Improving community wellbeing, resilence and safety through collaborative efforts

Safe Communities Foundation New Zealand

Pathways to Community Wellbeing Reducing Alcohol-Related Harm
A Framework for Action

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Introduction

Background

Communities throughout Aotearoa New Zealand are active in implementing a range of established and innovative programmes/initiatives to address alcohol-related harm. This resource was developed by the Safe Communities Foundation NZ in consultation with and funding support from Te Hiringa Hauora/Health Promotion Agency (THH/HPA) to support this vital work by providing communities with:

 ➢ Tools for addressing alcohol-related issues in a systematic way;

 ➢ Resources for implementing effective and appropriate interventions;

 ➢ Sources of data, research and priority-setting techniques that could assist in decision-making; and

 ➢ Examples of proven programmes and activities that increase the likelihood of success.

Acknowledgements

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 o Alisha Stone (& colleagues): New Plymouth Injury Safe
 o Michele Grigg: Napier City Council/Safer Napier/Hawke's Bay region
 o Saniya Thompson: Invercargill City Council/Safe in the South
 o Wayne Levick (& colleagues): Auckland Council/Safety Collective Tāmaki Makaurau

Safe Communities Network Aotearoa New Zealand

Aotearoa New Zealand has a well-established local, regional and national Safe Community network that supports wellbeing, placemaking, resilience and community safety initiatives. There are no other national organisations, networks or coalition models that offer a comparable structure and reach. Since SCFNZ was established in 2004, there has been exponential growth of Safe Communities, with just over 3.2 million (65%) New Zealanders living in an accredited Safe Community. 25 cities and districts are currently engaged in the network and participation is open and accessible to any and every community within Aotearoa New Zealand. www.safecommunities.org.nz

SCFNZ adopts both public health and community development principles. SCFNZ is aligned with the Ottawa Charter for Health Promotion, November 1986, which sets out the fundamental prerequisites for health, and an international call to action and commitment to health promotion. SCFNZ draws reference from Te Pae Māhutonga framework to ensure that all the essential aspects of health promotion are addressed from a holistic model.

Safe Communities is not another project or a programme, it is an integrated way of doing business. The model is widespread internationally and is recognised by the World Health Organization as an effective and acceptable intervention to address community/individual safety, wellbeing and resilience. The Safe Communities concepts embody the values and philosophies of whanaungatanga (relationships) manaakitanga (respect, care and support) and tino rangatiratanga (self-determination and autonomy).

Accredited Safe Communities provide the ideal platform and channels for central and local government to improve the wellbeing of New Zealanders and their whānau through supporting resilient, safer and more connected communities. This actively supports the Government wellbeing agenda and the overarching United Nations Sustainable Development Goals.

Safe Communities recognises the position of Māori as tangata whenua and, as such, the importance of iwi as key stakeholders within Safe Community coalitions in Aotearoa New Zealand. We recognise:
  o Iwi and Māori amongst community leaders with an important role to play in wellbeing, building community resilience, and social capital;
  o Māori are disproportionately affected by injury and other harms, and that needs to change.

We will do this by mentoring and building Safe Community capacity and capabilities to:
  o recognise the vital role iwi play as partners and the importance of iwi being involved in the broader communities they are part of;
  o work in collaboration with local iwi/Māori to build strong relationships in culturally appropriate ways;
  o ensure Māori views are included when communities identify their risks and needs;
  o encourage Māori to actively contribute to the design and implementation of initiatives, by enabling opportunities for Māori participation

The Safe Community movement is committed to working together to collectively strengthen cultural capability, diversity and inclusion. It recognises that in working with tangata whenua we contribute to a safer environment not only for Māori but for all New Zealand communities.

Explanation of the resource

Each section of this resource can be utilised independently. The resource provides tools, information and links to assist with:

➢ *Problem definition (section one):* There are a number of tools that can help stakeholders and communities to clarify the particular issue(s) they are seeking to address, eg: drink driving; under-age sale and supply; delaying the onset of alcohol consumption by adolescents; addictions; violence; injury. SCFNZ already asks Safe Communities to report on their priority-setting processes. It is too easy to fall into the trap of jumping to solutions or implementing what's been done before without proper analysis of the issues.

➢ *Data and Research (section two):* Globally and closer to home in Australia there is a wealth of data and research in the field of alcohol-related harm, however, there is not as much in Aotearoa NZ. This section identifies what information is available in Aotearoa NZ and where to find it. In the absence of fine-grained local data, communities are encouraged to conduct their own research/data gathering as a means of accessing vital information, and as a tool for engagement.

➢ *Wellbeing Indicators (section three):* how the problem definition, strategies and interventions relate to the Local Government (Wellbeing Amendment) Bill, the Treasury, Statistics NZ, SOLGM Wellbeing Indicators and the Sustainable Development Goals. There are examples of local and regional community wellbeing profiles prepared by Councils, District Health Boards, and consultants.

➢ *Pathways and implementation strategies section four):* Using the WHO SAFER initiative as a framework, this section introduces proven and likely strategies that can be implemented in local government/community settings. This includes case studies and links to effective and promising interventions within the chosen pathway(s). Potential partner/stakeholder agencies are identified.

Section ONE
Problem Definition

Albert Einstein once said, "If I were given one hour to save the planet, I would spend 59 minutes defining the problem and one minute resolving it."
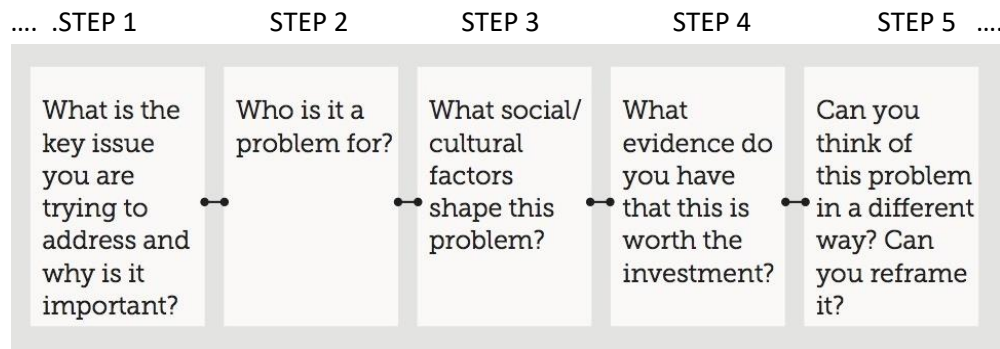
What most of us don't realise — and what supposedly Einstein might have been alluding to — is that **the quality of the solutions we come up with will be in direct proportion to the quality of the description of the problem we're trying to solve**.

Stated most simply, a problem is the difference between what *is*, and what *might* or *should be*.

A literature search reveals a number of 'tools' that are designed to assist with problem definition which have many consistent features.

Development, Impact & You: DIY Problem Definition Tool

DIY Problem Definition is a step-by-step approach: https://diytoolkit.org/tools/problem-definition-2/

…. .STEP 1	STEP 2	STEP 3	STEP 4	STEP 5 ….
What is the key issue you are trying to address and why is it important?	Who is it a problem for?	What social/ cultural factors shape this problem?	What evidence do you have that this is worth the investment?	Can you think of this problem in a different way? Can you reframe it?

