

OUR VOICE



Addressing alcohol harm in
Murihiku/Southland

EXECUTIVE SUMMARY

ACC, Healthy Families Invercargill and the Health Promotion Agency have provided an opportunity for stakeholders in our community to contribute to the discussion around alcohol related harm in Murihiku/Southland. Through the different lenses of our community agencies, services and concerned individuals we can build a fuller picture of the issues present regarding alcohol in our community. More importantly, through our combined voices we are able to consider localised, actionable solutions that best meet the needs of our diverse population.

FINDINGS

Based on an analysis of the data collected, primarily from qualitative interviews and the facilitated workshop held in Invercargill, the following recurring themes on alcohol-related harm were identified by the participants:

1. **Harm due to excessive youth drinking**
 - a. Ease of access to alcohol
 - b. Lack of age-appropriate, social activities for youth
 - c. More/better alcohol-related education for teenagers and parents
2. **Families/whānau experiences of alcohol-related harm**
 - a. Family violence, including; partner abuse and child abuse and neglect
 - b. Impacts on health, including; sexual, physical, mental health and addiction
3. **Alcohol consumption at events and venues**
 - a. Off licence vs on licence
 - b. Nature of entertainment at on licence venues
 - c. Quantity of alcohol consumed during organised events

The over-arching issue we must address to significantly reduce alcohol-related harm is the current and long-standing alcohol culture being perpetuated in Murihiku / Southland. There is an inter-generational normalisation of harmful practices and behaviour around alcohol that may stifle any meaningful progress in improving our relationship with alcohol and the harm that our drinking has on our wider community.

A further common discussion point was the role of alcohol in sport. It was recognised that alcohol is still very much present in sporting clubs and used whether to celebrate or commiserate a loss or win, as well as in club rituals and events. It can be argued that Southland sport perpetuates the negative alcohol culture that exists in the wider community. However, it should also be acknowledged that there is growing awareness and improvements being made by some clubs to address this stigma. Participation in sport and the influence of professional athletes could provide a positive change mechanism. Professional athletes' participation in mentoring programmes and the distribution of educational messages could significantly influence a shift in how Southlanders consume and behave around alcohol, especially our youth.

RECOMMENDATIONS

- Build on services, initiatives and interventions that are working, such as alcohol counselling services; IBAN; After-Ball Party.
- Provide further facilitated conversations/workshops amongst Murihiku/Southland communities to seek localised solutions and develop a local action plan.
- Establish working groups that focus on priority issues outlined in this report and identify appropriate interventions and corresponding activities toward solutions for alcohol related issues and to monitor progress of established interventions/initiatives.
- Work with schools and parents by providing education and support on how to provide our children and youth with the best alcohol-related education and promote positive parenting strategies.
- Work alongside HPA to develop and tailor localised health promotion campaigns using local faces and places.
- Support venues and events to provide entertainment and alternatives to alcohol-focused activities.

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ADDRESSING ALCOHOL HARM IN MURIHIKU/SOUTHLAND

According to the Impact of Alcohol report¹ prepared by Public Health South, which was developed in preparation for the Local Alcohol Policy (LAP)², the Southern District Health Board region “has the highest prevalence of hazardous drinking among all District Health Board regions and a statistically higher prevalence than the national average (25.1% versus 17.0%).”³

Presently in Murihiku/Southland various agencies are working in the field of alcohol-related harm. Although there are good examples of inter-agency collaboration, there are still opportunities to improve communications and work more closely together. There is reportedly little data, both quantitative and qualitative, around alcohol-related harm in the area. This makes it hard to establish what the potential issues are, or to design alcohol projects.

The purpose of this project is to:

- Provide baseline information, including a summary of what is happening in the Invercargill/Southland area and a picture around alcohol in the community
- To provide a summary of this information/evidence to stakeholders to inform planning which will underpin the development of a Local Action Plan; and
- To achieve wider public awareness of alcohol-related harm and generate discussion and debate.

A number of reports with a focus on specific areas of our community have been commissioned that reiterate the prevalence of a harmful alcohol culture in Murihiku. There remains a lack of localised data that identifies what elements contribute to Murihiku's poor statistics around alcohol-related harm. Furthermore, many of the recommendations within these reports are discipline-specific or designed to be addressed by one responsible party i.e. local councils, health professionals etc.

METHODOLOGY

This report has been developed through a review of recent and relevant international, national and localised statistical data and reports produced over the past six years. An analysis was carried out of the data collected through qualitative interviews and the collation of the data from the facilitated workshop held in Invercargill on 24 March, 2016. Quantitative data was also collected and analysed from the facilitated workshop and from previously reported research regarding alcohol in Murihiku/Southland.

The catchment area is within Southland, with a primary focus on Invercargill city. It is noted that there is minimal area-specific information available on alcohol-related harm in areas outside of the Invercargill city boundaries and where available and appropriate Southland-wide statistics have been included. It would be beneficial for hui to be held in eastern and western Southland to identify any area-specific issues that their communities recognise and are concerned about.

The methodology used is of no scientific merit and it is noted that this is a limitation to this report.

1. Report of the Southern District Health Board into The Impact of Alcohol on the Health of Southern Communities (2013). <http://www.southerndhb.govt.nz/files/2013071693920-1373924360-0.pdf>.

2. Southland District Councils. Provisional Combined Local Alcohol Policy (2014). <http://www.southlanddc.govt.nz/assets/Alcohol-Licensing/Provisional-LAP-after-hearings.pdf>.

3. *Supra* n1, ii.

SUPPORTING RESEARCH AND REPORTS

The Impact of Alcohol on the Health of Southern Communities (the Impact of Alcohol report)

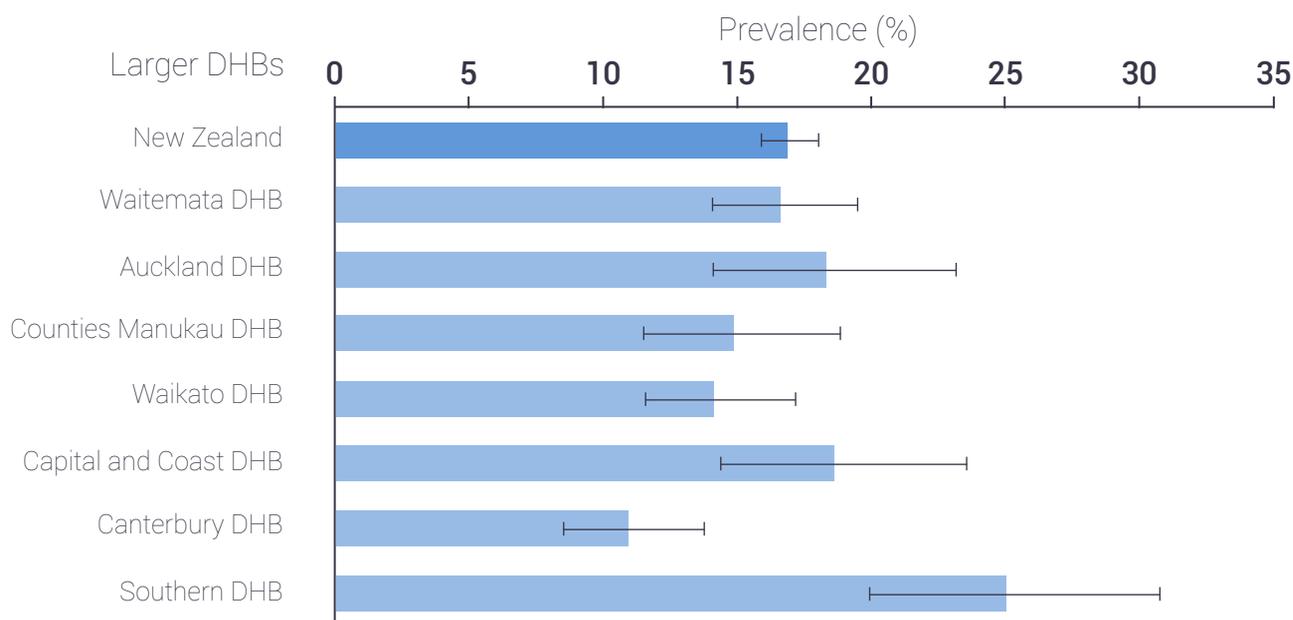
The Southern District Health Board released the Impact of Alcohol report which was commissioned to help territorial authorities within its catchment understand and prioritise alcohol-related issues that would be addressed through the development of local alcohol policies.

