

The Impacts of Liquor Outlets in Manukau City

Report No. 2
Community stakeholder views on the impacts
of liquor outlets in Manukau City

Alcohol Advisory Council of New Zealand

JANUARY 2012



ISBN 978-1-877373-72-5 (print)
ISBN 978-1-877373-73-2 (online)

Prepared for ALAC by:

Kellie McNeill

Michael P. Cameron

William Cochrane

Pania Melbourne

Sandra L. Morrison

Neville Robertson

Population Studies Centre

The University of Waikato

Te Whare Wānanga o Waikato

HAMILTON

NEW ZEALAND

ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND

Kaunihera Whakatupato Waipiro o Aotearoa

PO Box 5023

Wellington

New Zealand

www.alac.org.nz

www.waipiro.org.nz

JANUARY 2012

The Impacts of Liquor Outlets in Manukau City

Report No. 2
Community stakeholder views on the impacts
of liquor outlets in Manukau City

Alcohol Advisory Council of New Zealand

JANUARY 2012

The Population Studies Centre was established at the University of Waikato in 1982.

Any queries regarding this report should be addressed to Michael Cameron, Research Associate, Population Studies Centre, University of Waikato, Private Bag 3105, Waikato Mail Centre, Hamilton 3240, email mcam@waikato.ac.nz or ph +64 7 858 5082.

The views expressed in this report are those of the authors and do not reflect any official position on the part of the Centre or of the Alcohol Advisory Council of New Zealand.

Any general queries regarding this report should be directed to the Alcohol Advisory Council at the following address:

© Alcohol Advisory Council of New Zealand
Level 13, Craigs Investment Partners House
36 Customhouse Quay
PO Box 5023
Wellington 6145
New Zealand
Phone: +64 4 917 0060
Fax: +64 4 473 0890
central@alac.org.nz

ABSTRACT

Recent substantial increases in the number of liquor outlets have been matched by an escalation in community concern about alcohol-related harm. This report presents the results of an extensive community consultation on the impacts of liquor outlets in Manukau City. There was general agreement that alcohol-related harm was mediated by location, the type of outlet from which alcohol was purchased, and general socioeconomic context. Most concern was expressed about the impact on families and youth, and it appears that for community stakeholders issues with immediate impacts take precedence over those that played out over longer time horizons. Three main policy options were noted: (i) reducing the number of outlets; (ii) controlling the hours of operation, and (iii) restricting the number of outlets or the areas in which outlets can be operated. However, there is a need for policy initiatives to partner with other approaches to changing social behaviours and attitudes around alcohol use.

Keywords: liquor outlets, impacts, alcohol, community consultation, New Zealand.

ACKNOWLEDGEMENTS

This report is an output of the research programme, 'Research into the impact of liquor outlets in Manukau City', funded by the Alcohol Advisory Council of New Zealand (ALAC) and supported by Manukau City Council. The authors would particularly like to thank all participants in the community consultations, as well as Timote Vaoleti for assistance with the community consultations, Margaret Chartres of ALAC and Paul Wilson of Manukau City Council for their input at various stages of the project, and Jacques Poot for his comments on earlier drafts of this report.

LINKS TO OTHER REPORTS

This is the second report in a series of five reports commissioned by ALAC in partnership with Manukau City. The research was undertaken by researchers from the University of Waikato between 2008 and 2011. The five reports in The Impacts of Liquor Outlets series are:

- Report 1 – A review of the international academic literature and New Zealand media reports
- Report 2 – Community stakeholder views on the impacts of liquor outlets in Manukau City (this report)
- Report 3 – The spatial and other characteristics of liquor outlets in Manukau City
- Report 4 – A spatial econometric analysis of selected impacts of liquor outlets in Manukau City
- Summary report – The impacts of liquor outlets in Manukau City (revised January 2012).

The summary report was initially released in March 2010. That report provided short summaries of the content of the main reports cited above. The summary provided for Report 4 contained a preliminary analysis of the impacts. Since the release of the summary report, the authors have presented the preliminary findings at a number of conferences and received additional peer review and feedback on the methodology. The summary report has been revised and re-released (January 2012) with updated information from Report 4.

CONTENTS

| | |
|---|-----------|
| Executive Summary | v |
| 1 Background and rationale | 1 |
| 2 Method | 3 |
| 2.1 Identification and recruitment of participants..... | 3 |
| 2.2 Data collection | 4 |
| 2.3 Analysis | 4 |
| 2.4 Limitations | 5 |
| 3 Community stakeholder views on the impacts of liquor outlets in Manukau City | 6 |
| 3.1 The impacts of liquor outlets | 6 |
| Impacts, licensing and outlet type..... | 6 |
| Location of off-licence outlets | 6 |
| Supermarkets..... | 7 |
| Home-based drinking..... | 7 |
| Trading hours..... | 8 |
| 3.2 Family wellbeing | 8 |
| Family violence | 8 |
| Other aspects of family wellbeing | 11 |
| The normalisation of alcohol within family environments | 11 |
| Impacts on the household economy | 12 |
| 3.3 Health impacts..... | 13 |
| Physiological impairment and dysfunction..... | 13 |
| Mental health and addiction..... | 14 |
| 3.4 Drink-driving | 16 |
| 3.5 Community impacts | 17 |
| Community drinking culture and liquor outlets..... | 18 |
| Impacts on perceptions of community safety: Aggression, violence and crime | 20 |
| Aggression and violence in communities..... | 20 |
| Crime..... | 21 |
| Economic harms | 22 |
| Neighbourhood amenity impacts | 23 |
| Alcohol-related harm and pressures on community services | 23 |
| 4 Community stakeholder views on the impacts on vulnerable populations | 26 |
| 4.1 Youth | 27 |
| The influence of binge-drinking and the normalisation of alcohol | 27 |
| Advertising and marketing | 28 |
| Young people and access to alcohol..... | 29 |

| | |
|---|-----------|
| Risk-taking and antisocial behaviour | 30 |
| 4.2 Māori..... | 32 |
| Alcohol and colonisation | 32 |
| The erosion of whakapapa and family wellbeing..... | 33 |
| Self-determination for urban Māori | 34 |
| 4.3 Pacific peoples | 35 |
| Negotiating Pacific identities..... | 35 |
| The influence of the church in Pacific communities..... | 37 |
| Pacific drinking patterns..... | 38 |
| 5 Community views on challenges for alcohol policy | 41 |
| 6 Discussion and conclusion..... | 46 |
| References | 48 |
| Appendix 1 - Research Instruments..... | 49 |
| Appendix 2 - Research Participants..... | 58 |
| Appendix 3 - Analysis Framework | 60 |

LIST OF TABLES

| | |
|---|----------|
| <i>Table 1: Number of Active Liquor Licences in Manukau City 1990-2008.....</i> | <i>1</i> |
|---|----------|

EXECUTIVE SUMMARY

Since the introduction of the Sale of Liquor Act 1989, substantial increases in the number of both on- and off-licence liquor supply operations have been matched by an escalation in the level of community concern about alcohol-related harm. Of particular concern are the more vulnerable communities of Manukau City, in which the high density of liquor outlets is a notable feature. In order for local body planning to address ways to minimise alcohol-related harm efficiently, information about the impacts of liquor outlets on local areas is needed.

This report presents the results of an extensive community consultation process on the impacts of liquor outlets in Manukau City. Stakeholders from a variety of organisations with a Māori, Pacific peoples or youth focus, as well as other key informants, were invited to contribute to this research. Data was gathered via focus groups, face-to-face semi-structured interviews, community meetings and a survey questionnaire that was delivered in both postal and electronic forms. Analysis was conducted using critical listening and selective transcription techniques.

There was general agreement among respondents that alcohol-related harm was mediated by the location of consumption (in an on-licence environment, at home or in a shared public space), the type of outlet from which alcohol was purchased, and the general socioeconomic context within which alcohol consumption occurred. The impacts of alcohol-related harm were thought to fall more heavily on people who were already disenfranchised in some way – whether through poverty, ethnicity or family dysfunction. On-licence consumption was perceived as less problematic than off-licence consumption due to the higher price and regulation of consumption by the proprietor. Larger chain stores were perceived as less harmful than smaller stand-alone outlets due to better business practices, while supermarket sales were seen as an exacerbating factor through loss-leading prices and the normalisation of alcohol sales. The most problematic of outlet types was believed to be smaller stand-alone outlets, due to the concentration of alcohol-related harm in certain areas, their co-location in areas with vulnerable populations, and unscrupulous business practices.

In terms of the nature of alcohol-related harms, most concern was expressed about the impact on families and youth, whether through the incidence of family violence, worsening economic deprivation, or the collapse of social structures amongst vulnerable populations. It appears that for community stakeholders issues with immediate impacts take precedence over those that played out over longer time horizons.

Three main policy options were generally noted: (i) reducing the number of outlets; (ii) restricting and controlling the hours of operation of licensed premises, and (iii) implementing planning measures that restricted the number of outlets in a particular location, or the areas in which outlets could be operated. However, some concern was raised about unanticipated consequences, particularly relating to possible increases in the incidence of drink-driving and the potential for proliferation of illegal unlicensed outlets. Finally, although policy changes could support the community's desire to mitigate social harm, respondents noted the need for policy initiatives to partner with other approaches to changing social behaviours and attitudes around alcohol use.

1 BACKGROUND AND RATIONALE

Manukau City covers a land area of 522 square kilometres and consists of seven electoral wards: Manurewa, Mangere, Otara, Howick, Papakura, Papatoetoe and Botany-Clevedon. The City is the third most populous territorial local authority area in New Zealand, being home to around 335,000 people. Between Census 2001 and Census 2006 the resident population grew by 16.2 percent, distinguishing Manukau as the fastest-growing city in New Zealand.

Manukau is a diverse city. More than 165 different ethnic groups are represented, including the largest Māori and Pacific communities in New Zealand. In the 2006 Census of Population and Dwellings, just under half (47 percent) of Manukau residents identified as European, 28 percent as Pacific peoples, 15 percent as Māori and 22 percent as Asian (Statistics New Zealand, 2008).¹

Manukau is also a young city. Around 42 percent of the population is aged under 25 years – 35 percent of residents are aged under 20, and just over a quarter (26 percent) are under the age of 15. The median age of Manukau residents is 31 years (Manukau City Council (a); Manukau City Council (b)) compared with 35.9 years for New Zealand overall (Statistics New Zealand, 2008).

In February 2008, there were 494 active liquor licences in Manukau City – compared with just 148 in 1990 (refer Table 1). Substantial increases in the number of both on- and off-licence liquor outlets have been matched with an escalation in the level of community unease about alcohol-related harm. Of particular concern are the more vulnerable communities of Manukau City, in which the high density of liquor outlets is a notable feature.² The Sale of Liquor Act 1989, while providing local bodies with an opportunity to develop local responses to the supply of alcohol within their boundaries through the district planning process, also served to liberalise the market in which premises that supply alcohol could operate. This shift is particularly evident in the substantial growth in the numbers of licences that occurred between 1990 and 1995.

Table 1: Number of Active Liquor Licences in Manukau City 1990-2008

| Year | 1990 | 1995 | 2002 | 1 May 2007 | 12 Feb 2008 |
|----------------|------|------|------|------------|-------------|
| On-Licence | 53 | 131 | 204 | 248 | 247 |
| Off-Licence | 40 | 128 | 168 | 183 | 181 |
| Club Licence | 55 | 73 | 75 | 67 | 66 |
| Total Licences | 148 | 332 | 447 | 498 | 494 |

Source: Manukau City Council data.

In order for local body planning to address ways to minimise alcohol-related harm effectively, information about the impact of liquor outlets on local areas is needed. This is particularly true if any

¹ Note that in the Census ethnicity is recorded as 'total response'. That is, respondents to the Census may self-identify as belonging to more than one ethnicity, and the total proportions of each ethnicity will therefore not sum to 100 percent.

² Density can refer to either the number of liquor outlets per unit of land area or the number of liquor outlets per unit of population. Either interpretation is valid in this context.

change in strategy includes changes in the regulations under the Resource Management Act 1991 (RMA). Currently there are no regulatory remedies available under the Sale of Liquor Act. A change under RMA legislation requires a change to the District Plan, with a consequent need to establish a definite link between the land use activity (i.e. a liquor outlet) and any effects of that land use.

Manukau City Council plans to review its alcohol strategy. As part of the review the Council is interested in finding out about liquor outlets – all of which are licensed under the Sale of Liquor Act – and possible links between outlets and alcohol-related harm.

This report was developed at the request of the Alcohol Advisory Council of New Zealand (ALAC) in partnership with Manukau City Council. It forms the community consultation and social analysis component of a broader project that aims to identify the known impacts of liquor outlets. As such this is complemented by a comprehensive review of the international literature on this topic as well as a review of New Zealand media articles that assist in identifying impacts within the local context (Cameron et al.,2012). The overall aim of this project is the development of a policy tool that allows the impacts of liquor outlets to be modelled, with a view to informing future decision-making about the potential impacts of liquor licences.

This report presents the results of an extensive community consultation process on the impacts of liquor outlets in Manukau City, and is structured as follows:

- Section 2 outlines the method employed in the consultation process and subsequent analysis.
- Section 3 presents the results of this community consultation across a range of dimensions.
- Section 4 discusses the views of impacts on three vulnerable populations of key interest: youth, Māori and Pacific peoples.
- Section 5 outlines community views on challenges for alcohol policy.
- Section 6 discusses these results in the context of future quantitative research investigating the impacts of liquor outlets on Manukau City, and concludes the report.

2 METHOD

Prior to the commencement of this project, approval to conduct research on human subjects was obtained from the University of Waikato Faculty of Social Sciences Human Research Ethics Committee. Members of the research team also attended a meeting in Otara with Te Toi Awa o te Ora to seek support for the project, and entered an agreement to uphold community-developed principles of ethical research.

The overall research method involved several stages: (i) identification and recruitment of participants; (ii) data collection; and (iii) analysis.

2.1 IDENTIFICATION AND RECRUITMENT OF PARTICIPANTS

As a requirement of the research brief, particular attention was given to the recruitment of stakeholders who could express the impacts of liquor outlets on Māori, Pacific peoples and youth. Key stakeholder groups were considered to include:

- agencies and service providers, e.g. Manukau City Council, community boards, New Zealand Police (Counties Manukau District), Counties Manukau District Health Board (CMDHB), Auckland Regional Health Board, ALAC and Alcohol Healthwatch
- community groups, e.g. churches and faith-based organisations, and support and welfare organisations such as family violence services
- organisations with a Māori, Pacific peoples or youth focus, e.g. Manukau Urban Māori Authority, Pacific Health Services and Youthline.

An initial database of organisations and key individuals within each of these stakeholder groups was developed by conducting an electronic search of community directories, service provider directories, and the Manukau City Council website. This search identified more than 300 organisations, with a broad range of functions and focuses, that could inform the data collection from a variety of perspectives.

All organisations were then screened on the basis of their suitability for recruitment using information that was publicly available about their roles in the Manukau City community and the likelihood that they would be able to bring an informed local perspective to the research. The initial database was then categorised by stakeholder interests.³ The refined database was submitted to both ALAC and Manukau City Council for further input. This resulted in a final recruitment database consisting of 234

³ The following categories were applied (the number of organisations that were included in each category are noted in brackets): youth organisations and services (28), organisations with a Māori focus (23), organisations with a Pacific peoples focus (25), social service providers (17), education providers (15), organisations with a focus on justice and crime (12), community development and community democracy organisations (9), health service providers (20), family support organisations (21), organisations with a minority cultural/ethnic focus (18), faith-based organisations (11), business and professional associations (19), family violence services (8), and addiction services (9).

contactable organisations, all of which were approached to contribute to the research. The research activities also provided ongoing snowball identification of further potential respondents.

2.2 DATA COLLECTION

A variety of approaches were applied to gather qualitative information from stakeholder groups in Manukau City over a period of six weeks in November and December of 2008. Data collection took place in focus groups, face-to-face semi-structured interviews, community meetings and a survey questionnaire that was delivered in both postal and electronic forms.

Respondents from the final recruitment database were initially invited via email to participate in either a focus group or an interview. The research team also attended community and other meetings (such as social service network meetings, staff meetings, etc.) with a view to both promoting participation in the research activities and gathering data. In addition, one open community meeting was held with the sole purpose of gathering additional data. Finally, any potential respondents who did not reply to the initial invitation to participate were sent a survey questionnaire by email or post, which included questions similar to those used in the focus groups and interviews. Full copies of the research instruments can be found in Appendix 1.

A total of 20 interviews were carried out, six focus groups were held, five community meetings were attended by members of the research team (one of which was organised specifically for the purposes of this research, with the remainder being community-initiated meetings to which the research team was invited), and 11 completed surveys were returned (six electronically and five by post). A full list of respondent individuals and organisations that contributed to the data collected can be found in Appendix 2.

