



Celebrating new ideas

2009 New Zealand Post Group
Local Government Excellence Awards

Project Submission Template

JOINED UP LOCAL GOVERNMENT

Name of Project

New Plymouth District Alcohol Strategy

Name of entering council/s

New Plymouth District Council



NEW PLYMOUTH DISTRICT COUNCIL
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1. Brief Description of the Project

To develop an alcohol strategy and implementation plan for the New Plymouth District, that specifically:

- a. Identifies the strategic objectives and recommendations relating to alcohol harm for the district and highlights challenges, issues and outcomes
- b. Identifies key objectives that will lead to success in terms of the strategic objectives
- c. Prioritises the objectives
- d. Develops an action plan that must be taken to fulfil the key objectives including the identification of partners, resources, timeframes, outputs and outcomes.

The original brief for the strategy was developed by a working group of council and its key partners the Taranaki District Health Board, New Plymouth Safer Community Council, Police, Ministry of Social Development, the Accident Compensation Corporation (ACC) and New Plymouth Injury Safe (NPiS). The scope of the strategy includes alcohol use in public (e.g. where a liquor licence is required) and private spaces (e.g. non-licenced environments). The action plan accompanying the strategy includes a range of new and established initiatives, and it is anticipated that other actions will be added over time. Ongoing monitoring and evaluation of the strategy as it is implemented will assist in its development and will document progress towards key goals over time.

The alcohol strategy is informed by a ‘whole of community’ approach. The approach detailed in this strategy recognises that the consumption of alcohol occurs at a wide range of environments and places throughout the district, and emphasises the importance of promoting the safe and responsible consumption of alcohol in all settings. Working together, the council and its partners can achieve better and more sustainable outcomes to reduce alcohol related harms, and to promote safer alcohol-related environments for the community.

2. Organisations Involved

The Councils Corporate Policy and Strategy team project managed the development of the strategy. The strategy development team (or project board) comprised of representatives from:

- New Plymouth District Council – Environmental Health, Licensing and Enforcement Team and Community Development
- New Plymouth Police
- Taranaki District Health Board – Public Health (Medical Officer of Health and Health Promotion)
- Accident Compensation Corporation – Injury Prevention Consultant
- New Plymouth Injury Safe Coalition
- Ministry of Social Development

Each representative organisation provides research support, project oversight, the co-facilitation of stakeholder consultations and development of the action plan.

In addition to the core partners who guided the strategy development, a number of other key organisations had a strong and active participation in the provision of research and the overall construction of the cross agency action plan. These included licensees, Sport Taranaki and their affiliate Sport Codes, Toi Ora (Maori Health provider), addiction support services (community and health board based), Family and Community providers, and Youth Health and support services.

3. Rationale for the Project and Expected Benefits

Strategic Rationale for the project:

- The council’s duty to promote the social, economic, environmental and cultural wellbeing of the New Plymouth district, now and in the future (as set out in S.10 of the LGA2002).
- Responding to known social and environmental effects and harms in the community as a consequence of alcohol consumption misuse
- Requests from both the police and Taranaki District Health Board to develop a response to alcohol harms in the community

These combined factors resulted in a council resolution on 3rd April 2007 to undertake the development of an alcohol strategy for the New Plymouth District.

Evidential Rationale: The National Context

2004 Health Behaviours Survey on Alcohol Use found that 81% of New Zealanders between 12-65 years had consumed alcohol in the last 12 months (Ministry of Health, 2007). 52% of adults are binge drinkers and 33% of our young drinkers consumed five or more glasses on their last drinking occasion. In 2005/6 in New Zealand the cost of alcohol misuse is reported to be an estimated \$5.296million, and was responsible for the deaths of 1,004 people in 2000 (Geoffrey Palmer Speech to Nelson Police Force, 24 April 2009).

Community safety and crime costs created by alcohol costs \$240 million per annum, and overseas studies show that between 50 and 70% of weekend crime is attributable to alcohol misuse, and 70% of weekend emergency hospital admissions are alcohol related (Connor et al, The burden of death disease and disability due to alcohol in NZ). For the police on any given day approximately one third of people have consumed alcohol prior to their arrest, the arrests can include a wide range of offences including 26 breaches per day of council liquor bans. Sales of alcohol to minors is of key concern at a national level and in 2007/08 police issued 3,145 liquor infringement notices to youths under the age of 18 years for a purchase of alcohol.

Alcohol has a huge impact to our overall personal safety, in 2007 19% of the 110 drownings were attributed to alcohol (Water Safety NZ) and falls are twelve more times likely to occur when alcohol is involved (Kool et al). Alcohol is a major risk to our safety on roads. It contributes to 28% of fatal road crashes and 14% of injury crashes. In 2007/08 there were 35,000 recorded drink driving offences. The road safety cost of alcohol to the NZ economy is approximately \$425million.

Evidential Rationale: The Local Context

Crime and Safety

The misuse of alcohol has had a long association with offending and victimisation. Nationally, approximately 70 percent of Police work is linked to alcohol, including alcohol-fuelled disorder, assaults, criminal damage, family violence, and drink driving.^{1,2} Across New Zealand, Police estimate they deal with 258 offenders per day who have been affected by alcohol.³

Alcohol related offences

During the 2007 year, there were 4605 arrests and apprehensions in the New Plymouth area and of these, 423 of those arrested consumed alcohol prior to being arrested.⁴ Most alcohol related arrests were for exceeding the legal breath-alcohol level, and drink driving. Other frequent offences were for Breaches of the Liquor Ban, and for disorderly behaviour. In 2007, 235 people in New Plymouth were arrested for drink driving, 155 people were arrested for Liquor Ban breaches, and 116 were arrested for disorderly behaviour offences⁵. Liquor Infringement notices are issued to minors drinking in public places, and approximately 178 infringement notices were issued in 2007 to minors in New Plymouth.⁶

The majority of those arrested who have consumed alcohol before their arrest are male.⁷ Most alcohol-related arrests occur between 11pm and 3am, on Friday, Saturday and Sunday⁸. This reflects high levels of alcohol consumption over the weekends, from Friday evenings onwards.

Health

The link between risky drinking and intoxication and social and health harms is well established.⁹ For example alcohol abuse and misuse has a significant role in relationship break-ups, domestic violence and neglect or abuse of children¹⁰.

Hazardous drinking

Hazardous drinking is an established pattern of drinking that carries a high risk of future damage to physical or mental health. Hazardous drinking can also have a detrimental effect on family life, wellbeing and community

¹ Wiggers, J., & Murray, S. (2005). Alco-Link: Presentation to Working Together Conference 2005. Auckland: ALAC.

² New Zealand Police. (2006). New Zealand Police Alcohol Action Plan. Wellington: New Zealand Police.

³ Crime Prevention Unit. Initiatives for Safer Communities. Presentation to Safer Communities Conference, August 2006.

⁴ New Zealand Police. Alco-link report New Plymouth Area 2007. Provided 15 January 2008

⁵ ibid

⁶ ibid

⁷ ibid

⁸ ibid

⁹ Ministerial Committee on Drug Policy. (2007). National Drug Policy 2007-2012. Wellington: Ministry of Health

¹⁰ Alcohol Advisory Council of New Zealand. (2005). New Zealand and its drinking culture. Wellington: Alcohol Advisory Council of New Zealand

welfare. It is estimated there are over 17,000 people who drink to hazardous levels in the district, representing more than 18% of adults (aged 18+) in the community¹¹. When compared to the rest of New Zealand, there is a slightly higher prevalence of hazardous drinking in Taranaki than in other locations, however this difference is not significant. Males in Taranaki report notably higher rates of hazardous drinking than females, which is consistent with patterns across New Zealand¹². Nationally, Maori report significantly higher rates of hazardous drinking than non-Maori, but there is no significant difference between the hazardous drinking patterns of Maori and non-Maori in Taranaki (this could be attributed to the small sample sizes in Taranaki).

Hospitalisation following the misuse of alcohol

In 2006/07, 207 people were discharged from hospital following mental or physical harms from the misuse of alcohol¹³. Adults aged 30-44 years are at increased risk for hospitalisation following high-risk alcohol consumption than other age groups. Since 2000, the number of people being hospitalised following harm from alcohol has been stable, at approximately 205 people per year. However, in 2005 7253 persons attended emergency departments for care of an injury, and in an average year 30 persons die as a result of injury a further 1364 are admitted to hospital following an injury, although it is difficult to accurately state how many of these numbers may have been influenced by the consumption of alcohol¹⁴. In 2006/07, 23 people were discharged from hospital in Taranaki as a result of the toxic effects of the misuse of alcohol¹⁵.

Injuries

Nationally and internationally, alcohol is a significant contributor to many injuries, particularly assaults, traffic injuries and falls.¹⁶ Injury is responsible for half of all alcohol-related deaths in New Zealand.¹⁷ Whilst the exact contribution of alcohol to the burden of injury related harms for New Plymouth residents is difficult to ascertain, using national data, it is possible to guesstimate that avoiding the use of alcohol could reduce the number of unintentional falls at home resulting in hospitalization or death by up to 20% (TDHB, Health Promotion, 2009). On average each year, almost 30 New Plymouth residents die as a result of injury, and a further 1364 are admitted to hospital following an injury¹⁸. In 2005, there were 7253 Emergency Department (ED) clinic attendances following injury.

Road Safety

Alcohol affects the way people drive. Studies show that the risk of being involved in a crash increases rapidly as a driver's blood alcohol level rises. The consumption of alcohol makes you three times more likely to be involved in a crash than if you have not consumed alcohol. In 2006, nationally, alcohol-affected drivers contributed to 31% of all fatal crashes and 15% of all injury crashes.¹⁹ In the New Plymouth district, alcohol was a factor in 16% of injury crashes in 2006, an increase from 2005, and increasing in line with the national trend.²⁰ In 2007 the social cost of crashes involving alcohol was calculated as \$838m.

LTNZ Briefing notes on road safety in the New Plymouth in 2007, report the major road safety issues for NP district are 1) intersections, 2) alcohol, 3) speed and 3) loss of control around bends. Nationally alcohol is also second. During the 2003-2007 period local road fatality and serious crashes, where alcohol was a contributory factor accounted for 19% of those crashes. For all injury crashes alcohol was a contributory factor in 16% of these²¹.

Drivers on restricted licences and unlicensed drivers are over represented in alcohol related traffic crashes. However across New Zealand crashes and fatalities where alcohol or drugs were a factor is falling²², but LTNZ do report that only 58% of serious crashes and 28% of minor crashes are reported²³.

¹¹ Taranaki District Health Board. (2006). Key Findings from the 2006 New Zealand Health Survey for Taranaki. Health Promotion Unit, Public Health, Taranaki District Health Board

¹² Public Health Intelligence. (2007). Health Profile for Taranaki District Health Board. Wellington: Ministry of Health.

¹³ Taranaki District Health Board. Provisional data: Number of publicly funded discharges for patients domiciled in Taranaki DHB, with any ICD-10 v1 diagnosis of mental and behavioural disorders due to alcohol (F10), by age, sex, and financial year. Data extracted 29 November 2007

¹⁴ McClennan V, Maskill C, Hodges I. (2006) New Plymouth District 2006 Community Injury Prevention Needs Assessment. Prepared for New Plymouth injurySafe.

¹⁵ Taranaki District Health Board. Provisional data: Number of publicly funded discharges of patients domiciled in Taranaki DHB with any ICD-10 v1 diagnosis of toxic effect of alcohol (T51) by age, sex and financial year. Data extracted 29 November 2007

¹⁶ Connor, J., Broad, J., Jackson, R., Vander Hoor, S., & Rehm, J. (2004). The burden of death, disease and disability due to alcohol in New Zealand. Wellington: ALAC

¹⁷ Connor, J., Broad, J., Jackson, R., Vander Hoor, S., & Rehm, J. (2004). The burden of death, disease and disability due to alcohol in New Zealand. Wellington: ALAC

¹⁸ McClennan V, Maskill C, Hodges I. (2006) New Plymouth District 2006 Community Injury Prevention Needs Assessment. Prepared for New Plymouth injurySafe.

¹⁹ Land Transport New Zealand. (2007). Briefing Notes - Road Safety Issues Taranaki. Taranaki: Land Transport New Zealand

²⁰ Land Transport New Zealand. 2007. Briefing Notes - Road Safety Issues Taranaki. Taranaki: Land Transport New Zealand.

²¹ Land Transport New Zealand, Briefing notes-road safety issues New Plymouth District, 2008 report, 7 July 2008

²² [Motor vehicle crashes in New Zealand 2006](#) [PDF 4,653 KB] – annual report by the Ministry of Transport, p63

²³ Land Transport New Zealand, Briefing notes-road safety issues New Plymouth District, 2008 report, 7 July 2008

Benefits of an Alcohol Strategy

The coordinating partnership recognises that developing a local alcohol strategy has a number of expected benefits:

- It demonstrates visible community leadership on the issues and presents a collective message that alcohol misuse and its associated harms are not desirable in the community
- It can help integrate alcohol-related activities within the council and its partner agencies – a whole of community approach.
- It can raise the profile and priority of alcohol issues among councillors and staff throughout the council.
- Community consultation can raise awareness of the social and community impacts of alcohol that go beyond an individual's choices about drinking.
- It demonstrates council / community leadership on the issues and act as a catalyst for community action and for the prevention of harm through collaboration with a range of local groups and agencies.
- It allows the development of locally relevant and focussed actions and initiatives to reduce intoxication and associated harms to individuals, whanau and community
- It enhances the ability to enforce rules and regulations
- It should support a reduction in alcohol fuelled crime and anti social behaviour (e.g. littering wilful damage and graffiti)
- A coordinated pro active action plan should deliver cost savings through less clean up and reactive policing at peak problem times
- It will increase the guidance available for decision makers and for those who supply alcohol
- It can be an empowering process that focuses on behavioural change through education and health promotion as apposed to increased prescription and regulation

Specifically the project planning process defined a number of acceptance criteria. These are those matters that the different stakeholders expected to see the project deliver:

Council and partner organisations

- A long term vision that meets that needs of visitors and residents
- A strategy that is affordable and achievable
- A strategy that is visionary and creative
- A strategy that sets out a clear partnership between the council, the licensing community, other regulatory partners and stakeholders
- The action plan is clear, focussed, achievable, measurable, specific and time bound

Council Staff

- A vision that provides clarity and certainty of purpose
- A strategy that clearly defines the roles and relationships across teams
- A strategy that provides the resources and authority to deliver

Rate payer

- A strategy that does not adversely affect the level of rates payable.
- A strategy that supports and promotes a safe community to live and work in

Customer Quality Expectations

The following are the things that will make the strategy acceptable to the community of the district.

- A strategy that supports the community to feel safe (i.e. not feeling intimidated by people intoxicated or hanging around open spaces drinking)
- A strategy that a clean, secure living environment in which to live, work and visit (i.e. minimal litter, graffiti, environmental design etc.)
- A strategy that supports licence holders to offer safe, welcoming premises in which to socialise.
- A strategy that delivers tangible outcomes in a cost effective way.

4. Linkage to Council's Strategic Direction

As a strategic document, the alcohol strategy provides guidance to Council for the management of alcohol related functions. It will also support and provide input into management documents such as the District Plan and Long-Term Council Community Plan (LTCCP). It is a key step towards achieving the New Plymouth district's community outcomes as outlined in the council's LTCCP. Reducing the harms associated with alcohol misuse and promoting safer alcohol-related environments support the council's strategic priorities and

community outcomes of Connected, Prosperous, Secure and Healthy, Skilled, Together and Vibrant, but primarily relate to:

- Secure And Healthy – a district that provides a safe, healthy and friendly place to work, live or visit, and
 - There is equality of access to a comprehensive range of high-quality health and disability services when required
 - The environmental, physical and mental health of the people of Taranaki is maintained, enhanced, promoted and protected
 - A well-being model for health is prompted in the region, where people are encouraged to take ownership of their health to promote good health outcomes
 - Residents and visitors of all ages feel safe and crime is reduced
 - Monitor and respond to local health statistics.²⁴
- Together – a district that is caring, inclusive and works together and where people have a strong sense of identify
 - All people feel valued and supported within a caring community and have a sense of quality and belonging
 - A cohesive, united community exists based on strong relationships between people from different cultures, communities and organisations. Multi-ethnic diversity is celebrated and different cultural values are respected.
 - People from all sectors of the community are able and encouraged to contribute to their communities, and opportunities to participate are enhanced.
 - Cooperation, collaboration and coordination between agencies, organisations and councils occur to avoid duplication of resources, minimise red tape and promote a consistent focus.²⁵

5. Project Planning

The project was managed and planned using PRINCE II. In summary this involves the development of a robust business case setting out expected benefits, risks, resources etc, a project plan that is developed in outlined at the beginning phase of the work, and then in detail as the programme commences. It is a product based planning technique that focuses on the delivery of key products. Key products include the development of an initiation plan, consultation plans, stakeholder management plan, quality plans, stage plans and stage reports.

The outline project plan is as follows:

Stage	Product	Timeframe	Preceding / Supporting Activities	/ Responsible Persons and PB Decision Points
Stage One (phase four of contract) – Shaping our Direction	Draft Strategy V.2	Draft two to be delivered by March 2009	<ul style="list-style-type: none"> • Project Initiation Document • Draft Strategy V.1 (delivered July 2008) <ul style="list-style-type: none"> ○ Literature review ○ Key informant interviews 	PM Decision Point 1 – PB Feb 2009
Stage Two – Delivering the Vision	Local Action Plan (incorporate into V.2) leading to production of V.3	March 2009	<ul style="list-style-type: none"> • Draft Strategy V.2 • Feedback from Alcohol and Community Safety Forum (12 Feb. 2009) 	PM Decision Point 2 – PB March 2009
Stage Three – Confirming our Direction	Consultation Plan Committee Report seeking release of draft strategy V.3	23 April 2009	<ul style="list-style-type: none"> • Local Action Plan • Draft Strategy 	Decision Point 3 – Policy Committee, 26 May 2009
Stage Four - Delivering the Vision	Final Strategy Committee report approving the strategy for release and implementation	August 2009 (agenda close 30 July)	<ul style="list-style-type: none"> • Consultation Feedback on draft strategy 	Decision Point 4 – Policy Committee 1 September 2009

6. Project Management

The project was managed following the PRINCE II (**PR**ojects **IN** **C**ontrolled **E**nvironments) technique. What this gave the project was:

- A clearly defined project lifecycle

²⁴ New Plymouth District Council: Moving forward together. Community Plan 2006-2016.

²⁵ New Plymouth District Council: Moving forward together. Community Plan 2006-2016.

- Clarity of purpose, scope, expected outcomes and expectations of parties and partners involved
- A controlled environment and management, with clearly defined and measurable stages, outcomes and products
- Active engagements of users, customers and stakeholders throughout the process to ensure that the project met the functional, environmental, strategic and customer requirements
- A clear distinction between the management (governance of the project) and the delivery of the products
- Regular reviews and checks and balances in the system
- Defined quality standards
- Flexible decision points within the overall project parameters

It operates on a management by exception philosophy and empowered those who were given the mandate to be involved to execute the programme within the corporately agreed constraints and parameters.

In practice the process was managed by a project board, which represented some key agencies affected by or able to effect change with regard to alcohol minimisation. The project board acted as the governance for the process. The management and delivery of the process was via the Project Manager and the strategy development team. The project manager and the strategy development team also managed the interface with the external reference personnel, who included:

- NPDC Councillors
- Police Liaison Sub Committee
- Iwi Liaison Sub Committee
- Taranaki District Health Board (Research and Evaluation, Health Promotion)
- Primary Health Organisations
- Treatment Providers
- ALAC
- Fire Service
- Youth Sub Committee
- Taranaki Family Violence Coalition
- Toi Ora (Maori Health Promotion)
- Tangata Whenua
- Sport Taranaki and Sports Codes (Football, Rugby League and Union, Surf lifesaving)

Quality checking against the business case and the project initiation documentation was conducted by the quality assurance officers (who operated outside of the project process).

7. Relationship / Stakeholder Management

Stakeholder management was the key to the success of the project. It was an initiative that responded to a defined need in the community, and thus emerged from a desire for a shared response and outcome.

From the outset a working group of representative organisations who later formed part of the project board defined the scope, boundaries and parameters of the project. Immediately each of the organisations owned the process as their own.

Wider stakeholder management (with the additional reference personnel) was charged to the project manager and facilitator in the main, but ownership and responsibility for wider engagement within the respective partner organisations was charged to the project team members.

Much of the work was conducted outside of formal meetings. PRINCE II facilitated this through its robust approach. The project board therefore mandated the project manager to deliver what was required. Meetings were only held at key decision points where a project had been approved, and communications and progress reports to all involved parties took place via email, occasional one to one meetings and telephone conversations.

Decisions were made by consensus.

The development of the action plan was a key success factor, in terms of the relationships. Due to the investment and trust that existed throughout the project, and the development of shared outcomes, each contributing organisation set out what they would contribute and how they would work in partnership with one another to achieve. This natural synergy occurred with very little direction from the project manager.

Without the strong partnership it is unlikely that the final product would have been as strong as it eventuated.

8. Innovation and Originality

The idea of a strategy to minimise alcohol related harm is not innovative in itself, but the relationship management and the ownership of the strategy is, as is where it sits as part of a strategic response to well-being.

The New Plymouth District Alcohol Strategy is a district wide community strategy. It is collectively developed, owned, and implemented by key strategic partners in the community. It is outward facing and looks at a whole of community approach to addressing the challenges of alcohol harm in our community.

The Strategy is one of a suite of five addressing harms in the community. The other being Injury Prevention, Safety, Crime Prevention and Family Violence. These will eventually come under one holistic umbrella, which address community safety.

The five priority areas championed by the New Plymouth Injury Safe Partnership, and the strategy as well as the on-going progress and reporting of outcomes will be part of the New Plymouth Safe Communities website, and support the districts on-going commitment to maintain its WHO Safe Communities Accreditation.

As part of the on-going communication strategy a DVD has also been produced, that represents the work that district in undertaking in the area. This will be used to present the alcohol harm minimisation message to interested and affected parties throughout the community.

9. Evaluation Framework

The project itself has been subject to an evaluation as part of the closure of the project. This phase formally ceases the strategy development phase, recognises the achievements of the process and reflects on the learning's that have taken place, so these can be applied to future programmes.

The evaluation of the project is recognition by the project board:

- That the original brief has been met (both in terms of the specification and the customer expectations)
- The project has run its course
- And the operational components can take over

The implementation framework for the project has been established, and the evaluation framework rests within this. A cross agency team of representatives who have set the actions and targets into the strategy action plan are responsible for the evaluation. This phase of the work will be managed by the council's community development team. Progress will be evaluated against the targets in the action plan on a quarterly basis, and the partners expected outcomes. The terms of reference for the implementation team is to also produce an annual report to the partner organisations and facilitate the next action plan development / amendment.

10. Outcomes for Council

The district wide alcohol strategy has a number of benefits to council at both a strategic and operational level. These include:

- The continuation of multi agency working to achieve shared community outcomes
- The commitment to work in partnership on initiatives and programmes:
 - Delivering education programmes to licensed premises
 - Joint controlled purchase operations
 - Health promotion messages at community events
- A reduction in the environmental effects of alcohol misuse in our community, particularly:
 - Littering from glass,
 - Anti social behaviour,
 - Graffiti
 - Wilful damage
- An increase in the community's overall feelings of safety and well-being in the urban drinking environments
- Costs savings through less clean ups

The successful delivery of the alcohol strategy has also facilitated the commencement of a community focussed multi agency Community Safety Strategy, being project managed by the council, chaired by the police and operationally delivered by the new Plymouth injury safe partners.

11. Benefits to Other Parties

Some of the key benefits identified by other parties include:

New Plymouth Police

- A reduction in anti social and criminal disorder
- Joint initiatives with the council (for example the mellow yellow door staff programme, shared CCTV, joint purchase operations)
- Safer drinking environment
- Less pressure on police resources and time
- The Alcohol Accord between Police, Council and all licensed premises in the CBD.

Taranaki District Health Board

- A joint commitment to addressing the harms caused by alcohol
- Working in partnership to deliver alcohol reduction health promotion messages
- Working in partnership on joint purchase operations
- Delivery of joint training for licensed premises
- An expected reduction in the numbers of persons visiting the hospital for alcohol related injury
- Evidence of a positive change in drinking culture

ACC / New Plymouth Injury Safe

- A reduction in the number of people being injured as a result of alcohol misuse
- An increase in the injury effects that alcohol harm can cause
- A saving in ACC payouts because of alcohol induced injury

Ministry of Social Development

- Working closely with partners to support persons with alcohol addiction issues receive the support they require to gain or maintain employment
- Minimising the effect and reducing the numbers of people affected by family violence caused by alcohol

Road Safe Taranaki

- A reduction in car accidents caused by alcohol
- A clear link to the national campaign regarding the unacceptable nature of excessive drinking in the district
- Evidence of a change of drink driving practice

Sports Codes

- A focus on working with codes to promote safe drinking messages and a change in culture

12. Results

The strategy has only recently been completed, so we are yet to see evidence of the high level gains being made. However, a number of results are immediately evident:

- Road Safe Taranaki Young Drivers Day
- Development of the CBD Alcohol Accord
- The Mellow Yellow Patrols to licensed premises
- Implementation of the One Way Door Policy
- Increased CBD signage regarding CCTV
- Increased CCTV
- Commencement of the wider community safety strategy
- Zero tolerance on graffiti – 24 hour clean up
- Increased police patrols regarding youth driving as the connection to boy racers

The other components of the strategy are all being implemented currently.

13. Supporting Material

New Plymouth District Alcohol Strategy 2009-2014
Alcohol Strategy Project Initiation Document
ALAC New Plymouth District Council Alcohol Seminar DVD, February 2009
Young Drivers Day DVD, April 2009

Contact/s for further information

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