A major finding of the report was that the Southern District Health Board catchment had “the highest prevalence of

hazardous drinking among all district health board regions and a statistically significantly higher prevalence of hazardous drinking than the national average (25.1% versus 17.0%)”.⁴

Even more concerning is the Southland rate of alcohol-related hospital admissions in young people aged 15-24 years at 317.6 per 100,000 of population compared with the national average of 199.5 per 100,000 of population.

The Annual Update of Key Results 2014/15: New Zealand Health Survey⁵ reports that following a decline in 2011/12 (to 15%) the hazardous drinking rate has returned to the 2006/07 rate (18%) nationally.



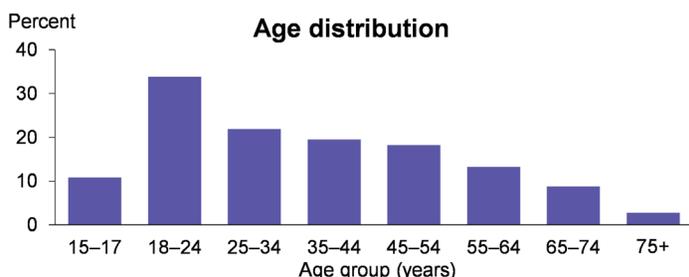
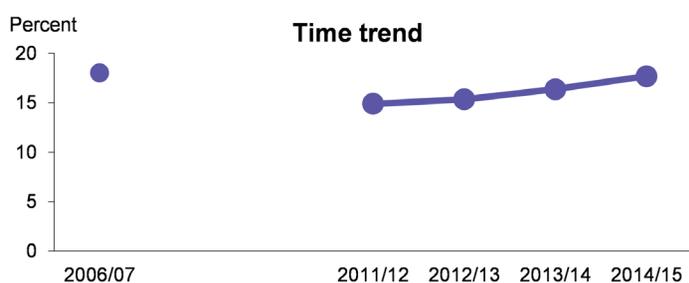
Impact of Alcohol report – Figure 1. Age-standardized prevalence of hazardous drinking among adults aged 15 years and older by district health board (DHB) (2011/12 National Health Survey).⁶

The prevalence was **17.7%**
which is an estimated
646,000 adults

Adjusted rate ratio

Men vs women	2.2 *
Māori vs non-Māori	1.9 *
Pacific vs non-Pacific	1.2 *
Asian vs non-Asian	0.2 *
Most vs least deprived	1.5 *

* There is a statistically significant difference between the two groups.



New Zealand Health Survey – Box 4. Adults who are hazardous drinkers 2014/15.⁷

4. Report of the Southern District Health Board into The Impact of Alcohol on the Health of Southern Communities (2013), 3.

5. Ministry of Health Annual Update of Key Results 2014/15: New Zealand Health Survey (2015). <http://www.health.govt.nz/publication/annual->

[update-key-results-2014-15-new-zealand-health-survey](#)

6. *Ibid*, 4.

7. *Ibid*, 14.

Calls to Police (and Invercargill offences) related to alcohol (the Calls to Police report)

The Calls to Police report recognises a decrease in 2011-12 in alcohol-related offences since the beginning of the data collection on 1 January, 2008. The decrease was attributed to the proactive measures made by the Police and obtaining involvement from various community-based groups and organisations.⁸

The Police found that alcohol-related incidents and calls to police:⁹

- Were spread across the entire city area, and although there were 'pockets' of offending in different areas from year – year, the Central Business District (CBD) area featured consistently
- Frequently occurred during weekend periods
- Was predominantly occurring in the evenings, with increased activity and priority times occurring on Fridays (10pm – 4am) and Saturdays (9pm – 5am).

Identifying Invercargill's Point of Difference (the Blumsky Report)

CDA New Zealand were tasked with identifying ways to make Invercargill a more competitive city in New Zealand¹⁰. Residents were asked what they liked and what they disliked most about Invercargill. Making the top 12 'Dislikes' were:

4. Drinking culture
8. Invercargill Licensing Trust
10. Limited activities for youth/teenagers
11. Lack of vibrancy¹¹

Other things residents indicated they did not like about Invercargill relating to the content of this report were:¹²

- ILT monopoly
- Lack of culture in bars
- Inner city unsafe at night
- Youth drunk at nights
- Restricted youth activities
- Too quiet for younger people
- Night culture
- Food – dining out options
- Lack of events/entertainment
- ILT – lack of diversity
- Lack of activity in the CBD
- Lack of quiet licensed facility
- Attitude to alcohol
- Young people say it's boring
- Violence in the weekends
- Nightlife only aimed at drinking market
- Struggle to have café culture because of ILT
- No cafes open at night after 9pm for movie goers and shows

Police Area Name	Southland Area	New Zealand	Rank	Note
Serious Assaults	35.9	21.56	10	Per 10,000 of population in the Police Area
Dwelling Assaults	90.1	56.29	11	
Public Place Assaults	29.6	25.18	14	
Yes - Alcohol	48.85%	41.90%	8	# of persons arrested and whether they had consumed alcohol prior to offending
Rate Drunks Taken Home	22.5	25.5	24	Drunks taken home or into custody due to intoxication
Intoxication Extreme	5.1%	17.66%	-	Number of persons that answered 'Yes' to consuming alcohol prior to offending, and their assessed levels or intoxication at time of arrest
Intoxication Moderate	60.5%	54.19%	-	
Intoxication Slight	20.3%	17.46%	-	
Intoxication Nil	4.6%	3.11%	-	
Intoxication Not Known	9.4%	7.59%	-	

New Zealand Alcohol Community Profiles 2013/14 – Southland district overview.

8. Report of the New Zealand Police into "Calls to Police (and Invercargill offences) related to alcohol – Southland Area" (2013), 14 <http://www.police.govt.nz/sites/default/files/publications/calls-to-police-invercargill-city-gore-district-southland-district-and-offences-invercargill-city-2008-2012.pdf>.

9. *Supra* n12, 7.

10. Blumsky, M & Kirton, E *Identifying Invercargill's Point of Different* (2010), 1.

11. *Ibid*, 3.

12. *Ibid*, 18.

The Blumsky Report recommended that Invercargill would benefit from adopting a 'child friendly' stance by promoting 'the best place to raise your child'. The basis of what would make Invercargill child-friendly was the city's commitment to fulfilling children's rights as defined by the UNICEF Child Friendly Cities project. This included the right to be protected from exploitation, violence and abuse. Furthermore, for families to recognise Invercargill as a child-friendly city Invercargill must provide a safe community. To that end, Invercargill City and Southland District Council sought accreditation as a recognised International Safe Community. The Safe In The South report,¹³ written in support of the application for accreditation concluded that Southland is a violent place and that a lot of violence can be attributed to alcohol consumption.

Safe in the South (2015)

The Safe in the South initial report formed the basis of the International Safe Communities Application made by the Invercargill and Southland District City Council. Accreditation was made in February, 2016. Data in support of the application was collected from New Zealand Police, New Zealand Fire Service, the Southern District Health Board and ACC.