2.3 ANALYSIS

Interviews, focus groups and meetings were digitally recorded, and field notes were also taken by the researchers. An analysis framework was developed (refer to Appendix 3) so that all data sources (including survey data) could be analysed using a consistent schema. Sound recordings of the research activities were reviewed against this framework using critical listening and selective transcription of indicative quotes – an approach commonly used in qualitative research methodologies based in grounded theory.

From this review, an analysis of emergent themes was undertaken. A theme was considered to exist where there were multiple references to a particular phenomenon, and where this phenomenon was considered by respondents to be a direct impact of liquor outlets, or an indirect impact in the form of alcohol-related harm. Where possible, subthemes were also identified. The following report has been augmented by the addition of quotes drawn directly from the data and at all stages the analysis has attempted to give voice to the range of community, organisational and individual concerns expressed.

2.4 LIMITATIONS

Initially the researchers had hoped to capture a substantial number of responses purely through focus groups and interviews. However, there was initially a low response rate to invitations to participate in these activities.⁴ There are several possible reasons for this:

1. The project was conducted with a relatively short lead time that did not provide adequate opportunity for promotion of the research that could have enhanced community and organisational 'buy in'. This approach is particularly important when working with Māori and Pacific communities, especially in terms of building relationships, ensuring researcher accountability to communities, and developing resources and materials appropriate to the different language and cultural needs of the community. Equally, the short lead time precluded the recruitment of researchers fluent in all of the languages of stakeholder communities;
2. Many of the organisations and key people that would have made ideal respondents work in a community or social service capacity. They face high workloads and are sometimes voluntary workers. Their first obligation is to their clients, and research participation is not a priority;
3. Research fatigue. This applies to both the topic of the research and the geographical location in which the project was conducted. There was a sense amongst respondents that the issues of access to alcohol and alcohol-related harm had already received substantial review, but that there had been little progress on any of the critical issues. Additionally, due to their character, the communities that make up Manukau's suburbs are some of the most researched in New Zealand; and
4. There were areas in Manukau City where the impacts of liquor outlets were considered to be acceptable or negligible.⁵

However, despite the relatively low response rate and other limitations noted above, the research team is of the view that those stakeholders, key informants and organisations that held the strongest views about the issue of liquor outlets were likely to have participated in this consultation process. However, the following discussions should not be considered as representative of the views of the community of Manukau City as a whole, but as the views of important stakeholders within Manukau who were motivated to participate through their concern about the impacts of liquor outlets as experienced by various communities.

⁴ The postal and email survey was implemented in order to increase the opportunity for stakeholders to participate in the research.

⁵ Not all communities in Manukau took the view that the presence or density of liquor outlets is problematic or detrimental. Communities that adopted this stance were less likely to contribute their perspectives to this research. For instance, one community board that was approached to contribute to this research declined the invitation to do so on the basis that: "It is not an issue for us".

3 COMMUNITY STAKEHOLDER VIEWS ON THE IMPACTS OF LIQUOR OUTLETS IN MANUKAU CITY

Impacts of liquor outlets were identified by respondents across a range of dimensions, including the impacts of different types of outlet and their location, and impacts on family wellbeing, on health, on drink-driving, and on the community as a whole.

3.1 THE IMPACTS OF LIQUOR OUTLETS

Impacts, licensing and outlet type

Many respondents to this research considered that the nature and extent of impacts were associated with both licence and outlet type. A number confirmed that around 70 percent of alcohol consumption in Manukau City occurs in off-licence environments. It was a widely held view that the purchases of alcohol at off-licence outlets was created more difficulties for police than purchases at on-licence outlets, and that the impacts of consumption were less predictable in terms of their nature and distribution.

Certainly bottle stores have a significant impact in terms of drink-driving, alcohol and disorder and home-based drinking, which is something that we can't influence a great deal. From my perspective they're the number one contributor to alcohol-related harm in this city. Bars are much easier to control, much easier to manage. We certainly have much more avenues available to us to take corrective actions if necessary. (Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency)

It's important to note that it's the type of off-licence premises as well. Where that might be a multi-chain thing like _____ [name of chain store], they have business practices that are more desirable than the small off-licence that might be within a small block of shops in a suburban environment... _____ [name of chain store] will not sell single can sales and the small liquor shop will, so you have liquor being made available in very small quantities so that somebody can go and buy a single can and it gets consumed virtually immediately, whereas _____ [name of chain store] will only sell a six pack... you've only got to see the visual impact. We can take you and show you... we can say, "OK, here's _____ [name of chain store] outside the store", and then take you to a small family-run business in a cluster of shops in a suburban environment, and have a look at the environment outside that store. There'll be broken bottles, there'll be cans, there'll be graffiti... you know, you've got people who are going to access alcohol and then consume it virtually immediately after they've purchased it. (Arthur Wilkinson – Team Leader/Liquor, Manukau City Council)

Location of off-licence outlets

Respondents frequently noted that there appeared to be growth in the number of off-licence outlets in wards with populations that had lower socioeconomic status, and that in some communities it was difficult to isolate the impacts of alcohol from other forms of deprivation. Otara, Mangere and Manurewa were consistently identified as areas that exhibited this trend.

The low socio pockets would definitely be more vulnerable in that many families are struggling to get the basics together already. And if they've got problems, people tend to medicate with alcohol... for struggling families that's already there. The temptation is just there... it's just across the road... it sticks out for me when I drive through these areas – it just seems to stand out like a sore thumb... It's these liquor shops... they're the ones that

stand out for me. (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

Alcohol, in my experience is often used as a soother, an escape, a depressant... to dull down feelings. And let's face it – some people's lives are fairly shoddy. Some people are struggling. Some people are living in poverty. A lot of people are living in poverty. They're living in environments that are really awful and so we need to be not just looking at one section of this... in terms of our policy around control. We need to be looking at the bigger picture. Focusing on one area is not going to change the underlying current of what drives the people that we see to drink. If I had the lives of some of the people that sit in front of me, I'd drink too! (Angela Claridge – Counsellor, Care NZ)

They tend to have accumulated in areas that have a lower socioeconomic component, but drawing that link between the disorder of one more bottle store being located there is probably the argument we're going to be faced with... so I guess what we're looking for is some sort of answers to whether the numbers of these places in this particular area... do they influence greater or lesser than numbers located in another area? (Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency)

Supermarkets

Multiple respondents referred to the role of supermarkets as a significant influence on other liquor traders, particularly in the way that they apply loss-leading pricing practices with which other off-licences attempt to compete, and on-licences cannot compete. Supermarket loss-leading was viewed by some commentators as a key driver of alcohol-related harm.

The loss-leading that goes on in supermarkets is possibly the most significant contributor to harm that goes on in this city. It is just phenomenal... I mean, you can go into a bottle store and buy... a dozen beers for the same price as you'd pay for one beer at a pub, and that's the parallel that's being drawn at the moment. Bar owners can't buy booze for the prices that it's been sold to the public in a supermarket. So, it's not just about density – it's about the costing that affects density and the flow-on effects from there. (Arthur Wilkinson – Team Leader/Liquor, Manukau City Council)

The normalisation of alcohol as an everyday commodity in the supermarket environment also had implications for vulnerable shoppers of limited means:

To go to the supermarket and be able to get a five dollar bottle of wine with your groceries – those are the types of decisions that are impacting on our people and if you're on a restricted budget and you're in _____ [name of supermarket] and you're getting your bread and your milk and your fruit it makes it just that little bit easier if you're a vulnerable person and you've got children to feed and you're trying to make those decisions but you're making them when you're impacted in terms of the cycle of dependence and abuse of drinking... and so maybe the kids have baked beans on toast as opposed to three vegetables and some protein... what we're talking about is marketing to a community that is on the whole, compared with New Zealand, more vulnerable in terms of lower socioeconomic [status]... (Angela Claridge – Counsellor, Care NZ)

Home-based drinking

Off-licence outlets contribute to the social impacts of home-based drinking. Purchasing alcohol for consumption at home (or in another unlicensed environment) is substantially cheaper than purchasing it in an on-licence setting. There is also the added attraction of portability, and there are no restrictions on the hours during which alcohol can be consumed. Access to outlets in residential areas has increased in terms of both the number of outlets and the diversity of outlet types (independent bottle

shops, chain stores, supermarkets and suburban dairies). The passing of 'Smoke Free' legislation has also motivated some people to drink in private settings rather than on-licence venues: in homes, in informal bars set up in backyard garages, and sometimes in shared public spaces such as urban town centres.

When we're talking about harm in our communities, home-based drinking predominantly is it. Home-based drinking. That's the number one callout for police in terms of alcohol and liquor abuses... So it's drawing that link between clusters of bottle stores and home-based drinking and calls for services. (Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency)

The potential of the impacts of home-based drinking to spill over into on-licence environments was also identified.

Part of the issue... is the front loading that goes on at home. People will turn up drunk and then they are refused entry or whatever... and then that will result in disorder due to the availability that they've had before arriving in that [on-licence] environment. (Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency)

Trading hours

The hours during which alcohol was available through off-licence outlets for home-based consumption was a concern for a number of respondents. Many felt that the current retail trading hours of off-licence outlets discouraged people from consuming alcohol in the more controlled environments provided by on-licence premises, and that this contributed to negative impacts associated with excessive drinking.

We'd rather see that person that makes the choice, "I've run out of liquor, I want some more..." go to an on-licence premises where there is management and control of liquor availability... and price becomes a real big factor there as well because they've got to pay seven or eight dollars for a pint of beer, whereas they can get half a dozen cans [at an off-licence outlet] for that price. (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

People that are getting on it at home – they don't plan ahead and they're not that organised. Now the ability is that whenever they run out – ten, eleven – they can always go and get some more. (Respondent at Policy and Liquor Licensing Focus group)

3.2 FAMILY WELLBEING

The broad theme of impacts on family wellbeing was identified by many of the respondents in this research. Key areas that were considered to be negatively affected by alcohol availability included family violence, broader family wellbeing in terms of child/parent roles, the normalisation of alcohol in family environments, and the impacts of alcohol on the stability of the household economy.

Family violence

It was well recognised by respondents that Manukau is disproportionately overrepresented in the statistics for family violence when compared with rates nationally.

We're three times the national statistics [for family violence] in Manukau. Why is that? That's the question, isn't it? Is it because of the number of liquor outlets? There is no

question that family violence and the consumption of alcohol are linked. (Alison Dyson – Manager, Manukau East Collective of Social Services (MECOSS))

Very bad. We're talking about reported family violence. The statistics are there if anyone wants to find them. Per 10,000 population we apparently have 91 family violence events with police attending incidents. In other districts the next [highest] one is 80 per annum. In total events, well – we're well ahead of everyone else. (Tim Smith – District Family Violence Coordinator, Counties Manukau Police)

Sergeant Brett Woodmass (Family Safety Team, New Zealand Police) and a number of social help agencies confirmed that alcohol was implicated in the vast majority of the family violence cases that they serviced (MECOSS Family Violence Cluster Meeting). Despite this, there are some issues with the reliable collection of data that identifies the involvement of alcohol in the instances of family violence attended by the police.

The only thing I can tell you is that when staff attend an incident they record whether alcohol was involved either with the offender or the victim – either one – and they don't specify which on the form. It just says 'alcohol involved' and they just tick the thing. So we get a certain percentage of those, and what's recorded shows that in a certain percentage alcohol is involved... but I couldn't guarantee the accuracy of that. There may be gaps in the information. I can't guarantee that someone records that every time. (Tim Smith – District Family Violence Coordinator, Counties Manukau Police)

Family violence is generally perceived as arising out of inequities in power and control within family relationships. Some commentators considered there was a multitude of contributing factors – other than alcohol – that underpinned rates of family violence in Manukau.

The only thing I need to clarify is that alcohol isn't the cause of family violence – you've got those underlying causes anyway – but it is certainly a disinhibitor and you'll probably find – like anything else – that someone that doesn't talk much and when they get a bit of alcohol they talk lots. Some of our worst family violence is committed without any alcohol involved whatsoever – it's just the controlling nature of the people concerned. (Tim Smith – District Family Violence Coordinator, Counties Manukau Police)

Other determinants of family violence identified by respondents included socioeconomic status and low levels of family functionality.

I guess I can specifically talk about the Otara community, but there are a number of similar communities in Manukau City that share the same kinds of characteristics. And that's a high needs community with a predominance of dysfunctional families and high Māori and Pacific populations, young populations. And for me the experience in the community and what appears to be the high number of liquor outlets is like a conduit for anti-social behaviour... (William Ropata – Director, Te Puke O Tara Community Centre)

It seems to go with the socioeconomic area. (Tim Smith – District Family Violence Coordinator, Counties Manukau Police)

In contrast, several commentators from social service agencies challenged the dominant way in which the dynamics of family violence are constructed, on the basis that alcohol is neglected as an aggravating factor. The off-licence availability of alcohol for home-based drinking was identified as significant in contributing to Manukau City's poor record of family violence.

I think we've got a hugely mixed up approach to family violence... the accepted wheel of power and control paradigm that's applied to family violence does not talk about substance abuse, and in particular the issue is alcohol. The power and control thing has come out of the feminist view of family violence which is applicable in a number of cases. But they are the minority of cases. In the majority of cases when you break down the police statistics and you take a look at how many of the family violence situations that they attend include alcohol, the overwhelming majority include alcohol as a factor. We're not talking about any other drug. Just alcohol. As a community we need to start understanding that our drinking affects our behaviour and we have to make this causal link. Until we've done that and recognised that we are not the same person when we've had six or eight or a dozen stabbies... we're not talking about the same person here – we're talking about completely different behaviours. And that's about drinking at home and taking the alcohol home. (Alison Dyson – Manager, MECOSS)

Other commentators considered that the relationship between alcohol and family violence had become so normalised in Manukau that intoxication was used as both a justification and a defence.

I guess I'm looking for a way to remove that alcohol abuse as an excuse for the behaviour. It really annoys me that [they say]: "It's alcohol that's responsible for my behaviour", and I don't know how to remove that. (Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency)

Despite contrasting opinions on the causes and determinants, there was some agreement about the relationship between outlet density and liquor availability and the incidence of family violence.

It's sort of a common sense thing – if it's more accessible you're more likely to drink it, and the more you drink it the more chance there is of showing those violent tendencies that are lying underneath. (Tim Smith – District Family Violence Coordinator, Counties Manukau Police)

... if they've run out and the sensible thing would be to go home and sleep it off there, but they just think, "Oh no, I can go and get some more..." and they go and get more, and it just carries on from there. (Tim Smith – District Family Violence Coordinator, Counties Manukau Police)

Respondents also agreed that there were distinct times in which family violence was more noticeable in Manukau communities.

Seasonal ones [incidents of family violence attended by police] seem to peak over that Christmas period. The Christmas period and the summer holidays. It could be any reasons... stress. There could be alcohol involved again. They seem to drop off around about Easter.... As you get into the Thursday, Friday, Saturday and Sunday appears to be a bad day too. Maybe a lot of people wake up in a bad mood after the Saturday night or something, or have just been home too long and not at work... certainly those are the peak... definitely in the evenings, so 9 o'clock through to about 3 o'clock in the morning. And Sundays, I think, we're looking at Sunday afternoons. (Tim Smith – District Family Violence Coordinator, Counties Manukau Police)

And this time of the year [November]... the social services and women's refuge will tell you that everything just goes out the window. And that's across the board, because even in okay homes, the middle of society upwards, there will be those who cannot say no and just don't know when to stop. And they make their families' lives a misery... around Christmas, Friday nights and weekends. (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

Other aspects of family wellbeing

It's pretty much a given that there will be family issues [in relation to increased alcohol availability] – whether it's violence against women, against kids... family breakups and the like. (Andrew Lindsay – Medical Officer of Health, Auckland Regional Public Health Service (ARPHS))

I guess we could probably all say that they [the Pacific churches] would all frown upon excessive alcohol consumption. They are aware enough to know that that does impact on the safety of the family, the safety of the children, the safety of the Mum. (William Ropata – Director, Te Puke O Tara Community Centre)

In keeping with the theme of family safety, a number of respondents made passing comments about the effects of easy access to alcohol on the quality of care provided to children while parents (or caregivers) were under the influence of alcohol in unlicensed settings. This included the impacts on the ability of adults to interact with, supervise and engage with younger children, and the potential for child abuse and neglect to occur.

We see more children coming to church hungry because Mum/Dad are still in bed, hung over from previous night. This has worsened after more outlets in the community. (Philip Lloyd – Pastor, Bible Baptist Church)

Absence of supervision while parents or caregivers were 'out drinking' or 'partying' was also a concern. Reference was made to the contribution of alcohol to family conflicts, particularly amongst partners, but also between youth and their parents where there was sometimes an intergenerational difference in attitudes to alcohol consumption.

