensing Inspectors and public health officers conduct joint monitoring visits every weekend. Any premise that stays open after 3am is treated as a potential problem premise and targeted accordingly. They use the Graduated Response Model to promote compliance.

In Counties Manukau the Police, DLIs and ARPHS have developed a standard check list for all agencies for the monitoring of SoLA compliance by licensed premises and a regular schedule of multi-agency visits to selected premises is conducted based on the Graduated Response Model. All Police licensing officers are located in one office with an intelligence analyst, to maximise co-ordination and impact of efforts. This provides a consistent approach to licensing monitoring and enforcement for all areas of the city. There is close liaison with Team Policing Units and other regulatory agencies such as DLIs and public health officers.

Maori wardens have also been involved in monitoring licensed premises in Counties Manukau. Project Walk Through was a collaborative initiative between Counties Manukau Police, the Manukau City Council, Accident Compensation Corporation, ALAC and the Mangere East Maori Wardens. Wardens checked licensed premises for intoxication, presence of minors, host responsibility practices and whether door staff were checking identification and recorded the results. This information was fed back to Police and the DLA and led to three suspensions. The wardens also monitored sports clubs, off-licenses and compliance with alcohol bans in the Mangere town centre (Alcohol Advisory Council, 2005b).

Another relevant initiative is the Responsible Auckland Region Project (RARP), which is a strategic partnership between the seven local authorities in the Auckland region (Manukau, Auckland, North Shore, Waitakere Cities and Rodney, Franklin and Papakura Districts) and the three Auckland policing districts (Auckland City, Counties Manukau, and North Shore/Waitakere/Rodney). It is focused on reducing alcohol-related crimes and other social harms across the Auckland Region by enhancing enforcement, minimising alcohol-related harm for at-risk populations, minimising alcohol-related harm in high-risk environments and supporting safer communities. The Strategic Action Plan identifies a number of areas for action that have relevance for improving systems for monitoring alcohol-related harm in Auckland City (Kay et al., 2006). For example, theme five is focused in the development of indicators to monitor and assess regional crime and safety. This includes a regional approach to crime prevention-safety promotion monitoring and

assessment and a regional approach to the implementation, monitoring and assessment of alcohol ban bylaws (Kay et al., 2006). There are obvious links between the information gathered as part of the current research and RARP.

Current Monitoring in Auckland City

The district licensing inspectors have a system in place set up to monitor all licenses six months after they are issued, with ongoing monitoring on an annual basis. A monitoring booklet is used to check compliance and record any breaches. Any problems with the premise are usually picked up either by this monitoring process, or from other complaints received, or via the Police in terms of Alco-Link data, other Police intelligence, complaints from the community (usually about bars in places like Parnell, K Road and the Viaduct downtown area) as well as other monitoring agents such as DLIs and public health agencies.

A Graduated Response Model is being used in Auckland City based on Alco-Link data which is processed monthly. When premises frequently come up on the radar, due to a number of offences such as public disorder or assaults or high BAC driving while intoxicated being recorded, the Police will then visit the managers and warn them to improve their practice.

We go through those stats identifying the ones that come up the most. From that it helps me form my list and helps my staff recognise which ones should be attended. From that I sort of, it helps guide me on my visits. So it's a very handy tool.

Currently Alco-link is only available to the Police and the other regulatory agencies they work with, who meet regularly as a Liquor Liaison Group to discuss their respective responses based on this data.

Key informants indicated that neither the Police nor the licensing inspectors had sufficient staff and resources for monitoring licensed premises to the level that is required for regular visits to late closing premises. There have been issues previously in relation to late night monitoring with respect to ensuring joint Police/licensing inspector visits and follow-through on evidence collected. This was viewed as adversely affecting monitoring of premises as joint visits are deemed to be far more effective, both in terms of the extra powers of Police and in gathering good information for further action on non-compliant premises. Currently licensing inspectors are required to undertake 30 late night visits with other agencies such as Police and public health. There was also some concern expressed about how effective the current responses or interventions are and it was suggested that this could be improved by better co-ordination between Police licensing staff. It was also considered that the combined intelligence data gathered on follow-up visits to problem premises was often not being used to best effect to ensure compliance or to impose sanctions such as prosecutions.

Key informants suggested that positive relationships and good communication between licensees and their staff, as well as with monitoring agencies, were paramount for good outcomes. The licensees interviewed all reported good relationships with Police and felt they worked as cooperatively as possible with all the

monitoring agencies. A couple of interviewees noted however that building up a good relationship takes time and there was often frequent turnover of businesses.

Some interviewees felt particular licensed premises were singled out for monitoring attention while others were neglected, and thought this reflected assumptions about problematic sections of society. However they were also aware that, with limited resources, attention needed to be directed to premises that are associated with a higher rate of intoxication and other alcohol related issues. One high profile premise was receiving considerable attention because it was featuring regularly in the Alco-Link data.

Several interviewees emphasised the need for more proactive rather than reactive monitoring of licensed premises.

This business of the Police always being the ambulance at the bottom of the cliff it's just making their life really tough.