Alcohol use was found to be a contributing factor in traffic crashes and the correlation between alcohol and family violence was acknowledged. The conclusions made in the "Safe in the South" initial report¹⁴ included that 'Southland is a violent place and that a lot of violence can be attributed to alcohol'.

Public Place Assaults

Number of attended Public Place Assaults 2013/14	
Invercargill City Council	122
Gore District Council	28
Southland District Council	39

Dwelling Assaults

Number of attended Dwelling Assaults 2013/14	
Invercargill City Council	386
Gore District Council	85
Southland District Council	113

LOCALISED DATA – FINDINGS OF THE ALCOHOL HUI

On 24 March, 2016 the Alcohol Hui – Collective Impact – Could This Change Everything?¹⁵ (the Alcohol Hui) was held at ILT Stadium Southland. Approximately 40 individuals attended the Alcohol Hui from over 20 different community agencies, services and organisations. A further 16 individuals submitted written responses to the questions posed prior to the hui.

Participants were asked to prepare for the hui by becoming familiar with "The Impact of Alcohol on the Health of Southern Communities"¹⁶ and consider the following questions:

1. What are the 3 key issues you and your agency see in relation to alcohol in your line of work in the Southland area?
2. What is the nature of harm you see in relation to alcohol?
3. What is working? What is making a difference to reduce alcohol related harm? Any projects within Southland you know of?

Participants were asked to work as a group but provide their professional and personal perspectives to the questions posed. Each idea that was offered was to be written on a post-it note and added to the groups'

Serious Assaults

Number of attended Serious Assaults resulting in injury 2013/14	
Invercargill City Council	194
Gore District Council	37
Southland District Council	53

Domestic Disputes

Number of attended Domestic Disputes 2013/14	
Invercargill City Council	561
Gore District Council	42
Southland District Council	115

13. Report of the Invercargill City Council – Community Development Department "Safe in the South" commissioned by Safe Communities Southland Steering Group (2015), 1. <http://icc.govt.nz/wp-content/uploads/2015/03/Safe-Communities-Report-2015-A1313335.pdf>.

14. Invercargill City Council – Community Development Department "Safe in the South"

Report commissioned by Safe Communities Southland Steering Group (2015)

15. Alcohol Hui – Collective Impact – Could This Change Everything? Held by ACC, Health Families (Invercargill) and the Health Promotion Agency. The Hui was facilitated by John Prendergast.

16. Ibid

poster. Groups were then asked to group their responses into themes. Each group provided feed-back to the wider hui.

Participants were given a fourth question to answer if they had time:

4. What support and/or resources would you like to see in place that you believe would help to reduce alcohol-related harm? Training needs?

Question 1 received 132 responses with over a third of these relating to 'Youth Drinking' (34%) followed by 'Harm to Families/Whānau' (25%). A third, broad theme (a combination of Social and Entertainment) was also identified with a focus around 'Venues and Events'.¹⁷ These three themes form the basis of identifying the priority issues and recommended activities that may be included in the Local Action Plan.

The drinking culture in Murihiku/Southland was identified as an over-arching theme for many of the participants of the Alcohol Hui. Comments regarding the normalisation of binge drinking, the ease of pre-loading and risk taking behaviours were categorised as 'Behaviours' but are related and very much present in the other themes identified for Question 1. Therefore, 'Behaviours' has been regarded as a common thread through all the themes identified by the participants of the hui.

Question 2 provided participants with an opportunity to discuss with their colleagues the nature of the harm that Murihiku/Southland drinking creates. When the teams presented back to the wider hui violence, injuries and the impact on children were discussed.

Of the 99 responses for Question 2, 42% were harms relating to health (n = 42) which included physical (n= 24), mental (n = 11) and sexual health (n = 7). The nature of harm on Families/Whānau (26%) included parenting (n = 10), relationships (n= 7), risk taking (n = 7) and death (n = 2).

The participants were asked to identify initiatives, services and projects in our community that have made a difference in reducing alcohol-related harm. There were 92 responses to Question 3.

The work and dedication of community agencies and services, and the collaboration with each other was commended. The opportunities to share information and strategies across community groups and governmental agencies was seen as a significant contributing factor in any ongoing success to reduce alcohol-related harm.

Murihiku/Southland has good counselling and treatment services, as well as early intervention support.

The effect of good legislation and regulations was the most expressed difference (25%) but only marginally above existing programmes and projects (24%) such as the After-Ball, IBAN and similar initiatives to Question 3. Earlier closing times of venues and the Liquor Free Zone were mentioned alongside ongoing approval of keeping alcohol out of Invercargill supermarkets.

Comments from the hospitality sector showed that the training provided has reduced harm, as has changes in legislation. The changes in legislation have also impacted negatively on some businesses.

The lowering of legal driving alcohol levels has also positively impacted on drunk driving incidents. Participants commented that even though there is still tolerance for drivers above 20 years old, most people choose to be safe than sorry and refrain entirely from drinking if they are driving.

Projects such as the organised 'After Balls' are generally seen as a success. Although this initiative has seen some significant success in reducing the amount of alcohol-related harm previously experienced by youth in Southland, an original goal of providing alcohol free activities for youth, and promoting youth to have fun without alcohol, is reportedly yet to be achieved.



17. Refer to Appendix B: Responses from the Facilitated Hui for the Table of Findings for each question.

Harm Due to Youth Drinking ¹⁸

Concerns around 'Youth Drinking' made up 34% of the responses to Question 1.

The Impact of Alcohol report supports the participants' concerns and provides that "the number of underage presenters [<18 years of age] to Southland Hospital is especially concerning, bearing in mind its smaller population size."¹⁹

Of the 697 alcohol-related presentations made at the Southland Emergency Department 11% were underage presenters. This is much higher than Dunedin (7%) and Queenstown Lakes (5%).

“Key issues with kids – young people roaming the streets at night getting up to things.”

The Blumsky report placed at number 10 in the top 12 list of dislikes for Invercargill residents the limited activities for youth/teenagers, as well as:

- Youth drunk at night
- Restricted youth activities
- Too quiet for younger people
- Young people say it's boring.

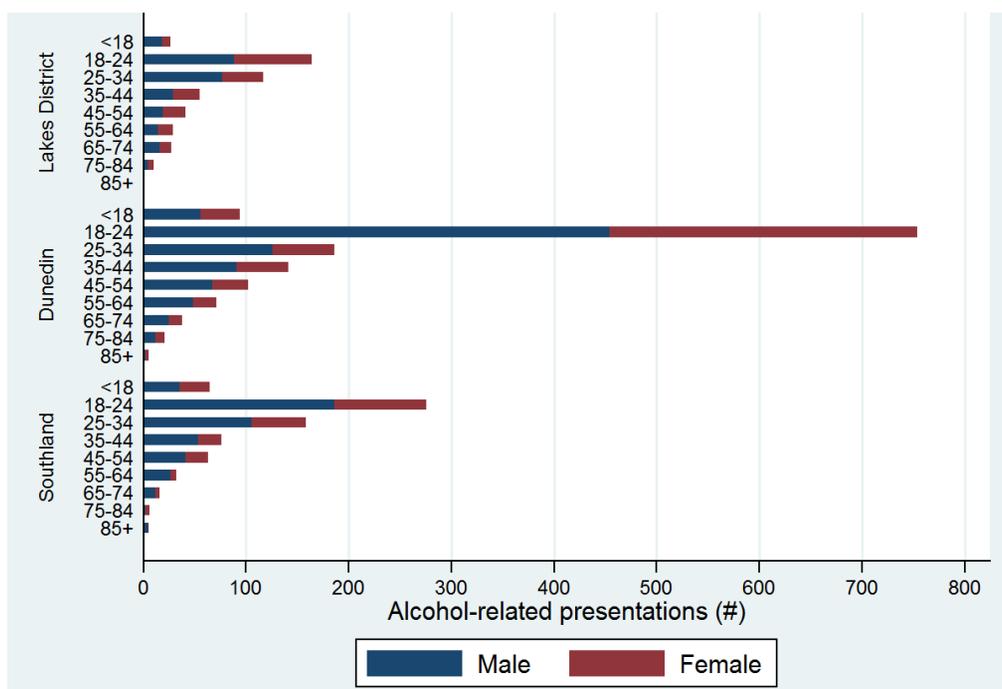
The issue around lack of age-appropriate, non-alcohol related activities for teenagers was also identified by participants of the Alcohol Hui. Children as young as