The normalisation of alcohol within family environments

They see Mum and Dad go in and purchase the stuff. They see Mum and Dad and just how embedded it is in our communities. And I wonder – there's a question there at the practical level about the number [of outlets]. (Duncan Poole – Team Leader, Community Alcohol and Drug Services (CADS))

Children are allowed into the bottle stores with their parents. And when I see these little ones walking in, tiny little tots, toddlers, whatever age, it's again a normalising thing, and it really really rattles me... it really stands out to me that that should be a no-no. That's an adult shop and they need to gain a bit of nouse. (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

What I see is that there appears to be an increased availability of alcohol to young people and the normalisation of alcohol marketed through what I consider to be family settings. So what you have is things like supermarkets these days with aisles of wine that you take your kids up and down... Department-like stores, selling a whole range of goods from CDs to BBQs to clothes, wanting to have – and applying for – licences for alcohol outlets within their own stores, or even unrestricted in that maybe it's just another aisle amongst all these other goods. So you bring your kids in there to buy... whatever the family needs and you're trotting up and down the aisles and can get wine and so on. And I believe these particular ones... increasingly want to be able to sell spirits and so on. (Andrew Lindsay – Medical Officer of Health, (ARPHS))

A number of commentators were of the opinion that the prevalence of outlets in some communities reinforced some of the negative aspects of New Zealand's binge-drinking culture and weakened the effectiveness of education initiatives about alcohol-related harm. It was considered that the

prevalence and visibility of outlets had the potential to undermine the setting of positive norms for children by parents or other adults. One example that typified the 'mixed messages' that sometimes occurred was the sports club.

Some of those sports clubs in the Manukau area... are probably some of the worst places that young people could inhabit in terms of social responsibility and host responsibility around alcohol. While the message is great – you want kids actively engaged and positively engaged in things and you want them to experience sports... it's like putting these young people into a situation where they're going to be exposed to something much worse. Really bad habits, really bad environmental input into their lives. (Rebecca Williams – Director, Alcohol Healthwatch)

A number of respondents reiterated the difficulties that families could face in locating environments or activities where they could socialise their children without the presence of alcohol or alcohol-related refuse. Outdoor recreational settings such as parks and beaches were identified as attractive destinations for drinkers as well as families.

Impacts on the household economy

Money spent on alcohol is money not spent on family. (Neil Coleman – Guidance Counsellor, James Cook High School)

I suspect that the research will show that alcohol affects people's work performance. If you're talking about a place like South Auckland here with the socioeconomic profile there will be workplaces where fairly significant physical harm can occur if you're not on your game. So there will be increased risks there... Absenteeism I'm sure would be an impact there as well. It's the 'Three Ls': Liver, Livelihood and Lifestyle... and when you're talking about an area where incomes are lower than for the rest of the region, the impacts will be significant financially. (Andrew Lindsay – Medical Officer of Health, ARPHS)

Why are these shops in poor economic areas? The most vulnerable people. They should NEVER have been given permits... (Matere Toia – Papakura Marae)

A range of comments from respondents indicated that they considered that the density of liquor outlets in areas that already faced substantial economic hardship had implications for household economies. These effects were relevant in terms of both money spent on alcohol rather than on other essential items, and in the capacity of those who drank heavily to participate in paid labour. Respondents were generally of the view that alcohol consumption contributed to a lowered ability to engage with and perform in paid work, as well as compromised job security through absenteeism or alcohol-related health impacts.

There was also evidence that outlets in some areas were extending credit so that customers could purchase alcohol even when they did not have the immediate financial means to do so.

I know of at least one wholesaler here that does it... they just show them the normal letter that they get from WINZ... leave their card and PIN number, then at one minute past midnight or whenever their payment comes through... it's the first payment that goes out... We know of a young girl that went in there and used her mother's letter from WINZ. The girl was still at school, left the thing and PIN number there... and then the mother got the bill and went in there. The only reason I know is 'coz we had to go in there and stop the fight... he does not give a ___... he comes in, he pays some money for his building, he makes some money and he pisses off. (Patsy Whaanga – Manager, Otara Town Centre)

3.3 HEALTH IMPACTS

I think that what we face in New Zealand is a drinking culture that's embedded in our sporting culture, our working ethics, our socialisation, our events, our 21sts, our celebrations, our weddings, our funerals... That's embedded in our culture, but is that healthy? (Angela Claridge – Counsellor, Care NZ)

A variety of alcohol-related health impacts were reported by respondents. Broadly speaking, these were physiological impairment or dysfunction, and mental health and addiction issues, although a more holistic approach that incorporated environmental health was also noted.

I guess we wear two thinking hats when looking at alcohol harm. One of them is a life course view – that alcohol can affect even the unborn child and deliver a life of irreversible disability, right through to people experiencing problems in their later years in terms of socialisation, mobility, depression, use of medication. So it's a long-term approach. The other way we look at it is an environmental perspective and the influences that are coming from the messaging and the modelling and the promotional environment that alcohol is in, and the norms around it... I would think that it [alcohol-related harm] sits in the widest version [of health] you could have. We know that it sits in the justice system, the education system in terms of educational failure, workplace. You name it – it doesn't seem to stop really where it's impacting at the moment. Where those premises are, the types of premises, what they're offering and how they are offering it is all central to driving this whole issue. People who are vulnerable already – they've already got an addiction or a problem with alcohol use – there's not a place they can go where they're free of some sort of influence from it. They go to a social function, they go home, they pass a liquor store, they pass a promotion, they pass a billboard – it's everywhere! It's our view... that our laws are here to protect people and they're not doing that right now, and neither are our environments... (Rebecca Williams – Director, Alcohol Healthwatch)

There are multiple difficulties in establishing a causal relationship between health status and alcohol-related harm. Several respondents identified the lack of data and unsuitable data-collection methods as problematic in making these connections.

General health issues. I think one of the biggest things that gets me is the number of deaths that aren't recorded as alcohol-related when they clearly are. Our liver disease. General lack of nutrition because people aren't taking care of themselves. Domestic violence. (Angela Claridge – Counsellor, Care NZ)

Physiological impairment and dysfunction

In terms of physiological health impacts, respondents commonly mentioned:

- falls while under the influence of alcohol
- injuries as a result of physical assaults (including domestic violence) in which alcohol is involved
- injuries or fatalities relating to road accidents in which alcohol is a contributing factor
- injuries related to broken glass from bottle refuse (often concentrated around outlets, on streets and footpaths, and in outdoor recreational areas such as parks and reserves)
- workplace injuries

- the possible contribution of alcohol to some instances of shaken baby syndrome
- Fetal Alcohol Spectrum Disorder (FASD) and developmental impairment in young people who engage in heavy drinking (e.g., in cortex brain development)
- liver disease.

The status of people's diets and nutritional health was also an impact that was mentioned with some frequency. Food insecurity in households where money was spent on alcohol rather than food was identified as having the potential to impact on child health, as did a mother's decision not to breastfeed her child so that she was able to consume alcohol. Additionally, the density of outlets in some areas threatened community food security.

Money directed at alcohol impacts on food supply and leads to poor nutrition for children and increased need for healthcare services. (Matere Toia – Papakura Marae)

Essential services i.e. local butcher and food providers leave areas increasing the need for people to travel further for fresh food. _____ [name of suburban shopping centre in Mangere] used to be a butcher, bakery, stationer and vegetable shop. Now two off-licences and a dairy. (Ayr Jones – Community Advisor, Manukau City Council)

There was also a suspicion that alcohol impacted negatively on rates of obesity and diabetes – both of which are substantial health issues for the Māori and Pacific populations in Manukau City.

I think there's some kind of correlation between alcohol and food. We've got a huge obesity issue out here and a huge diabetes issue. It is a significant problem for our community. There's some correlation between that I think, and the drinking. (Alison Dyson – Manager, MECOSS)

The health impacts resulting from alcohol consumption were identified as placing pressure on local health services, meaning that resources had to be directed to treating those with alcohol-related health impacts, sometimes at the expense of patients with other conditions.

Ill people are often stood down from surgery while drunken persons with injuries are pushed up surgery lists. Ill people often have to wait while extra hospital staff get involved with drunk and injured patients to calm them or try to treat them. Additional security is also required to deal with drunken persons who often do not want to be treated. These hospital resources should be available to those who are genuinely ill and wanting help. Go to Middlemore Hospital Friday/Saturday/Sunday afternoon-evening and see the violence, time wasting and injuries sustained by drunk persons while legitimately ill persons are made to wait. (Ayr Jones – Community Advisor, Manukau City Council)

Other costs that alcohol-related health impacts placed on health infrastructure were identified by respondents as including extended waiting list times, injuries to hospital staff, and ACC payments to patients who had sustained injuries while under the influence of alcohol.

Mental health and addiction

Respondents from the mental health and addiction services sector confirmed that mental health status significantly affects the use of alcohol, and alcohol in turn affects mental health status. Further,

in terms of population health, Manukau City has been identified as a high-needs community for addiction services.

It's almost an artificial separation because they [mental health and addiction] are such co-existing conditions. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

... there is recognition that there is a huge problem of misuse of substances within Counties Manukau. (Fiona Trevelyan – Programme Manager for Mental Health CMDHB)

There was also confirmation amongst respondents in this sector that alcohol was the substance with which the majority of their clients sought help, and that had the most potential to impact negatively on their lives and the lives of those around them.

There's still a perception in New Zealand that other drugs like P [methamphetamine] are the biggest problem. Honestly... alcohol is easily the most prevalent abused drug that people get addicted to. Yes, there's some very high-profile P cases, and there's some significant issues around P use, but... I do get concerned about the way that that fudges or detracts from the alcohol debate. (Duncan Poole – Team Leader, CADS)

I would say that in New Zealand the number one abuse of substances where there are problems is alcohol. If you look at the clients... I have worked with, alcohol was always number one. Marijuana would be second and methamphetamine would be third. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

When somebody has a problem with alcohol, it doesn't just affect them. There are a number of people around them. There are a number of impacts on those people around them. It might not be that person [the drinker] that seeks help. It might be that person's mother or spouse or partner... (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

In terms of the burden that the impacts of mental illness and addiction place on health services, the issue was raised of the substantial costs incurred for emergency services and the provision of the broad range of recovery programmes required to address the cultural diversity present in the Manukau population. The workforce development that occurs in order to provide services was also seen as a crucial cost – particularly as assessments of alcohol-related dysfunction were seen to be complex.

It's a really complicated relationship. In terms of the mental health burden, it again comes back to: why are people drinking? And for a lot of people it is about managing their anxiety, managing depression, managing health issues – that's why they might be drinking. Conversely, it can also create depression. If people drink a lot of alcohol – and it's a central nervous system depressant – and then they stop drinking... there's almost an automatic remission of their symptoms of depression. So it is complicated. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

Respondents referred to the strength of research in finding that treatment can assist in mitigating the social costs that arise from addiction and co-existing (dual diagnosis) disorders over the longer term. Treatment services for substance dependency are largely centralised in Auckland city, with only a handful of residential beds available in Manukau. However, there are a number of community-based services operating – an approach that is considered to be more appropriate to the Manukau environment given its diverse cultural composition.

For residential services there are waiting lists... There are, to the best of my knowledge two residential services in Counties Manukau. You're looking at 16 beds in Counties Manukau... so there are not a lot of beds, but there are beds available regionally. There is scope for other services based in the community... is taking people out of that [the community] the best option, or are other treatment options more appropriate? (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

3.4 DRINK-DRIVING

The impacts in terms of drink-driving were among the most frequently expressed concerns of respondents. Impacts were described in terms of both injury and fatality, and offending was commonly thought to be correlated with home-based drinking.

Although drink-driving is not a major issue coming out of licensed premises, it's the home-based drinking relating to drink-driving and the offending that seems to be getting worse in the city. (Catriona Marvin – Road Safety Coordinator, Manukau City Council)

The fact that the impacts and costs of drink-driving were not restricted to the offending drinker, but were distributed amongst innocent members of the community, was a cause of frustration and anger to some respondents.

For me it's definitely the victims, the trauma... It's not just the person that's killed – it's the family, it's those left behind. (Cat Marvin – Road Safety Coordinator, Manukau City Council)

November was cited as the month with the highest incidence of serious alcohol-related road accidents in Manukau City (Cat Marvin – Road Safety Coordinator, Manukau City Council). A number of other times during which drink-driving increased were also identified:

... the celebratory times of the year – around Christmas, New Year, long weekends... you might see an increase. But on the other hand they're [Police Traffic Alcohol Group (TAG) operations] saying it doesn't matter what time of the day or night or day of the week it is; if you have the resources to put out a TAG operation you'll find people who are drinking and driving in this part of the world... I think the Wednesday to Sunday period [is when the majority of drink-driving occurs], so that only leaves Monday or Tuesday! (Bernadette de ste Croix-Carter – Injury Prevention Consultant, ACC)

Recent increases in the number of women (including young Asian women) and Pacific and Māori men who were committing drink-driving offences were also noted.

Several participants mentioned their own apprehension about using the roads for fear of encountering other drivers who were under the influence of alcohol. This fear constrained their access to social activities. They particularly avoided travelling around the City later in the evening and felt that the weekends were also a time when drivers were likely to be sharing the roads with people who were under the influence of alcohol.

I don't want to go out at night. I do not want to go out at night. Friends invite us out but I really don't want to go with all these hoodlums on the road. The weekend... you just don't know what's going to come around the corner at you. At half past ten I'm just not comfortable. I was on the road one Friday night and it was still light... we got onto a stretch of road and this guy came at us on our side of the road and he came at us until

the last second... I still see it in my mind. Either he was tanked up or he was on drugs and drink... there's just been so many accidents out there. (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

Some commentators were concerned that a reduction in the number of outlets (or trading hours) could result in increases in the incidence of drink-driving; for instance by people who had already been drinking travelling by vehicle in order to access additional alcohol.

A prime example would be _____ [name of supermarket] out at the airport when that was trading 24 hours. The behaviours! We had people driving from all over Auckland at three, four o'clock in the morning to buy alcohol... we had camera surveillance of people driving the wrong way up _____ [name of street]. They were so drunk, and their mind is just focused: "I need more, and if it's available at 4 o'clock in the morning, I'm going there..." (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

Several respondents felt that the penalties were not harsh enough to discourage drink-driving and reduce the associated impacts and social costs, and spoke pointedly about the high rates of recidivism for this type of offence.

When you've got somebody who has been charged with drink-driving and it's not a first offence, they've been caught before, why are they let out? There's just no enforcement – it's almost as if the police have got their hands tied. And they go out there and they're killing innocent people... To me, the community are not being taught that there's a consequence for bad behaviours... there's just a little light slap on the hand, and away you go and never mind if you hurt somebody else – we hope you won't, but... (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

3.5 COMMUNITY IMPACTS

Alcohol has made its way into the most educated and affluent parts of society, and into the poorest parts of New Zealand. We're all affected by it. (Respondent at Otarā community meeting)

The communities of Manukau City are undeniably diverse. There are notable contrasts in the characteristics of the various wards in terms of the dominant ethnic and cultural groups that live there. There are pockets both of substantial affluence and of socioeconomic deprivation. There are also distinct differences between rural and urban settings. Given this diversity, it is no surprise that levels of concern about the issue of liquor outlets are not uniform across the City. While some communities considered that liquor outlets had significant impacts, others did not.⁶

Some of our communities don't want outlets any less available, because it gives them access to alcohol and they like drinking... it's not an important issue for them. (Jodie Robertson – Projects Manager, ALAC)

Even within vulnerable communities there was acknowledgement of the relationship between the impacts of alcohol use and choices about behaviour at the level of the individual – whether that individual was the person consuming alcohol, or the person supplying it.

⁶ For instance, one community board that was approached to contribute to this research declined the invitation to do so on the basis that: "It is not an issue for us".

The alcohol is only a liquid. It's the behaviour of people that makes it bad. That includes the behaviour of the people that sell it to under-age people, the people that make it cheaper, the people that make it available everywhere. All those things add to the cocktail. But while we're doing this research I am mindful of what work needs to be done within the home to do that [with regard to shifting attitudes around drinking]. Alcohol is always going to be available. The child is always going to grow up to be a man and be able to afford it, but that child needs to be educated with his parents along the way... that how you treat it will determine whether you beat up your kids or your wife. (Respondent at Otara community meeting)

One of the primary motivations that respondents had for contributing to this research appeared to be their perception that although concerns about the impacts of liquor outlets in their community had been repeatedly voiced and documented, there had been few inroads made in progressing the issue. As a result, many respondents expressed sentiments of frustration and powerlessness.

There is a voice of concern about the number of liquor outlets in the Otara community. How easy it seems to get a liquor licence to go on to sell. There seems to be some despair that regardless of community voice, not a lot seems to be done. (William Ropata – Director, Te Puke O Tara Community Centre)

We have been done to death. We've done all this work. We told the people who come here so many times. What we want are the solutions... It's [Manukau City Council] alluded to... changes to the district plan and giving that some teeth. We want the solutions. That's what we want. In fact, we want the remedy implemented. We want the problem gone! (Respondent at Otara community meeting)

It's our bloody community. We live and work in this community, and we should have the ability, through the Licensing Authority, to say, "Yes, you can open and you can open until this time, but here is how you will do things", because we have a very unsophisticated drinking culture in this country, and predominantly here in South Auckland... to be quite frank, we're still Once Were Warriors here – we haven't really come that far. (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

Although respondents generally had a clear understanding of the purpose of this research project in terms of its brief to assist the Council in developing policy approaches with evidence-based controls on the number of liquor licences in their communities, some indicated their suspicion that both community and Council were fighting against larger interests – in the form of the liquor industry itself:

In terms of the supply control debate... you're talking about the liquor industry which is an incredibly powerful industry in New Zealand. Let's make no mistake about it. They are powerful over government and they provide a lot of revenue for this country. And our policy makers have ears. (Angela Claridge – Counsellor, Care NZ)

Other respondents advocated a shift in policy focus from harm reduction to a precautionary approach – a shift that could empower communities by displacing the onus on them to prove harm.