This tool works to define a problem:
  ➢ by examining different perceptions, define the wider context and associated issues involved.
  ➢ is particularly effective when bringing together a team of people as the purpose is to capture and compare different viewpoints.

This exercise may lead you to 'reframe' the problem you initially addressed – for example, *what happens if you see older people as having capacities, rather than needs?* Reframing problems in such a way can offer clues to how the solution can take shape.

The Community Toolbox

The Community Tool Box is a service of the [Center for Community Health and Development](#) at the University of Kansas. Their approach is consistent with the DIY Tool, and the questions below elaborate on the key steps. https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/define-analyze-problem/main

Clarifying the problem (STEPS 1 & 2 above)
  - ➢ **Start with what you know.**
  - ➢ **Gather information on the problem.**
  - ➢ **Decide what information is missing.**

Focus on needs, and not solutions. If you define the problem in terms of possible solutions, you're closing the door to other, possibly more effective, solutions.

  - o *Choosing among problems:* You might have many obstacles you'd like to see removed. In fact, it's probably a pretty rare community group that doesn't have a laundry list of problems they would like to resolve, given enough time and resources. So how do you decide which to start with? How do the data enable you to rank or prioritise the issues?

  - o *Start with stakeholders***:** The process of defining the problem is often a group effort. It starts with meeting with the stakeholders, targeted cohorts, vulnerable individuals and families, and communities affected by the issue (if possible) and learning about their pain points and perspectives. How do you prioritise competing issues and agendas?

Define the problem as one that everyone shares; avoid assigning blame for the problem. This is particularly important if there is the potential for widely divergent views and/or conflict. Some useful questions:
  - ➢ *Where is the problem arising, and who is affected by it?*

  - ➢ *Who are the priority populations? Who is most at risk?*

  - ➢ *When did the problem first occur, or when did it become significant?*

  - ➢ *How much, or to what extent, is this problem occurring***?**

Why does the problem exist? (STEP 3 above)
What social/cultural factors shape/influence the problem?
"Force field analysis."
  - o Identify and record the "Restraining Forces". Under "Restraining Forces," list all the reasons you can think of that keep the situation the same; why the status quo is the way it is.

  - o Identify and record the "Driving Forces". In the same manner, under "Driving Forces", list all the forces that are pushing the situation to change.

Deciding to solve the problem (STEP 4 above)

Before you go any further it's important to look critically at the problem and decide if you really want to focus your efforts on it.

➢ *Importance*: Decide if the good you can do will be worth the effort it takes. What are the chances of success? Are you the best people to solve the problem? Is someone else better suited to the task?

➢ *Negative impacts*. If you do succeed in bringing about the solution you are working on, what are the possible unanticipated consequences?

Framing or reframing the issue (Step 5 above)

➢ What is the 'ideal' outcome or environment that will address the needs and goals of the stakeholders, vulnerable groups, and the community?

➢ What are the costs and consequences if the issue/problem is not addressed?

➢ Is there an opportunity to reframe or redefine the problem that will help identify solutions?

Life course Approach

A life course approach provides a holistic view of people's health and well-being at all ages, and interlinkages with sustainable development. Adopting the life course approach means *identifying key opportunities for minimising risk factors and enhancing protective factors* through evidence-based interventions at key life stages, from preconception to early years and adolescence, working age, and into older age. By altering policies, environments and societal norms, inequalities affecting the life course trajectory can be reduced, which could benefit the whole population across the lifespan, as well as future generations.

Further reading:

➢ WHO - The world has committed to achieving health for all and Sustainable Development Goals using people-centred, multisectoral approaches. A life course approach brings together high-impact, evidence- and rights-based strategies to do so. https://www.euro.who.int/en/health-topics/Life-stages
https://www.who.int/ageing/publications/lifecourse/alc_lifecourse_training_en.pdf

➢ Māori researchers are using life course approaches to examine influences on health and wellbeing intergenerationally, from early life to old age.
https://journalindigenouswellbeing.com/media/2019/07/122.126.How-a-lifecourse-approach-can-promote-long-term-health-and-wellbeing-outcomes-for-M%C4%81ori.pdf

➢ UK Public Health https://publichealthmatters.blog.gov.uk/2019/05/23/health-matters-prevention-a-life-course-approach/

Life Course Toolkit

Tāmaki Makaurau / Auckland Safe Community utilise a lifecourse approach and have produced a toolkit- for communities and organisations wanting to address injury and harm. https://www.aucklandsafetycollective.org.nz/

Life Course Matrix (Adapted from Vibrant Safe Waitomo)

Communities can utilise this approach in defining the problem; one example is provided the Life course Matrix. This is a tool you can use to focus your attention on specific populations (ages). You can refine it to help you plan and target your potential interventions and resources to the appropriate audience.

➢ *Does you analysis enable you to 'cluster' problems by age, gender or other factors?*

Use all the information you have gathered in your Problem Definition step: data, anecdotal evidence, survey results, media, consultation and other sources to 'colour' your matrix.
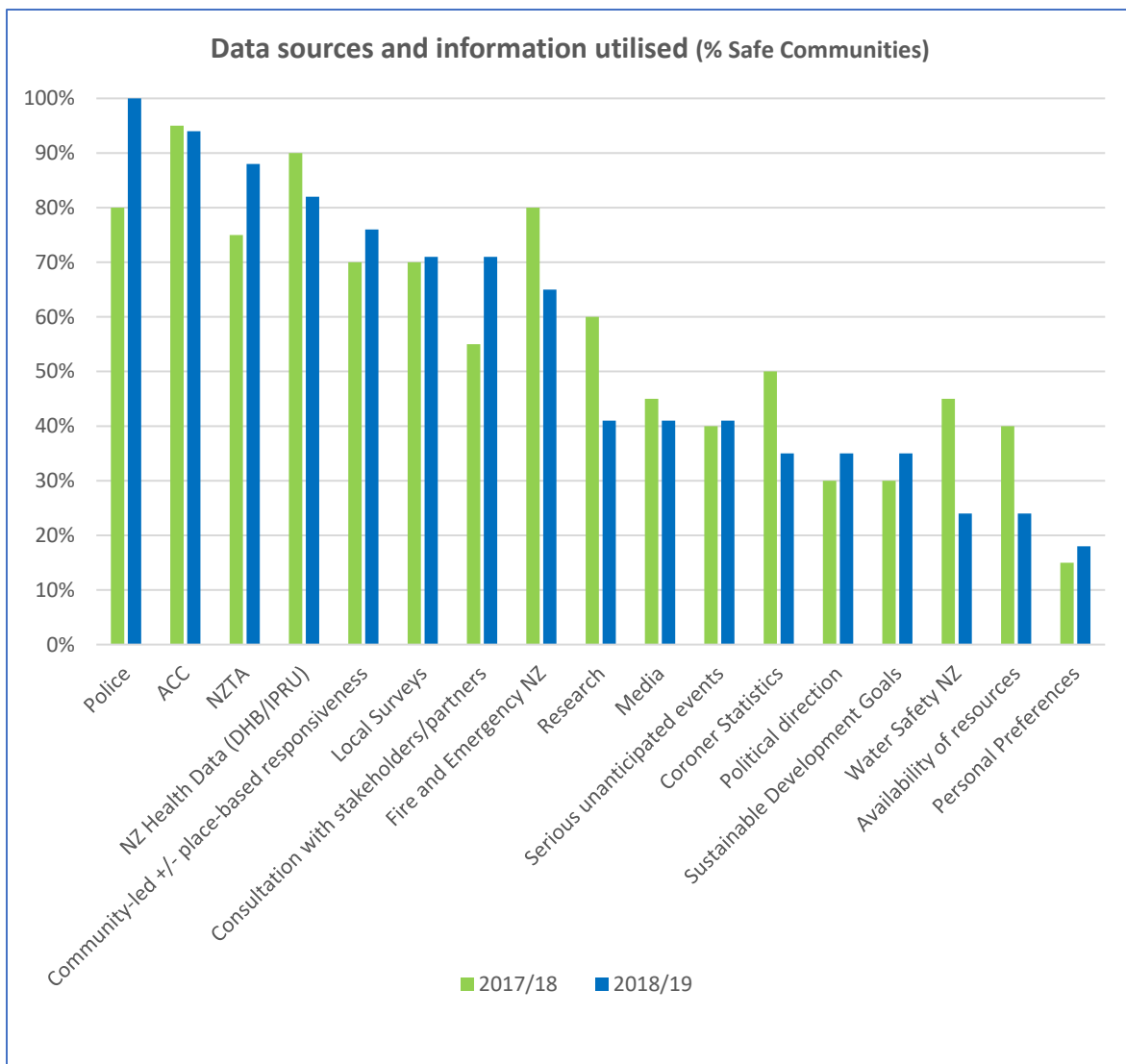
This is an example:

Alcohol-related harm	Age Range										
	0-1	1-4	5-14	15-19	20-29	30-39	49-49	50-59	60-69	70-79	80+
Drinking during pregnancy	X										
Fetal Alcohol Spectrum Disorder	X										
Neglect, abuse, lack of development		X									
Under-age sale and supply of alcohol				X							
Early on-set drinking developmental harm				X							
Youth mental health and addictions				X							
Drink Drive				X	X						
Family violence/harm											
Violence in public places					X						
Location/density of on-licence premises					X						
Location/density of off-licence premises											
Older people and late on-set drinking harm											
Large public events					X						

Key
Red is for high incidence/priority.
x   is the highest priority
Orange is significant incidence/priority
Yellow is for medium incidence/priority and collateral impact
Green is for low incidence/priority

Section TWO
Finding relevant information, data, research, trending issues

There are a number of sources of local and national data and information that are relevant to Safe Communities planning and activities. Which ones are used are surveyed each year in the Safe Community Annual Reporting and published in the *Combined Safe Communities Annual Report*:

Data sources and information utilised (% Safe Communities)

Pathways to Community Wellbeing Reducing Alcohol-Related Harm - A Framework for Action
www.safecommunities.org.nz

Sources of Statistical Data for Alcohol-Related Harm

Baseline data that are refined to a city or district level can be difficult to find. And once you find it, it may be difficult to interpret, and to correlate with data/intel from other sources. This paper is not going to elaborate on the issues and challenges surrounding data analysis. The best advice we can give is to use your collective knowledge and expertise within your governance/working group to analyse and extrapolate using the data/intel that you have available, and work with that even if it is 'incomplete'. But be mindful that there are associated risks: for example, deficient data could misrepresent the issue, and there could be challenges to your conclusions. However, you do not want to get into a situation where you only assess, make decisions, and act on things you can count.

The following is further information on a number of available datasets.

Healthspace

Healthspace is a data visualisation tool (graphs and tables) to explore regional health and population data. Some indicators show comparisons by DHB and by Territorial Authority to whole of NZ data. As part of the Environmental Health Indicators, regional and national data are available on alcohol-related harm including:

➢ Density of licensed alcohol outlets (at the area unit level)
➢ Harmful alcohol use, hazardous drinking, heavy episodic drinking
➢ Hospitalisations wholly attributable to alcohol
➢ Alcohol-related motor vehicle crashes
➢ Injuries from alcohol-related motor vehicle crashes

The data are available free on the interactive website: https://healthspace.ac.nz/health-stories/alcohol-related-harm

Wellbeing Statistics (Statistics NZ | Tatauranga Aotearoa)

Wellbeing Statistics give a picture of social wellbeing in the population, based on the New Zealand General Social Survey. The data are in time-series: 2014, 2016, 2018. This could be useful baseline data upon which you could interpose local/regional data, or from which you could extrapolate to your local setting if fine-grained data is not available. This information is free and available on the website.

Wellbeing statistics: 2014–18 (time series) include:

o Overall life satisfaction
o Life worthwhile
o Financial wellbeing
o Material standard of living
o Self-rated general health status
o Safety and security

o Loneliness
o Generalised trust
o Institutional trust
o Culture and identity
o Job satisfaction
o Housing condition

www.stats.govt.nz/information-releases/wellbeing-statistics-2018

Hospital Emergency Department screening and brief interventions data

It has been mandatory since July 2017 for DHBs to collect Emergency Department data on the 'Alcohol Associated' status of patients. The quality of the data is variable as each DHB has its own system for recording it. Hospitals that undertake alcohol screening and brief interventions will also have data on presentations that can inform community strategies and follow-up interventions.

Integrated Data Infrastructure (IDI)

IDI is a large research database, holding microdata about people and households including life events, like education, income, benefits, migration, justice, and health. It comes from government agencies, Stats NZ surveys, and NGO's. The data is linked together, or integrated, to form the IDI.

➢ This video gives an overview: *www.stats.govt.nz/integrated-data/integrated-data-infrastructure/how-integrated-data-is-helping-new-zealanders/*

➢ Stats NZ *'Better data, better lives'* videos show how partner organisations are using insights from the IDI to help New Zealanders. These insights can help answer questions about complex issues that affect New Zealanders. *www.stats.govt.nz/integrated-data/integrated-data-infrastructure/how-integrated-data-is-helping-new-zealanders/*

➢ Te Hiringa Hauora/Health Promotion Agency commissioned a technical report that has been written for researchers using New Zealand's IDI. The information supports alcohol and IDI researchers to make better use of the IDI for understanding alcohol – related harm in New Zealand. *www.hpa.org.nz/research-library/research-publications/substance-and-alcohol-use-data-in-the-integrated-data-infrastructure-idi-report*

➢ In the IDI there are multiple sources of data that contain information on substance and alcohol use. These data sources are collected for a range of different purposes and the completeness and quality of these data may vary. This guide sets out what data on alcohol and other drugs is available in the IDI and how this information can be used to define populations of interest (substance use population and alcohol-use in utero population). New Zealand-based researchers can apply to access microdata for research.