12 years old were reported to be drinking and attending private parties. Private parties are reported by the Police as an ongoing concern due to the potential damage to property, underage drinking and other associated anti-social activities such as intimidation (of neighbours), noise complaints and violence.²¹ In November 2015 Public Health South hosted an alcohol workshop for secondary schools in Southland. The feedback from schools regarding the most significant issues around alcohol for their students was:

- Lost learning time leading to lower achievement levels;
- Intensive pastoral care support required to keep students in education; and
- Parents not aware of how to support reducing alcohol harm for their young people.

Age\Year	2008	2009	2010	2011	2012
0-9	8	3	4	2	7
10-13	57	48	81	49	55
14-17	365	404	426	271	247
18-24	808	719	567	528	563
25-30	204	186	184	202	209
31-50	334	348	317	315	305
51 and above	51	45	50	59	46
Unknown	1	0	0	0	0
Organisation	0	4	6	12	10
Total	1,828	1,757	1,635	1,438	1,442

Calls to Police report – Table 2. Age of offenders in alcohol-related offences by year of when the offence was committed (Invercargill).²²



Impact of Alcohol report – Figure 7 Number of alcohol-related presentations to the emergency departments by hospital, age category and sex. Note that Southland Hospital did not collect data during Jan-Feb 2012. ²⁰

18. For the purposes of this report the term "Youth" includes ages 18-24 years old and underage drinking which includes all ages <18 years old.

19. Public Health South The Impact of Alcohol on the Health of Communities (2013), 12.

20. Ibid, 12.

21. Ibid.

22. New Zealand Police "Calls to Police (and Invercargill offences) related to alcohol – Southland Area" (2013), 14.

“...more effective messages need to be given to children at school about the alcohol issues.”

Participants of the Alcohol Hui identified that more education around alcohol for both youth and their parents was needed. There is minimal education in schools that provide information on the harmful effects that alcohol consumption can have on an individual, including the negative impact on health, such as cancers and the onset of other serious health problems.

“Parents not knowing what their kids are doing are providing alcohol for kids because they are going to do it anyway. More like friends than parents.”

Concerns were raised that underage drinking was now accepted/expected. Parents, in particular, needed more support on how to communicate with their teenagers and strategies to manage teen drinking in their own homes, as well as communicating expectations for when teenagers are with their peers outside of the home.

“...availability, it is just one text away, meaning if you are mates with a person 18+ then you can get them to buy it for you with a touch of your phone.”

The ease of access to alcohol for teenagers was identified, as was the lack of supervision during teenage parties and the volume of alcohol available. Parents and family members were also mentioned as sources to obtain alcohol.

Harm to Families/Whānau

Of the 25% of responses relating to Harm to Families/Whānau (n = 33), most concerns were around health (n = 14) including sexual, physical, mental health and addictions followed very closely with violence related concerns (n = 9) including Family Violence.

“I have no one who admits drinking during pregnancy but I have a few who choose to formula feed so they can drink afterwards”

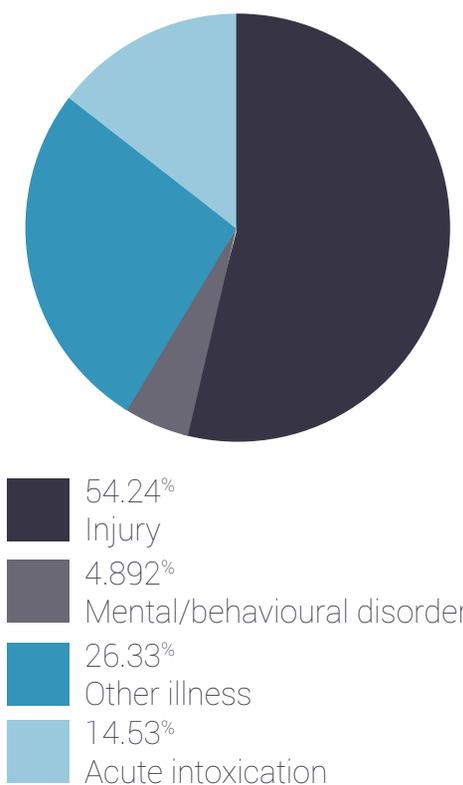
Concerns regarding infant health and alcohol use during pregnancy was raised in particular the incidents and effects of Foetal Alcohol Syndrome. Some mothers choose to bottle feed rather than breast feed so they can drink alcohol once baby is born. Alcohol-related health concerns were recognised for all age groups, from infants through to the elderly.

Sexual health (unwanted sexually transmitted infections and pregnancies) was raised, as well as how this can affect the mental wellbeing of young women in particular.

The presence of alcohol use and abuse in instances of suicide and attempts at suicide was also of concern.

Participants discussed the benefits of working with the Health Promotion Agency to tailor their resources to include a Southland flavour. It was suggested that using community 'champions' in any health promotion campaign may provide stronger recognition and buy-in by our communities. For instance, a campaign similar to the breastfeeding promotion project that Public Health South carried out in 2013, with a focus on the harmful effect that alcohol has on infant health, may increase awareness. The 2013 campaign included photos and stories of local mothers and organisations that carried out or supported breastfeeding.

Southland



Impact of Alcohol report – Figure 8: The nature of alcohol-related presentations.²³

23. Public Health South The Impact of Alcohol on the Health of Communities (2013), 13.

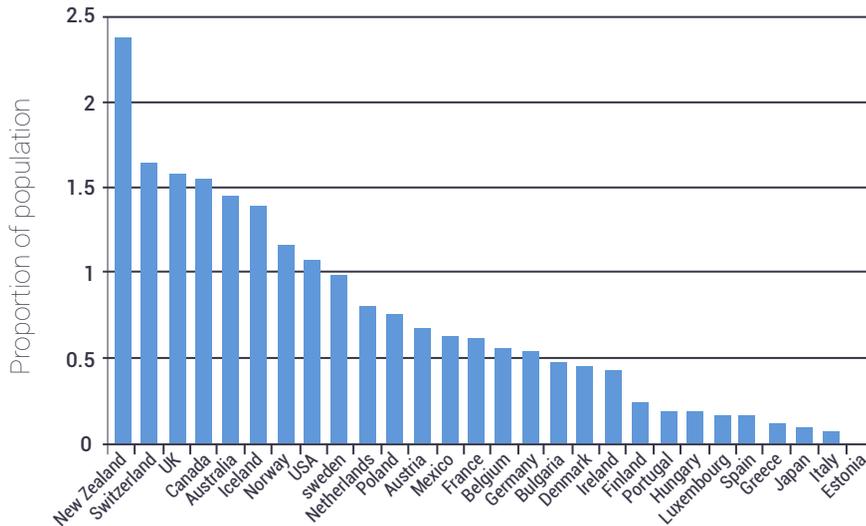
“ Domestic violence is killing us. ”

New Zealand has shocking statistics regarding the frequency of Family Violence. We are ranked the worst in the OECD, and in Southland (as with the rest of the country) the frequency and severity is trending upwards. The upward trend may be attributed to the increase in reporting following media and Police campaigns to highlight the issue. As mentioned earlier, there is a strong correlation between alcohol and Family Violence.