The burden [of proof for the absence of potential for harm] needs to be on the industry. The burden of proof should not rest on vulnerable communities. It must be shifted. (Rebecca Williams – Director, Alcohol Healthwatch)

Community drinking culture and liquor outlets

If you were to look internationally at other countries like Italy or France where you might have a family having a meal together and having wine on the table, that drinking culture is not promoted within New Zealand. The point is [that in New Zealand] you drink until you

are drunk or until the alcohol is finished, and sometimes when it is finished, if you're not drunk, you get some more... (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

The binge-drinking culture that was referred to by respondents throughout this research is symptomatic of New Zealand generally, rather than Manukau City specifically. However, respondents considered that liquor outlets – particularly where they were found in significant numbers in a community – assisted in perpetuating binge-drinking norms.

My experience and what I'm seeing is this kind of dichotomy of ads on television telling us that we shouldn't be drinking the way that our culture is drinking, and yet a political climate that allows liquor outlets to be open more often for longer and in more abundance, so more availability. (Angela Claridge – Counsellor, Care NZ)

Although the binge-drinking culture is well recognised in New Zealand, the relationship with alcohol seems to be a particularly prominent social feature of some Manukau communities.

It's not just individual households... quite often you have rolling drinking circles where a person gets some money on this day – they get on the beers; the next day it's at someone else's place and they end up on the other side of town and then another day... and it's rolling drinking, and that's part of the dynamic as well. (Todd Bell (Kaiwhakatairanga Hauora/Health Promotion Advisor Alcohol Healthwatch) at Otara community meeting)

Drinking can go on all day and night without running out of alcohol. Parties in Mangere regularly start at 10am and continue till around 5am the next day. Local community suffers noise, tension, low-level anxiety due to screaming, yelling and partying noise all night long – often leading to street brawls, vandalism, abuse, vomiting and urinating in streets and gardens and around public buildings. (Ayr Jones – Community Advisor, Manukau City Council)

It's all year round. It's not like you have a huge patch in like December because everyone's merry and got holidays and whatever, and then you have a lull. It's here 24/7. (Respondent at Otara community meeting)

Many respondents noted that this kind of drinking was correlated with communities that had a lower socioeconomic profile, where there were high levels of people in receipt of income support through the social welfare system, and where the social environment was at times stressful.

Most of the population [of South Auckland] relies on Work and Income, and when you have all that free time and a liquor outlet is just next door it can influence... that's what they would say when we do our assessments: "There's a lot of free time". And it doesn't matter whether you're a teenager, or a mother or a parent – it's that free time, and it's more accessible. (Ula Asoso-Mano – Deputy Director, Pasefika Mana)

We've got to be mindful of the fact that some of these people are in a space where really there are not a lot of things in their life that they can control any more. Sometimes it's [drinking] a survival technique to stay in this world. (Shirleyanne Brown – Northern Regional Manager, ALAC)

Substantial resources have been applied to encourage a more moderate drinking culture within New Zealand society. In terms of delivering messages to communities about alcohol-related harm and encouraging people to make positive choices with regard to consumption, some educators felt that

the presence of a high density of liquor outlets undermined the ability of communities to utilise opportunities for positive change.

It kind of counteracts a lot of the work that I do. So I'll be trying to mobilise communities or groups of young people to make healthier choices, and meanwhile, you can drive down in their community and there will be sign boards advertising the cheapest drinks deals you can find. And if the young people aren't going in there themselves and purchasing the alcohol, well then their parents are. And then they go home and there's mean parties in their garage and God knows what... so on one level we're trying to promote to these young people the power of their own choices and to choose their pathway, and on the other they go home and that's all they see [drinking and alcohol abuse] and that's all that's role modelled to them. Liquor outlets have a role to play in that. The way that they market it to the community and it just makes it so accessible. (Jodie Robertson – Projects Manager, ALAC)

Impacts on perceptions of community safety: Aggression, violence and crime

Multiple respondents felt that the locations of liquor outlets in their communities compromised safety and that this influenced people's choices about the public spaces that they used, and the times that they used them.

Families are less likely to send their children to the local dairy if a liquor store is right next door to it. (Georgie Witehira – Manukau Leisure Services)

Where outlets are concentrated, physical and verbal abuse from people drinking in the vicinity occurs. Communities become afraid to use the local dairy and other services where outlets are based... (Ayr Jones – Community Advisor, Manukau City Council)

[It is] becoming unsafe at night due to more drunken youth closer to my home due to the increase of outlets. (Philip Lloyd – Pastor, Bible Baptist Church)

We've got two night clubs that operate here and you don't want to be here on a Saturday night... (Patsy Whaanga – Manager, Otara Town Centre)

I won't go to my local beach because of what goes on down there. And I can guarantee a big chunk of what goes on down there is alcohol related... we have local people getting beaten up on the beach that they call home. It's not on. (Lance Gedge – Clevedon Community Board)

Aggression and violence in communities

A number of respondents observed that the social environment in Manukau City seemed to have become increasingly aggressive in recent years and that this was potentially correlated with the ease with which alcohol could be accessed. Aggression often resulted in conflict and violence – both of which had the potential to undermine community perceptions of safety.

People have become really aggressive and that seems to have escalated, and it seems to have escalated alongside an increasing drinking culture that's got out of control. (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

It's the aggressive behaviour that is being portrayed by some of these people down on the beaches. To put it bluntly there have been a lot of fights. There have been a lot of local people that have come home to find drunk people in their back yards. (Lance Gedge – Clevedon Community Board)

There are too many liquor stores in Manurewa. You can get liquor almost anywhere, even at the corner dairies which are near schools. The impact of these stores may not have been immediate, but it's definitely becoming apparent now with the increase in violence and the way in which our society interacts. (Ritua Aliivaa – Centre Manager, Manukau Leisure Services)

You will find that probably 90 percent of our 111 priority calls – especially when there's violence involved – involved alcohol. Alcohol and/or drugs, but more alcohol. Easy 90. So what's the effect on the community? More violence. (Senior Constable Alf Filipaina – Pacific Liaison Officer, Counties Manukau Police)

Respondents also pointed out that violence and other forms of aggressive behaviour undermine community cohesion. This can be a significant issue in communities that already have a history of cross-cultural tension.

In Mangere/Manukau [there is] more publicly visible abuse of alcohol. Some areas have had a significant deterioration of community standards, behaviours, increased crime, violence and less community cohesion. (Ayr Jones – Community Advisor, Manukau City Council)

Crime

According to police, alcohol is a significant contributor to the incidence of crime, and can act as either an aggravating influence or a motive.

Alcohol is probably the worst drug in our community. It involves just about all offenders that we come into contact with, ranging from family violence right down to burglaries, prostitution... they're all alcohol-related. (Sergeant R. Waihi – Iwi Liaison Consultant, Counties Manukau Police)

Some respondents noted that liquor outlets could act as hotspots and gathering points for criminal activities and that this relationship had the potential to impact on the safety of other citizens.

There are different grades of bars, some have a pleasant decor and attract a respectable clientele, other premises have lower standards and are patronised by unsavoury individuals, particularly in respect of those premises serving alcohol in the early hours of the morning. A concentration of what may be described as 'low dive' bars in any one area, open until the early hours of the morning, can not only result in an increase of alcohol-fuelled offences, but can be an attractor for other types of offending. Assaults, disorderly behaviour and prostitution can occur, and potentially the immediate vicinity can be unsafe for any person walking down the street. (Nigel Row – Youth and Community, Counties Manukau Police)

Willy Ropata (Director, Te Puke O Tara Community Centre) spoke of his observations about the drinking preferences of youth gangs, which often involved the consumption of large volumes of spirits. Criminal activities were sometimes directed at liquor outlets in order to support this.

It increases the level of criminal activity to finance this kind of behaviour as well. So they're either dealing, or they're robbing. (William Ropata – Director, Te Puke O Tara Community Centre)

An over-preponderance of liquor outlets, both bars and off licences, leads to more crime and is harmful to local communities. An increase in robberies is a risk, as robbers are attracted to premises having cash, liquor and cigarettes. (Nigel Row – Youth and Community, Counties Manukau Police)

What we've seen in Manurewa specifically is an increase in aggravated robberies of these outlets. (Angela Claridge – Counsellor, Care NZ)

A number of respondents described the presence of Polynesian 'bouncers' who have recently begun to appear around off-licence outlets.

They are of Pacific descent, and the shop owners are Indian. So I'm wondering if they've got these guys on board to help them to present a front... in terms of security as a deterrent. (Sarah Halatutavaha – Clinical Supervisor, Tupu Pacific Alcohol Drugs and Gambling Service)

Liquor stores in some communities are like shopping in a jail. They are not friendly places to shop, there are usually several people in the store scanning and suspicious and looking to anticipate low life, so in general they are negative places to shop. This culture of retailing is not healthy for any community. If running a liquor store is such a risky business, why are they allowed to operate in residential areas? (Georgie Witehira – Manukau Leisure Services)

Other respondents spoke of the measures that many off-licence liquor outlets had taken in order to secure their businesses, and about negative impacts in terms of amenity value and erosion of community perceptions of safety.

Most liquor outlets look cheap, dirty with steel bars, barbed wire, roller doors and bollards, make communities look unsafe when they may not be... In protecting their own stock owners make the community shopping areas look like prisons or fortresses which give the perception that the whole community is unsafe. When the area looks unsafe people do not visit, communities feel unsafe, outsiders perceive the area to be unsafe, land and housing values drop, perpetuating a cycle of poverty and economic loss for those areas. (Ayr Jones – Community Advisor, Manukau City Council)

Economic harms

The presence of liquor outlets was considered to impact not only on community perceptions of safety, but also on the ability of other businesses within close proximity of liquor outlets to flourish. Further, high density of liquor outlets was identified as impacting on the retail environment in a community.

[A liquor outlet] reduces the attractiveness of the immediate precinct to other retail opportunities. Often the first shop to open in a new shopping centre is the liquor store or stores. They reduce the amount of foot traffic likely in a small block of shops, so whilst the liquor store might make some money, other shop owners are likely to find establishing a business near a liquor store really difficult. (Georgie Witehira – Manukau Leisure Services)

There are often multiple liquor stores in small shopping centres. Trucks delivering stock take up parking places that customers should be using. (Ayr Jones – Community Advisor, Manukau City Council)

The development over time that I've noticed in Manukau communities has been the slow death of our small towns and villages... I think about Manurewa and Otahuhu where I work now. If I walk down the street there are bars and liquor outlets and two dollar shops and loan sharks – you know, finance companies. So where there used to be hairdressers and stationers and butchers and the post office and clothing stores and things like that, the range of services that are available are getting smaller and smaller, and the things that remain represent where we appear to have gotten to in our world out here now,

which is servicing these kind of dysfunctional communities with alcohol and money and low-cost goods. It's incredibly sad. (Angela Claridge – Counsellor, Care NZ)

Alcohol-related harm has the potential to cause substantial losses for businesses in other ways, particularly through staff absenteeism and reductions in workplace productivity.

My work this year has been around work-related harms, so absenteeism – or the big word at the moment is actually presenteeism. So where people turn up and they are not at 100 percent capacity. So their productivity is low, their relationships go down, they go home early, the quality of their work is impacted. It [alcohol abuse] costs businesses more in presenteeism than it does in absenteeism... (Angela Claridge – Counsellor, Care NZ)

Neighbourhood amenity impacts

Signage was a common criticism of the way in which liquor outlets presented themselves, both in terms of contributing to the process of normalisation, and in amenity impacts. Although recent bylaws had prohibited the use of footpaths for signage, operators in some areas had been quick to circumvent this restriction by placing signs on top of large stacks of wooden pellets within the boundaries of private residences and in close proximity to their premises.

Amenity impacts were not confined only to retail areas. A substantial number of respondents spoke of the concerns that they had about other amenity effects related to the consumption of alcohol within their communities and the potential for these to cause harm.

After the weekend there's smashed glass all over the streets. Every second street would have smashed glass. It's in the parks where our kids play. It's embedded in grass, so if you think you're going to walk around in bare feet in this community – think again. (Wiri resident at Otara community meeting)

Even our kids' playgrounds. They throw the glass and smash the glass in our kids' playgrounds. (Respondent at Otara community meeting)

Graffiti was another amenity impact that communities found offensive. Respondents ventured that, in some areas, it could be observed in substantial quantities within close proximity to liquor outlets.

Another common theme in the South Auckland suburbs was that operators often lived elsewhere and appeared to have little regard for the negative impacts that their business activities had on the community.

The majority of the off-licences in Otara were owned by people who didn't live in Otara, so they don't actually see their shops when they're closed... they had no connectivity to the community and that changed the way that a lot of people in Otara saw these businesses running. (Shirleyanne Brown – Northern Regional Manager, ALAC)

Alcohol-related harm and pressures on community services

There is a multitude of services with which alcohol-related harm interacts, including those in the justice and health sectors. Many of these services are provided at significant public expense, and there was general acknowledgement among respondents that alcohol-related incidents placed extra and unnecessary pressures on public resources that were already stretched.

In South Auckland it is well known that the police spend a huge percentage of their time dealing with issues around alcohol abuse. That takes them away from a whole lot of other criminal activities that they could be dealing with. Similarly, we have that kind of effect [occurring at ACC] – either in the clients that come through the door, that have to be dealt with over the counter or by case management here or in their homes – and how they got their injuries in the first place. (Bernadette de ste Croix-Carter – Injury Prevention Consultant, ACC)

The impacts of restricting outlets

Perhaps the most telling indication of what communities considered to be the impacts of liquor outlets in their areas was provided by respondents who were asked what they thought about the effects of restricting the number of outlets or limiting the trading hours in which outlets could operate. For some, this offered many positive benefits:

Reduced consumption, reduced availability to youth, fewer injuries, less family violence, less abuse, less community fear, improved local environments, less mental health issues among middle-aged, improved community values, improved community behaviours, better more connected communities, better more caring families, happier children, richer people, better use of hospital resources, less death and injury on roads, less crime, court time and harm to individuals, cleaner neighbourhoods, this list could go on for a few more pages... (Ayr Jones – Community Advisor, Manukau City Council)

Others were less convinced that restrictions would make a significant positive difference to the character of their communities:

You can only hope for a positive impact, but who knows? If this was to happen you'd hope that it didn't create more robberies as desperate people may break into the liquor stores if they closed early, or the few stores that are open may be so packed and overloaded that it causes tension and abuse. (Ritua Aliivaa – Centre Manager, Manukau Leisure Services)

Could see an increase in domestic violence incidents due to stress and not knowing what else to do with stress or anxiety which can then turn to anger (Sarah Halatutavaha – Clinical Supervisor, Tupu Pacific Alcohol Drugs and Gambling Service)

I am not sure that closing liquor outlets will change anything. They will get it elsewhere, drive to get it and people will sell it illegally... I believe that closing or monitoring outlets will just push it underground – look at the history of prohibition. (Neil Coleman – Guidance Counsellor, James Cook High School)

In keeping with the theme of the quote above, a number of respondents considered that increased regulation would encourage the illegal trade in alcohol. Some confirmed that this is already occurring in a number of communities despite the widespread availability of alcohol through licensed outlets.

Sly groggers are a dime a dozen here... you buy it in the outlet it's maybe 20 dollars. But you go to the sly groggers and it's 40 bucks. You can put it on tick even. Just locked up in the shed... If you run a sly grogger you're loaded. They're emergency supplies and you can rock on up from 10 o'clock at night to two or three in the morning to get it. That's their business – they'll open it up. They may even have someone they employ to sleep in the shed to do it... when you're desperate and you've got no money and you've got no credit and it's 3 o'clock in the morning and you know you can tick it up, why not? And if you don't pay it gets ugly. I've never known it to though – because people need that supply. (Patsy Whaanga – Manager, Otara Town Centre)

They make money and they become known as the people you can go to, to get things off. That's a certain status in the community as well. So you'd be known as the place that can hook you up really. (Jodie Robertson – Projects Manager, ALAC)

4 COMMUNITY STAKEHOLDER VIEWS ON THE IMPACTS ON VULNERABLE POPULATIONS

I think we have a unique community here. Alcohol harm – the measurable impact is specifically with young people, with Pacific peoples, and Māori. That’s basically what Manukau is made up of. It’s a very young population anyway, and has a large Pacific and Māori population, so those are the three most at-risk groups. (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

What we see for Māori and Pacific is that their drinking patterns tend to be either in their home or in somebody else’s home rather than in a licensed premises, which means that they are going and buying from an outlet and taking it back... and similarly for young people; it might be getting a sibling or a friend to purchase alcohol and then drinking it in their car, at the beach, at the park or in their home or somebody else’s home... but not a licensed premises. Not a pub or a tavern or something. And that’s where it makes an impact in terms of the number of outlets that you have. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

The following subsections of this part of the report address the issues for groups that were considered to be especially vulnerable to the impacts of liquor outlets and alcohol-related harm – youth, Māori and Pacific peoples. In some areas of Manukau City, youth (people under the age of 25) account for nearly half of the population, and the impacts that this group face were a concentrated area of concern for participants in this research. Māori and Pacific peoples were also considered to be vulnerable to the impacts of New Zealand’s binge-drinking ethos, and for these groups there are unique implications in terms of the ramifications for culture and identity.