...if we can just do those quality visits and build that relationship with the licensee we can definitely improve the standard and they can improve the standard with the intoxications then we have less trouble and less homicides, and less really bad assaults out on the streets, because it's just our culture. It's a lot like the drink driving and like the smoking, I think it's slowly getting better.

I think that the licensing inspectors need a nice big juicy budget mate. If people are really keen on making this stuff happen then it needs to happen at the prevention end of things, as well as at the enforcement end.

Safer Auckland City joint initiative with Police

This new project aims to reduce alcohol-related violence in the CBD through increased collaboration on key activities such as social impact assessments, CPTED assessments of public spaces around licensed premises, assessment of bar design to reduce alcohol-related aggressive behaviour, multi-agency enforcement using the Graduated Response Model and a focus on host responsibility practices to reduce intoxication. Key stakeholders will include premises participating in Alcohol Accords and a range of representatives from the Transport /Liquor/Fire/Hospitality industries as well as public health, emergency departments, ALAC and DLA.

Table 4.3 Monitoring and Compliance of Licensed Premises in Auckland City

Level One	Benefit to Auckland City
<p>Ongoing The impact of 24 hour licenses and extended hours is monitored by using Alco-Link data to analyse the time, type and place of offending and these data are interpreted in the context of actual hours of opening.</p> <p>Record and maintain database on the licensing hours (and the actual hours of operation) of licensed premises in Auckland City.</p>	<p>Ability to monitor the impacts of opening hours over time</p> <p>Ability to monitor the impacts of opening hours over time</p>

<p>Use Intoxication Monitoring and Enforcement guidelines</p> <p>Robust implementation of the Police Graduated Response Model</p> <p>Adequate resourcing of additional multi-agency monitoring visits for specific interventions</p> <p>Adequate resources for DLA</p> <p>Effective collaboration within regulatory agencies, for example, within Auckland District Police and between different parts of Auckland City Council</p> <p>Improve communication and collaboration with major stakeholders Use Liquor Liaison groups as the hub for providing shared intelligence data to inform evidence-based planning for key initiatives such as the Police Graduated Response Model (GRM)</p> <p>Continue to work with Accords, including off-license premises, on codes/protocols for best practice and follow up with enforcement. Adoption and compliance with such codes to be taken into account when licensing applications and decisions are made.</p>	<p>Standardise the monitoring and enforcement of compliance with intoxication laws on licensed premises.</p> <p>Mandated approach in Police Alcohol Action Plan. Will be able to gather consistent quality data, improve licensed premise compliance and reduce alcohol related harm offences through audits based on Alco-link data, multi-agency visits, feedback to licensees with prosecutions and license removal applications for non-compliance. Also gather data on the performance of individual premises in order to implement Alcohol Strategy with regard to licensing hours.</p> <p>Will enable follow-up actions to be implemented</p> <p>Will enable DLIs to monitor compliance with SoLA and implement follow up activities, more stringent monitoring of licensing process including reinstating manager interviews by licensing inspectors, follow up visits for license premises and tougher license renewal procedures.</p> <p>Best practice approach: increases information sharing that will support effective targeting of limited resources to reduce alcohol-related harm</p> <p>More comprehensive action through coordination of key networks within and outside Council including the Liquor Liaison group, Safer Community network, Accords and the Responsible Auckland Region Project (RARP).</p> <p>Improve compliance and host responsibility at licensed premises and reduce intoxication and related harms</p>
<p>Level Two</p>	<p>Benefit to Auckland City</p>
<p>Social impact data assessment to include a profile and demographics of local area, careful consideration of outlet density issues and likely impacts (benefits and negatives) on the neighbouring area and specific populations such as tourists, young people and rough sleepers.</p>	<p>More control over the location and number of licensed premises and potential to reduce alcohol-related harm.</p>
<p>Purpose Built Pseudo-intoxication survey of on-licensed</p>	<p>Potential to use this as an ongoing</p>

premises to scrutinise serving to intoxicated patrons and raise awareness via media coverage.	monitoring activity to ensure responsible staff practices regarding intoxication. These types of initiatives (mystery shoppers) are already undertaken by supermarkets to improve age verification practices.
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The following table outlines additional strategies for reducing alcohol-related harm in Auckland City.

Table 3.3 Additional Strategies for Reducing Alcohol-related Harm in Auckland City

Strategy	Benefit to Auckland City
Location of all Auckland central Licensing Police in the same office with an intelligence analyst	Ensure a consistent approach to monitoring and enforcement and optimum impact
Continued support for the development and resourcing of community action initiatives such as OK K'Rd that identify and target community safety issues for different users of inner city entertainment districts	Involves wider community in monitoring and strategies to reduce alcohol-related harm
Monitor and enforce alcohol promotions at licensed premises to ensure compliance with alcohol promotion protocols and the Sale of Liquor Act.	Promotions and price discounting in off and on-license premises are monitored in areas/premises where problems are reported to arise, in accordance with the Sale of Liquor Act provisions and national alcohol promotion protocols

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