Family Violence Investigations²⁴

Murihiku/Southland is well above the national average for its incidents of assaults. As is the case with Family Violence, there is a correlation between alcohol consumption and assault offences. The impact that any chargeable offence has on the family/whānau can be detrimental.

Prevalence of Partner Physical or Sexual Assault, Women and Men, around 2005



Note: Data refers to 2004 Australia, Bulgaria, Canada, Estonia, Japan, Mexico, New Zealand, Norway, Poland and the US. For the rest data refer to 2005.

Source: International Crime and Victim Survey (2004-2005) and European Crime and Safety Survey (2005).

OECD Family Database SF3.4: Family Violence – Table SF3.4.A presents lifetime and annual prevalence rates for physical and sexual violence from an intimate partner (current or former).

	2006	2007	2008	2009	2010	2011	2012	2013	2014
TOTAL NUMBER OF FAMILY VIOLENCE INVESTIGATIONS	61947	69729	73280	79257	86763	89884	87639	95070	101981
Investigations with at least one offence recorded	26156	31107	34785	42516	45496	44489	40682	37902	37443
Investigations with no offence recorded	35791	38622	38495	36741	41267	45396	46957	57168	64538
Number of children linked to FV investigations^a	-	-	-	73121	87368	94442	101293	-	-
Investigations where at least one child aged 0-16 was linked to the investigation	10,688	16,200	24,828	35,957	42,581	46,254	50,000	59,223	62,923

NZ Family Violence Clearinghouse – number of Family Violence investigations carried out by the Police for the whole of New Zealand.

24. New Zealand Family Violence Clearinghouse Data Summary: Violence Against Women (2015), 3. <https://nzfvc.org.nz/sites/nzfvc.org.nz/files/DS2-Violence-Against-Women-2015-0.pdf>.

Alcohol Consumption at Venues and Events

“Duco Events team couldn't believe how much people down here drank in the event held last year.”

Invercargill has had the opportunity to host some highly sought after events in recent years. Southland also plays host to annual events which attract national and international visitors who may be experiencing Murihiku/Southland for the first time. Observations from 'outsiders' is that there is a strong focus on alcohol rather than enjoying and experiencing the event itself.

Observations were made by participants of the Alcohol Hui of the need for better transport options where events are held in venues away from the CBD, such as ILT Stadium Southland. It can be difficult to source a taxi following an event, which may cause further harm relating to drink driving or other anti-social activities.

The Blumsky Report provided a number of dislikes relating to Invercargill's lack of diversity in nightlife and entertainment. The options within the CBD were seen as

limited to bars and clubs rather than options to experience a meal, live music and/or other entertainment.

The large table below shows the licensing information for the Southland area in relation to the rest of the country. The small table below provides a comparison between Invercargill and Waitakere City²⁸ in Auckland, which also has a licensing trust operating in the community.

Waitakere City's population is approximately three-and-a-half times more than Invercargill and yet we have more off license venues and have issued significantly more club licenses. The territorial area for Waitakere is approximately 82km compared to Invercargill city's 115 km.³⁰

Issues around pre-loading and how this impacts on-license venues were raised. Suggestions were put that off-license premises should be restricted from supplying under-priced/on-special alcohol, as this promotes increased consumption and pre-loading. Similarly, the quantity that patrons drink at on-license venues is also a concern. There are incentives and deterrents in place to ensure intoxicated patrons are not served; such as fines. It was raised at the Alcohol Hui that more personal responsibility needed to be promoted, as it is the venue and its employees who hold the liability, and therefore the responsibility, as hosts, rather than the intoxicated patron.

TLA Name	NZ	S/land District	Rank	In/gill City	Rank	Gore District	Rank
Deprivation Score ²⁵	5.5	3.9	62	6.1	27	5.0	53
ON Licenses per 10,000 population ²⁶	15.9	30.5	11	11.9	46	9.8	56
OFF Licenses per 10,000 population	8.0	20.8	11	5.9	56	10.7	30
CLUB Licenses per 10,000 population	4.6	19.1	1	7.9	30	14.8	5
All Licenses per 10,000 population	28.6	70.5	10	25.7	45	35.2	28
Crash Rate per 10,000 registered vehicles	5.9	5.5	32	2.9	59	1.4	66
SH1 Crash Rate per 10,000 registered vehicles	1.5	1.2	42	1.5	34	0.9	47
Unemployment Rate ²⁷	6.1%	5.2%	10	5.2	10	5.2%	10
DHB Name	NZ	Southern	Rank	<i>New Zealand Alcohol Community Profiles for Southland, Invercargill City and Gore District</i>			
Alcohol Hospitalisation Rate	6.4	4.7	15				
Alcohol Death Rate	0.4	0.4	8				

	Invercargill	Waitakere
Population ²⁹	5.5	3.9
On License	15.9	30.5
Off License	8.0	20.8
Club License	4.6	19.1
Total	28.6	70.5

25. Department of Public Health (2013) NZDep2013 Index of Deprivation.

26. Alcohol availability information sourced from Alcolink at June 2014.

27. Regional Economic Activity Report 2014.

28. Information provided by Healthy Families Waitakere and Healthy Families

Invercargill.

29. Statistics New Zealand Census 2006.

30. Refer to Appendix C, Appendix D and Appendix E for the alcohol licensing map for the Invercargill city district.

“ Venues are generally poorly designed for live music. ”

Bars and clubs are generally not well set up to cater for live music, as there is usually limited space. This can contribute to damage to equipment and harm to the musicians or patrons.

Opportunities to diversify the nightlife by promoting the establishment of a late night café and restaurant scene in the Invercargill CBD was suggested. One interviewee suggested an external, covered area in the CBD (such as

Wachner Place) that could be used as an outdoor stage. Wachner Place is also part of the CBD Alcohol Ban Area, which would promote an alternative to drinking in a bar.

It was recognised that the pathway to seeking the best solutions for addressing diversification of venues and events would require extensive community discussion. The Invercargill Licensing Trust was commended for its willingness to participate and contribute to the discussions, and indicated a commitment to working towards what our community needed to decrease the amount of alcohol-related harm.



31. Complete list is included in Appendix B: Question 4.

RECOMMENDATIONS

The following are recommendations for potential activities and projects that may be carried out to reduce alcohol-related harm in Murihiku/Southland. Participants of the Alcohol Hui and contributors of the qualitative interviews provided suggestions on what projects and supports they would like to see being implemented.³¹

- Build on services, initiatives and interventions that are working, such as alcohol counselling services; IBAN; After-Ball Party.
- Provide further facilitated conversations/ workshops amongst Murihiku/Southland communities to seek localised solutions and develop a local action plan.
- Establish working groups that focus on priority issues outlined in this report and identify appropriate interventions and corresponding activities toward solutions for alcohol-related issues, and monitor progress of established interventions/ initiatives.
- Work with schools and parents by providing education and support on how to provide our children and youth with the best alcohol-related education, and promote positive parenting strategies.
- Work alongside HPA to develop and tailor localised health promotion campaigns using local faces and places.
- Support venues and events to provide entertainment and alternatives to alcohol-focused activities.