I think there might be other sociological reasons for it [binge-drinking in Manukau]. You have people that are possibly disconnected in some ways from their culture, whether it’s been with the kind of rural to urban shift that Māori did, or people coming from the Pacific Islands here, and with the young there’s sometimes a rebellion against the old ways. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

Additionally, respondents identified a number of other groups that they considered vulnerable to alcohol harm. While this report does not provide an analysis of the particular issues that they face, it is worth noting their susceptibility in terms of future research work that may be done on the subject of alcohol-related harm in the community. These additional groups included:

- Tertiary students;
- Women;
- New immigrants;
- Homosexual, bisexual and transgender peoples;
- Single parents;
- People who are in care, or who have left care; and
- People who left school at an early age.

4.1 YOUTH

More than one-third (35 percent) of residents in Manukau City are under the age of 20. One of the most consistent concerns expressed by respondents was the impact of alcohol-related harm on young people. Respondents identified a number of factors that contributed to this concern: (i) New Zealand's predisposition to a culture of binge-drinking and the cultural normalisation of alcohol; (ii) the ways in which alcohol is marketed to young people through outlets and advertising; (iii) the apparent ease with which young people are able to access alcohol, and (iv) the interaction of alcohol with risk-taking and antisocial behaviours.

The influence of binge-drinking and the normalisation of alcohol

Many respondents referred to New Zealand's culture of 'binge-drinking' and a number considered that the liberalisation of laws with regard to the sale of liquor had assisted in perpetuating this. Rather than becoming a nation that has adopted a cosmopolitan culture around the consumption of alcohol, respondents perceived that the 1989 changes to the Sale of Liquor Act had prompted the current dominance of drinking in unlicensed settings. Additionally, changes to the Act had progressively driven down prices by increasing competition between escalating numbers of off-licence retailers – often within close proximity to one another.

Cheap alcohol makes alcohol accessible to youth, the unemployed and those in poverty. Cheap alcohol leads to over-consumption, physical illness and community harm. Bad social behaviours, violence and drunkenness. (Ayr Jones – Community Advisor, Manukau City Council)

On-licence facilities are largely well controlled – but off-licences claim their responsibility ends at the door. Who polices behaviour once individuals leave the shop? In the last five years Council [has cleaned] up more dumped rubbish, broken bottles in parks and public spaces than ever before. There are areas where drunken youth rule the streets by day and night, parks that the public cannot go on due to congregations of drinking youth and adults. Lawlessness and crime abound in areas with high numbers of off-licences, and they proliferate in areas where the most vulnerable in our society live. (Ayr Jones – Community Advisor, Manukau City Council)

Youth were identified as particularly vulnerable to the norm of binge-drinking – drinking not for appreciation, but for rapid intoxication. In making this point, more than one respondent made use of the phrase: 'biggest bang for the buck'. In a 2004 survey of 393 high school students in Pakuranga and Howick,⁷ 42 percent reported that they consumed alcohol on a weekly basis, and 38 percent of those surveyed exhibited binge-drinking behaviours where seven or more drinks were consumed within a single drinking session (Jones, 2004). Of the youth who participated in the survey, 40 percent identified that their own drinking behaviours were influenced by those of their parents, and a similar proportion (39 percent) were influenced by the drinking behaviours of their friends.

The young see this as what they should be doing and want to be doing because it looks cool or socially acceptable to their peers. It's too accessible. The rest of the community have to put up with the stigma of violence in liquor stores, robberies, drunk drivers causing harm, etc. (Ritua Aliivaa – Centre Manager, Manukau Leisure Services)

⁷ 93 percent of respondents were below the legal drinking age of 18.

The persistent presence of alcohol was another concern for many respondents. Supermarkets and suburban dairies were commonly cited as environments in which the presence of alcohol for sale alongside essential food items contributed to desensitisation and sent a subtle message to young people about the normalisation of both purchasing and consuming alcohol.

There are often multiple liquor stores in small shopping centres. [It] Sends a bad message to children and young people – that liquor stores are as important/more important than dairies, veggie shops, and butchers. (Ayr Jones – Community Advisor, Manukau City Council)

Advertising and marketing

By way of contrast, outlet advertising was considered to be less than subtle in its approach to recruiting young customers. The glamorisation of alcohol through marketing focused on youth was a concern for many respondents, and parallels were consistently drawn with the need to regulate or limit this in much the same way as has occurred with the advertising of tobacco products.

Alcohol is marketed to young people as the cool fun thing to do, whereas smoking is seen as a very negative thing. We could learn from the anti-smoking campaign in this regard. (Stephen Miller – Chairperson, Manurewa Youth Worker Network)

All alcohol advertising emphasises drinking in quantity – not quality – big backyard parties..., property destruction..., party crashing... and theft ([name of brewery] ad where they steal beer and the [name of product] ad where they steal a bus with tourists on it). These are the behaviours advertised to young drinkers as being normal. (Ayr Jones – Community Advisor, Manukau City Council)

In some areas (notably those with a perceived high density of off-licence outlets, such as Otara, Manurewa and Mangere), signage advertising alcohol sales and allowing customers to make easy price comparisons are a dominant feature of the landscape – not just in town centres, but also in suburban residential areas. Many respondents considered that the nature and quantity of signage were again subversive ways of normalising and desensitising young people to the presence of alcohol.

Big signs advertising cheap liquor, hand written, prolific, often 5-10 signs, often up and down a road frontage, blocking lines of sight... (Ayr Jones – Community Advisor, Manukau City Council)

There were two ways in which outlet owners were marketing alcohol that respondents considered to have particular implications for young people. One was 'single sale' supply, where retailers offer individual units of a product that is usually only sold in a larger pack. In this way a young drinker with limited finances can still afford to purchase alcohol, albeit in smaller amounts.

In Mangere town centre [there are] seven outlets [in] under one kilometre all competing with lower prices and... bulk buy deals. All prepared to sell single bottles to make a sale/attract custom. Some even have signs saying 'ask'. (Ayr Jones – Community Advisor, Manukau City Council)

The other pressing concern amongst respondents was the growth of the RTD (or 'ready to drink') market. They observed that products of this nature were particularly attractive to younger people –

especially young women – with artificial colourings, flavours and sweetening to disguise the alcohol content.

The other major issue that I think we need to be talking about as a community is the delivery of alcohol to teenagers. This whole thing around RTDs which target our young women. I just think they should be banned. I think they are totally inappropriate. It's a gender thing. It's not easy for these young women to identify the amount of alcohol they are taking on board. In a sense, they don't even identify it as an alcoholic drink. It's a party drink... we know that teenagers want to fit in with their group. If you're expected to turn up to a party with half a dozen RTDs that's a big problem. (Alison Dyson – Manager, MECOSS)

The youth seem to have taken up these RTDs... it's just too easy, eh? They don't have to worry about going and buying mixers or pouring it or anything like that. It's just all there, and when you've finished, just aim it for the nearest pole as you're driving past... (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

RTDs were described as a 'gateway' drink aimed at the youth and female markets and were also seen as a way in which youth were able to pursue the 'biggest bang for the buck' ethos. There is evidence that while consumption of other forms of alcohol (such as beer, wine and unmixed spirits) has levelled off over time, the RTD market is still one that is exhibiting rapid growth in New Zealand (Alcohol Healthwatch focus group).

Young people and access to alcohol

Youth will always gain access to alcohol, and I don't think the availability is the answer to that one. They'll always get it, whether they steal it from their parents, whether it's supplied by their parents, they will always get it. That's a much bigger question than the availability question. That's a changing New Zealanders' behaviour almost. (Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency)

Several respondents pointed to a relationship between the lowering of the legal drinking age (which was reduced from 20 to 18 years in 1999) and an increase in the number of very young drinkers. They were concerned about the impacts of this and about the current ease with which the under-age group was accessing alcohol.

One thing that's certainly more noticeable when you're working in the field is that the age group has come down quite a lot. It's nothing for our staff to be involved with children around nine, ten years old. Whereas some years ago, that may have been around but it certainly wasn't so prominent out there. But now, it's like a fairly normal thing. Thirteen and 14-year-olds. It's nothing now. It's just become an accepted part of the norm. (Wiremu Walmsley – Mental Health and Alcohol and Other Drugs (AOD) Service Manager, Raukura Hauora o Tainui)

The difficulty that we have now is that with that comes a violence issue and that's what's drawing everyone's attention to it. When you lower the drinking age... when we were drinking it was 20. At 18 we were in pubs and drinking in pubs and nobody bothered about us. What we've got now is a culture of 14-, 15-, 16-year-olds drinking on our streets and generally not knowing how to control themselves and that's resulting in violence. I don't think it's the drinking culture per se. I think it's what goes with it now – and that's the violence. (Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency)

I see the stats and they're quite frightening. The age groups, and I hear about it from the admissions at the hospital. There's more and more young ones aged 12 to 14 that are presenting with alcohol poisoning at the hospitals. (Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau)

According to respondents, most under-age drinkers were accessing alcohol through parents or through older siblings.

There are two prominent groups that supply to minors... those are the people between 14 and 17, because at 18 they're entitled to it. The predominant group is parents and guardians. The secondary group is the 18 to 22s that supply minors. (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

There was also a suspicion amongst many respondents that the operators of some outlets were less than diligent about requesting verification of age from younger patrons. According to respondents, the outlet types in which this practice was most common were independent bottle stores, dairies and retailers in areas where outlet density was high and there was strong competition for sales. One respondent identified that it was often difficult to assess accurately the ages of young female purchasers, and that in some instances young men were using intimidation or 'stand-over' tactics on retailers in order to be sold alcohol. Another referred to the existence of an agreed signal between under-age purchasers and retailers that indicated that the purchaser was not part of a police 'sting' to check if sales were being made to under-age customers. Reference was also made to the illicit supply of alcohol by informal unlicensed outlets, where alcohol was available for sale to under-age purchasers without any form of regulation.

Risk-taking and antisocial behaviour

I would think that alcohol sits pretty tightly alongside a number of risk-taking behaviours, so whether it is other substance abuse, whether it is driving, whether it is risky behaviours on the water here – water-related deaths. There are a number of different risks because of the nature of how alcohol works on the brain. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

The impacts of youth drinking were described for both young drinkers themselves and for the broader community. Drinkers were considered to be vulnerable to impacts on their health, including their physiological development, sexual health (unprotected sex, sexually transmitted infections, non-consensual intercourse and unwanted pregnancies), mental health (depression, youth suicide, addiction and compromised mental health status in later life), and injury (through assaults, or accidents involving vehicles).

Youth access to alcohol is now easier than ever before. [It] impacts on... youth development and behaviours. Long-term effects of alcohol use as a teen – young adulthood depression, middle-age depressive illness often triggered by early alcohol and drug use leading to mental illness and dependency later in life. Alcohol is a drug like any other – youth perceive one drug to be like any other. Therefore... familiarity with alcohol leads to acceptance of marijuana use and any other 'altered state'. Alcohol acts as the trainer wheels for other substance abuse. (Ayr Jones – Community Advisor, Manukau City Council)

Youth drink-driving was another impact that concerned respondents, in the harms that could be caused to the driver and to other road users. Of the 344 Pakuranga and Howick high school students

surveyed in 2004, 44 percent reported that in the previous 12 months they had travelled in a vehicle with a driver who had recently consumed alcohol (Jones, 2004).

Young people are showing that under-20 [drink-driving] trend of being very similar to the adult level..., so that's a major harm. Obviously with that there's also the associated physical harm to them – that they're consuming a product that can actually affect their development. (Catriona Marvin – Road Safety Coordinator, Manukau City Council)

Some references were made to the 'boy racer' subculture where the main social activities apparently centre on a combination of alcohol consumption and driving.

Manukau has a very very strong car club culture of the illicit nature. There's a very very strong focus on alcohol amongst that scene... it is really home-based drinking, but it's happening in cars and it's happening on the side of our roads. And then we have the issue of them interacting with police; running, having fights. So it's another alcohol-related harm issue that goes wider than just where they purchase from... Some of these clubs are very very well organised... we're seeing increases in drink-driving coming out of that scene too... and as drugs are removed, alcohol comes back up. (Catriona Marvin – Road Safety Coordinator, Manukau City Council)

A Manukau high school guidance counsellor reported that the number of outlets and the ease with which young people were able to access alcohol had implications for engagement with education. He noted that there had been increases in the number of alcohol-related discipline incidents at local high schools, along with more truancy related to daytime drinking by students.

In terms of the impacts on the community through the misuse of alcohol by young people, respondents noted that the locations in which young people drank were very often public ones – either because homes did not support their drinking behaviours (particularly in Pasifika households with a strong church ethos) or were unsafe, or because they could not afford to drink in on-licence venues or were under age. The negative behaviours displayed by some young drinkers spilled over into public spaces, with implications for neighbourhood security and perceptions of safety within the community.

... where outlets are concentrated, physical and verbal abuse from people drinking in the vicinity occurs. Communities become afraid to use the local dairy and other services where outlets are based... (Ayr Jones – Community Advisor, Manukau City Council)

A number of respondents considered that the disinhibiting qualities of alcohol contributed to increased levels of aggression and bravado in young people, which can in turn lead to verbal abuse, violence and assaults. Other forms of criminal offending were also associated with youth drinking, whether motivated by the desire to obtain alcohol (theft of money or items that could be on-sold, prostitution) or as a result of alcohol misuse (destruction of property through vandalism or graffiti, bottle smashing, urinating or vomiting in public areas, and so on).

On a similar note, South Auckland's youth gangs have been the subject of considerable media attention in recent years, and were mentioned by several respondents.

It's the youth gangs that are driving South Auckland and there is a huge drink problem within those gangs. (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

The consumption of substantial amounts of alcohol is a notable feature of the lifestyle and culture that youth gangs expect of their members. One respondent commented that alcohol is sometimes offered to potential recruits as an inducement to enter gang life. Willy Ropata (Director, Te Puke O Tara Community Centre) noted a critical difference in the attitudes of modern youth gangs compared with the older, more established gangs:

We have a number of established adult gangs... but they operate under a code, and one of those codes is that their activities don't impact on the innocent. What I'm finding with our young people – especially our youth gangs – is that they don't operate with a similar kind of code of honour and so their behaviour does impact on the innocent. So they bully, they beat up, they rob. And their consumption of alcohol fuels that kind of behaviour. So we're finding in the Otara community, and I guess in similar communities in Manukau City, that alcohol is a conduit to antisocial behaviour in our young people. And it is dangerous. It's scary what these young guys can get up to when they're alcohol fuelled and they think they're superman... what they do is impacting on people in the community significantly. (William Ropata – Director, Te Puke O Tara Community Centre)

Many respondents spoke of the sense of urban decay the activities of younger drinkers sometimes left in their wake. This was particularly noticeable in areas such as suburban parks, bus shelters, alleyways, beachfronts, schools and car parks and in business areas where outlets were present. Bottle throwing, broken glass and urinating in shop entrances were activities that respondents identified as contributing to a loss of amenity value in these locations. Some felt that the people in their neighbourhoods were fearful of youth and that this fear eroded community cohesion.

4.2 MĀORI

Alcohol and colonisation

People who identify as Māori make up approximately 15 percent of Manukau City's population (Statistics New Zealand, 2008) and this group were consistently identified by respondents as being vulnerable to the harms of alcohol. Reference to these harms was sometimes expressed within a wider, complex framework that alluded to both historic and contemporary processes and constructions of colonisation. Respondents spoke of the use of alcohol in the past compared with current use, and the proliferation of alcohol outlets as an inducement favouring colonial gain to the cultural and social detriment of individuals, whānau and community.