➢ To get access, you and your research project must meet the conditions that are set to keep the data safe. You can only access the data in a secure Data Lab environment. *www.stats.govt.nz/integrated-data/integrated-data-infrastructure/*

Additional source (online data and customized requests)

In addition, alcohol related harm data can also be obtained from:

➢ Injury Prevention Research Unit: https://blogs.otago.ac.nz/ipru/statistics
➢ NZ Transport Agency: Alcohol-related fatal and serious road crashes https://www.transport.govt.nz/statistics-and-insights/safety-annual-statistics/alcohol-and-drugs/

Sources of Alcohol-Related Harm Research

Te Hiringa Hauora |Health Promotion Agency

In the field of alcohol-related harm, Te Hiringa Hauora/Health Promotion Agency is the preeminent government-funded agency that leads in the field of alcohol research. Their research monitors key health indicators, behaviours and attitudes, informs and evaluates programmes and initiatives, and identifies emerging health trends.

➢ They publish regular updates on current research and you can sign-up and receive quarterly updates on their most recent research.

➢ Their research publications database lets you search published reports, methods and questionnaires, fact sheets and infographics across their programme areas: https://www.hpa.org.nz/our-work/research/publications

Alcohol Healthwatch

Is dedicated to reducing and preventing alcohol-related harm in Aotearoa New Zealand. Their role is to provide credible and up-to-date evidence-based information on matters relating to alcohol policy and planning. Their priority is to mobilise communities to take action on a range of alcohol-related harms, including fetal alcohol spectrum disorder.

They have a catalogue of research on:

- o Advertising, Marketing, Sponsorship
- o Crime & Violence
- o Drink Driving
- o Divestment from alcohol companies
- o Fetal Alcohol Spectrum disorder
- o Harm to Māori
- o Health and other harms
- o Legislation, Policy & Licensing
- o Local Government Policies & Strategies
- o Our Drinking Cultures
- o Tax & Pricing

You can sign up to their newsletter here: http://www.ahw.org.nz/About-Us

SHORE & Whariki Research Centre

SHORE & Whariki are two multidisciplinary research groups at Massey University working in a Treaty of Waitangi partnership model to produce excellent research with the aim of improving health and wellbeing in Aotearoa, New Zealand and globally. They are led by Profs Sally Casswell and Helen Moewaka Barnes. They have an extensive library of research and analysis, articles and commentary on alcohol-related matters, and they host the National Coordinator for CAYAD. https://shoreandwhariki.ac.nz/alcohol

Australasian Injury Prevention Network (AIPN)

AIPN is the peak body for injury research. As a source of information, the AIPN references a range of research avenues including academic and government sources. New Zealand does not produce the volume of research compared to Australia, a simple Google search of highlights this discrepancy. The Australian research is relevant and can be interpreted into New Zealand settings.
https://aipn.com.au/injury-resources/injury-research/

Section THREE
Wellbeing Indicators

This section is included separately from the Data and Research because it reflects current government thinking concerning individual and community wellbeing and resilience that is measured across a range of indicators that combine and analyse data from many sources.

Why measure wellbeing

"While GDP is a marker of economic activity, it doesn't measure human happiness, social connection, safety and security, or physical and emotional health. Nor does it factor in the negative impact of economic growth such as income inequality and the state of our natural environment. The shift to wellbeing means that we can now measure our progress in lifting people's quality of life and reporting on the things that people care about, such as the environment, and the quality of social connection."
SOLGM Website: accessed 8th June 2020 https://www.solgm.org.nz/Article?Action=View&Article_id=215

Local Government Wellbeing Amendment Bill (2018)

Consistent with the Coalition Government's commitment to focus on wellbeing rather than solely on GDP the Government moved to amend the Local Government Act 2002 to restore the four wellbeing's that had been removed by the previous government.

Local Authorities are to play a broad role in promoting the social, economic, environmental, and cultural well-being of their communities, taking a sustainable development approach. In addition, "community outcomes" are back, and "consequences" on the wellbeing's are included in the definition of "significance". The reinstatement of wellbeing's is also found in sections 14, 101 and schedule 10.
http://www.legislation.govt.nz/act/public/2019/0017/latest/LMS30972.html

"This year we introduced the four wellbeings -- social, economic, environmental and cultural priorities -- into the fabric of local government. We will now be working closely with councils and communities to power up the ways they can articulate and realise the things that matter most to them,'' (Nanaia Mahuta, Minister of Local Government, August 2019)

International Wellbeing Indicators

Sustainable Development Agenda

The Sustainable Development Goals (SDGs) for 2030 were adopted by the United Nations General Assembly in September 2015. The SDGs consists of 17 goals, 169 targets and over 200 indicators. The SDGs include three dimensions of sustainable development – economic, social and environmental.
https://sustainabledevelopment.un.org/sdgs

NZ commitment towards sustainable development is measured and tracked through a series of indicators.
https://wellbeingindicators.stats.govt.nz/en/aligning-with-sustainable-development-goals/

Inclusion of injury/violence-related targets including reducing alcohol-related harm reflects the recognition by world leaders of their threat to sustainable development. This demonstrates a growing global commitment to tackling not only direct causes but also risk factors that affect wellbeing.

> **Goal 3. Ensure healthy lives and promote well-being for all at all ages**
> 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
> - 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial & rehabilitation & aftercare services) for substance use disorders
> - 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years & older) within a calendar year in liters of pure alcohol

National Wellbeing Indicators

Living Standards Framework (LSF)

The LSF supports Treasury to provide more comprehensive economic policy advice to the government. This excellent video series answers frequently asked questions, discussing the LSF technical aspects, development, consultation, limitations, future developments. https://treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework/why-we-need-living-standards-framework

SOLGM Community Wellbeing Service

The SOLGM Community Wellbeing Service was developed to support council's wellbeing journey, this data warehouse provides access to customised information on your district/ region, with 70 indicators and 234 measures spread across four wellbeings (social, economic, environmental, cultural) and a demographic category. There is a subscription fee for this service so it is recommended that you check with your Council to see if they are subscribed and how to access. The data sources include: Stats NZ, MBIE, HUD, MSD, NZ Police, MFE, LAWA, MOJ, MOE, NZTA, ACC and others. https://www.solgm.org.nz/CommunityWellbeing

➢ To find out more about subscriptions please contact SOLGM by email info@solgm.org.nz
➢ Read the interview with Michele Grigg from Napier City Council, Safer Napier Chair, who uses the SOLGM Wellbeing Service.

Statistics NZ | Tatauranga Aotearoa: Ngā Tūtohu Aotearoa – Indicators Aotearoa New Zealand

Ngā Tūtohu Aotearoa – Indicators Aotearoa New Zealand contains wellbeing indicators that reflect an internationally growing vision to provide a more holistic view of wellbeing and sustainable development. This work by many cross-government initiatives and international reporting requirements, including the Treasury's Living Standards Framework and the United Nations' SDGs. Central and local government, businesses, community organisations, and individuals can use the indicators to help make decisions around wellbeing and sustainable development for themselves, their whānau, their communities, and their country.

These indicators aim to help all of us monitor progress around our social, economic, and environmental wellbeing. https://wellbeingindicators.stats.govt.nz/
Wellbeing Indicators (>100) :
  - ➢ Social capability: Culture, relationships, leisure
  - ➢ Empowerment and enablement: Governance, equality, autonomy
  - ➢ Human resource potential: Health, safety, education
  - ➢ Economic self-determination: Work, income and wealth, housing
  - ➢ Environmental sustainability: Land, water, air, waste
  - ➢ Te Ao Māori: Partnering with Māori to reflect values, beliefs, and customs

Environmental Health Indicators (EHI)

Massey University monitors NZs environmental health through a set of EHI (funded by the MoH). The NZ EHI currently cover a wide range of topics arranged in 13 domains: air quality; drinking water; recreational water; indoor environment; UV exposure; hazardous substance; border health; climate change; transport; population vulnerability; children; animals & human health; alcohol-related harm. The EHI describe the link based on known or plausible cause-and-effect relationships between the environment and health.
https://www.ehinz.ac.nz/indicators/overview/about-the-indicators/

As noted in Section Two above, regional and national data on the alcohol-related harm indicators available at: https://healthspace.ac.nz/health-stories/alcohol-related-harm/

Regional/local level Wellbeing Indicators

There are several sources of research/analysis that can be utilised. City, District and Regional Councils initiate wellbeing research and reports. Here are some examples that we recommend:

Waikato Progress Indicators (WPI)

These measure the Waikato region's progress by identifying current situation and trends across each of 32 key economic, environmental and social aspects. Together, these provide a 'dashboard' picture of the 'health' of the Waikato region and the wellbeing and quality of life of its people and communities.

> *"If we truly want to measure progress and success, we need broaden our focus to include a range of economic, social and environmental measures which together, tell a more complete story. We need to clearly identify which aspects we are doing well in; where we need to improve; and how changes in one aspect are linked with or affected by changes in others. We also want to find out how we compare with other regions and with 'average' New Zealand; and contribute to providing a more accurate 'national picture' for our country for comparison with others overseas."*

Ongoing development includes consideration of Waikato Progress Indicators alignment with national initiatives by Treasury and Statistics NZ to develop a dashboard of wellbeing indicators. www.waikatoregion.govt.nz/community/waikato-progress-indicators-tupuranga-waikato/scorecard1/

Canterbury Wellbeing Index

Canterbury DHB has responsibility for the Canterbury Wellbeing Index. It is organised in three sections:

➢ *Our Wellbeing* - describing the wellbeing of the greater Christchurch population across 57 indicators, organised into ten domians. Each domain includes a section that summarises the key trends and equity issues across the indicators within that domain. The indicators are a mixture of those that describe people's wellbeing status and those that measure the factors that are known to influence wellbeing. A public health approach has been taken to the selection of indicators, with a focus on strengths and equity where possible.

➢ *He Tohu Ora* - focusing on Māori conceptualisations of wellbeing across 19 indicators.

➢ *Our Population* - describing the population of greater Christchurch across ten indicators.

The spreadsheets provide detailed metadata information for the indicators Index, and the summary data tables used to produce the figures. https://www.canterburywellbeing.org.nz/

Wellington Region Genuine Progress Index (WR-GPI)

WR-GPI measure progress in the Wellington region, providing a monitoring framework for assessing progress towards the wellbeing goals of the Wellington Regional Strategy. It enables the measures around the quality of life and wellbeing of residents in the region, as well as the condition of the environment and the economy.

The WR-GPI - the index and wellbeing indicators refer to the years 2001 to 2018. The WR-GPI is updated annually, with the data that is available at that time. Every five years, following the publication of Census data a full analysis of the regional trends is produced. See the publications page for the most recent of these five yearly reports, which covers the time period 2001 to 2013.

The indicators come under the four broad categories of: Economic, Environmental, Social and Cultural.

https://www.gpiwellingtonregion.govt.nz/indicators/

Infometrics' Wellbeing Framework

Infometrics' Wellbeing Framework has been developed by a private research company to help people better understand how different parts of NZ compare across a range of wellbeing metrics. The framework uses 30 objective indicators of wellbeing across nine wellbeing domains. The indicators included in this Framework differ from those covered by The Treasury or Statistics New Zealand in their work. This divergence is often due to the unavailability of reliable data at a district, city, or regional level.

- ➢ Civic engagement and governance
- ➢ Environment
- ➢ Health
- ➢ Housing
- ➢ Income and consumption
- ➢ Jobs and earnings
- ➢ Knowledge and skills
- ➢ Safety
- ➢ Social connections
- ➢ Improving the assessment of wellbeing

www.infometrics.co.nz/infometrics-regional-wellbeing-report/

Profile iD

For a generic community profile click on the link below to access demographic analysis based on Census data. Results include population, age structure, ethnicity, ancestry, religion, income, qualifications, occupations, employment, unemployment, disability, disadvantage, volunteering, childcare, whanau/family structure, household structure, housing tenure, mortgage and rental payments, and the size and type of the dwellings people live in: https://profile.idnz.co.nz/

Section FOUR
Strategies and Action

The strategies and actions in this section are remarkably consistent from a global, national and/or local perspective, and they haven't changed significantly over the past decade. The *5+ Solution*, *Law Commission Report recommendation*s, *Te Hiringa Hauora/Health Promotion Agency priorities*, and international research/evidence provide universal agreement around the key strategies to reduce alcohol-related harm. They are outlined below then key actions are set out utilising the WHO SAFER framework.

The Prevention Paradox

> *In constructing health policies for the prevention of well-known risks, choices need to be made between different strategies. For instance, will preventing small risks in large populations avoid more adverse health outcomes than avoiding large risks in a smaller number of high-risk individuals?* https://www.who.int/whr/2002/chapter6/en/index1.html

According to the prevention paradox, the majority of alcohol-related harms in the population occur among low to moderate risk drinkers, as they are more numerous in the population, although high-risk drinkers have a higher individual risk of experiencing alcohol-related harms. More detailed analyses separating the behavior (drinking) from the person (drinkers) find that people who consume moderate quantities of alcohol overall but sometimes drink heavily (i.e., occasional "binge" drinkers) account for most acute problems. The public health literature provides compelling evidence to support a collection of approaches known as environmental prevention strategies. These interventions limit access to alcohol, which decreases consumption in the population and reduces the incidence of alcohol-related trauma.

➢ **Population-level policies** effective against alcohol-related harm that curtail overall drinking and reduce hazardous consumption include:
1. alcohol pricing policies (for overall consumption & high-risk drinking);
2. controls on physical/legal availability;
3. curtailing alcohol marketing; and
4. regulating/ monitoring alcohol control systems: eg Local Alcohol Policies, DLCs, licensing and compliance (Council, Police, Health, Fire).

➢ **Targeted policies & interventions** complement population-level policies. Effective strategies: include:
1. countering drink driving;
2. changing the drinking context;
3. educating/promoting behaviour change; and
4. increasing access to brief interventions (short, evidence-based, structured conversations about alcohol consumption)

National and international evidence consistently points to a proven set of evidence-based responses to address alcohol-related harm. At a national level there is a considerable weight of evidence, opinion, and recommendations from a variety of sources. Here are some examples:

What Works to Reduce Alcohol-Related Harm and why aren't the Policies More Popular?

Casswell, S. and Maxwell, A. (2005). What works to reduce alcohol-related harm and why aren't the policies more popular? *Social Policy Journal of New Zealand, 25*. 118-141.

> *Abstract Excerpt: There is a considerable body of research evidence documenting effective policies that reduce the harm a community incurs from alcohol. These effective policies include influencing accessibility to alcohol (including the price the consumer pays), drink-driving enforcement and marketing practices. Using evidence-based review as a template, an analysis of alcohol policy in New Zealand was undertaken.*

Comprehensive article is available on the MSD website. https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj25/what-works-reduce-alcohol-related-harm-25-pages-118-141.html#References12

Law Commission Regulatory Framework for the Sale and Supply of Liquor

Alcohol in Our Lives Report: Curbing the Harm, 27 April 2010 contains a summary of the Law Commission's issues paper on the reform of New Zealand's liquor laws.

https://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20OP5.pdf

Sale and Supply of Alcohol Act 2012

The Sale and Supply of Alcohol Act 2012 covers the safe and responsible sale, supply, and consumption of alcohol and the minimisation of harm caused by its excessive or inappropriate use. It replaced the Sale of Liquor Act 1989. https://www.alcohol.org.nz/management-laws/nz-alcohol-laws/sale-and-supply-of-alcohol-act-2012

Alcohol Action NZ

Aims to reduce harm from alcohol in Aotearoa. They advocate for the adoption of alcohol policies by the government that are based on evidence about what is effective and are not influenced by industry. Prof Doug Sellman and Dr Geoffrey Robinson are key organisation leaders. They have promoted the 5+ Solution for more than a decade. https://www.facebook.com/Alcohol-Action-NZ-101093064857268/

THE 5+ SOLUTION

1. Raise alcohol prices
2. Raise the purchase age
3. Reduce alcohol accessibility
4. Reduce marketing and advertising
5. Increase drink-driving counter-measures

PLUS: Increase treatment opportunities for heavy drinkers

Policy Briefing: Reducing alcohol-related harm New Zealand Medical Association (NZMA)

In 2016, the NZMA recommended that a suite of measures be considered as part of a comprehensive approach to reducing alcohol-related harms. *Key areas include:* Burden of alcohol-related harm; Screening, early intervention and treatment; Pricing and taxation; Physical availability, minimum purchase age; Marketing; Drink-driving countermeasure; Ineffective measures to reduce alcohol-related harms; and the role of the industry. https://www.tttpho.co.nz/wp-content/uploads/2016/10/Alcohol-Briefing18.may_.FINAL_.pdf

Te Hiringa Hauora |Health Promotion Agency

Te Hiringa Hauora has identified as its primary outcome (alcohol): *More New Zealanders drink at low-risk levels or choose not to drink.* In particular, the alcohol programme's strategic priorities are:

1. Build social permission for people to drink at low-risk levels or not drink
2. Make it easier to seek and find help early
3. Influence policies, practices and the management of environments to support people to drink at low-risk levels or not drink
4. Contribute to strengthening protective factors that support low risk drinking or not drinking

Te Hiringa Hauora has identified groups whose specific needs Te Hiringa Hauora wishes to address through its alcohol-related work programme. Specific groups include:

o Young people aged under 18 years old
o Women of childbearing age particularly those who are hazardous drinkers
o Young adults – 18-25 years
o Māori
o Pacific people

For information, advice, tools and resources on alcohol visit our website alcohol.org.nz

SAFER alcohol control initiative

The World Health Organization (WHO) released on 28 September 2018 SAFER, a new initiative and technical outlining five high-impact strategies that can help governments to reduce the harmful use of alcohol and related health, social and economic consequences. SAFER is the newest WHO-led roadmap to support governments in taking practical steps to accelerate progress on health, beat noncommunicable diseases (NCDs) through addressing the harmful use of alcohol, and achieve development targets. https://www.who.int/substance_abuse/safer/launch/en/

How to use- what are the Best Buys

This section sets out strategies and interventions that are evidence-based and internationally tested/proven to have a high probability of success.

→ The WHO SAFER initiative is used as a framework for categorising or clustering these approaches.
→ Weblink take you to more detailed descriptions of each section.
→ Case studies are presented as examples and are offered to stimulate your thinking.

There are many more case studies in the library on the Safe Communities website http://safecommunities.org.nz/safe-communities-resources-tools/safe-communities-data-resourc/safe-communities-date-resource-alcohol-related-harm-and-mental-health

Note: "Best Buys" are indicated with $$$

S Strengthen restrictions on alcohol availability

Enacting and enforcing restrictions on commercial or public availability of alcohol through laws, policies, and programmes are important ways to reduce harmful use of alcohol. Such strategies provide essential measures to prevent easy access to alcohol by young people and other vulnerable and high-risk groups. https://www.who.int/substance_abuse/safer/s/en/

Policy Options and Interventions may include:

➢ *Regulating the production, sale, and supply of alcohol including the number, location and hours of operation of on- and off-licence outlets; appropriate age restrictions; regulating drinking in public places.*

➢ *Making alcohol more expensive (e.g., raising purchase prices), harder to access (e.g., limiting outlet density) or harder to consume (e.g., lowering legal blood alcohol concentrations for drivers) disrupts local availability, which in turn lowers consumption among local populations.*

New Zealand examples that communities can deliver/influence are presented below and include:

$$$ Local Alcohol Policies (LAP):

One of the tools in the Sale and Supply Alcohol Act 2012 was the introduction of LAPs. https://www.newsroom.co.nz/@ideasroom/2019/07/11/677035/corporations-vs-communities-in-local-alcohol-policy is a disturbing article by Dr Nicki Jackson, Director Alcohol Healthwatch which describes the 'battle' between Councils and the liquor industry (supermarkets).

o Example: Hastings District and Napier City Councils' Local Alcohol Policy: *Adopted July 2019, came into force 21 August 2019 with trading hours coming into force on 21 November 2019:* https://www.hastingsdc.govt.nz/assets/Document-Library/Policies/Liquor-Licensing-Policy/Local-Alcohol-Policy.pdf

$$$ Community action opposing the granting/renewal of liquor licences:

On the positive side, local community challenges to liquor licence applications and renewals are meeting with some success. Te Hiringa Hauora/Health Promotion Agency has developed a resource on how to object to an alcohol licence: https://www.alcohol.org.nz/in-your-community/take-action/object-to-an-alcohol-licence

o Example: Waharoa Licensing Application project that was successful in opposing the granting of a liquor licence. This summary is presented by Ngaire Te Ahu.

http://safecommunities.org.nz/application/files/4015/7368/9536/2_CAYAD_Proj_Waharoa_Liquor_Licence_Objection_2018_002.pdf

$$$ Local/Regional Collaborative Strategies:

Local and Regional collaborative alcohol policies and strategies are another tool for territorial authorities to better manage alcohol-related harm.

- o Example: Auckland Council 2016 Internal Strategy: https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/topic-based-plans-strategies/community-social-development-plans/Documents/internal-strategy-minimise-alcohol-related-harm.pdf

- o Example: Collaborative Action plan http://www.ahw.org.nz/Portals/5/Resources/Documents-other/2013/Auckland%20Alcohol%20Reduction%20Plan%202013-2018.pdf

- o Example: The Taranaki Alcohol Harm Reduction Group 'Delaying the onset of alcohol consumption: a targeted approach with caregivers and whānau of intermediate age children' https://www.npis.org.nz/alcohol-drugs.html

- o Example: Napier Hastings Joint Alcohol Strategy https://www.napier.govt.nz/assets/Document-Library/FINAL-Revised-Joint-Alcohol-Strategy-2017.pdf

- o Example: Christchurch Alcohol Action Plan 2017-2021 developed by three partner agencies – Christchurch City Council, Canterbury District Health Board and NZ Police – with support from the Safer Christchurch and Healthy Christchurch inter-agency groups. The CAAP is informed by New Zealand and international evidence, local data, and by what stakeholders and communities are saying about alcohol-related harm and how best to reduce it. https://ccc.govt.nz/the-council/plans-strategies-policies-and-bylaws/plans/alcoholactionplan

- o Example: Marlborough Alcohol Governance Group. MAGG was formed in 2015 to encourage better linkages with community groups and identify and support initiatives and services around alcohol related harm in Marlborough.
  https://www.safecommunities.org.nz/application/files/3514/7269/8575/Marlborough_-_MAG_Wheels_-_Marlborough_Alcohol_Governance_Group.pdf

$$$ Making a Submission

Have your say on alcohol in your community:

o A guide to making a submission to your local council (Te Hiringa Hauora/Health Promotion Agency resource) https://www.alcohol.org.nz/sites/default/files/documents/AL963%20Have%20Your%20Say%20Jun%202015_Online_EB.pdf

$$$ Liquor Bans

Liquor Bans are an effective measure to control drinking behaviour in public places. A ban prohibits the possession or consumption of alcohol in certain locations and at certain times and are usually introduced because of concern about disorderly behaviour and criminal offending linked to the consumption of alcohol in public places. Liquor Bans are used widely with respect to locations, dates, times, events, and other factors. Territorial authorities are able to make alcohol control bylaws under s.147 of the Local Government Act 2002 following a full community consultation process. https://www.alcohol.org.nz/management-laws/licensing-local-policies/alcohol-control-bylaws.

Examples of General Bans:
o Christchurch City Council: https://ccc.govt.nz/consents-and-licences/business-licences-and-consents/alcohol/alcohol-bans

o Wellington City Council:https://wellington.govt.nz/services/community-and-culture/community-safety/central-city-alcohol-ban

o Kaipara District Council:https://www.kaipara.govt.nz/council/policies-bylaws-and-legislation/bylaws /alcohol-control-bylaw-2018

$$$ Alcohol Free Events and Zones

Guide to Alcohol-Free Event – running an event for young people, by young people, or an all-ages community event. https://www.alcohol.org.nz/alcohol-free-events
Te Hiringa Hauora/Health Promotion Agency logos and resources for alcohol-free zones:
https://www.alcohol.org.nz/resources-research/alcohol
-resources/ebooks-logos-templates-guidelines/alcohol-free-area-logo-templates

o Example: Event supported by Te Hiringa Hauora/Health Promotion Agency that provided free water from the Hydro Hub to festival-goers. https://www.alcohol.org.nz/not-beersies-at-on-the-lawn-2015
o Example: Hawke's Bay 'One for One' initiative: targeted to mitigate the risks of alcohol consumption at by providing water, and resources http://safecommunities.org.nz/application/files/2015/2219/7997/One_for_One_Hawkes_Bay_Region.pdf

- o Example: Ease Up Tairawhiti: Alcohol & Smokefree Sports Grounds: https://www.facebook.com/EaseUpTairawhiti/

- o Example: Christchurch permanent alcohol ban for rugby league playing fields and adjoining areas. News Article: https://www.stuff.co.nz/the-press/news/120218123/alcohol-permanently-banned-at-christchurch-rugby-league-games
- o Example of a particular event:https://www.stuff.co.nz/auckland/117971015/crate-day-liquor-ban-imposed-and-warning-issued-ahead-of-boozy-shenanigans

A Advance and enforce drink driving counter measures

Road users who are impaired by alcohol have a significantly higher risk of being involved in a crash. Strategies to reduce harm associated with drink–driving should include deterrent measures that aim to reduce the likelihood that a person will drive under the influence of alcohol, and measures that create a safer driving environment in order to reduce both the likelihood and severity of harm associated with alcohol-influenced crashes. https://www.who.int/substance_abuse/safer/a/en/

Policy Options and Interventions may include:
- ➢ *strong drink-driving laws; low blood alcohol concentration limits; random breath-testing; suspension of driving licences; ignition interlock; mandatory driver-education & treatment*
- ➢ *encouraging provision of alternative transportation, including public transport until after the closing time for drinking places*
- ➢ *conducting public awareness and information campaigns and mass media campaigns targeted at specific situation*

New Zealand examples that community can influence/deliver are presented below and include:

Blood Alcohol Limit

From 1 December 2014 the alcohol limit for drivers aged 20 years and over lowered from 400mcg of alcohol per litre of breath to 250mcg. The blood alcohol limit lowered from 80mg of alcohol per 100ml of blood (0.08), to 50mg (0.05). For drivers under 20, the limit is zero. Further details https://www.alcohol.org.nz/alcohol-you/drinking-and-driving

$$$ Community Action:

Local community action/campaign designed to reduce alcohol related harm.
- o Example: This community action approach to youth drink/drive has been extensively evaluated and has been replicated in communities around the country. Utilising a 'population' approach that reaches every teen driver, rather than attempting to 'target' particular 'at-risk' groups within

the cohort: https://www.sunlive.co.nz/news/181485-young-drivers-face-reality-of-drunk-driving.html

o Example: Auckland Transport Night Bus service: https://at.govt.nz/bus-train-ferry/bus-services/night-bus/

F Facilitate access to screening, brief interventions and treatment

WHO recommends brief psychological interventions for persons with hazardous and harmful alcohol use. Health professionals have an important role in helping people to reduce or stop their drinking to reduce health risks, and health services have to provide effective interventions for those in need of help and their families. https://www.who.int/substance_abuse/safer/f/en/

Policy Options and Interventions may include:

➢ *Supporting initiatives for screening/brief interventions for hazardous and harmful drinking at primary health care and other settings; including early identification/ management of harmful drinking among pregnant women and women of child-bearing age.*
➢ *Provide brief psychosocial intervention for persons with hazardous and harmful alcohol*
➢ *Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services.*

$$$ Brief Interventions

Brief Interventions have been trialed in other mental health settings, and in the criminal justice system. A brief intervention is a short, evidence-based, structured conversation about alcohol consumption. It seeks to motivate and support the individual to consider a change in their drinking behaviour to reduce their risk of harm. Further information is available at:

o New Zealand research (2011) on the economic (health) benefits of brief interventions https://www.hpa.org.nz/sites/default/files/imported/field_research_publication_file/CostSavingsBI_0.pdf

o Brief Interventions Guidelines (2012) https://www.matuaraki.org.nz/uploads/files/resource-assets/brief-intervention-guidelines.pdf

o Te Pou o te Whakaaro Nui: evidence-based workforce development for mental health, addiction and disability sectors https://www.tepou.co.nz/initiatives/brief-interventions/216

o Guide: Comprehensive clinical assessment manual (2017) focused on young people. https://optforwellbeing.org/sites/default/files/sacs/SAC_ABC_MAN_11-17-WEB.pdf

o Example a local service: WellSouth is a primary health network based in Invercargill. The WellSouth Brief Intervention Primary Mental Health Service provides support and assistance related to mental wellbeing. https://wellsouth.nz/community/about-us/clinical-service/brief-intervention-services/

E Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion

Bans and comprehensive restrictions on alcohol advertising, sponsorship and promotion are impactful and cost-effective measures. Enacting and enforcing bans or comprehensive restrictions on exposure to them in the digital world will bring public health benefits and help protect children, adolescents and abstainers from the pressure to start consuming alcohol.

There are a number of recommendations that are matters for national action and legislative responses. However, at a local/community level there are strategies and activities that can be undertaken in this space to mitigate alcohol-related harm:

> *regulating sponsorship activities that promote alcoholic beverages;*
> *restricting or banning promotions in connection with activities targeting young people;*

New Zealand examples that community can influence/deliver are presented below and include:

NZ study showed Neighbourhood off-licence alcohol retailers are associated with increased childhood exposure to alcohol marketing. Children are on average exposed to alcohol advertising 4.5 times a day while Māori children see it five times that amount. https://www.sciencedirect.com/science/article/abs/pii/S1353829218307408?via%3Dihub News article: https://www.rnz.co.nz/national/programmes/afternoons/audio/2018656176/calls-for-restrictions-on-alcohol-ads-around-kids

Alcohol Healthwatch ActionPoint website has information and resources on advertising and sponsorship and what can be done to reduce scale and scope. https://www.actionpoint.org.nz/advertising_sponsorship

o Example: Auckland Transport: From 1 October 2018, all Auckland Transport infrastructure, facilities and services will be free from alcohol advertising. http://www.ahw.org.nz/Portals /5/Resources /media/2018/Transport%20free%20from%20alcohol%20advertising%2030_9_18.pdf

o Example: Hawke's Bay Regional Council: Alcohol advertising removed from public transport buses, 9 October 2019, on the recommendation of Hawke's Bay's Joint Alcohol Strategy Reference Group, led by Hastings District and Napier City Councils. https://www.scoop.co.nz/stories /AK1910/S00228/alcohol-advertising-removed-from-public-transport-buses.htm

R Raise prices on alcohol through excise taxes and pricing policies

Alcohol taxation and pricing policies are among the most effective and cost-effective alcohol control measures. An increase in excise taxes on alcoholic beverages is a proven measure to reduce harmful use of alcohol and it provides governments revenue to offset the economic costs of harmful use of alcohol. This is beyond the scope of local/community action. Despite the evidence, successive governments have not moved to introduce pricing policies or increase alcohol taxation.

https://www.who.int/substance_abuse/safer/en/

Pathways to Community Wellbeing Reducing Alcohol-Related Harm - A Framework for Action
www.safecommunities.org.nz

Potential community partners for action on reducing alcohol harm

Community Law

Te Hiringa Hauora is part-way through funding a pilot project (Taitokerau, Auckland Central, South Auckland, Waikato, Wellington & Hutt Valley, Christchurch & West Coast) with Community Law Centres o Aotearoa to provide legal advice to community groups and individuals that want to object to the granting and/or renewal of alcohol licences in their communities. The project runs through to the of June 2021. Criteria for Community Law becoming involved in an application include communities of high deprivation subject to alcohol-related harm; High density of licensed premises (proliferation); Sensitivities (e.g. mental health, age, other vulnerabilities) and Off-licences or New licences. https://communitylaw.org.nz/

Public Health

Public Health has several important roles including health promotion, regulation/licensing, and local policy development in the prevention of alcohol-related harm. https://www.alcohol.org.nz/alcohol-management-laws/licensing-local-policies/regulatory-bodies/medical-officer-of-health-moh

CAYAD (Community Action on Youth and Drugs)

CAYAD projects are informed by local, cultural and academic evidence. Their work includes improving policies, systems and practices; community action to reduce supply of alcohol and other drugs; and increasing opportunities for young people to be healthy and reach their full potential. https://cayad.org.nz/

DHB Community Alcohol and Drugs Services

DHB Community Alcohol and Drugs Services and their related youth services provide community alcohol and drug treatment/counselling services, and some detox and clinical care. https://www.health.govt.nz/your-health/services-and-support/health-care-services/help-alcohol-and-drug-problems/community-treatment-services

Hapai Te Hauora Māori Public Health

We know that for whānau Māori, support and connection are instrumental to wellbeing, and this service will privilege the needs of whānau in conjunction with the knowledge systems and practices of kaupapa Māori organisations. Key connections in addiction treatment, public health, research and evaluation are critical elements in this work and Tātaihono provides strong sector leadership in this matter. http://hapai.co.nz/content/mental-health-and-addictions-maori-national-coordination-service

Māori Wardens

Māori Wardens are an intrinsic part of our communities in Aotearoa New Zealand. They have been supporting whānau for over 150 years at a grassroots level and have well-established relationships that enable them to work closely with whānau, Māori organisations, community groups and government agencies. https://www.tpk.govt.nz/en/whakamahia/maori-wardens

Kaupapa Māori

Kaupapa Māori treatment providers offer programmes designed specifically for Māori. These services offer Manaaki and a safe environment for whakaora or healing.
https://drughelp.org.nz/making-a-change/treatment-options/kaupapa-maori

City/District Council Licensing Inspectors

City/District Council Licensing Inspectors are responsible for the legal and administrative functions concerning liquor licence and have detailed local knowledge of the on and off-licence businesses. https://www.alcohol.org.nz/alcohol-management-laws/licensing-local-policies/regulatory-bodies/licensing-inspector

Local Area Police

Police have a statutory role in the granting of liquor licences including managers and staff certificates; monitoring and prosecuting breaches of the Act; and providing policy and regulatory advice. https://www.alcohol.org.nz/alcohol-management-laws/licensing-local-policies/regulatory-bodies/police

NGO sector providers

There are a wide range of non-government organisations providing residential and community-based alcohol/drug treatment and counselling services. A comprehensive directory of services is available with an 0800 phone line, self-diagnosis and other tools to support people needing help or information. https://alcoholdrughelp.org.nz/helpline/

Students Against Dangerous Driving (SADD)

SADD empowers young people to make safer and better choices on the road.https://www.sadd.org.nz/

Schools, training providers and Ministry of Education

Education providers are potential partners in reaching young people and gaining insight into the issues and challenges they face.

NZ Drug Foundation

NZ Drug Foundation 'takes the lead' in Aotearoa New Zealand educating, advising and standing up for healthy approaches to alcohol and other drugs. https://www.drugfoundation.org.nz/

NZ Drug Foundation's Tūturu programme offers a step by step programme for supporting New Zealand schools to take a whole school approach to student wellbeing that prepares students for a world where alcohol and other drugs exist.https://www.tuturu.org.nz/

Healthy Families

Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people's health where they live, learn, work and play by taking a systems approach to the reduction of risk factors for major health loss and inequity. Healthy Families NZ builds on existing action underway in the community to create an integrated, community-wide "prevention system" for good health. The focus issue areas for Healthy Families NZ include increased physical activity, improved nutrition, more people smokefree and reduced alcohol-related harm.

https://www.health.govt.nz/our-work/preventative-health-wellness/healthy-families-nz

Safe Communities Foundation New Zealand

Email: contact @scfnz.org

www.safecommunities.org.nz