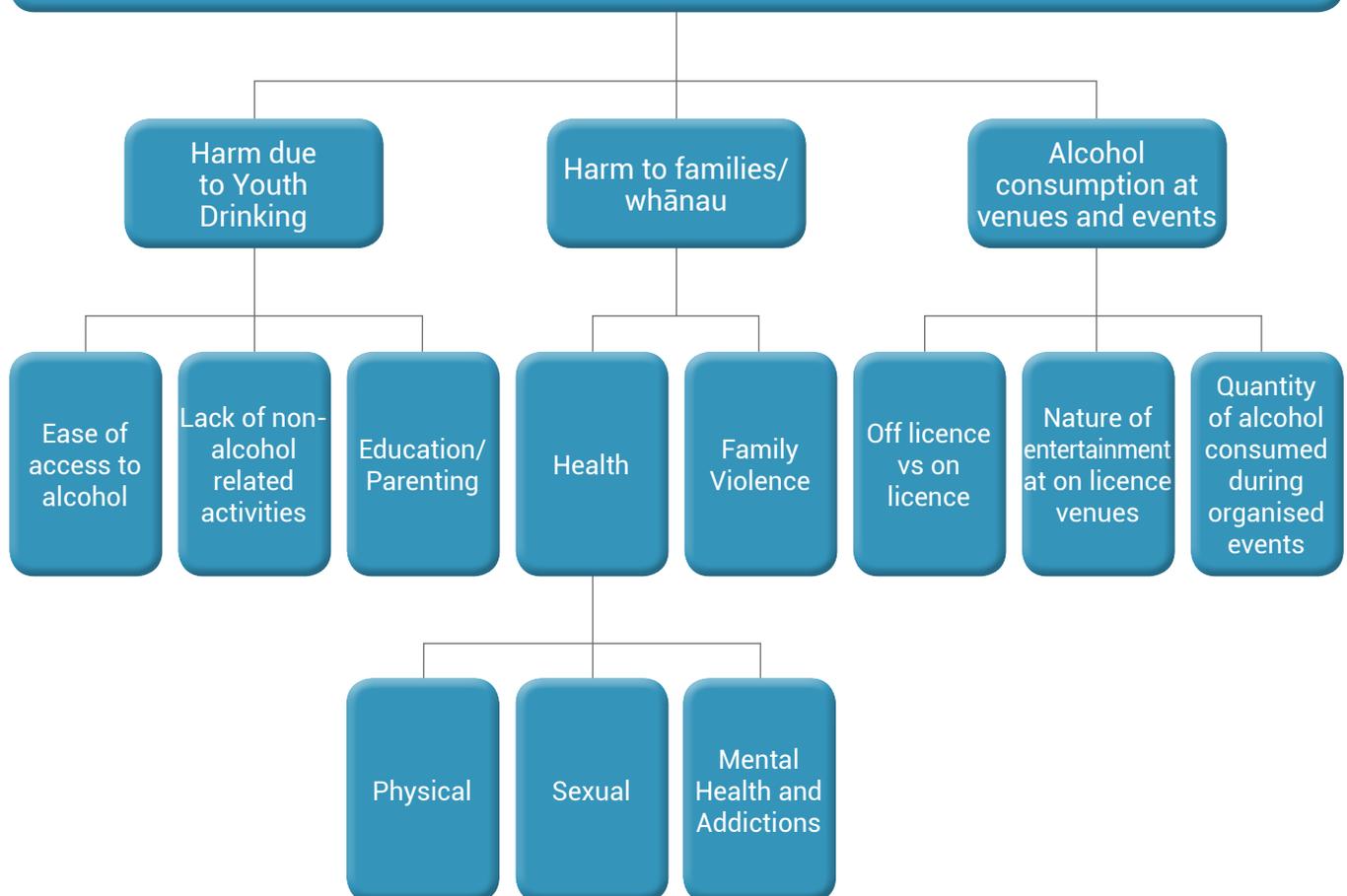
It is recognised that Southlanders are innovative and experts in ways to achieve positive outcomes through knowledge, information and resource sharing. The most important message participants, contributors and the reports used in this research have reiterated is the need for our communities to continue to cooperate and collaborate with one another if we wish to achieve the desired outcome of reducing alcohol-related harm in Murihiku/Southland.

³¹. Complete list is included in Appendix B: Question 4.

APPENDICES

APPENDIX A: MAPPING OF POTENTIAL PROJECTS AND ACTIVITIES TO ADDRESS ALCOHOL-RELATED HARM IN MURIHIKU / SOUTHLAND

Drinking culture in Murihiku / Southland



APPENDIX B: RESPONSES FROM THE FACILITATED HUI

The following tables represent participants' responses to the questions posed at the Alcohol Hui held on 24 March, 2016 in Invercargill.

Question 1:

What are the 3 key issues you and your agency see in relation to alcohol in your line of work in the Southland area?

	Key issues categories	No.
Social – 27	Legislation / Regulations	15
	Sports	4
	Fundraising and Sponsorship	4
	Services	4
Entertainment – 15	Venues & Events	11
	Transport	4
Behaviours – 12	Excessive drinking	8
	Risk-taking	4
Family / Whānau – 33	Health	14
	Violence	9
	Other	5
	Financial	3
	Parenting	2
Youth Drinking – 45	Ease of access to alcohol	16
	Parenting	9
	Social	8
	Lack of activities	6
	Health	4
	Education	2
	Total	132

Question 2:

What is the nature of the harm you see in relation to alcohol?

	Nature of Harm	No.
Social – 27	Violence	12
	Drunk-driving	5
	Other	4
	Physical	24
Entertainment – 15	Mental and Addictions	11
	Sexual	7
Behaviours – 12	Parenting	10
	Relationships	7
Family / Whānau – 33	Risk-taking	7
	Death	2
	Financial	3
	Business	3
	Employment	2
Youth Drinking – 45	General	2
	Total	99

Question 3:

What is working? What is making a difference to reduce alcohol-related harm? Any projects within Southland you know of?

	Key issues categories	No.
Legislation / Regulations – 23	Access to alcohol	8
	Driving	5
	Venues & Events	4
	General	4
Community Collaboration – 18	Policing	2
	Agencies	12
Host Responsibility – 14	Services	5
	Families / Whānau	1
Programmes / Projects – 22	Training	8
	General Hosting	6
	After-Ball	10
	Education	2
	Social Marketing	2
Services – 15	Sports	3
	Venues & Events	5
	Treatment	5
	Counselling	3
	General	3
	Stopping Violence	2
	Youth	2
Total	92	

Question 4:

What support and/or resources would you like to see in place that you believe would help reduce alcohol-related harm? Training needs?

The following list represents the activities participants of the Alcohol Hui, and contributors to the qualitative interviews carried out by Healthy Families Invercargill, suggested as possible ideas and projects to reduce alcohol-related harm in Murihiku/Southland.

Community champions acting with courage to role model reduced alcohol consumption at play and work, and support distribution of resources:

- Mental Health Foundation
- Health Promotion Agencies
- R and A Agencies
- National campaigns don't always work. We need local solutions to local issues.
- Development of a campaign to increase greater awareness on delaying onset of drinking
- Develop a tool similar to multi-venue (Problem Gambling) industry/agencies & community working together to lessen harm
- The "Whānau Pack" NMDH re-printed for Southland
- Adding a workshop kit to "The Whānau Pack" for services to use with parents & schools
- Live, interactive entertainment in the centre of the city at a venue that wasn't weather-affected
- Better support for parents to manage alcohol in their homes, especially younger persons
- More onus placed upon hosting parties and supply resources

Community consults with those impacted by the harm (CPTED) and Local Alcohol Policy consults:

- Less bar-like establishments/more craft beer/café/ more atmospheric places
- Advocacy for community to have a choice / have a voice
- Councils talk to inside group of people at LAP time not x 7 industry x 2 youth etc. like last time - no option for general public
- 18/20 age restriction for bars/bottle stores
- Extra tax on bottle stores
- A half hour alcohol-free period at events
- Investigate merits/limitations of the one-way door policy
- Better buy-in and working closer with council with joint initiatives - council represent the community
- Support city council initiatives for vibrant city minus alcohol
- Environmental e.g. links to violent crime
- CPTED (Crime Prevention Through Environmental Design) principles to be widely understood and used in community
- Supporting CPTED - crime prevention through environmental design

Tools and templates for all levels of events - family, recreational/work, large scale community:

- Adoption of alcohol free policies for school events
- Support for event organisers - policy templates etc.
- Training and resources sports clubs - fundraising initiatives outside of bar profits
- More availability of better range of alcohol drinks including spirits and RTDs
- Stadium is not allowed to put buses onto go to town after an event (some bus drivers can be persuaded though)
- Change of culture re alcohol in community
- Great to have live interactive entertainment in the centre of the city at a venue that wasn't affected by weather
- Variety of entertainment options. Non-alcoholic more atmosphere
- Having safe/host responsibility family friendly events
- Affordable non-alcoholic options and food available at events
- More alcohol free events
- Advocacy for community to have a choice / have a voice

Acknowledge and celebrate - Collaborative practice is already happening - build on those strengths and sustain services - collate data and research; - develop services and resources (local) = Hospitality industry, FV Networks, Future Directions / SADMAG:

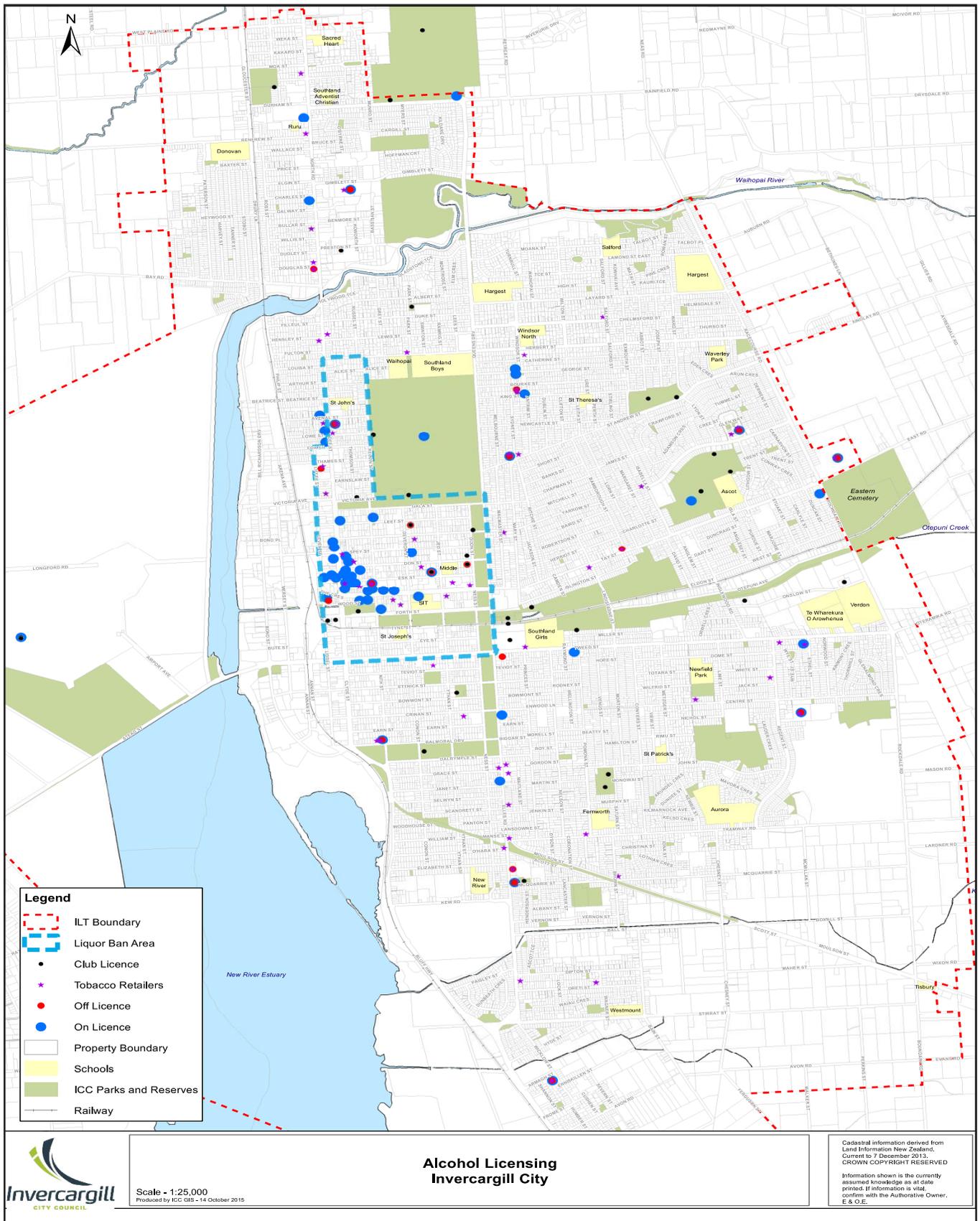
- Rational recovery group
- A service is needed to work with suicide risk behaviours when client not considered to have mental health issues
- Future Directions Alcohol Forums useful for a wide range of topics related to alcohol
- Collection of data of alcohol harm from all related agencies and community organisations
- More support for AA & NA
- Group treatment facilitation training
- Funding for courtesy vans for community groups
- Invest in resource availability of information
- Does ILT give sober drivers for groups free or cheaper • drinks. Non-alcohol drinks can be dear

Community needs - education and training:

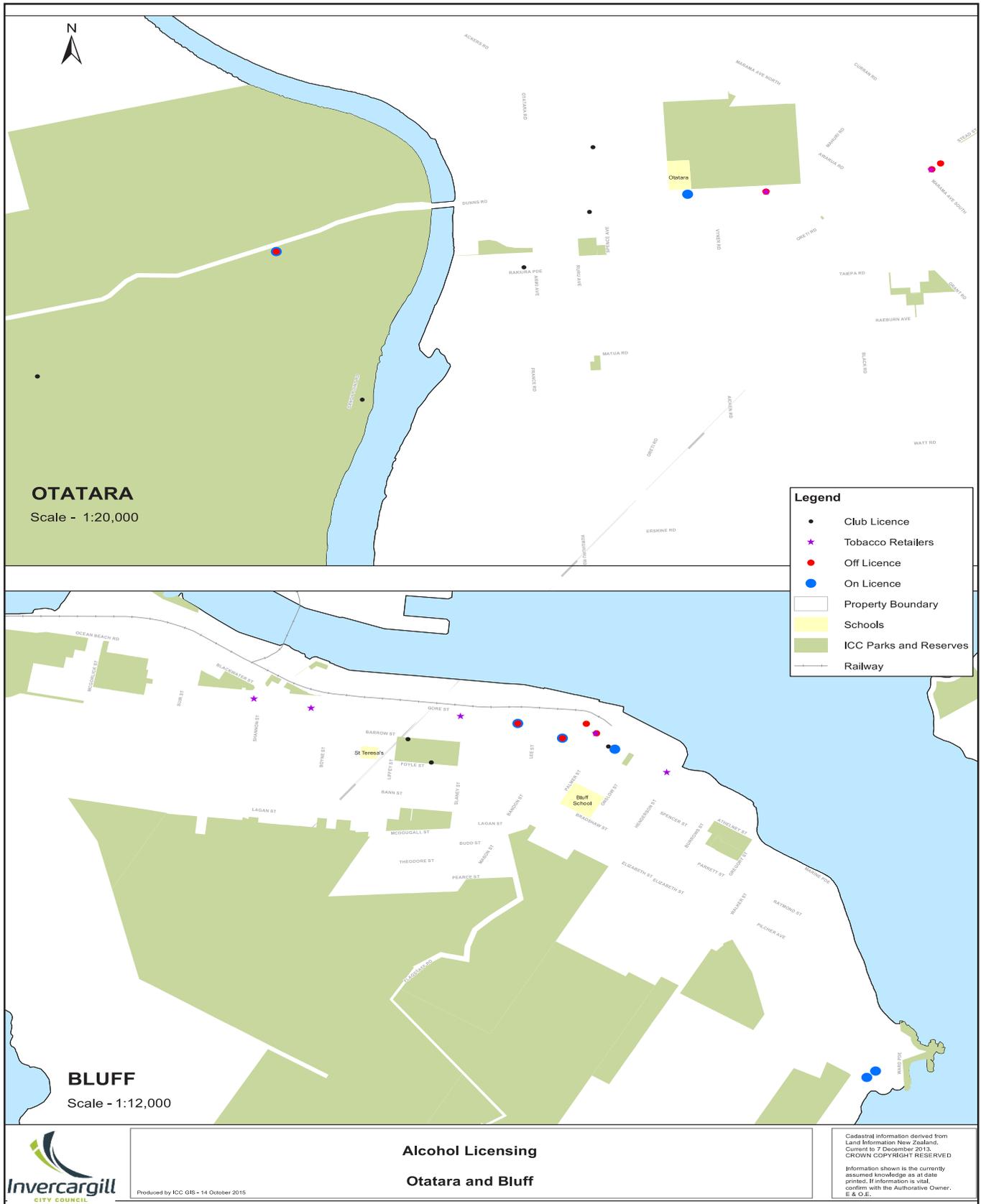
- More legal clout to control alcohol once it leaves an off license. Australia example - expensive at an off license - cheaper at an on license
- Advocate to raise purchase age to 20
- Reduced trading hours
- Law change - Off License = 20; On License = 18
- Tougher penalties for parents supplying underage drinkers
- DLC make use of resources to support policy
- Don't need any more staff training Well South & Hospo NZ are constantly sending training info and supporting
- More info/training and resources on links between alcohol and family violence
- Meaningful training and resources for teachers
- Teachers need more training in dealing with situations
- Sports nutrition classes with teams e.g. Stags/ Sharks modelling behaviour
- Education in schools
- Increased registered DAPAANZ Supervisors
- DHB workshops education sessions
- Drug and alcohol forums
- Drug and alcohol group DHB / NGOs
- Co-existing problems identification training
- Training need - how do you introduce drug and alcohol testing in the work place
- Knowledge of standard drink size
- Further training to assist in asking the hard questions
- Working with whānau as a whole as well as individually
- Training and resources informing parents of their obligations under law re their children / young people drinking
- Parents need to be more responsible and accountable for their minors
- Resources / training around parents harm around supplying teenagers
- My daughters 18-30yr in growing up have been more responsible sober driving than older age group
- Parent info - setting limits; parenting (not "friending")
- Schools to take more responsibility in feeding kids at games - potential for BBQ
- Parents collective voice "culture" of drinking

And contribution to law and policy change.

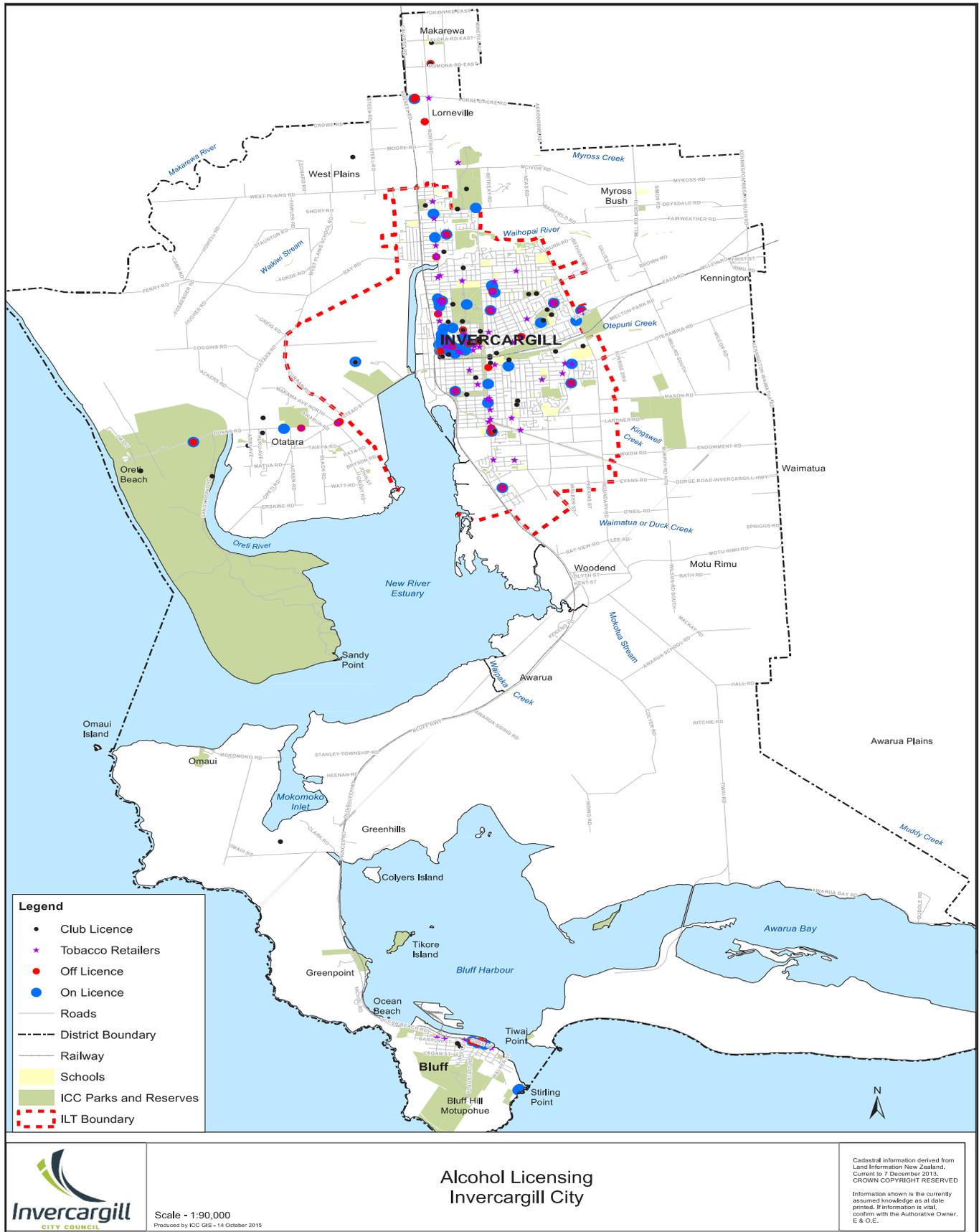
APPENDIX C: ALCOHOL LICENSING – INVERCARGILL CITY



APPENDIX D: ALCOHOL LICENSING – BLUFF AND OTATARA



APPENDIX E: ALCOHOL LICENSING – INVERCARGILL DISTRICT



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Thank you to all the agencies, organisations and individuals who have provided their thoughts, ideas, concerns and care to this very important project. Your voices need to be heard as it is your community that you have come together to seek better outcomes for. Through all of your combined experiences, knowledge and beliefs the picture becomes more complete and solutions become more vibrant and achievable.

Kei te mihi nui ki a koutou katoa.