At the formation, at the beginning of this nation, at Kororāreka, there were 200 ships a year coming in there in the years 1749 to 1840. And they had merchants, and they had grog. Heaps of it. Now, the name Kororāreka means 'How Sweet the Albatross', but it didn't take the British long to change that, and there were hotels and outlets everywhere. That was the modus operandi in every town centre, and Manukau City is included in that. One of the things I have observed is the closing down of many of the hotels now because of the outlets [off-licence], and some of these supermarkets are open 24 hours a day, so it's no problem – you know, the hours for buying alcohol now are 24 hours a day, seven days a week. And everyone's saying, "The Council must do their part!", but the only ones that are picking this up at the end of the day are the police and the ambulance and the people who suffer. We've got a big problem here, bigger than we think – a huge problem. (Māori Minister at Otara community meeting)

Prior to the arrival of Europeans, Māori appear to have been one of the few groups⁸ who did not develop alcoholic beverages in any widespread or systematic manner (Hutt, 1999, pp. 3-4), leading the temperance campaigner Reverend W.J. Williams to remark: “The white man and the whisky bottle came to New Zealand together” (cited by Hutt, 1999, pp. 3).

The erosion of whakapapa and family wellbeing

A number of commentators considered that easy access to alcohol in communities with a high proportion of Māori (particularly in South Auckland wards) had substantial negative impacts on family wellbeing. One of the most succinctly expressed impacts of liquor outlets for Māori was the extensive intergenerational deterioration of whakapapa.⁹

When we're talking harms against our whakapapa, it's starting from those early days, and it has its roots in that alcohol coming in. Alcohol is interfering with our whakapapa. Someone gets injured, someone dies – the family has to pick up the pieces. There's that lost potential of whakapapa. We've got young girls having unsafe and sometimes unwanted sex, to which alcohol has contributed and sometimes induced – and that all is part of our whakapapa. You know... the displacement of wairua that happens in those instances. That's harming our whakapapa. This is how far reaching this is. And then we have this Act in 1989 that says: “Well, let's put one on every corner and let's advertise it to our young people and let's make special sweet drinks”... and this we take in our mouth and our judgement goes out the door. We haven't got a society or culture that drinks very well. What we're asking for is leadership from our politicians, and from our policy makers that have allowed this to happen. They don't live in these communities. We do. And we bear the brunt. Those are the harms. They're allowing us to be experimented on, with “Let's try how much alcohol we can put in this community, and then we'll come in and research it, and then we'll try and diddle daddle our way around actually doing something”. (Todd Bell – Kaiwhakatairanga Hauora/Health Promotion Advisor Alcohol Healthwatch, at Otara community meeting)

An interview with the Māori and Pacific Liaison Officers of the New Zealand Police (Counties Manukau District) confirmed that the vast majority of call-outs in their district (about 90 percent) involved alcohol as either a contributing factor or a motivating one. When asked specifically about Māori, they reported the following:

They're the worst for family violence, especially in our area, Counties Manukau. There's two groups, Māori and Pacific. But Māori, there's more. Māori are committing 50 percent of the crime in our district... Māori would be 50 percent even though there's more Pacific [people] and more Asian. (Interview with Māori and Pacific Liaison Officers, New Zealand Police)

There was also a sense amongst respondents that Māori were disproportionately overrepresented at the bottom end of the scale in measures of socioeconomic status, and that the areas in which Māori were most likely to live were the same areas that exhibited a high density of liquor outlets.

⁸ Along with the Inuit people of Canada, the Trukese of Micronesia, and a number of Native American Indian tribes.

⁹ *Whakapapa* – (n) genealogical table (Williams, 1975). The creation of humankind, their interrelationships with each other and the world around them (Marsden, 1992).

To operate these stores you must practise ethically. Morally as well. But do they? No, I don't think so. I personally see them as an act of genocide towards the poorer community – which is mainly Māori. (Matere Toia – Papakura Marae)

A Māori Warden in Mangere noted that there were 67 liquor outlets in the areas that they policed and that outlets at this density created a significant problem in terms of the ease of access to alcohol for all members of the community (but especially Māori youth). This had prompted liquor bans in most public spaces where broken glass, condoms and evidence of other drug use (such as used syringes and needles) had become problematic. Although Māori Wardens had some legislated power to police the activities of liquor outlets within the communities they served, they also liaised closely with the New Zealand Police in their attempts to respond to community concerns that the accountabilities of outlet operators in terms of impacts were marginal (Thomas Henry – Manager, Māori Wardens, Mangere)

Self-determination for urban Māori

Many Māori who live in Manukau City do so as a result of the post-World War Two urban drift that saw substantial numbers of Māori move to New Zealand's main cities (Pool, 1991).

Prior to this, Māori communities had maintained a strong rural base, and this migration to urban areas impacted on their ability to maintain the cultural structures that had been present on their marae, within whānau, hapū and iwi. According to some respondents, Māori had historically been better equipped to address and resolve collectively social issues – such as alcohol harm – and to self-police and self-determine outcomes for their own communities. For urban Māori there is a sense that connectivity and collectivity have been fragmented to the extent that Māori communities within urban environments no longer exercise the same degree of self-determination over social outcomes (Phyllis Davis – Counsellor, Te Tai Awa o te Ora). Additionally, for many Māori, dislocation has impeded the economic capacity and advancement of families. Combined with deficits in political power and influence, negative social and cultural implications have been exacerbated by the easing of accessibility to alcohol.

Despite the processes of urbanisation – and perhaps prompted by them – there are many Māori organisations operating in Manukau City that embrace both the diversity and collectivity of Māori communities. These organisations call for a return to self-determination for Māori and uphold the assertion that Māori have the capacity to advocate and problem-solve for the wellbeing of their own communities (Mike Hinton – Operations Manager and Fran Hokianga – Manukau Urban Māori Authority Road Safety). One example of this can be found in the commitment of some marae to lead changes in cultural attitudes about alcohol use by declaring themselves alcohol free.

I know, certainly within the Māori community that once upon a time we were very similar to where our PI [Pacific Island] relatives are at the moment with regards to alcohol being part of the everyday culture and being in the marae and on the marae in everything that's happening. I know that over a few years now that a lot of marae are going alcohol free. They're starting to take it back because they've seen the impact of years of abuse. It used to be when you went to tangi, on the last couple of nights the alcohol used to flow, but now I've seen a lot of marae (rural ones and a lot within the urban ones as well), a lot of them are pushing towards alcohol free, smoke free, healthy living... within the Māori community they've really taken a big stance because they've seen the impact of all that

stuff. (Wiremu Walmsley – Mental Health and AOD Service Manager, Raukura Hauora o Tainui)

There were also calls from Māori organisations that participated in this research for policy that supported the initiatives they were already undertaking. While some frustration was directed at outlets and their operators, and their lack of accountability to the communities in which they operated, it was also considered by many Māori respondents that there was a need to address the issue of access to alcohol at both local and central government levels.

I have seen nor heard nothing about any positive action by government or the Department of Māori Affairs. It is government's responsibility to protect the people but it is local community's responsibility to deal with social issues like abuse and gangs. It makes it very hard when alcohol is so readily available and becoming so affordable.
(Philip Lloyd – Pastor, Bible Baptist Church)

4.3 PACIFIC PEOPLES

Negotiating Pacific identities

Manukau City has the highest concentration of Pacific peoples of any territorial authority. Nearly a third of New Zealand's Pacific peoples live within the City's boundaries, with the Auckland region as a whole accounting for two-thirds of the total Pacific population usually resident in New Zealand (Statistics New Zealand, 2008).

The term 'Pasifika' encompasses numerous ethnic groups whose common home is in the Pacific Ocean, but who have diverse cultural traditions and practices. The origins of the term lie in the 1980s, being an attempt by Pacific peoples in New Zealand Pacific communities to forge a distinct New Zealand-Pacific identity free from the pejorative connotations that had become associated with the term 'Pacific Islander' (Aiono, 2007).

While many Pacific people migrated with their families to New Zealand for education and for better life and work opportunities, for a significant number those dreams remain unrealised as families struggle with issues of alcohol-related harm, poverty, unemployment and high rates of criminal offending, each of which contributes to the disintegration of strong family structures. For Pacific people in New Zealand, low educational achievement, unemployment, illness, poor mental health, poverty and prison life can be significant elements in the formation of personal identity.

The thing with having so many of the liquor outlets, and this is my experience in working with Pacific people – you get to a point in the relationship where there's a recognition of self-worth, and it's often focused in how they consider their culture or ethnicity and how relevant they perceive that [to be] in their community. If they've been exposed to a lot of negativity around Pacific culture, if they haven't... got some form of education, they probably just take that negative in and internalise it. And that sort of thing would sit with them, so that in the instance they don't feel that sense of self-worth. To have something like an alcohol store within the convenience of walking distance – something that's going to make you feel a little bit good – and it's associated with all those rituals. You know the gatherings where people can feel good. Like celebrations – alcohol is starting to get introduced into a lot of the traditions and celebrations like 21sts and things. That wasn't really a part of Pacific history. But after living here for a while you tend to adopt certain belief and value systems. When you put a whole lot of liquor outlets... amongst a people

that have different thoughts and perceptions of themselves and what they are worth, it makes them more vulnerable and susceptible to go and access something that's going to make them feel good. Probably it's the only thing that doesn't take much – a bit of money to go and buy. (Sarah Halatutavaha – Clinical Supervisor, Tupu Pacific Alcohol Drugs and Gambling Service)

Respondents indicated that negotiating traditional structures, values and beliefs with the values and beliefs of their adopted nation can pose difficulties for people of Pacific origin.

I think there's that discomfort when people straddle two cultures and that tension between wanting to have a sense of 'This is where I come from, and this is where I belong', to what else is being offered. And what they are looking at is a very consumer-driven materialistic Western model, so there is that tension. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

A number of Pacific respondents spoke about critical differences in traditional and urban social structures and the challenges that this presented for Pacific people living in New Zealand.

[In the Pacific Islands]... you are all related, and you feel quite safe – and you don't want to attack... but the environment in New Zealand, you don't know your neighbours and you're not related, and neighbours can change all the time so there's no connection and safety will be an issue. (Ula Asoso-Mano – Pasefika Mana)

There is a cultural structure that's available back there that's not available here, and individual rights are more obvious here. (Unnamed respondent at Otago community meeting)

Respondents also noted the difficulties that Pacific peoples could experience in adapting to a culture where the social policing of alcohol use was absent (Senior Constable Alf Filipaina – Pacific Liaison Officer, Counties Manukau Police). The relationship between New Zealand's binge-drinking culture and the process of enculturation was also referred to with some frequency.

In terms of exposure... the people who have lived in the islands until maybe their late teens or early 20s and then they come to this very Western environment and they're exposed to the rituals and cultures that are embedded here in New Zealand. Work environments... New Zealand has a reasonably unhealthy culture around alcohol. Friday afternoon after work. So they [Pacific peoples] become, in order to fit in, to become part of, to reduce that feeling of difference – they become part of those things and where people haven't been used to that then very quickly things can spin out of control if they're not used to the environments and the amount of alcohol that they're drinking. It puts a lot of pressure on... In terms of adopting that low self-worth, they perhaps feel locked out of ways that they would have had of dealing with those issues, of pastoral relationships and the church or family and that leads to more isolation and they go back to the source again [alcohol] of what helps relieve that sense of distance and experience. And they go back to what's accessible... and let's face it – alcohol works in the short term. (Angela Claridge – Counsellor, Care NZ)

The influence of the church in Pacific communities

The cultural identity of the Otara community is very prominent and the profile of the Pacific cultures is very prominent and still very strong. There are a number of strong churches in the Otara community, and probably most of the South Auckland community would be the same too. The churches still have a strong hold on the cultural integrity of the family and that has been historic and the influence of the churches continues to be strong. Although we are seeing a reluctance of young people to connect with their communities. A lot of the young people have real concerns and problems with tithing, but as long as we have strong Pacific elders in the community then the influence of the Pacific community will still be made strong and that hasn't really changed. (William Ropata – Director, Te Puke o Otara Community Centre)

Various Christian churches provide the basis for strong social cohesion amongst Pacific peoples, regardless of their countries of origin. The church is also a significant social mechanism for information-gathering on community and family matters and serves as an important nodal point of access to Pacific communities. A senior minister with responsibilities for Pacific church activities (including those relating to youth) made the following comment with regards to approaching research in Pacific communities.

Koe lelei taha kapau na'e lava mai 'akinautolu 'oku nau mo'ua mo faingata'a'ia meihe kava malohi, tautefito kia kinau tolu 'oku mau nautolu 'ehe kavamalohi koe 'uhi ko 'ene faingofua hono ma'u 'I he enau vavaofi mo ava fuoloa. Koe fu'u me'a mahu'inga 'eni ka 'oku ikai ken au 'ilo ke nau kau mai ki ai. Nae tonu foki ia ke tala ken au ha'u ka 'oku 'I ai foki hono founga 'ona – heikai tala atu pe nau ha'u.

The best thing possible would have been if those who are worst affected by alcohol are present in these discussions, especially those that have easy access to liquor because they [outlets] are just down the road and [open] long hours. This is a very important thing [this meeting and discussions] and they should be in it. But we have our ways of course – they will not take part [in a research project] just because someone asked them to.

Respondents who spoke on behalf of Pacific churches in Manukau considered that the number and locations of liquor outlets had several implications. Some reported impacts that involved the weakening of family structures, which in turn weakened respect for the church along with spiritual and cultural traditions, especially among Pacific youth. Another concern was that positioning outlets in close proximity to places of religious worship could be considered inappropriate and was potentially offensive to Pacific peoples.

However, there were also a number of respondents who observed that the church's position on the consumption of alcohol was not always carried out in practice. This was particularly evident in accounts about the way in which Pacific social events were held, and in the view that although the consumption of alcohol is frowned on by many churches, there was still a strong culture of drinking amongst many Pacific parishioners.

A lot of Pacific people were involved with the church, so drinking was considered a no-no... I think that's what happening now, with a lot of inter-ethnic relationships and exposure to Western world views, there's a degree of internalisation and adjusting of various rituals. Some of that's quite consciously done and some of it's unconsciously

done. (Sarah Halatutavaha – Clinical Supervisor, Tupu Pacific Alcohol Drugs and Gambling Service)

One of the things that we have in Manukau is a unique way of socialising by way of functions that is quite predominant in the Pacific Island populations, where they tend to hold these quite large church or fundraising type functions. And we sort of vicariously control that a bit by the way of special licences... they're just absolutely bloody mayhem some of them. So that's a dimension that you may find here that doesn't exist in other areas. And it's just the way that people of that social group tend to fundraise, to celebrate. It has an impact in the harm that results out of it in relation to police intervention and violence. (Arthur Wilkinson – Team Leader/Liquor, Manukau City Council)

Everybody here drinks on a Saturday and goes to church on a Sunday. It's hypocritical. (Patsy Whaanga – Manager, Otara Town Centre)

Perhaps because of the church's position on excessive consumption of alcohol, there is a significant sense of shame experienced by many Pacific people within their own communities around alcohol misuse. Service providers reported that Pacific people sometimes prefer to use mainstream help services rather than Pacific services for this reason (Angela Claridge – Counsellor, Care NZ)

Some of our older Pacific men who were socialised into New Zealand in the 70s and even the 60s had a very strict upbringing. You don't bring shame upon the family. You have to go to church and all that. Now from the stories that we're getting from our clients that impacted a lot, to the extent that they moved away and then they found new ways... (Sarah Halatutavaha – Clinical Supervisor, Tupu Pacific Alcohol Drugs and Gambling Service)

Shame was also a key theme around alcohol use amongst Pacific youth:

In the eyes of the community, to have a young child who drinks would bring shame on the family. That's the worst thing that could happen to anyone of a Pacific Island nature that is very staunch in their culture. To have someone from their church come up and say – "Hey, I saw your kid drinking in the park" – that kid will get the hiding of a lifetime. (Patsy Whaanga – Manager, Otara Town Centre)

Pacific drinking patterns

The patterns of drinking exhibited by some Pacific peoples were a concern to a number of respondents. Benefit pay days and weekends were cited as times when binge-drinking prevails in Manukau's Pacific communities.

The binge-drinking culture that we have in New Zealand seems to be high, and I think particularly with specific ethnic and cultural groups. Like Pacific for example, where you have a number of people who don't drink alcohol AT ALL, and then those that do – DRINK A LOT. They tend to binge-drink. So you get those extremes. (Fiona Trevelyan – Programme Manager for Mental Health, CMDHB)

The role of on-licence outlets in drinking among Pacific peoples was seldom highlighted though. Drinking within the Pacific population appears to be predominantly home based, or related to after-work and community functions.

Twenty-five percent of [drink-driving] offending in Auckland, but predominantly in Manukau, is Pacific Island. And they haven't come from a licensed premise – they're

coming from the home environment. (Catriona Marvin – Road Safety Coordinator, Manukau City Council)

Within such a context, drink-driving was seen as being of particular concern for Pacific peoples, and especially for young Pacific men:

Pacific males have been an [drink-driving] issue for a length of time. Our local police personnel tell us that the Pacific males that are drinking and driving in coming from church functions or weekend gatherings and then leaving not in a good state to drive alcohol-wise. The TAG operations are pulling them up at a higher rate than they used to. (Bernadette de ste Croix-Carter – Injury Prevention Consultant, ACC)

Another common area of concern for Pacific participants was the experience of exploitation and the disregard with which they felt outlet operators treated Pacific people and Pacific communities. It was suggested that about two-thirds of off-licence outlets in some areas were owned by Indian families who exhibited little care about the risks their businesses' activities posed to the communities in which they operated, were sometimes negligent about best practice in terms of supplying alcohol, and took minimal care to ensure that the presentation of their businesses and the surrounding environment was attractive.

Largely they are barns stacked with crates, RTDs within eye's reach, some even on the shelf complete with glass. Some are dirty giving an unkempt appearance and little attention is paid to basic and usual dressing up of the product. It seems that the owners have little respect and little care for us as customers. (Thomas Henry – Manager, Māori Wardens, Mangere)

The vast majority of Pacific respondents (including representatives from the Pacific Council of Manukau City Council and the Church of Tonga) were in agreement that reducing the number of liquor outlets could ameliorate negative social impacts, especially in terms of maximising the travel distance between outlets and residential areas.

It is my belief that there are far too many liquor [outlets] in Mangere. It is not like school that the whole community [is] concern[ed] with and need. Liquor concern[s] only a few of the community. Let Mangere have only one liquor [outlet]. That will reduce some of the problems. They must know the way our young people think. If something is too far to walk to or drive to in order to obtain it, it is very possible that they will not do it. If the liquor is too far to walk to they will not buy them. (Senior Pacific Minister)

Easy access to liquor outlets is among those [things] responsible for most local liquor-related problems. Inconvenience of having to drive... put[s] people off. Those that do not have vehicles and depend on other people for transportation are those most unlikely to [be able to] afford liquor. Distance is their main barrier. (Head of the Church of Tonga)

A substantial number of respondents were also of the view that education measures that raised awareness about alcohol harm in Pacific communities were necessary, and that such measures should be developed in ways that were culturally appropriate and language specific.¹⁰ Some groups were specific in their recommendations: representatives at a meeting with the Church of Tonga

¹⁰ Multiple Pacific respondents noted that the issue of language and other cultural considerations potentially provided barriers to the participation of some Pacific groups in this research. This aspect has been reflected upon in the methodology section of this report, where it is noted as a limitation of the research methodology.

suggested a national register that allocated monthly quotas for individuals to purchase alcohol depending on age and other factors. A meeting of the Nonu group in Papatoetoe advocated for the collection of a local levy, compelling the operators of liquor outlets to compensate communities for the costs of alcohol-related harm as part of the terms of their business operations.

5 COMMUNITY VIEWS ON CHALLENGES FOR ALCOHOL POLICY

There are notable policy tensions concerning the impacts of liquor outlets in terms of establishing a balance between the personal rights of access to alcohol and the rights of communities to be free from harm.

We have always maintained... that the community is neither desirous of, or ready for, extended liquor availability in terms of hours of trading and we've argued that in front of the Authority and convinced them that we shouldn't reflect other areas in the country with 24-hour licensing – and in fact, we're actively campaigning to try and pull liquor licensing hours back. How you do that and still cater to the needs of the community is difficult because basically you've got a legal drug that 93 percent of adults use and want, and they don't want too many constraints on availability. So it's a balancing act. (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

Why should all these problems affect the people that just want to have a cold beer around the BBQ with friends on a Saturday afternoon? (Carter Hayes – President of the Hospitality Association of New Zealand (Auckland Branch), and operator of the Whitehouse Tavern, Papakura)

The limitations of existing policy in mitigating the impacts of liquor outlets and alcohol-related harm in the community were also acknowledged.

If you've got 100 premises, or one, people will still access alcohol, right? But to have more than one is desirous, because we don't want to end up back in the old days where the value of that liquor licence was huge. If you had a liquor licence pre the '89 legislation basically you had a licence to print money. And we don't want to go back to that, but do we want to continue down the road where the availability is at every set of corner shops, which is what we've got now virtually? (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

One of the substantial challenges facing policy development is the lack of empirical data to substantiate anecdotal evidence of the relationship between liquor outlets and alcohol-related harm in the community. This is particularly true in the area of health impacts. In other areas (such as family violence), there are limitations to the direct correlations that can be made between liquor outlets and the harms they cause with the data that are currently available.

In order to make the changes that our communities want us to make we need to have the evidence behind us... at the moment we're just running on a lot of anecdotal evidence from experts. So the community has been baying for changes about locations since 2002. (Paul Wilson – Senior Policy Analyst, Manukau City Council)

We run into this problem of empirical evidence and being able to substantiate some of the things that [government] are wanting to put in... (Arthur Wilkinson – Team Leader/Liquor – Manukau City Council)

The social and health cost of alcohol availability must be phenomenal, but is often concealed through lack of recording and alcohol industry protectionism. (Ayr Jones – Community Advisor, Manukau City Council)

The lack of both responsive central policy and appropriate empirical data leaves local authorities, service providers and communities in the frustrating position of having little control on the number of

licensed premises and little hope of imposing conditions on their operation in order to reduce any negative impacts.

We, to put it bluntly, push it up hill with a pointed stick. It's a difficult difficult job, and the legislation that we have available to us is out of date... we're looking at new law, but that's going to be five years and how do you control it in the meantime? (Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police)

Proposed changes to the 1989 Sale of Liquor Act have been prompted by political concerns about the number of outlets and the resulting social costs to communities. There is broad recognition that costs are not spread evenly across society, but there is also acknowledgement that the liberalisation of liquor sales through the policy changes that occurred in the 1989 Sale of Liquor Act has had unanticipated impacts that some communities are no longer prepared to tolerate.

At the moment it's all getting away on us in terms of the market has progressed rapidly and the regulations haven't kept up with that... so now you're starting to get different sectors of the industry blaming each other for things... there's a sense that something needs to be done. (Megan Larkin – Senior Policy Analyst, ALAC)

At the local level, Manukau City Council is currently reviewing its Alcohol Strategy, and has also indicated its intention to modify the District Plan in order to exercise more control over the number and locations of licensed premises in the City by way of a 'sinking lid' approach. Rather than closing existing outlets down, this approach would grant licences to fewer new applicants, and place restrictions on the transfer or renewal of existing licences – a combination of approaches that would result in a reduction of outlet numbers over time.

Even if the national legislation doesn't change, we will still be reviewing the current policy and the policy or plan that we come up with will be very much tailored to what that Bill [amendments to the Sale of Liquor Act] envisages... Regardless of what comes out at the national level we will still look at a policy with some conditions and controls. (Paul Wilson – Senior Policy Analyst, Manukau City Council)

Respondents offered a range of views about the regulatory devices that they would like to see incorporated in future policy initiatives. These included (but were not limited to):

- controls on price (including loss-leading practices) and controls on the volume of purchasing
- controls on opening hours
- changes in zoning and town planning
- mandatory requirements for community consultation
- stricter enforcement of controls on access to alcohol for under-age drinkers, including parental supply
- implementation of enforceable best practice in off-licence outlets

- extending the mandatory reporting requirements of the Sale of Liquor Act to include off-licence outlets.

At central government level, there are moves towards developing a National Alcohol Action Plan, and amendments to the Sale of Liquor Act are currently being tabled at parliamentary level (including the Hawkins Bill) with a view to enhancing the capacity of communities to exercise more control over licences within their local areas. There is some optimism that these policy changes will allow social impacts to be considered in decisions about the conditions under which liquor licences are granted in the future.

One of the things we're hoping will come out of the Sale of Liquor Act is that a developed policy will be placed inside the legislation, rather than where it sits at the moment – outside of the legislation. Something along the lines of district licensing agencies or councils or whatever you want to do it can develop policies that suit that particular environment, are able to develop policies, and then there's a fallback position if they don't persist. So that makes an ability to tailor for the respective areas that you may be operating in. (Arthur Wilkinson – Team Leader/Liquor, Manukau City Council)

Will reducing the number of liquor outlets make a difference to social impacts?

The number of outlets doesn't have any impact whatsoever on the problems... if there was a bakery on every corner would people buy more donuts or eat more pies? No. Just because there are numerous off-licences... doesn't mean that people drink more. (Carter Hayes – President of the Hospitality Association of New Zealand (Auckland Branch), and operator of the Whitehouse Tavern, Papakura)

It's a bane on the community... The amount. Just the bulk of it. The number. Because what comes with the number? Alcohol comes with the number. So if we have less outlets we have less alcohol coming in there... we're getting too many now. Just far too many. And the whole thing's around profit. They're there for only one reason. And that's profit. Money... They're the worst thing you could ever have is the amount in the one area... there's too many in the one area. (Senior Constable Alf Filipaina – Pacific Liaison Officer, Counties Manukau Police)

If you reduced the numbers [in some areas], would people go somewhere else? The transference of the issue – are people obtaining liquor locally? Or are they obtaining it from a cheaper outlet like a loss-leading supermarket? It's getting those dimensions linked in [to policy decisions] as well... (Arthur Wilkinson – Team Leader/Liquor, Manukau City Council)

Respondents held conflicting views about whether or not reducing the number of liquor outlets would reduce or mitigate social harm. A recent review of the international academic literature also suggests that there are mixed results in the effectiveness of this approach (Cameron et al., 2012).

Rex Hewitt (Senior Policy Advisor – Children, Young People and Families, Manukau City Council) spoke extensively about his view that reduced impacts could only be achieved in policy terms by taking an approach that tackled a number of aspects related to access.

It is the biggest legalised drug. We legalised it. We normalised it. We've made it sexy. We've done everything we can to promote it. And manufacturers will continue to do it because there's huge profits to be made in it. There isn't a magic wand. There are, I think, just a mixture of things you can do that eases the impact of it or helps people through it. (Rex Hewitt – Senior Policy Advisor – Children, Young People and Families, Manukau City Council)

It's accepted knowledge – it's not accepted practice – but it is accepted knowledge that there are basically three ways of reducing alcohol consumption... and youth are most susceptible to a price increase. The second one is reducing access, and the more off-sales you have the greater access you have, and price is also about access. And the third one is actually enforcing the laws you currently have. In a sense, it's those three working together that has the impact. (Rex Hewitt – Senior Policy Advisor – Children, Young People and Families, Manukau City Council)

Most commentators agreed that price was likely to be an effective form of control in terms of limiting access to alcohol.

There is certainly good evidence that the lower the price, the more people will drink and the more harm is incurred. So there's a clear link around that. (Sue Paton – Early Intervention Manager, ALAC)

People are highly sensitive to the price of alcohol. (Andrew Lindsay – Medical Officer of Health, ARPHS)

It is accessible. The price – it's cheaper now than it was 20 years ago. Amongst everything else that's going up in our supermarkets, everything, alcohol's actually coming down! There's specials everywhere... alcohol is cheaper than Coca-Cola! Amongst everything else that is going up, alcohol is still damn cheap... The little four packs for 10 bucks. Milk? Or piss? There's evidence showing that price is a factor in people's purchasing decisions. (Todd Bell – Kaiwhakatairanga Hauora/Health Promotion Advisor Alcohol Healthwatch, at Otara community meeting)

Regardless of agreement on this point, price is only one aspect of the access equation. It is also the factor over which policy was thought to be least likely to achieve regulation.

Now you could actually say that at a government level the price needs to go on the excise. Will that ever happen? Well, it's a market place, and we see the price of alcohol going down – not up. So that takes that [price] out of the jigsaw. So we're left with focusing on the other two [reducing access and enforcement] without the third leg – so the other two are already at a disadvantage before you start because the three need to work in tandem. So I suppose you are then after controlling access. There are several ways of doing that – you reduce the number of outlets... you change the nature of outlets to on-sales rather than off-sales on the basis that on-sales have more controls... and as for enforcing the laws – well, let's just take a look at liquor bans... how many can you actually put in place for the number of police you've got? As a council we're already saying that there aren't sufficient police to police Manukau. Yet you put more liquor bans in place. There is an illogicality about that. So how do you actually enforce the law? Do you reduce the number of laws and focus on those that are going to make a difference? (Rex Hewitt – Senior Policy Advisor – Children, Young People and Families, Manukau City Council)

Some respondents were of the opinion that reducing the number of liquor outlets as a policy strategy could have unanticipated consequences, but that there was a need to balance these with the social benefits that could be achieved. Despite unanticipated risks in terms of policy outcomes, participants in this research demonstrated overwhelming support for policy approaches that mitigated the impacts of liquor outlets and alcohol-related harm through a combination of:

- reducing the number of outlets

- more restriction and controls over the hours of operation of licensed premises
- planning measures that restricted the number of outlets in a particular location, or the areas in which outlets could be operated.

Further, it was noted that although policy changes could support the community's desire to mitigate social harm, there was a need for policy initiatives to partner with other approaches to changing social behaviours and attitudes about alcohol use.

The longer-term stuff is going to require Council with central government, with the local community, with the district health boards looking at a more integrated approach.
(Duncan Poole – Team Leader, CADS)

Policy has to go hand in hand with providing services, alternatives, education, etc. You can't legislate a problem away. The prohibition taught us that really clearly. You drive it underground and then you have very little control. So it would be about working in partnerships, co-operating to have policy together with education, services, support...
(Angela Claridge – Counsellor, Care NZ)

6 DISCUSSION AND CONCLUSION

There was general agreement among respondents that the extent of alcohol-related harm was mediated by the location of consumption (on- or off-licence), the type of off-licence from which alcohol was purchased, and the general socioeconomic context within which the consumption of alcohol occurred. With respect to the first of these, on-licence consumption was perceived as being less problematic than off-licence due to the regulation of consumption by the proprietor of the premises and the higher price of alcohol consumed at on-licensed premises.

Respondents differentiated between three predominant types of off-licence: small stand-alone enterprises, stores that were part of large chains of liquor outlets, and supermarkets. Of these, the larger chains were perceived as least negative in their effects due to better business practices, particularly the absence of single can or bottle sales in the case of RTDs and non-premium beers and more stringent checks on the ages of purchasers. Supermarket sales were seen as an exacerbating factor through two channels. First, the nature and scale of supermarket operations allowed these outlets to offer beer and wine at loss-leading prices that were substantially less than prices found in other outlet types. Loss-leading practices also contributed to price competition and increased consumption. Second, the availability of alcohol alongside other commonplace commodities normalised its purchase for minors who might otherwise not have been exposed to the routine purchase of alcohol.

The most problematic outlet type was believed to be the smaller stand-alone outlets. Their role in increasing the incidence of alcohol-related harm in the community was attributed to a variety of factors that can be summarised as relating to three main themes:

1. Density – which increases the availability of alcohol and concentrates alcohol-related harm in certain areas or locations.
2. Co-location – liquor outlets were observed to be located in areas with vulnerable populations, particularly in areas of lower socioeconomic status. In addition, some respondents felt that behaviours that were not directly related to the consumption of alcohol but were undesirable on some dimension, such as the prevalence of street prostitution, increased in areas of high outlet density.
3. Unscrupulous business practice – a number of respondents pointed to a widespread incidence of dubious business practices among small outlets, perhaps driven by competitive pressure in areas of high alcohol outlet density. These practices included the sale of alcohol to minors and the granting of credit to vulnerable persons.

There was considerable variance in the views expressed by respondents in terms of the nature of harms resulting from liquor outlets, although there was a clear consensus that such harm was widespread and at an appreciable level in Manukau City. Most concern was expressed about the impacts of problematic alcohol consumption on families and youth, be they through increases in the incidence of family violence, worsening of economic deprivation, or the collapse of social structures among vulnerable populations. This is not to say that matters such as the general health impacts of

alcohol were not considered important, but rather that the issues that had immediate impacts tended to take precedence over those that played out over longer time horizons.

Despite the differing opinions of respondents about the specifics of causation and magnitude, there was near unanimity concerning potential policy responses to limit alcohol-related harm in the community. Three main aspects were identified: (i) reducing the number of outlets; (ii) restricting and controlling the hours of operation of licensed premises, and (iii) implementing planning measures that restricted the number of outlets in a particular location, or the areas in which outlets could be operated.

However, there was concern that these approaches could have a number of unanticipated consequences. In particular, respondents noted the potential for increased incidences of drink-driving as people who were already under the influence of alcohol travelled by car to obtain more when an outlet was no longer within walking proximity. Secondly, unlicensed, illegal backyard bars and alcohol supply outlets were thought to be common in the Manukau area, and were frequently associated with highly dubious practices surrounding the granting of credit, debt recovery and the supply of alcohol to minors. Further regulation of legitimate, though perhaps poorly regulated, outlets could merely result in the proliferation of illegal, unlicensed outlets that would worsen the current situation.

Finally, although policy changes could support the community's desire to mitigate social harm, there is a notable need for policy initiatives to partner with other approaches to changing social behaviours and attitudes around alcohol use.

REFERENCES

- Aiono, V. (2007, Sept 7). *Defining the Pacific person: Tagata Pasifika & Pasifikasia communities*. Retrieved 4 January 2009, from http://1stpacific.co.nz/public_html/?cat=3.
- Cameron, M. P., Cochrane, W., McNeill, K., Melbourne, P., Morrison, S. L., & Robertson, N. (2012). *A review of the international academic literature and New Zealand media reports: The Impacts of liquor outlets in Manukau City report no. 1*. Wellington: Alcohol Advisory Council of New Zealand.
- Hutt, M. (1999). *Te iwi Māori me te inu waipiro: He tuhituhinga hītori = Māori & alcohol: A history*. Wellington, N.Z.: Health Services Research Centre/Alcohol Advisory Council of New Zealand.
- Jones, A. (2004). *Raising awareness of youth access to alcohol in the Howick and Pakuranga Area*. Manukau: Manukau City Council.
- Manukau City Council (a). (n.d.). *About Manukau*. Retrieved November 2008, from http://www.manukau.govt.nz/default.aspx?page=about_manukau.
- Manukau City Council (b). (n.d.). *Statistics*. Retrieved November 2008, from <http://www.manukau.govt.nz/default.aspx?id=58>.
- Marsden, M. (1992). God, man and universe: A Māori world view. In M. King (Ed.), *Te Ao hurihuri: Aspects of Māoritanga* (pp. 118-138). Auckland: Octopus Publishing Group.
- Pool, D. I. (1991). *Te iwi Māori: A New Zealand population, past, present & projected*. Auckland: Auckland University Press.
- Statistics New Zealand. (2008). *Ethnic group: Selected tables*. Retrieved 4 January 2009, from <http://www.stats.govt.nz/products-and-services/table-builder/2006-census-tables/selected-tables.htm>.
- Williams, H. W. (1975). *Dictionary of the Māori language*. Wellington: GP Publications.

APPENDIX 1 - RESEARCH INSTRUMENTS

Research into the impacts of liquor outlets in Manukau City

Focus Group – Schedule

Preliminary activities:

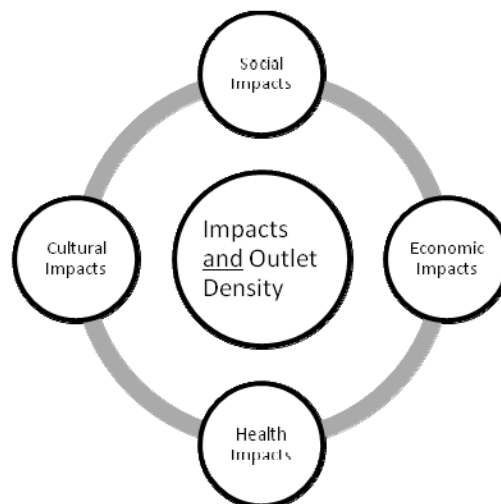
Two members of the research team will act as facilitators at each focus group. One will be responsible for the introductory and summary presentations, gathering consent forms, overseeing audio recording and note taking. The other will concentrate on facilitation of the main focus group discussion.

- Short presentation by facilitator(s) with regard to the purpose of the research
- Review of the information sheet
- Facilitators to offer an opportunity for participants to ask any questions they may have about the research, allowing time for completion and return of consent forms and an opportunity for any person who does not wish to participate to withdraw.
- If the group is of a suitable size, facilitate verbal introductions: name, role, organisation, stakeholder interests.

Getting started:

Facilitators to introduce the structure and aims of the focus group session, including the following points:

- To generate discussion with a view to obtaining stakeholder perspectives on the impacts of liquor licensing in Manukau City;
- To explore community views about alcohol-related harm within social, economic, health and cultural contexts;
- To consider how the distribution of various types of liquor outlets interact with alcohol-related harm.
- brief explanation of key terms ('impacts', 'alcohol-related harm' and 'liquor outlet density') and the following framework



Guided discussion:

Facilitators to guide discussion and prompt as appropriate with regard to the following key questions:

Key Question: What is your view of the impact of liquor outlets in your community?

This initial question is the basis for the discussion that follows and other questions need only be used if there is a need to re-direct or focus an open-ended discussion.

- As impacts emerge in the discussion, facilitators to probe to establish:
 - a. Clarification about the types of impacts;
 - b. Who experiences specific impacts, and the affects of the impact on them;
 - c. Any observations about the locations at which the specified impacts occur; and
 - d. Any times of the day/week/year at which the impact is more notable.

- Within the discussion facilitators will also apply prompts as necessary to gather views on the following:
 - Youth/age restrictions
 - Traffic/drink-driving
 - Family impacts
 - Community impacts
 - Cultural impacts, or impacts on issues related to ethnicity.

- Focusing questions to be used when discussion moves away from the impacts of liquor outlets towards alcohol-related harm more generally:
 - Does it matter how alcohol is sold or made available?
 - How does the way alcohol is sold affect this issue?
 - What difference would be made to this issue if there were fewer liquor outlets?
 - What difference would be made to this issue if the operating hours of liquor outlets were reduced/restricted?

Key question: How have the impacts of liquor outlets changed over time/the last few years?

Key question: Do you think the current national and local government responses to the impacts of liquor outlets are satisfactory?

Facilitator review:

Facilitator to briefly summarise the key points/themes discussed back to focus group participants for confirmation and feedback.

Further contacts/recruitment:

Facilitators to ask the group if there are any key individuals not in attendance who would be useful to contact for their comments on key points/themes.

Close:

Facilitators to remind participants that they can refer to the information sheet provided if they have any need to contact either the ethics committee or the research team. Contact details for counseling services will also be available. Facilitators to thank participants and close.

Draft Schedule for Semi Structured Interviews

Preliminary activities:

At least two members of the research team will attend each interview. One will be responsible gathering the consent form, overseeing audio recording and note taking. The other will concentrate on asking questions and guiding the interview discussion. A third member may be present for interview situations that require cultural oversight.

Introductions:

- Interviewer(s) to verify their identities, review information sheet, ensure that respondent has a chance to ask any questions, and that informed consent is established.

Interviewer to recap the aims of the interview:

- To generate discussion with a view to obtaining stakeholder perspectives on the impacts of liquor licensing in Manukau City;
- To explore community views about alcohol-related harm within social, economic, health and cultural contexts;
- To consider how the distribution of various types of liquor outlets interact with alcohol-related harm.
- brief explanation of key terms ('impacts', 'alcohol-related harm' and 'liquor outlet density') and the following framework

Interview questions:

Interviewer to guide discussion and prompt as appropriate with regard to the following key questions:

1. Please provide some background about your organisation and your role.
 - a. Does your organisation have a particular focus?
 - b. How does this focus interact with the impacts of liquor outlets in the community?
 2. What is your view of the impact of liquor outlets on the sector(s) of the community that your organisation/you interact(s) with?

This initial question the basis for the discussion that follows and other questions need only be used if there is a need to re-direct or focus an open-ended discussion.
- As impacts emerge in the discussion, facilitators to probe to establish:
 - a. Clarification about the types of impacts;
 - b. Who experiences specific impacts, and the affects of the impact on them;
 - c. Any observations about the locations at which the specified impacts occur; and
 - d. Any times of the day/week/year at which the impact is more notable.
 - Within the discussion facilitators will also apply prompts as necessary to gather views on the following:

Youth/age restrictions
Traffic/drink-driving
Family impacts
Community impacts

Cultural impacts, or impacts on issues related to ethnicity.

- Focusing questions to be used when discussion moves away from the impacts of liquor outlets towards alcohol-related harm more generally:

Does it matter how alcohol is sold or made available?

How does the way alcohol is sold affect this issue?

What difference would be made to this issue if there were fewer liquor outlets?

What difference would be made to this issue if the operating hours of liquor outlets were reduced/restricted?

3. How have the impacts of liquor outlets changed over time/the last few years?
4. Do you think the current national and local government responses to the impacts of liquor outlets are satisfactory?

Close:

Interviewers to thank respondent for their participation and to remind them that they can refer to the information sheet provided if they have any need to contact either the ethics committee or the research team.

Research into the impacts of liquor outlets in Manukau City Postal/Email questionnaire

You are invited to contribute to a project that is being carried out by a research team from The University of Waikato on behalf of the Alcohol Advisory Council of New Zealand (ALAC). The research considers the impacts of liquor licensing and alcohol harm in Manukau City and will take into account the perspectives of key stakeholders. The project will include a focus on the impacts of liquor outlets for Māori, Pasifika communities, and youth.

The initial consultation process is an important component of this research and this is your opportunity to make your views known and be included in the early phase of this research.

There are several points that should be considered in making a decision about participation:

- Your participation is voluntary. If you require authorisation to participate from within your organisation, please arrange this. We are happy to answer any questions. By returning this questionnaire to use you are consenting to participate. However, you will have the right to withdraw from the research for up to seven days after you return the questionnaire.
- Your questionnaire responses will be stored securely by the Project Manager for up to five years. They will then be destroyed.
- You have been invited to contribute to the research because you have been identified as a key informant in your community. It is important that you are comfortable being referred to by name and/or organisation in any reports about the research findings.
- The final research report will be publicly available through the ALAC website. The research findings may also be referred to in other publications – including discussion or conference papers, and journal articles.

The research team is happy to answer any questions you have about your participation in this project. Enquiries can be directed in the first instance to:

Kellie McNeill
Phone 07 838 4908
Mobile 027 243 9220
Email kellie.m@xtra.co.nz

This research has also been approved by the Human Research Ethics Committee of the Faculty of Arts and Social Sciences. Any questions you have about the ethical conduct of this research may be directed to the Committee Secretary by email at fass-ethics@waikato.ac.nz

Please answer all questions. If you require additional space in order to fully answer any question, you may add additional pages. Once completed, please return your completed questionnaire to the research team via email to kellie.m@xtra.co.nz (if you received this questionnaire via email), or using the postage-paid envelope you have been provided with (if you received this questionnaire via post). The deadline for returning questionnaires is **30 NOVEMBER 2008**.

Question 1:

Name: _____

Organisation: _____

Please provide some background about your organisation and your role.

Question 2:

What is your view of the impact of liquor outlets on the sector(s) of the community that your organisation or you interact with? Please use the following table:

| What are the types of impacts that are experienced? | Who experiences these impacts, and what are the effects of the impacts on them? | Where do these impacts occur? | Are there any times of the day/week/year at which the impact is more notable? |
|---|---|-------------------------------|---|
| | | | |
| | | | |
| | | | |

Additional space for Question 2:

| What are the types of impacts that are experienced? | Who experiences these impacts, and what are the effects of the impacts on them? | Where do these impacts occur? | Are there any times of the day/week/year at which the impact is more notable? |
|---|---|-------------------------------|---|
| | | | |
| | | | |
| | | | |

Question 3:

How have the impacts of liquor outlets changed over time/the last few years?

Question 4:

How does the way alcohol is sold affect the impacts of liquor outlets on the sector(s) of the community that your organisation or you interact with?

Question 5:

What difference would be made to the impacts you have discussed above if there were fewer liquor outlets, or if the operating hours of liquor outlets were reduced/restricted?

Question 6:

Do you think the current national and local government responses to the impacts of liquor outlets are satisfactory?

APPENDIX 2 - RESEARCH PARTICIPANTS

Focus Group Participants

Youth Focus:

Rex Hewitt – Senior Policy Advisor (Children, Young People and Families), Manukau City Council

Renee Haiu – Manukau Coordinator, Youthline

Policy and Liquor Licensing:

Gavin Campbell – Officer in Charge of Licensing Unit, New Zealand Police

Michelle Fleck – Alcohol Intelligence Analyst, New Zealand Police

Catriona Marvin – Road Safety Coordinator, Manukau City Council

Paul Radich – Liquor Licensing Inspector, Manukau District Licensing Agency

Paul Wilson – Senior Policy Analyst, Manukau City Council

Manoj Ragupathy – Policy Advisor/Community Safety, Manukau City Council

Arthur Wilkinson – Team Leader/Liquor, Manukau City Council

Addiction Services:

Sarah Halatutavaha – Clinical Supervisor, Tupu Pacific Alcohol Drugs and Gambling Service

Angela Claridge – Counsellor, Care NZ

Duncan Poole – Team Leader, CADS

Wiremu Walmsley – Mental Health and AOD Service Manager, Raukura Hauora o Tainui

Community Health:

William Ropata – Director, Te Puke O Tara Community Centre

Ying Li – Health Promotion Practitioner, ARPHS

Kim Hunter – Project Manager/Alcohol and Tobacco Team, ARPHS

Andrew Lindsay – Medical Officer of Health, ARPHS

ALAC Northern:

Brian Hayward – Community Action Fund Coordinator, ALAC

Sue Paton – Early Intervention Manager, ALAC

Megan Larken – Senior Policy Analyst, ALAC

Shirleyanne Brown – Northern Regional Manager, ALAC

Jodie Robertson – Projects Manager, ALAC

Alcohol Healthwatch:

Rebecca Williams – Director, Alcohol Healthwatch

Todd Bell – Kaiwhakatairanga Hauora/Health Promotion Advisor, Alcohol Healthwatch and Family Violence worker in Manukau City for the past 12 years

Anne-Marie Coury – Staff member, Alcohol Healthwatch

Roanne Grovender – Staff member, Alcohol Healthwatch

Sophie Barnett – Staff member, Alcohol Healthwatch

Interview Participants

Alison Dyson – Manager, MECOSS (Manukau East Collective of Social Services)

Lauren van Coller – Injury Prevention Coordinator, Injury Free Manukau

Lance Gedge – Clevedon Community Board
Sergeant R. Waihi – Iwi Liaison Coordinator, Counties Manukau Police
Senior Constable Alf Filipaina – Pacific Liaison Officer, Counties Manukau Police
Tim Smith – District Family Violence Coordinator, Counties Manukau Police
Ula Osasa-Mano – Deputy Director, Pasefika Mana
Bernadette de ste Croix-Carter – Injury Prevention Consultant, ACC
Fiona Trevelyan – Programme Manager for Mental Health, CMDHB
Patsy Whaanga – Manager, Otara Town Centre
Carter Hayes – President of the Hospitality Association of New Zealand (Auckland Branch), and operator of the Whitehouse Tavern, Papakura
Thomas Henry – Manager, Māori Wardens, Mangere
Mike Hinton – Operations Manager, Manukau Urban Māori Authority
Fran Hokianga – Manukau Urban Māori Authority Road Safety
Margaret Hickey – Manager, Te Tai Awa o te Ora
Phyllis Davis – Counsellor, Te Tai Awa o te Ora
The Manukau City Council Pacific Island Advisory Committee
Faama Viliamu – Coordinator, Pacific Island Advisory Committee

Community Meetings

MECOSS Family Violence Cluster Meeting, Howick

This meeting was attended by representatives of social services that deal with family violence. Sergeant Brett Woodmass (Family Safety Team, New Zealand Police) answered the group's questions and a number of others present made contributions on the theme of family violence.

Community Advisors (Manukau City Council)

This meeting was attended by community advisors from six of the seven wards in Manukau, who spoke about the issues of liquor outlets and alcohol-related harm in their respective communities.

Otara Community Meeting

This was an open public meeting and attracted about 30 attendees, representing various local service providers, local churches, business interests and community action groups.

Church of Tonga

Two community meetings were attended with various representatives from the Church of Tonga in Mangere and Papakura.

Postal/Email Survey Participants

Georgie Witehira – Manukau Leisure Services
Ritua Aliivaa – Centre Manager, Manukau Leisure Services
Stephen Miller – Chairperson, Manurewa Youth Worker Network and Pastor, Manukau New Life Church
Ayr Jones – Community Advisor, Manukau City Council
Tom Vanderlaan – Manurewa Community Board, and Deputy Principal, Manurewa High School
Alan Vester – Principal, Edgewater College
Va Hunkin – Social Worker, Lia Trust
Matere Toia – Papakura Marae
Sarah Halatutavaha – Clinical Supervisor, Tupu Pacific Alcohol Drugs and Gambling Service
Neil Coleman – Guidance Counsellor, James Cook High School
Philip Lloyd – Pastor, Bible Baptist Church

APPENDIX 3 - ANALYSIS FRAMEWORK

ALAC Analysis Framework for Interviews and Focus Groups

Context or theme:

Focus Group/Interview/Meeting Participants:

Organisation(s):

Role(s):

Interviewer(s):

Analysis written up by:

Impacts identified and contextualising comments/quotes

Any and all impacts which arose

Are these impacts able to be categorised as social, health, cultural or economic?

Self explanatory and some impacts may be across more than one category.

Particular group(s) that impacts affect:

Esp. Youth, Māori, Pacific peoples but also wider community, gender specific, socioeconomic, etc.

Any information about times/locations of impacts:

Times of year, week, day, and particular areas or locations or events that were identified as vulnerable to impacts.

Comments about the way in which alcohol is sold:

e.g. comments about current retail practices, price, types of outlets (such as supermarkets), single sales, RTD's...

Comments about the role of outlets/density/availability:

e.g.: comments about advertising, normalisation, access

Comments about changes to the impacts over time:

e.g.: have the groups that experience impacts changes, have there been social changes which underpin impacts?

Comments about policy (at either local or central government levels):

e.g.: MCC not able to address community concerns about the number of outlets, liberalisation of liquor licensing, changes to drinking age.

Any other points: