

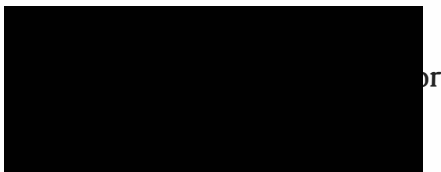


**ALCOHOL
HEALTHWATCH**
PO Box 99 407
Newmarket Auckland

**AUCKLAND CITY
LAST DRINK SURVEY
REPORT
July 1996 - June 1997
and
July 1997 - June 1998**

funded by
THE ROAD SAFETY TRUST
North Health, New Zealand Police and Alcohol Healthwatch Trust

Report compiled by



Acknowledgements

Thanks go to all those who assisted the Last Drink Survey Project in Auckland City:

In particular,

Road Safety Trust

Land Transport Safety Authority:

Police

Auckland Lic

Auckland He

Alcohol Hea

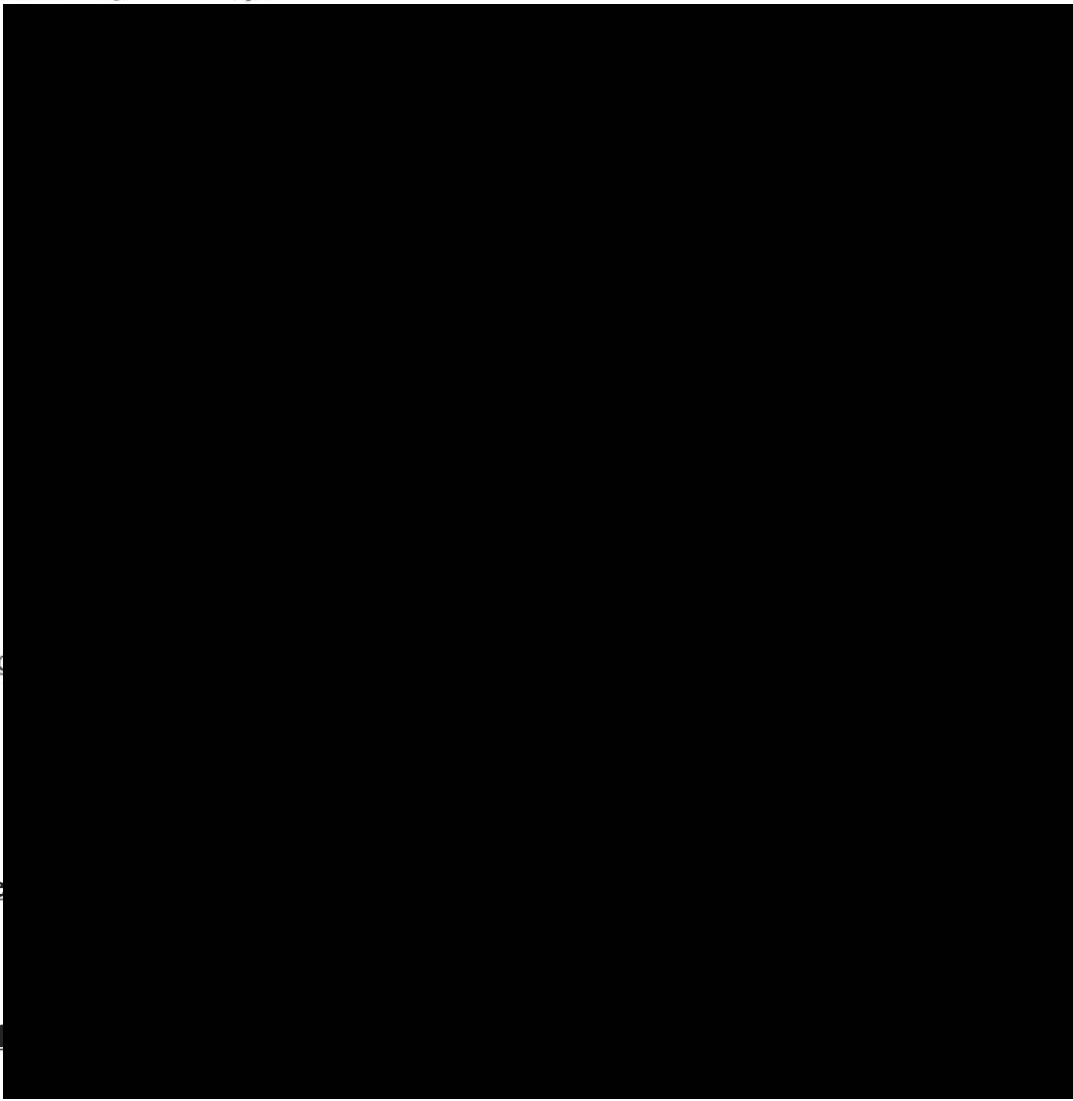


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Executive Summary

This report covers two funding periods. In the 1996-1997 year, the Last Drink Survey Project (LDS) was primarily funded by the Road Safety Trust. However this funding was only for the year and, in the absence of any long term funding, Alcohol Healthwatch Trust met the shortfall during the 1997-1998 year. Throughout, the project has relied on the financial assistance and co-operation of North Health and the NZ Police. The Health Funding Authority committed essential financial resources to the project during the period of uncertainty and instability. Partially as a result of the funding shortfall, the LDS Co-ordinator worked part-time on the project since May 1997 and the position is currently shared between two co-ordinators to a total of four days each week.

The LDS collates information on all alcohol related crime that is processed through the Auckland City Police. The collection of data for the LDS depends entirely on frontline police officers and, as such, will also reflect police priorities, planning and presence. In no way do LDS statistics reflect a random sample. In recent years, and particularly following the introduction of a more comprehensive LDS form in January 1996, two aspects of the LDS have emerged. The first focuses on providing an overview of alcohol related crime in Auckland City and linking that to the licensed premise that allegedly served the offender last, while the second aspect concentrates on analysing the demographic information available.

The LDS information is collected by arresting or processing police officers as they complete the charge sheet or EBA documentation. During this period, the rate of accurate LDS form-filling has varied substantially, with the 1997-98 year experiencing a significant drop in LDS information collated through the Watchhouse in particular. This has resulted in the percentage of drink drive crime increasing substantially (up 14.5%) relative to the total amount of crime recorded through the LDS, even though the actual numbers of drink driving crime remained similar (678 in 96-97 and 642 in 97-98). Drink drive offences increased by 13.7% for men and 19.5% for women between the 1996-97 and 1997-98 years. This also coincides with the implementation of the regional "flying squad" which is a group of police officers with the specific mandate to implement Compulsory Breath Test (CBT) operations throughout Region One. Drink drive crime is thus more likely to be detected than in previous years.

A more telling trend is the gradual decline of the average BTR. Although the average minimum and the average maximum Breath Test Reading (BTR) remain similar over the two years, the overall average BTR has fallen from 702mcg/L in 1996-97 to 690mcg/L in 1997-98. This represents a consistent downward trend from the average of 716 in the 1995-96 year and is the lowest average BTR calculated through the LDS in the wider Auckland region. The total number of BTRs over 900mcg/l did not change significantly (88 in 1996-97 and 82 in 1997-98) so the lower average BTR does not represent any great change at the extreme end of the scale. This may indicate that positive behaviour change, resulting from increased awareness of the consequences of driving whilst under the

influence of alcohol, is more likely to come from amongst those who do not drink to excess before driving.

Both drink drive offences and the total offences are concentrated over the Thursday to Sunday period and 78% occur between the hours of 21:00 and 4:59. Separate analysis of the drink drive offences show a consistent decline, without peaks, from 0:59 in the 1996-97 year. By contrast, the 1997-98 analysis presents a very steep incline from the 20:00-20:59 period to 21:00-21:59 and numerous peaks are noticeable throughout the early morning. Again this may, in part, be attributable to the increased presence of traffic police and the increased frequency and efficiency of CBT operations.

During this period there is a slight drop in the representation of women from 13.8% of the total in 1996-97 to 12.1% in 1997-98. There is a small increase in alleged offending from people identifying as Pacific Islander and a slight decrease in offending among Maori. Caucasian men and women account for over 50% of the alleged offenders in both periods. Most alleged offenders are male (around 87%) and are aged between 20 and 29 years (55% in 1996-97 and 49.4% in 1997-98). Female offenders present a similar trend when analysed by age with 56% aged between 20 and 29 in 1996-97 and 47.3% in 1997-98. When gender is correlated to ethnicity the overall statistics are closely mirrored by the Caucasian population. Maori have a higher percentage of women (17.9% in 1996-97 and 20% in 1997-98) and Pacific islanders have a higher percentage of men (94% in both periods). Although the actual numbers of alleged offenders identifying as either Asian or Indian are very low the percentage of men is much higher than that of women. In fact no Indian women are recorded through the LDS in the 1997-98 period and there are only two Asian women.

While the strength of the LDS lies in the production of accurate and reliable data, the aim of the project is to contribute towards actively reducing alcohol related harm. The data underpins this and the survey remains effective in developing and maintaining partnerships between agencies with a role or interest in implementing the Sale of Liquor Act (1989) (SoL), particularly the Police, the District Licensing Agency (DLA) and Auckland Healthcare. Licensees take further responsibility for maintaining safe serving practices when confronted with the wider extent of alcohol related crimes and 30-35 premises have their individual LDS information mailed to them each month to use as a management tool. Community groups are also making increasing use of LDS data, particularly when it is analysed to show annual changes and trends over time. While the aim of the project is largely achieved by identifying "problem premises" and working with the management and staff of these premises, it is also increasingly supported by the proactive liaison by the co-ordinators with members of the stakeholder groups and the wider community.

At each LLG the LDS Co-ordinator produces printouts from the database of "problem premises". The criteria for a premise to be considered a problem premise was defined in conjunction with Auckland Healthcare in September 1995 and was revisited in June 1997 by the LLG. It is currently six offences of 500mcg/l or above, or of '5' or above, over a two month period. In 1996-97 these were presented as two groups: "persistent problem

premises” (those premises with over 35 offences for the previous twelve month period) and “potential problem premises” (those with between 20 and 35 offences and those with under 20 offences, but with more than three offences recorded for any one month). With the most conspicuously flagrant premises closing down following Liquor Licensing Authority Hearings and the reporting of alcohol related crime through the LDS falling significantly, the number of alleged offences per premise has reduced dramatically. In the 1997-98 period any premise that appeared three or more times in a month was highlighted and monitored.

The co-ordinator distinguishes those premises that are currently in breach of the criteria and, in communication with the other agencies at the LLG, agreement is reached regarding official communication with the premises as well as initiating any appropriate action. During this period a Host Responsibility Trainer delivered any interactive instruction to licensed premises. Other interventions (including night visits, management meetings and provision of resources and advice) were planned and reported at Liquor Liaison Group (LLG) meetings attended by all the enforcement agencies.

Twenty premises during this twenty-four month period were identified by the data as “persistent problem premises” in that they regularly exceed the criteria of six offences per two month period and had previously attended host responsibility training delivered by a member of the Alcohol Healthwatch staff. Each of these premises was the subject of some form of joint intervention during the period covered by this report and they were largely the same premises that had been previously identified. Of these, seven have since closed due to LLA proceedings or subsequent actions associated with LLA decisions. Three of the premises have improved substantially, while three others are now associated with substantially more crime than before. All of these premises receive copies of their own data on a monthly basis.

During the same period fifteen premises were identified as “potential problem premises” in that they had exceeded the criteria on at least one occasion. Each of these premises has been monitored at night and every licensee has been contacted and now receives a monthly update of their own data.

In summary, the LDS has evolved to further highlight the demographic factors as well as providing an overview of alcohol and crime in Auckland City, within the acknowledged limits of the methodology. Although the actual numbers of alleged offences reported through the LDS during this period decreased considerably, the usefulness of the data in plotting trends remains. It is a useful tool for assisting the enforcement of the Sale of Liquor Act and remains integral to the continued partnerships between and among enforcement agencies, licensees and community groups.

The security of long term funding, as part of the CBT allocation, should encourage a continued development towards reducing alcohol related harm in the wider community. It is important that the reliability and accuracy of the LDS is not compromised as the police move into a fully computerised system and this must be a key area of work in the coming

year. At present LDS information is not included in the developmental INCIS program and without inclusion at a very early stage the LDS project (nationwide) will remain largely under-developed. It is recommended that this opportunity be taken so that national LDS data capture can be assisted by the INCIS program.

Summary of Recommendations.

1. Secure inclusion into the INCIS program..
2. Continue to develop guidelines for a regional perspective.
3. Increase support for community initiatives.
4. Maintain and expand mailing list to licensees.
5. Maintain and expand mailing list to agency representatives.
6. Develop contact with co-ordinators and stakeholders of similar projects.
7. Work towards the design of minimum standards for LDS projects across the country.

Introduction

This report follows the previous twelve month report (dated 01 July 1995-30 June 1996) and covers the twelve month periods of 01 July 1996-30 June 1997 and 01 July 1997-30 June 1998. The current LDS Co-ordinator was appointed at the beginning of August 1995 and at this time funding for the position increased from twenty hours to thirty hours each week. In August 1996 the funding increased to allow for a full time position of 37.5 hours per week as well as one 7.5 hour per week support position. This allowed the full time Co-ordinator to allocate more time towards working pro-actively among wider representatives of the police as well as with an increased number of "potential problem premises". The support position has enabled the premise mailing list to be updated and increased in size while also developing a community constable network and mailing list. Much of the data dissemination is completed by the support position. In May 1997, the full time position reduced to 24 hours per week and the support position increased to 15 hours per week. This resulted in less pro-active work and a concentration on ensuring the accuracy and reliability of the data over and above developing any further uses of the statistics.

The purpose of this report is to record the processes involved in collecting, collating and distributing the LDS data as well as providing an annual analysis of the trends documented. There has been no external evaluation for this project. Action planning is used and reviewed quarterly within the Alcohol Healthwatch team, while peer assessment is ongoing. Feedback from participating agencies is received at the six weekly Liquor Liaison meetings and from the community via licensees and their agents as well as through attendance at community group meetings.

The SoL places an emphasis on the importance of responsible management of licensed drinking environments and, although the per capita amount of alcohol consumed in New Zealand has reduced and there is a trend towards drinking at home rather than drinking in licensed premises, the licensed drinking environment is a significant source of alcohol related road crashes and crime and is thus a priority focus for prevention efforts (Stewart and Casswell, 1986). The object of the Sale of Liquor Act (1989) is:

"to establish a reasonable system of control over the sale and supply of liquor to the public with the aim of contributing to the reduction in liquor abuse as far as can be achieved by legislative means."

and the LDS aims to support this through the provision of current information to both licensees and enforcement agencies as well as to the wider community. The data is produced and distributed for use, in order to increase awareness of alcohol related harm in the local community and to help facilitate positive behaviour change

Aims and Objectives

Aim: To reduce alcohol related road crashes and harm emanating from licensed premises in Auckland City.

Objectives:

- a) To continue to develop and extend a system to collect information on alcohol impaired driving and alcohol related crime in the area, including data on where most of the drinking took place prior to the offences and an estimation of the level of intoxication of the alleged offender at the time of arrest.
- b) To liaise with and support the agencies with a statutory reporting role under the Sale Of Liquor Act (1989), namely the Police, Auckland Healthcare and the District Licensing Agency.
- c) To chair the Liquor Liaison Meeting on a six weekly basis.
- d) To ensure spreadsheets of data are prepared for each Liquor Liaison meeting
- e) To identify licensed premises that have been named 6 or more times over a two month period as the last place of drinking either by drink/drive offenders with an evidential breath alcohol reading over 500 mg/litre of breath or by other offenders where alcohol was involved in the offence where police estimation of level of intoxication at the time of arrest was 5 or above on a 1-10 scale (1 = no alcohol and 10 = unconscious).
- f) To contact management of identified “problem premises” and “potential problem premises” and inform them of the information relating to the premises on the Last Drink Survey. Encourage licensees and staff of identified potential problem premises to participate in host responsibility and server intervention training.
- g) To monitor Last Drink Survey data on premises which have received host responsibility and server intervention training to determine if the premises improve or continue to feature as “problem premises” on the survey. Contact management of premises with details of the status of the premise on the Last Drink Survey as appropriate.
- h) To promote self-monitoring and encourage proactivity through the provision of a premise’s own data on a monthly basis.
- i) To respond to licensee requests for current data as far as is possible.

- j) To provide data on identified problem premises to reporting and enforcement agencies.
- k) To develop links and network with other relevant agencies, groups and individuals to inform them of the project and gain support for this type of initiative.
- l) To identify other appropriate strategies which could assist to achieve the aim by consulting with other workers in the field.
- m) To undertake formative, process and impact evaluation of the project to assist its further development, implementation and effect.

Methodology

The LDS is a survey that collates information collected by arresting police officers who either complete a LDS form (app1.) or fill in the relevant section on the national charge sheet (app 2.) The LDS form was implemented in its current form in January 1996. Accompanied by a directive from Superintendent Rangihika, the amount of data collected initially increased dramatically. In August of that year the national charge sheet was revised to include a limited collection of LDS information and many officers began to complete this instead of the LDS form. At that time the charge sheet was no longer being collated onto the LDS spreadsheets as the LDS form had been designed to provide a complete capture of the relevant information, eliminating the need to survey the charge sheets. Consequently the total number of alleged offences recorded through the LDS decreased significantly until collation from the charge sheet resumed in July 1997.

LDS information is now collated from the charge sheet through the Auckland Central Police Watchhouse as well as from each of the EBA suites. Any Auckland City information collated within the greater Auckland region is included on the spreadsheet, including that processed by the "Flying Squad" based in Counties Manukau. Likewise any information relevant to other areas within the Auckland and Northland region is sent to the appropriate co-ordinator for inclusion in their data.

Data is collated on a monthly basis and the spreadsheet circulated to representatives of the enforcement agencies. Community groups and research agencies receive the statistics without identifying information and individual premises receive copies of their own data. As the LDS aims to document trends rather than individual instances, information pertaining to the "problem premises" is often presented in graph form as well as in detail.

The monthly LDS spreadsheet and any information extracted from it is generally used to highlight alcohol related issues pertaining to specific licensed premises. This is discussed at the regular LLG meeting and action is agreed among the enforcement agencies. At the least this will consist of a meeting between the licensee and the LDS co-ordinator and access to their own LDS data but may also include night visits, host responsibility and server intervention training, provision of resources and meetings with representatives of the enforcement agencies.

Where no positive change is witnessed within an agreed period of time, the LDS is often used as one of the elements of an LLA Hearing and has been an integral part of Hearings where licenses have been cancelled or suspended. More often, positive change is immediately apparent, although not always long-lived, and the LDS is used by both the agencies and the licensee to monitor the association of alcohol related crime with a particular premise.

Since January 1996, LDS information has become more complete with regard to general demographic data as it relates to alcohol related alleged offences. Community groups and those working on projects where reducing alcohol related harm is a goal are thus finding the trends documented by the LDS data a useful in a supporting role.

Alcohol Healthwatch would like to acknowledge the support and assistance of:

Traffic Safety Superintendent at Auckland police HQ, **Dick Waters**, who has continued the level of co-operation the project has received from top level police officers.

Regional Traffic Co-ordinator Superintendent Dick Trimble

Liquor Licensing Sergeant Mike Lopdell and the liquor licensing section officers at Stanley Street Police are the priority police branch for any data relating to premises and crime. Alcohol Healthwatch has endeavoured to provide Sgt. Lopdell and his police team with up to date information on premises of concern.

Superintendent Norm Stanhope has assisted the project by facilitating access to the watchhouse and the EBA suites for the LDS worker.

Superintendent Rangi Rangihika for his initiative and support in promoting the LDS form and the concept of the LDS in general.

Officers in Charge of EBA Suites have been most co-operative in ensuring LDS forms are completed and made available to the Co-ordinator on a monthly basis.

Senior Sergeant(s) Watchhouse have co-operated with project by allowing LDS workers access to watchhouse.

Special thanks to **Senior Constable Stu McClutchie** for his assistance to the
LDS workers in the watchhouse.

DLA Inspectors, John Perring, Merle Carr, Ron Halpin and Gary Whittle have helped to improve the general acceptance of LDS information by regularly using it as a monitoring and enforcement tool.

Medical Officer of Health, Wilson Young and Health protection officer Wayne Knightbridge have both been advocates for the use and value of LDS information.

Results

This section is divided into four aspects:

- 1) Introduction
- 2) Overview
- 3) Premise Profile
- 4) Alleged Offender Profile

Introduction.

Traditionally the LDS has concentrated on identifying premises that appear to be contributing in an adverse way to the amount of alcohol related harm in the community as well as attempting to draw attention to aspects of the Sale of Liquor Act (1989) that such premises appear to be contravening. While the survey has evolved sufficiently to be able to provide reliable data on alleged offenders as well, the primary aim remains the same. The main focus at this level has been on the levels of intoxication and the number of alleged offenders who name a particular premise as the place of their last drink. Another aspect of this focus has been to distinguish the numbers of drink-drive and driving related offences from the quantity and type of other alleged offences.

An analysis of the alleged offenders is a response to the additional data that has been included in the form since January 1996. This includes age, gender and ethnic identification as well as the type of alleged offences. While this is largely a demographic analysis it identifies trends that are concurrent to those identified amongst licensed premises. This information can thus be used to further elaborate the trends and issues identified within the licensed environment.

Note: The collection of data for the Last Drink Survey depends entirely on the Police and, as such, will also reflect Police priorities, planning and presence. The LDS statistics do not reflect a random sample.

Overview

Total Alleged Offences

The total number of alleged offences recorded between July 01 1996 and June 30 1997 was 1998. The months with the highest number of offences were August and September 1996 (273 and 272 respectively). February 1997 recorded the lowest number of offences with a total of 111. The mean monthly total for this period was 166.5 alleged offences.

In the July 1997 - June 1998 period, the total number of alleged offences was 1346. August 1997 and July 1998 recorded the most offences (137 each) while January recorded the lowest (54). The mean monthly total for this period was 112.2.

This represents a consistent downward trend from the numbers recorded in the previous report and is partially the result of incomplete collation (when the charge sheet information was not included in the collation process) and of incomplete collection by arresting officers.

MONTH	96-97	97-98
JULY	212	161
AUGUST	273	137
SEPTEMBER	272	127
OCTOBER	220	103
NOVEMBER	184	99
DECEMBER	193	99
JANUARY	112	54
FEBRUARY	111	57
MARCH	119	123
APRIL	112	135
MAY	120	114
JUNE	130	137
TOTAL	1998	1346

Figure 1. Total Alleged Offences per month, July 1996 - June 1998.

Although the numbers recorded for the August 1997 to February 1998 period are less than half of those recorded for the same period in the previous year, the totals per month seem to have stabilised since then. The March to June periods account for 489 alleged offences in the 1996-97 period and 509 in the 1997-98 period. These numbers, however, obscure the source of the alleged offences and it must be noted that significantly more data was sourced from the Counties Manukau area in the 1997-98 period than in any previous year.

Day of Week

Figures Two and Three present the analysis by day of week. These and the separate analysis of the drink drive offences (figs. 3 and 4) largely reflect the same trends as noted in the previous report.

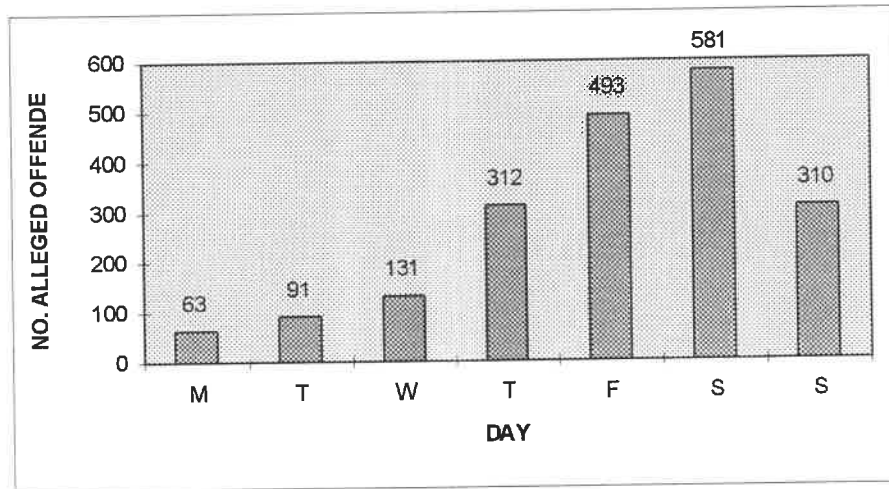


Figure 2. Total Alleged Offences by Day of Week, July 1996 - June 1997.

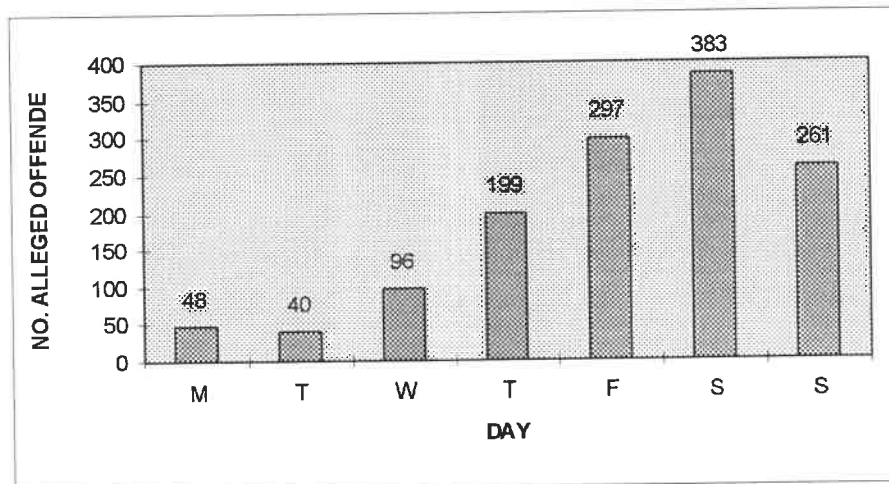


Figure 3. Total Alleged Offences by Day of Week, July 1997 - June 1998.

Each day is determined by the twenty-four hour clock, that is, Wednesday begins at 0:00am and concludes at 23:59pm. Thus alleged offences committed in the early hours of any morning may well have been influenced by drinking that occurred late in the evening of the previous day. The time referred to is the time of arrest or summons and not necessarily the time of the last drink or of the alleged offence.

Of the 1998 offences in the 1996-97 year only seven did not record the day of week on which the alleged offence occurred. Eighty-five percent of the alleged offences occurred between 0:00am on Thursday and 23:59pm on Sunday with Saturday being the day when most alcohol related offences occur (29.3%). In the 1997-98 year, 1324 offences recorded the day of week on which the offence occurred. Eighty-six percent of the alleged offences occurred between Thursday and Sunday, and Saturday was again the day when most alcohol related offences occurred (28.9%).

Drink driving offences accounted for 686 of the alleged offences that have recorded the day of the offence in 1996-97 and 642 in 1997-98. The number of drink-driving offences has not changed substantially from the previous report (684). Eighty-two percent are processed between Thursday to Sunday.

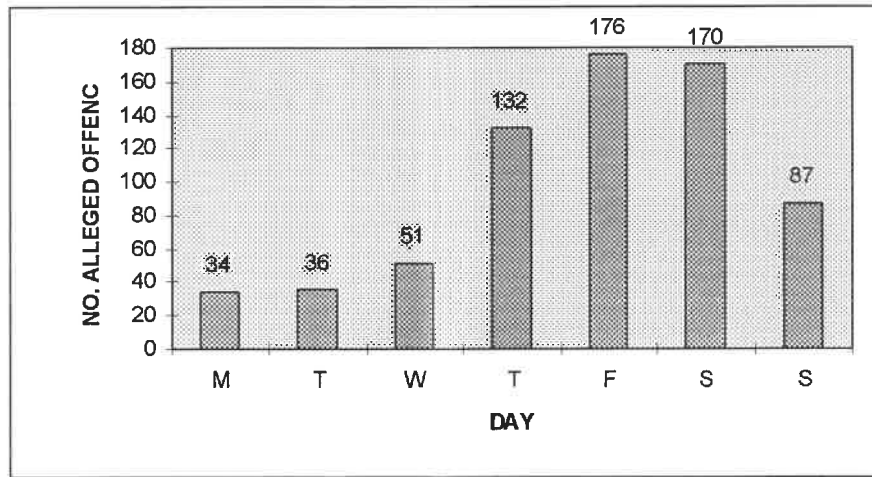


Figure 4. Alleged Drink Driving Offences by Day of Week, July 1996 - June 1997.

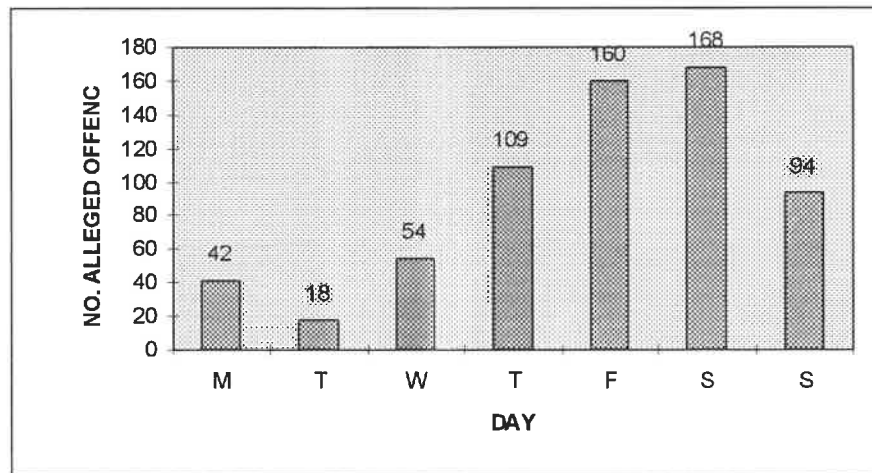


Figure 5. Alleged Drink Driving Offences by Day of Week, July 1997 - June 1998.

Time of Day

In both years, ninety-four percent of the total also recorded the time of arrest. Figures Six and Seven as well as Eight and Nine show the data by time of day for the total offences as well as separately for the drink drive offences. In both analyses seventy-eight percent of the offences were recorded between 21:00 and 04:59, while approximately half were recorded between 23:00 and 04:59.

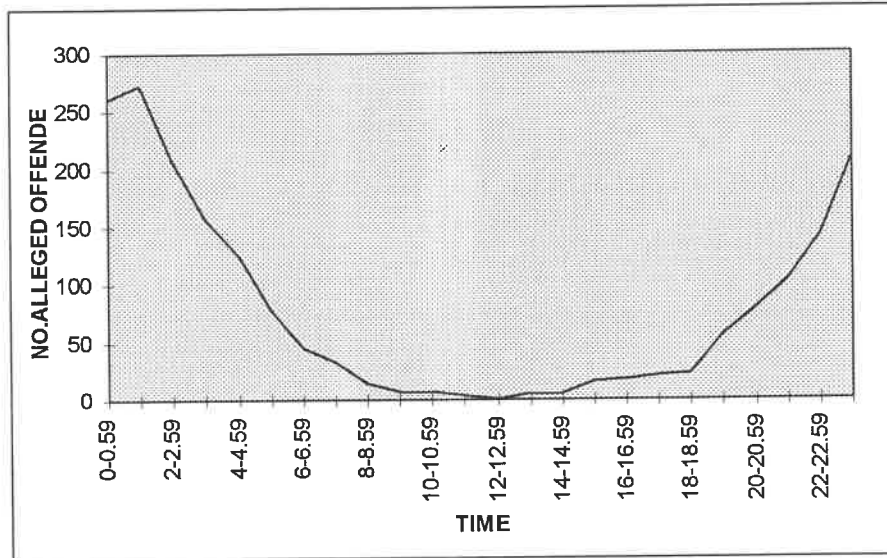


Figure 6. Total Alleged Offences by Time of Day, July 1996 - June 1997.

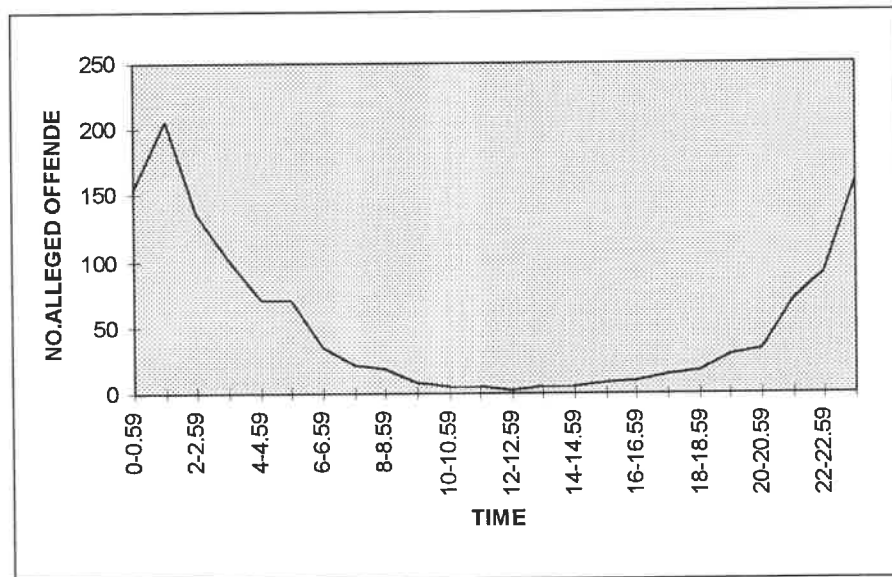


Figure 7. Total Alleged Offences by Time of Day, July 1997 - June 1998.

Once again an analysis of the alleged drink drive offences in isolation reveals a similar trend to that of the total alleged offences. Forty-five percent in 1996-97 and forty-two percent in 1997-98 were recorded between 23:00 and 02:59. In contrast to the single apex of the data for the total number of offences, the drink drive data exhibits several peaks and there is a particularly abrupt increase in the number recorded between 20-20:59 and that between 21-21:59 in the 1997-98 year. The drink drive data tends to fluctuate throughout the early morning hours and correlates strongly with the closing hours of licensed premises.

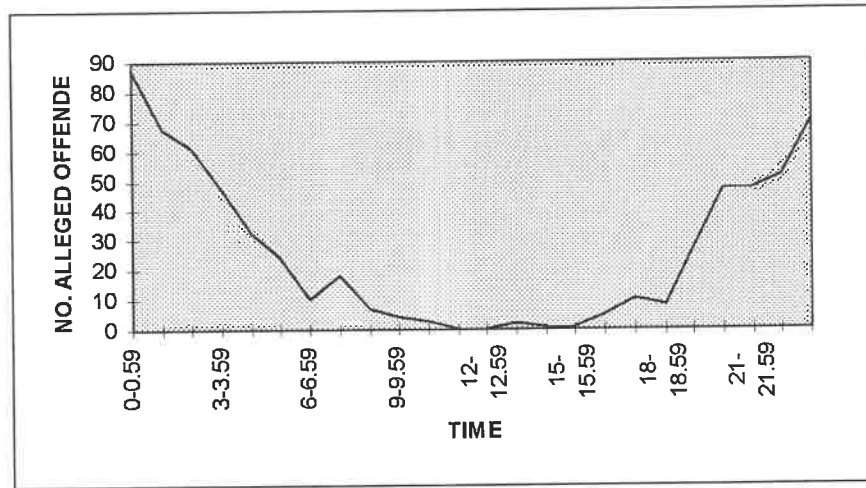


Figure 8. Alleged Drink Driving Offences by Time of Day, July 1996 - June 1997.

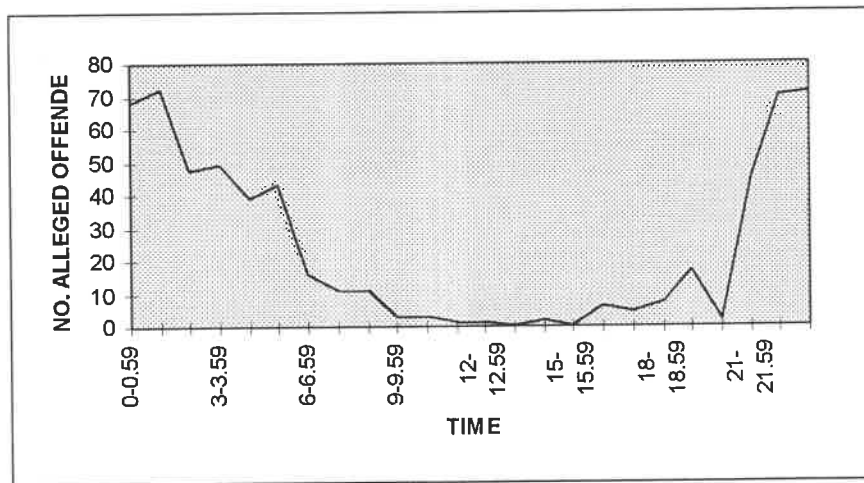


Figure 9. Alleged Drink Driving Offences by Time of Day, July 1997 - June 1998.

Categorisation of Alleged Offences

- (DD) DRINK DRIVE- all offences with a breath or blood reading that exceeds the legal limits
- (DR) DRIVING RELATED- driving while disqualified, no licence, failing to stop, careless/reckless driving, refusing a blood sample.
- (DO) DISORDERLY BEHAVIOUR- disorderly/offensive behaviour, threatening/offensive language, disturbing peace.
- (DG) DRUGS- possession, cultivation, manufacture, sale or conspiracy to supply, illegal drugs.
- (DT) DETOXIFICATION- intoxicated in public, intoxicated person not wanted, drunk and disorderly.
- (DI) DISHONESTY- false pretences, credit by fraud, minor in restricted area
- (PR) PROPERTY- motor vehicles, burglary, trespass, unlawfully in enclosed yard, intentional damage.
- (PO) POLICE MATTERS- warrants, breach bail, refuse details, assists escape, escapes, false details
- (A) ASSAULT- assault, assault with intent to injure, assault police, fighting
- (FV) FAMILY VIOLENCE- domestic assault, assault child, breach restraining/non-molestation orders
- (S) SEXUAL VIOLATIONS- indecent assault, unlawful connection, rape, peering/peeping
- (V) VIOLENCE- aggravated robbery, weapons, threat to kill, behaviour likely to cause violence.

Figure 10. Descriptions of Categories of Offences.

The total alleged offences are categorised by similarity as described on the previous page (fig. 10). For the purposes of this report only the drink drive data is further analysed. Other categories are linked to the demographic information presented in the following section. The total number of alleged drink drive offences represents 34.4% of the total in 1996-97 and 48.9% in 1997-98. In both periods, the next most numerous offences were categorised as disorderly (22% and 18.3%), assaults (11.9% and 9.7%), drug related (10.5% and 5.8%) and property offences (10.3% and 8.2%).

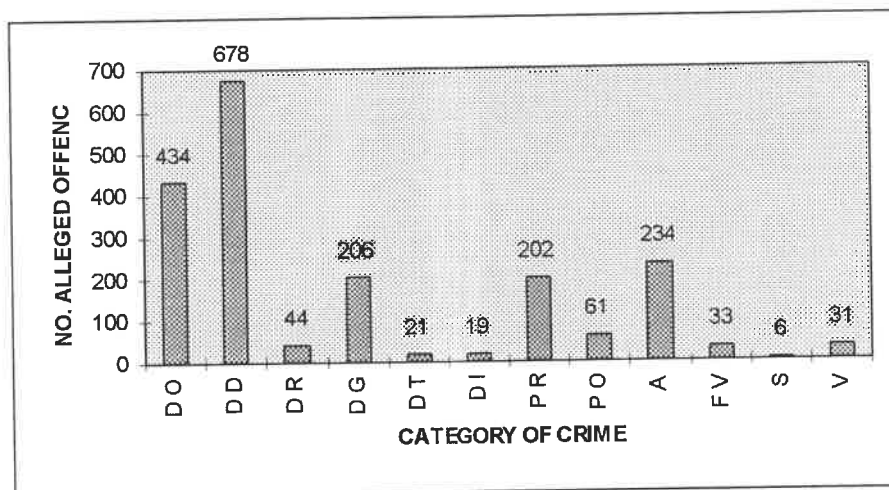


Figure 11. Number of Alleged Offences by Category of Crime, July 1996 - June 1997.

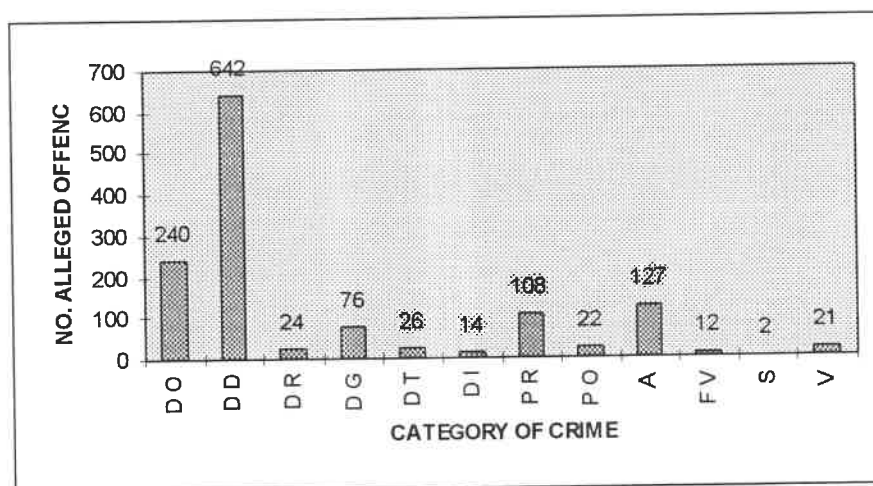


Figure 12. Number of Alleged Offences by Category of Crime, July 1997 - June 1998.

Levels of Intoxication

The levels of intoxication are gauged in three ways. On the charge sheet alleged offenders have their level of intoxication estimated as 'S' (slight), 'M' (moderate) or 'E' (extreme).

The LDS form has refined the estimation procedure to a scale from one to ten accompanied by a list of symptoms (1=no alcohol, 10=unconscious). Thirdly, alleged drink-drive offenders supply an Evidential Breath Test Reading (BTR) which is measured in micrograms per litre of breath.

Figure Fourteen analyses the drink drive charges that have recorded a BTR. In the 1996-97 period, 584 BTRs were recorded while in the following year there were 544. Of those without a BTR, some have indicated that a blood test has been performed while others indicate the level of intoxication using the estimation scale on the charge sheet or LDS form. There are two limits for driving depending on the type of license held. A restricted license has a breath/alcohol limit of 150 mcg/L while a full license has a limit of 400 mcg/L. In the first period 16 offences were recorded with BTRs under 400mcg/l and in the latter 9 were recorded.

The average BTR for the first twelve month period is 702mcg/L and for the second period is 690mcg/L which shows a trend down from the 716mcg/L average from the previous report.

Month	BTR <400 mcg/L	BTR >400 mcg/L	Average BTR of offenders	Number >900 mcg/L	Percent >900 mcg/L
July 96/97	0/2	46/80	770/687	11/13	13/16%
Aug 96/97	2/3	64/61	713/662	11/10	13/12%
Sept 96/97	0/0	43/36	686/668	5/5	6/6%
Oct 96/97	2/0	51/44	719/663	10/3	11/4%
Nov 96/97	0/0	47/38	737/751	9/9	10/9%
Dec 96/97	4/1	55/32	679/721	6/7	7/9%
Jan 97/98	3/1	39/18	655/647	4/2	5/2%
Feb 97/98	1/0	42/29	721/689	6/3	7/4%
Mar 97/98	0/0	44/47	712/711	7/5	8/6%
Apr 97/98	3/1	46/51	655/673	6/6	7/7%
May 97/98	0/0	62/51	696/732	9/9	10/11%
June 97/98	1/1	29/48	684/681	4/8	5/10%
Total	16/9	568/535	702/690	88/82	8.5/8%(mean)

Figure 14. Breath Test Reading (BTR) Analysis, July 1996 - June 1998.

Over ninety percent of these alleged drink driving offences recorded BTRs over 400mcg/L, with 15% of these recording BTRs over 900mcg/L. While average BTR shows a consistent decrease, the percent over 900mcg/L has increased slightly over the previous report (13%).

Of the 1969 offences that were identified in the 1996-97 year, 1291 were identified as non-traffic offences. In the 1997-98 year, 1314 identified alleged offences 672 were categorised as non-traffic. The level of intoxication involved in these alleged offences is estimated as 'S', 'M' or 'E' or on the one to ten scale. On the LDS form the one-to-ten scale is located adjacent to a list of behavioural symptoms (app 1.). While the symptoms are linked to the scale, it is not necessarily the type of symptoms but rather the prevalence of them that is designed to act as a guide to intoxication. For example, an aggressive or argumentative person is not necessarily any more intoxicated than a remorseful or quiet person. The estimation scale on the charge sheet, on the other hand, is not supported by any guide to intoxication.

Figure 15 presents an analysis of the numeric scale for the two periods. As the charge sheet information was only collected for part of the period it is not analysed further. It must be acknowledged, however, that the LDS information collected from the charge sheet contributed a significant number of individual offences over the period June 1997-July 1998. This also highlighted the issue of incomplete collection by police officers as the total number of alcohol related alleged offences greatly exceeded the number of completed LDS forms and LDS sections on the charge sheet.

Month	No offences > '5'	No offences '5' or over	No offences '8' or over	Average intoxication level
July 96/97	49/17	148/62	39/11	6/6
Aug 96/97	74/19	188/42	35/5	5/5
Sept 96/97	59/22	147/40	21/7	6/5
Oct 96/97	65/17	137/31	24/8	5/5
Nov 96/97	48/23	115/40	22/8	5/5
Dec 96/97	51/21	112/31	17/8	5/5
Jan 97/98	16/8	74/16	13/2	6/5
Feb 97/98	15/11	68/21	13/3	6/5
Mar 97/98	19/25	79/53	13/9	6/5
Apr 97/98	24/15	57/56	16/7	6/6
May 97/98	20/16	43/53	5/10	6/6
June 97/98	14/18	54/67	12/9	6/6
Total				

Figure 15. Analysis of Estimated Intoxication Levels, July 1996 - June 1998.

While the actual numbers of alleged offences that have recorded a numeric intoxication level over the two year period fall considerably (a total of 1730 in 1996-97 and 724 in 1997-98), the percentages remain constant. For example the percent of those recording less than '5' on the scale is 26% in the first period and 29% in the second. Likewise, those recording '8' or above is 13% in the first period and 12% in the second. This corresponds closely with the number of drink drive offenders who record a BTR of 900 or above.

Premise Profile

In the past, premises that are subject to attention and interventions by the LDS Co-ordinator or any of the three enforcement agencies of the Sale of Liquor Act (1989) as a result of the Last Drink Survey have generally met the pre-determined criteria of 6 offences over a two month period. During this period, however, a determined effort was made to identify those premises that exhibited an increasing representation on the survey. The aim of this was to enable pro-active strategies to be implemented by the premise's management before any long term problems were detected by the enforcement agencies. As a result of this, and because a Host Responsibility Trainer was undertook any requests for formal training, the premises that were monitored did not always meet the criteria.

All offences related to any premise being monitored are examined to determine whether they breach any of the conditions of the premise's license, particularly whether they indicate that a 'prohibited person' was served on the premises within four hours of allegedly committing a crime. A 'prohibited person' is essentially defined in the Sale of Liquor Act in terms of intoxication level and/or age. The legally acceptable age varies with the designation of the premise and whether a premise is undesignated, supervised or restricted generally reflects the nature of the business operation.

Due to the relatively complex nature of the current Sale of Liquor Act (1989) regarding the designation of different premises, it is not possible to compare premises in terms of the presence of minors because of the different conditions imposed by the various designations. The structure of age of alleged offenders is addressed under the 'alleged offender' profile. The profile of the premises is described through examination of the numbers of offences, the levels of intoxication and the utilisation and effectiveness of joint interventions and host responsibility training.

Numbers of Offences

When the LDS totals include the non-premise data (public places, private addresses, workplaces, vehicles and unknown locations) the number of offences included in the LDS database, totals 3825 and 4709 respectively. There are substantial fluctuations between the months as the information from the charge sheets was not included during this period until June 1997. The number of non-premise offences recorded increases dramatically following the re-introduction of collation from the charge sheet, with the average monthly total increasing by 83 alleged offences to 392. Non-premise data accounts for 48% of the total 1996-97 LDS data and 71% of the 1997-98 LDS data. Further, the percent of "unknown" places of last drink where the offender has not been asked the LDS questions increases over the period to reach a high of 18% in March 1998.

MONTH	96-97	97-98
JULY	390	489
AUGUST	446	450
SEPTEMBER	486	461
OCTOBER	318	434
NOVEMBER	315	382
DECEMBER	315	335
JANUARY	235	328
FEBRUARY	167	322
MARCH	187	437
APRIL	180	367
MAY	232	335
JUNE	554	369
TOTAL	3825	4709

Figure 16. Total Premise and Non-premise Alleged Offences per Month, July 1996 – June 1998.

The average number of offences from licensed premises per month during the 1996-97 period was 167 while the monthly average in 1997-98 was 112. This represents a significant decrease from the monthly average of 200 in the 1995-96 year and shows an apathy on behalf of the front-line police officers with regard to completing the LDS forms. This is partly due to the high turnover of officers experienced in Auckland City but also due to the confusion of having a similar LDS section on the charge sheet as well as the separate form. Many efforts were made to increase the number of named licensed premises appearing on the LDS but with little longterm effect. The monthly totals for licensed premises in 1997-98 remain well under those for 1996-97, especially when considering the number of entries now sourced outside the Auckland City region.

While all recorded offences are included in this analysis of premises only those offences where police estimation of intoxication is '5' or above and/or the EBA is 500mcg/l or more are used to determine interventions with any premise. The data does not show where the bar staff or management have initiated police intervention and, although such action does not excuse the management or staff from any contravention of the conditions of their license, these instances are often discussed with the management concerned and identified at liquor liaison meetings.

In the period from July 1996 to June 1998 twenty premises were identified as "persistent problem premises". These were largely the same premises that had previously been identified. Although the actual totals had decreased during this period, seven of them were closed down through LLA proceedings or subsequent actions associated with LLA decisions. Three of these premises have improved substantially, while three others are now

associated with substantially more alcohol related crime than before. All of these premises receive copies of their own data on a monthly basis.

During the same period fifteen premises were identified as “potential problem premises” in that they had exceeded the criteria on at least one occasion. Each of these premises has been monitored at night and every licensee has been contacted and now receives a monthly update of their own data.

These numbers represent a considerable decrease from the number of premises contacted in the 1995-96 year. Again this reflects the drop in total numbers reported through the LDS as well as less of a concentration of alcohol related crime around particular premises. The reduced totals are actually spread over more premises than before (a total of 102 different premises in 1996-97 and 157 in 1997-98).

Levels of Intoxication and Joint Interventions

Although the legal limit for driving is 400mcg of alcohol per litre of breath on a full license (a restricted license has a 150mcg/L limit), the threshold for interventions based on results in the LDS statistics is 500mcg/l breath because most people at this stage of intoxication are exhibiting symptoms that are easily observable and recognisable. Using the national charge sheet, the need for intervention is assessed using only those alleged offences that estimated intoxication to be either ‘M’ or ‘E’. With the one to ten scale, interventions are based on those alleged offenders that are estimated to be a ‘5’ or above.

Of those recorded on the numeric scale, 74% of the alleged offenders in 1996-97 and 71% in 1997-98 were estimated to have been a ‘5’ or above. Over both periods, an average of 98% of breath test readings were over the legal limit for a full license. Both the number and the percentage of recorded BTRs over 900mcg/L remained static, accounting for 15% of the total recorded BTRs in each period. The number of alleged offenders estimated to be ‘8’ or above, however, fell significantly from 230 in 1996-97 to 87 in 1997-98 but this represents only a slight drop from 13% in 1996-97 to 12% in 1997-98. There was also a small but positive change in the average BTR which dropped from 702 mcg/L to 690 mcg/L.

This suggests that at least 71% of the recorded offences may contribute to the development of some sort of intervention by members of the Liquor Licensing meeting. In reality however, these offences have been spread over an increasingly high number of licensed premises and the number of offences that breach the criteria of six offences over a two month period continues to fall. Joint interventions have thus increasingly included premises that seem to be demonstrating the emergence of problems. This is based on a combination of LDS data analysis and the observation of premises and often covers a geographical cluster of licensed premises or a particular event rather than focussing on individual licensed premises.

Details of the emerging problems are discussed at a Liquor Liaison meeting and a common initial response is for the LDS Co-ordinator to arrange to meet with management to discuss the trends. Management are encouraged to utilise the LDS as a tool for improving their practice of host responsibility and server intervention. Joint interventions may also include night visits, meetings with licensees, letters from the Medical Officer of Health, resource provision and server intervention and host responsibility training (HRT). Once an application is made against a license the LDS worker desists from providing further proactive contact as licensees have previously attempted to convince the court of intentions to improve their practices by belatedly requesting training opportunities.

Both server intervention and HRT focus on practical strategies to prevent drink driving and general intoxication, so it is expected that both the levels of intoxication and the number of offences will decrease following such interventions. The average level of intoxication of offenders is therefore a useful guide to effectiveness of interventions and it has been observed that, where such improvements take place, this is mostly seen at the extreme end of the scale of intoxication (Lafaiki 1995:11). Figure Seventeen shows the history of recorded EBA readings in Auckland City for the first three months of the last seven years.

Jan - March	EBA >400mcg	Over 900 mcg/L breath	
1992	324 (14)	78	25%
1993	269 (8)	41	15%
1994	147 (0)	33	22%
1995	124 (6)	14	11%
1996	89 (3)	16	18%
1997	125(4)	17	14%
1998	94(1)	10	11%

NOTE: Figures in brackets refer to the number of EBA readings below 400mcg/l during the period.

Figure 17. Breath Test Readings over 400mcg, January - March 1992 - 1996.

The actual numbers of drink-drive offenders with an BTR of 900mcg/L or above have fallen substantially throughout this period. In each of the past four years this represents a percentage of less than 20 and suggests a sustained behavioural change amongst drivers is being documented. This probably reflects the recent success of the many national and local road safety campaigns but does not, in itself, suggest that an increased awareness of the effects of alcohol on road safety has had any impact on changing consumption behaviour overall. The falling number of premises breaching the criteria, however does suggest that there are less premises willing to tolerate levels of extreme intoxication and, contrary to the previous report, there was no immediately obvious transfer of patronage to another

licensed premise following the closure of each of the seven premises documented in the LDS.

In summary, the number of offences associated with individual premises has fallen considerably. The levels of intoxication have fallen on average and remain static at the extreme end of the scale. As in the previous report, joint interventions and HRT appear to be most effective with premises that are not offending at the extreme end of the scale and responsible serving practices are most often sustained by premises that are relatively recently established.

Alleged Offender Profile

Alleged offenders do not directly receive any information derived from the Last Drink Survey and they are not identifiable through the data produced from the LDS forms collected by the Police. Community groups and other organisations that research and work with members of the community around issues related to alcohol and alcohol-related harm are increasingly becoming aware of the existence of the survey and there has been a growing number of requests for information showing any trends relating to the alleged offenders who contribute to the data. This information is largely of a demographic nature and analyses the alleged offenders by age, gender and ethnicity.

Age and Gender

Age is of particular interest because the sale of liquor is regulated by age, among other things, and regulations applying to age are often contentious. In the 1996-97 year 1896 offenders had their age recorded at the time of arrest or summons. In 1997-98 this number dropped to 1224. The majority of the alleged offenders are aged between 20 and 29 years in each year (55% in 1996-97 and 49% in 1997-98) and just over 8% were aged under 20 years (159 and 103 respectively). These figures represent a slight fall from the 1995-96 figures where 60% were aged between 20 and 29 years and almost 11% were under the legal drinking age. An interesting trend is the gradual increase in representation of those aged over thirty. In the previous report just over 20% were aged between 30 and 39 years and report 9.3% of the offenders were aged forty and over. In 1996-97 those in their thirties represented 22.7% of the total and 27.3% in 1997-98. Alleged offenders aged forty and over accounted for 13.7% in the 1996-97 period and 15.1% in 1997-98.

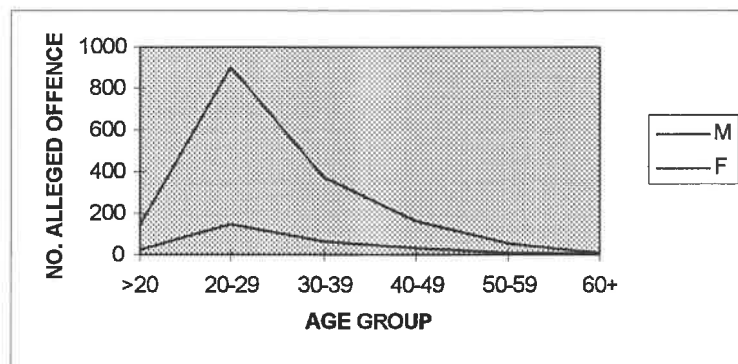


Figure 18. Total alleged offences by age group and gender, July 1996 - June 1997.

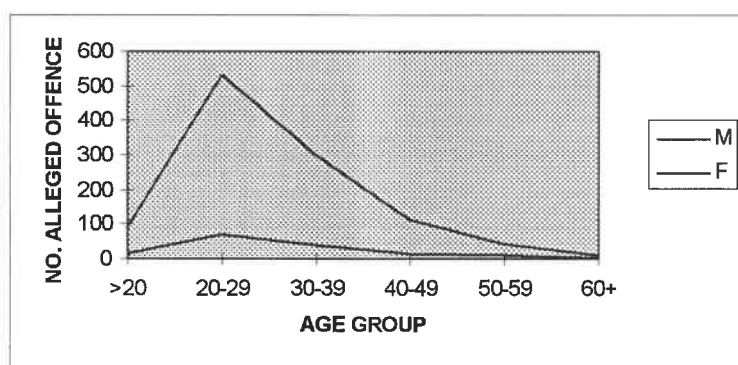


Figure 19. Total alleged offences by age group and gender, July 1997 - June 1998.

Over the entire two year period, the average age fluctuates from 27 to 33 years on a monthly basis. The average age for 1996-97 is 28.75 and for 1997-98 is 29.9 and this represents a continuing upwards trend from the previous report. The age of the youngest alleged offender is also trending upwards, with nobody aged below 16 years recorded in 1996-97 and nobody under 17 in 1997-98. At the other end of the scale, the maximum ages range from 50 to 78 years which is consistent with the ages reported in the previous period.

In the 1996-97 year 86% of the alleged offenders were male and this only increases slightly to 88% in 1997-98. As Figures 18 and 19 show, men and women exhibit similar patterns of representation over the age groups.

When gender is correlated to the category of crime allegedly committed, drink driving offences remain the most commonly committed crime. In fact, the incidence of drink driving offences has increased by 13.7% for males and by 19.5% for females between 1996-97 and 1997-98. As described earlier this is more to do with the procedures for the data collection than it is representative of an increase in drink drive offences. The second most commonly reported alleged offence for males is in the disorderly category but this,

along with most of the other categories shows a decrease in representation from 23.5% to 19.5%. For men, the five most commonly reported categories of crime remain unchanged over the two periods and assaults, property offences and drug related offences follow the drink driving and disorderly categories (figs. 20 and 21).

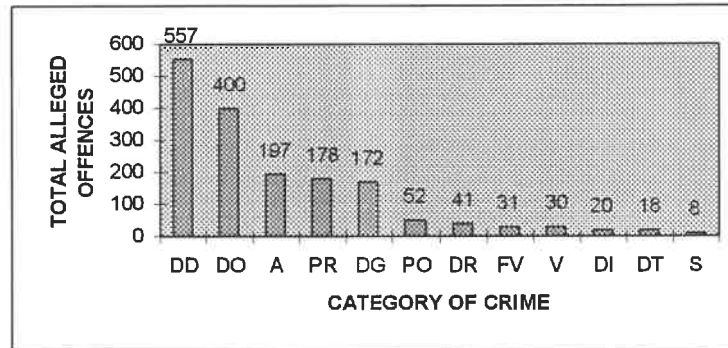


Figure 20. Alleged male offenders by category of crime, July 1996-June 1997.

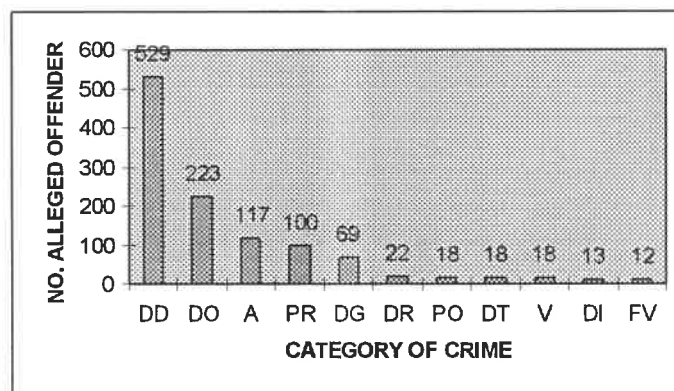


Figure 21. Alleged male offenders by category of crime, July 1997-June 1998.

The second and subsequent alleged offences for women follow a different pattern than those for men, and there are differences between the two years as well (figs 22 and 23). In 1996-97 Assaults were the second most numerous category of crime followed by drug related offences then disorderly and offences against property. In the 1997-98 year disorderly offences were the second most numerous but actually accounted for relatively less than they had in the previous year (9.1% in 1997-98 and 11.8% in 1996-97). The next most numerous categories were assaults, drug related and detoxification offences. Only the detox category shows a relative increase in representation, from 2% in 96-97 to 4.2% in 97-98. Although the percentage is low, in light of the reduced total number of offences recorded during this period and the increase in drink drive offences, the fact that it has more than doubled must be viewed with some concern.

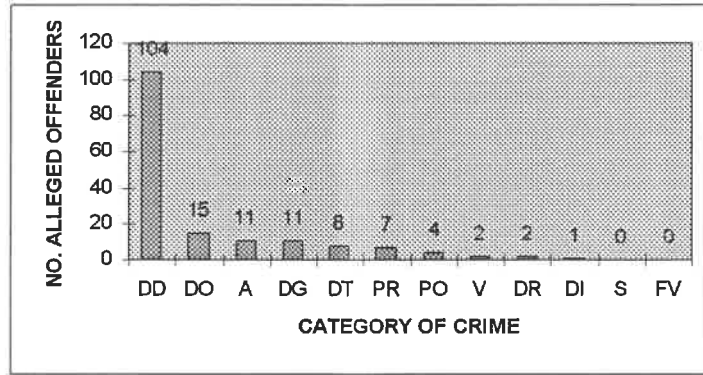


Figure 22. Alleged female offenders by category of crime, July 1996-June 1997.

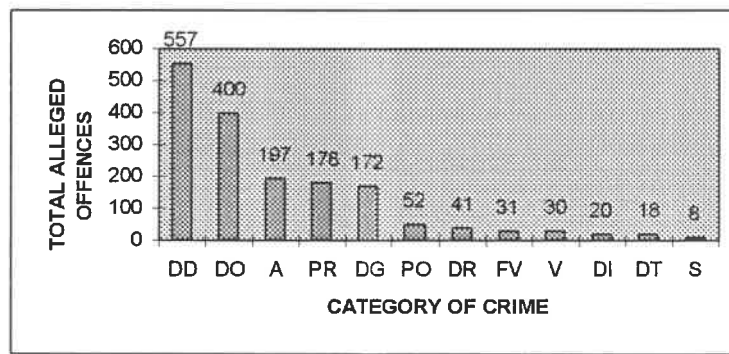


Figure 23. Alleged female offenders by category of crime, July 1997-June 1998.

Ethnicity

In 1996-97 1914 alleged offenders were identifiable by ethnicity while in 1997-98 there were 1279. The categories used are the same as those on the standard police charge sheet and distinguish people as Caucasian, Maori, Pacific Islander, Indian, Asian, Other and Unknown.

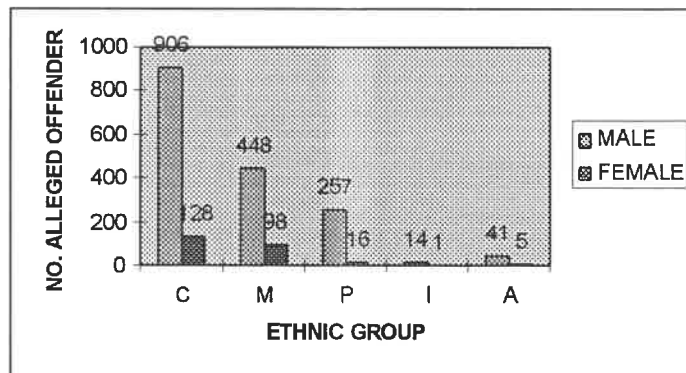


Figure 24. Total offences by ethnicity, July 1996- June 1997.

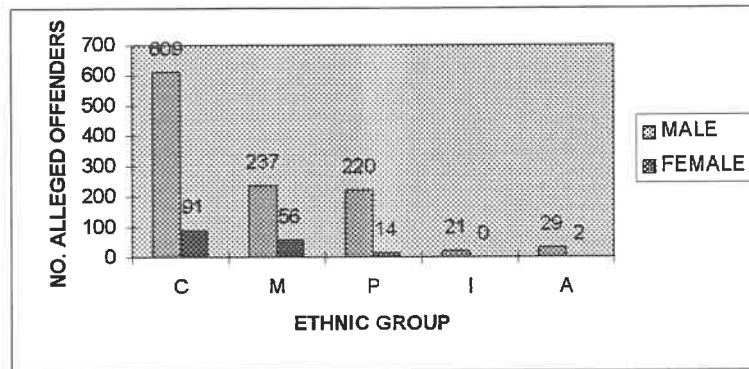


Figure 25. Total offences by ethnicity, July 1997- June 1998.

Of these 248 in 96-97 and 163 in 97-98 were women (almost 13% in each year). In the first year, 128 (52%) identify as Caucasian and 98 (40%) as Maori. Sixteen Pacific Island women (6.5%) are recorded along with five Asian women and one Indian woman. In the second year, 91 (56%) identify as Caucasian, 56 (35%) as Maori, 14 (9%) as Pacific Islander, 2 as Asian and there are no female alleged offenders recorded as Indian. These statistics represent an increase among Caucasian women (from 49% in the previous report), a slight drop in the representation of Maori women (40% previously) and a fluctuation among the recorded Pacific Island women (from 22% in 1995-96).

Among the men in the 96-97 period, 906 (54%) identify as Caucasian and 448 (27%) as Maori. Pacific Island men comprise 15% (257) while 41 Asian and 14 Indian men are included. In the following year, Caucasian men number 609 (55%), Maori men number 237 (21%), Pacific Island men account for 220 of the alleged offenders (20%) and there are 29 Asian men and 21 Indian men recorded. These statistics show a stable representation of Caucasian men (55% previously) and a fluctuation among Maori and among Pacific Island men (25% and 18% respectively in 95-96).

When gender is correlated to ethnicity the overall statistics are closely mirrored by the Caucasian population. Maori have a higher percentage of women (18% in 1996-97 and 20% in 1997-98) and Pacific Islanders have a higher percentage of men (94% in both periods). Although the actual numbers of alleged offenders identifying as either Asian or Indian are very low, the percentage of men is much higher than that of women. In fact no Indian women are recorded through the LDS in the 1997-98 period and there are only two Asian women.

In summary, the offender profile highlights the different distribution of offences by age, gender and ethnicity. While analysis of the totals reflects the experiences of the dominant group of offenders (male Caucasians, and particularly those aged between 20 and 39), the experiences of members of other groups can be quite different. Such information may be useful when applied to the allocation of resources that aim to reduce the rate of offending and the amount of alcohol related harm in the community.

Discussion

It has been noted that the total number of alleged offences recorded through the LDS decreased significantly throughout this two year period. This can be attributed to inconsistent collection on the part of front line police officers and highlights the methodological problem of having too many different ways of gathering the same information without any consistent direction from the police hierarchy. This may be resolved if the LDS is included in the INCIS program in a comprehensive manner, and if police receive the appropriate training regarding collecting the information as well as receiving regular feedback as to the end uses of the data.

While generally the trends remain the same despite this decrease, both the representation of the different categories of crime and the number of alleged offences associated with individual premises has changed considerably. Fewer individual premises breached the intervention criteria so those subject to joint interventions included almost as many premises that did not breach the criteria. This may reflect a reduced tolerance and acceptance of extreme intoxication in licensed premises as well, because, in most cases, there was no immediately obvious transfer of patronage from those premises that were closed to another premise.

As the aim of the LDS project is to reduce road crashes and harm emanating from licensed premises in Auckland City it is important to target resources to those licensed premises most at risk of contributing negatively to alcohol related harm in the community. LDS data and documentation of joint interventions show that positive change occurs more often and appears to be sustained for longer by those premises that do not regularly breach the criteria. It is therefore equally important to aim interventions towards premises that are associated with an increasing trend of alcohol related crime as to those with a history of association.

Although 'worst premise' examples do not dominate the data to the extent they have in previous years they still contribute significantly to the amount of alcohol related crime in Auckland City. It remains unrealistic to expect businesses not to identify that there remains a large market niche where intoxication is not only desired and expected but is the absolute aim of an evening out. Historically, New Zealand has embraced a drinking culture that accepts behaviour that is intolerable in a sober environment or from a sober person and it may be that, while the management of licensed premises can be receptive to the object of the current licensing laws, the culture of the heavy drinker is more difficult to reach, let alone change. Notwithstanding that the responsibility of compliance with the Sale of Liquor Act remains with the management and staff of a licensed premise, some measure of responsibility must lie with the community that patronises the premise and in which the premise is located.

The object of the current Sale of Liquor Act (1989) is:

“To establish a reasonable system of control over the sale and supply of liquor to the public with the aim of contributing to the reduction in liquor abuse as far as can be achieved by legislative means”

Together with monitoring of premises and enforcement of the Act, the object of the Act can begin to be fulfilled when licensed premises discourage and consistently refuse to tolerate high levels of intoxication and when members of the community acknowledge and refuse to accommodate the negative aspects of alcohol misuse.

Although there are acknowledged limits to the methodology and process of data collection, the trends which the data identifies remain accepted by enforcement agencies as indicative of the manner in which a premise is managed. Given this support, and acknowledging the same limitations, it is proposed that the information analysed to form a profile of the alleged offenders offers the same possibility, in that it can help highlight trends and help to indicate where resources might be effectively targeted

The LDS provides an ongoing collation of data, sourced from police files, that correlates the amount and type of crime to the intoxication level, age, gender and ethnic group. Thus, the LDS can provide an indication of which groups within the community are most likely to both perpetrate, and become victims, of alcohol related harm. The results from this period show that the data is dominated by Caucasian males aged 20-29 years. This is only different from the previous report in that less of the total alleged offences are located in this group. There is a trend towards a increased representation from both men and women in the older age groups and the representation of men and women within the ethnic groups is very different. There are also clear differences among the most prevalent types of crime likely to be committed by men and women and this may well alter further when analysed by age and ethnicity. Such trends can be produced by the LDS co-ordinator if requested.

Analysis of the intoxication levels shows a consistent downwards trend for the average BTR from 716mcg/L in 1995-96 to 702mcg/L in 1996-97 and 690mcg/L in 1997-98. The percentage of BTRs over 900mcg/L, however, shows a slight increase to 15% in this two year period, from 13% in the previous report and this is a similar representation to those alleged offenders estimated to be an '8' or above (13% in 96-97 and 12% in 97-98). There thus appears to be little change in the representation of alleged offenders at the extreme end of the intoxication continuum.

Likewise there is little change in the concentration of alcohol-related crime over the week or throughout the day. There remains the strong correlation of drink driving crime to the closing times of licensed premises.

In summary, the LDS offers the analysis of trends regarding alcohol related crime and licensed premises as well as an analysis of the alleged offenders to provide some insight into the patterns of alcohol related offending in the Auckland City area. As long term collation often provides more detailed insight it is imperative that the initiative represented by the Last Drink Survey continue to be well supported, sustained and enhanced. It is thus essential for the inclusion of the LDS in the INCIS program. It is equally essential that the LDS project on both a local and a regional level receives secure funding. The inadequate provision of funding that resulted in no established funding at all for the 1997-98 year in no way enhanced the project. The LDS has historically been seriously depleted of resources in view of the size of the problem in Auckland City and it is hoped that the security of central police funding for the following two years will allow the project to consolidate and develop further, particularly in terms of supporting the development of other initiatives aiming to get to the "top of the cliff".

Recommendations

Recommendations from previous report.

1. Due to the proven use for the information generated by the LDS to date, funding for the programmes needs to be reliable and secure. This requires a long term commitment and should have provisions for enhancement, such as the evolution of the Alcohol Healthwatch database and the need for the support of community-based development.
2. The growth of a regional perspective should not be at the expense of the local areas, although consistent guidelines need to be developed to ensure a cohesive regional approach.
3. The implementation of the comprehensive LDS form in Auckland Central and on the North Shore opens further opportunities for health gains and should be implemented in South Auckland, Waitakere and in Rodney when appropriate.
4. Data collation procedures are established to ensure data is shared with Auckland Healthcare in a form that is satisfactory to both Auckland Healthcare and Alcohol Healthwatch.
5. Contacts within the community are enhanced and developed to enable the sharing of appropriate LDS data to support community initiatives. This will largely require an increase in resources through provision for two full time workers in the Auckland City area.
6. Active support for the development of an equivalent 'Liaison Meeting' for licensees and other members of the retail industry that are affected by alcohol-related issues. This could possibly be along the lines of the forums established successfully in Surfers Paradise and in Hamilton.
7. To maintain and expand the mailing list to include all interested licensees and to provide the information on a monthly basis.
8. To maintain and increase the frequency of night visits to both "persistent" and "potential" problem premises.
9. To establish contact with Community Constables throughout the Auckland City area and deliver monthly spreadsheets to those interested in the profile of alcohol related crime in their area.
10. To establish contact with Maori Wardens operating in the area and deliver monthly spreadsheets to them.

Recommendations from this report

1. To secure inclusion of the LDS into the INCIS program. Each of the LDS projects throughout the Auckland region implemented a version of the comprehensive LDS form tailored for their locality. As shown in this report the inclusion of an LDS section on the national charge sheet has rendered the LDS form less effective as the form is perceived to be a duplicate. Also, the accuracy of the form filling is only reliable when accompanied by strong police commitment. Inclusion of the LDS information into the INCIS program as a mandatory field will alleviate these problems and enable

consistent, reliable and accurate LDS information to be collected over the entire country. Each local community can then adapt and add to the base LDS information to suit their particular objectives and needs. An exercise to gather support from other LDS co-ordinators and users of the data across the country is planned.

2. To continue to develop guidelines for a regional perspective. Although the LDS is mostly utilised on a very local level there is a valid argument for consistency in data collation and documentation of the contribution the data makes to other activities. This may concentrate on identifying the differences in general trends between the different LDS projects but should also extrapolate regional trends if applicable.
3. To increase support for community initiatives. Largely due to funding constraints, and absences, the LDS is most focused on supporting enforcement-oriented action. There is an increasing amount of information available through this data that can help to validate, sustain and support many existing community initiatives and to form part of the foundation for new initiatives aimed at reducing alcohol related harm in the community. Demographic data in particular is not widely used at this point and can support initiatives targetting individual "at risk" groups.
4. To maintain and expand the mailing list to licensees. The development of an LDS leaflet that has been distributed to the DLA and to HANZ should increase the awareness licensees have regarding the LDS. Along with this passive information, the LDS co-ordinator should be encouraged to continue to liaise with those premises that are demonstrating an emergence of alcohol related problems. Such premises should be offered access to their own data via the mail list. At the same time those premises automatically receiving their information should be canvassed to ascertain the usefulness of the exercise and any who do not wish to continue to receive it should be removed from the list.
5. To maintain and expand the mailing list to agency representatives. While most agency representatives are already included in the mail list an evaluation of the usefulness of the data should be undertaken. Expansion may include a regular inclusion of tables and graphs that show trends rather than itemising individual offences as on the monthly spreadsheet.
6. To develop contact with co-ordinators and stakeholders of similar projects. The exercise to gather support for inclusion into the INCIS program will help to foster improved communication among others working with LDS data and this should be capitalised upon through the organisation of some kind of forum (a web page and discussion page for example, and/or a regular physical meeting attached to an ALAC conference or similar).
7. To work towards the design of minimum standards for LDS projects across the country. This can help to support the development of LDS projects in areas that do not

currently have a systematic way of collating and using the police information as well as to share associated ideas, methods and resources.

Conclusion

The Auckland City Last Drink Survey continues to be effective in developing working partnerships between agencies with a role or interest in the Sale of Liquor Act, despite the recent depletion in the numbers of forms being completed.

In Auckland City, the LDS contributes significantly to reducing drink driving and other alcohol related crimes by providing a database which accurately describes the changing profile of the drinking driver/offender and the premises which serve that person to intoxication. Importantly, it provides positive as well as negative feedback to the premises targeted. This assists the police and health protection officers, particularly, in their efforts to get most effect from their scarce resources in enforcing the Sale of Liquor Act.

The LDS also provides a reliable profile of alleged offenders of alcohol related crime and this information could be more widely used.

Now that funding is secure for the next two years improved application of the data should result and the LDS should be made available to a wider range of premises within Auckland City. The usefulness of this will, however, only be visible if police, DLA and health resources are also committed to including those premises exhibiting signs of emerging problems in the allocation of their monitoring and enforcement resources.

The lessons of the past two years, coupled with the security of funding and a well documented history of results provide a sound foundation for the further enhancement of the LDS project in Auckland City.

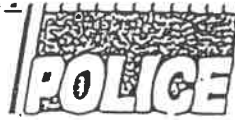
Appendices

Appendix One: Comprehensive LDS form, introduced January 1996.



ALCOHOL
HEALTHWATCH

CENTRAL



LDS FORM
(Last Drink Survey)

TO BE COMPLETED BY ARRESTING OFFICER ONLY IF OFFENDER HAS CONSUMED ALCOHOL
PRIOR TO ARREST OR OFFENCE.

1. OFFENDER'S FULL NAME: _____ MALE/FEMALE

RACE: _____ AGE: _____ yrs. RES. SUBURB: _____

2. DAY: _____ DATE: / / TIME (of offence) _____ 00:00

CHARGE (s) _____

READING(s): BREATH: _____ BLOOD: _____ ARREST/SUMMONS

WHAT HAPPENED: _____

3. LAST DRINKS:

a) Where did you have your last drink? Premise: _____
St/Rd: _____

b) What time did you have your last drink? _____ 00:00

c) Where did you buy your last drink? Premise: _____
St/Rd: _____

d) What were you drinking? Beer: Wine: Spirits:

e) How much? _____ Brand: _____

f) How long were you at the premises? Hours: Mins:

g) Have you consumed alcohol at any other premise tonight during the last four hours? Yes: No:

h) Where?(if applicable) _____

4. WHERE LOCATED:
Where was the offender located?

Inside licensed premises: Namely: _____

Outside licensed premises: Namely: _____

Other: _____

5. LEVEL OF INTOXICATION (Arresting Officer to assess at time of arrest)

(a)		(b)	
tick		Signs Exhibited	tick
1	Had no alcohol	Eyes glazed/bloodshot	
2	Slight to medium	Unsteady	
3		Lack of motor skills	
4		Slurring	
5		Aggressive	
6	Heavy to extreme	Argumentative	
7		Breath smells of alcohol	
8		Face flushed	
9	Unconscious or 1K	Repeating him/herself	
10		Other	

6. ARRESTING OFFICER:

FULL NAME: _____ RANK: _____

STATION: _____ QID: _____ SECTION: _____

FILE/TON NO.: _____ PRN: _____

7. QUESTIONS 1 & 3 (IF NOT ARRESTING OFFICER) COMPLETED BY:

FULL NAME: _____ RANK: _____

STATION: _____ QID: _____ SECTION: _____

8. TO BE COMPLETED BY WATCHHOUSE CTO OPERATOR

FILE/TON NO.: _____ PRN: _____

Checked by
watchhouse
S/Sgt: _____

PLEASE LEAVE IN WATCHHOUSE OR FORWARD TO SGT. MIKE LOPDELL, LIQUOR LICENSING,
STANLEY STREET POLICE.

LOOSE LEAF CHARGE SHEET

SURNAME FIRST NAMES PR N S.I.D. ADDRESS: PHONE HOME PHONE WORK OCCUPATION EMPLOYER:		MAIDEN NAME (MARRIED FEMALES): WARRING FLAGS P.I.O.N.E. YEAR OF ARRIVAL IN NZ BUILD I M S F HAIR EYES BLU BRO GRN RED GRV PGY BLD WHI XXX HAZ BLK	SEX M F X RACE C P M A I N O X ARREST DATE ARREST TIME DATE RECEIVED TIME RECEIVED HEARING DATE COURT I.D. HEARING DAY FILE NO. / SUPERVISOR'S CHECK	CELL # YEAR FOLIO PAGE
FLICNO INFORMATION REQUIRED YES NO INFORMATION PRODUCED YES NO Consider revocation of Firearms Licence if appropriate		PHOTOGRAPHED YES NO Fingerprinted YES NO Palmprinted YES NO OY EID MID ECG MCG OCI OHC OHP ODL CW SUPERVISOR'S CHECK		
CHARGE No. 1 (Show full wording, Act, and section of most serious charge)		OTHER IDENTIFYING FEATURES: Spectacles YES NO Beard YES NO Limp YES NO Speech Impediment YES NO Moustache YES NO Hair Style General Description:		
ACT SECTION:		WATCHHOUSE KEEPER'S EVALUATION OF CONDITION OF PERSON IN CUSTODY: Is the person: Under the influence of DRUGS ALCOHOL SOLVENTS MA Showing signs of being WITHDRAWN IRRATIONAL DEPRESSED LOVERLY ASHAMED AGITATED ANXIOUS Showing signs of, or previously made threats of SUICIDE SELF INJURY Injured YES NO Illness YES NO Showing signs of being in pain YES NO If answer is yes to any item describe injuries, illness or pain: Are there health or other warning flags or signs that may indicate the person is at risk YES NO If answer is yes list flags or signs: Do you consider that the person needs to be further assessed to determine their at risk status YES NO If answer is yes use Prisoner Management Assessment Form (PMAF) for full assessment.		
CHGE CODE TRACKING NUMBER TEXT OF CHARGE		Watchhouse Keeper: Supervisor: INTOXICATION Level of intoxication: INL SLIGHT MODERATE EXTREME Where was last drink taken: How long ago: Date: / / Time:		
ARRESTING/ESCORTING MEMBER: Are you aware of any medical or psychological reasons that indicate the person in custody may require special care or may be at risk while in custody YES NO If answer is Yes outline reasons and advise the Watchhouse keeper and Supervisor.		CHECK OF PRISONER, PROPERTY AND CHARGE SHEET Supervisor: DISPOSITION Bailed to DISTRICT CTP Court Direct to DISTRICT CTP Court Released Other: Date: / / Time:		
COMPLAINTS Reported to NCO YES NO Visitors Allowed YES NO Int re Other Offences (RED D) (NOT RECD) DONE Immigration Status Check YES NO Bailable YES NO		Signature: Name: Rank: O.I.D.: Station: Group:		

Loose Leaf Charge Sheet (Pol 173)

Appendix Four: Host Responsibility Structure.

Host Responsibility Training is a service offered by Last Drink Survey Co-ordinators and the Host Responsibility Worker in response to the data generated by the LDS and the awareness of a need in the community. It works in conjunction with letters from the MOH and attention from the Police, but is predominately without enforcement from either of these agencies. Because the extent of the LDS is increasing in both content and area, there is a need to prescribe the training more definitely so that premises receive a tailored but consistent content. This will help to avoid situations where premises appear to have undergone training but, for some reason, the training was inadequate.

It may also be useful with regards to effective time management, because, while AHW provides a free service, it is not designed as an alternative to any in-house training and should not be viewed as a means for the licensee or manager to meet their training responsibilities. AHW has embraced a policy of not providing training to any one establishment more than twice in any twelve month period unless circumstances warrant it e.g. change of ownership.

The LDS Co-ordinator provides a service aimed at promoting a health perspective and suggesting policies and strategies that can help reduce alcohol related harm while promoting a safe drinking environment that recognises the responsibilities outlined in the SOL Act. The following requirements need to be clarified at the initial meeting with the Manager(s), Licensee and, if appropriate, representatives of any Trust or interested party:

- a) Training should be long enough to achieve effect. This period of time should be prescribed by the Co-ordinator, and a minimum of one hour is suggested. Ideally two hours should be provided and the training could be split into two one hour sessions if preferred.
- b) Attendance by 75% of staff and all managers is required and monitored. Representatives from all sections, e.g. bar, floor, food, and security are required and ideally the licensee would also be present. Names and numbers will be monitored and payment of staff is encouraged. Training will not be deemed adequate until sufficient numbers have attended.
- c) Ensuring that staff from all sections are adequately trained and understand their role in a team environment.
- d) Letting all members of staff know that, unless these training requirements are met, the premise will continue to receive attention from the MOH and that their LDS results and any reports are available to the Police and the DLA. Ultimately it is their license and/or livelihood as well as their legal responsibilities that are at stake.

- e) Give a realistic time for training and to monitor any effects from the training.
- f) Record all the above and send the premises a copy. Supply copies to MOH, Police and DLA as appropriate.

PROCEDURE.

- 1) Following letter and response from premise an initial meeting is set up to assess the particular needs of the establishment and to ensure the requirements of the training can be fulfilled. This would involve the licensee, duty managers, and any other controlling interests, and will be documented.
- 2) If the premise is not well known to the trainer a preliminary night visit may be conducted to assess the realities of working in that environment
- 3) Host Responsibility Training over the agreed time slot in an appropriate venue; ideally within the premise itself. After introducing themselves and establishing the mandate of AHW as non-statutory and independent but still liaising with the enforcing authorities, the trainer will provide current data for the premise to all staff.

As each premise will have its own needs, each session will be substantially different. However, each session should entail detailed discussion about the legal responsibilities and obligations both servers and licensees have. Encourage a wider community perspective and open awareness of health related problems and dangers through stories and statistics. Perhaps use the model of Liability/Profit/Service and make the training relevant to the realities facing the establishment by including the economic side of the equation. Practical ideas and techniques should be shared and delivered in an appropriate way, e.g. role plays (Ross Henderson used Michael Blewdon...), by example/story etc. Offer concrete examples and access to resources, and invite a Police or DLA representative to contribute if appropriate.

- 4) Night Visit following the HR should be between 14 and 28 days after the HR training. The report should be made available to the premise as soon as practicable and LDS data should be sent regularly (3 monthly?) to the premise so they can monitor their own performance and claim ownership for any change (positive or negative).

It is suggested that telephone contact be established for recurrent offenders and those that seem to be getting worse. Auckland Healthcare health Protection Officers have also suggested that this might be a way of stemming the need for MOH letters and side-stepping the system so that the data can be acted upon while it is still fresh rather than waiting for the letter procedure to pave the way for host responsibility and server intervention training. It is important to build a rapport with the premise and those in charge and telephone conversations can also deliver informal positive feedback and suggestions. These should still be documented in the Premise file .

LDS Co-ordinators and the Host Responsibility Worker should continue to meet regularly for feedback and to exchange ideas as well as to co-ordinate efforts.

Appendix Five. Roles and Tasks of Each Agency.

1. *Alcohol Healthwatch*

- Overall co-ordination of project.
- Develop a working partnership between Alcohol Healthwatch, Police, Auckland Healthcare and District Licensing Agency Licensing Inspectors.
- Where appropriate involve members of co-ordinating committee.
- Attend police training sessions to inform police of the project and their role.
- Extend and improve the information gathering system by revising the LDS form to include in addition to drink/driving data, categories for other alcohol related crime and demographic data.
- Identify where LDS forms should be located and ensure that an adequate supply of forms are available for use.
- Collect all completed LDS forms for drink/drive offences and other alcohol related crime from Auckland Central Watchhouse and EBA suite each week. Check and enter the onto a monthly spreadsheet and forward a weekly update to the Police Liquor Licensing Section at Stanley Street.
- Collect all completed LDS forms from the outlying EBA suites on a monthly basis, check and enter this data onto the current monthly spreadsheet. Forward completed monthly spreadsheets to appropriate members of the Police, District Licensing Agency and the Health Protection Team at Auckland Healthcare.
- Check completion rate every 3 months by comparing the number of LDS forms to the number of alcohol related charges in the Watchhouse.
- Liaise with key people involved in project so they are updated on progress.
- Network with other relevant agencies, groups and individuals to inform them of the project and provide information as requested.
- Contact identified problem premises and arrange to visit. Meet with licensee/manager of premises, to assess what is in place and compare with host responsibility check list. Negotiate further host responsibility measures to be implemented and put these in writing. Follow-up visit in two months.
- Provide or access other host responsibility resource material for licensees as required.

2. *NZ Police*

- Membership on co-ordinating committee.
- Ensure that LDS forms are available on an ongoing basis at each base that has an EBA suite.
- Ensure that all officers are aware of the project and the requirement for LDS forms to be completed when an offender is charged with a drink-drive offence, and when alcohol is a factor in other criminal offending.

- Ensure that arresting officers at Auckland Central HQ watchhouse ask alleged offenders if they had been drinking and, if so, ensure that the officers complete the LDS form.
- Provide access to the completed forms for uplifting by the LDS Co-ordinator and send any forms that are not collected by the LDS Co-ordinator to Sgt. Mike Lopdell, Liquor Licensing, Stanley Street Police.
- Facilitate reasonable access for Health Promotion Worker at police training sessions to ensure police are informed and co-operative with aims and outcomes of the project and that importance of their role in filling out LDS forms is understood.
- Maintain liaison with co-ordinator.

3. *Auckland Healthcare, Public Health*

- Assist with planning.
- Generate letter to identified premises informing them that they have featured in the statistics and inviting them to participate in host responsibility programme. Send copies to other agencies.
- Forward positive responses to LDS Co-ordinator.
- Identify which premises have not responded and generate second letter.
- Forward positive responses to LDS Co-ordinator to follow up. If no response, generate letter to DLA inspector and Police requesting they monitor premises.
- Co-operation in developing procedures for problem premises which continue to feature in the data, despite the interventions of the LDS Co-ordinator.
- To co-operate with LDS Co-ordinator in interventions on identified problem premises e.g. night visits, historical or anecdotal information on licensees, etc.
- Ensure LDS information is entered on liquor licensing files for Medical Officer of Health (MOH) reports on licensing applications.
- Maintain liaison with co-ordinator.

4. *District Licensing Agency (Licensing Inspectors)*

- Liaise with project co-ordinator.
- Respond to requests to monitor non-co-operative premises.

References

Auckland Regional Council, (1993) Region in Profile, Report One: Demographic Trends in the Auckland Region., pp40-43.

Stockwell T. Somerford and Laing. (1991) “The Measurement of Harmful Outcomes Following Drinking on Licensed Premises” in Drug and Alcohol Review, Vol. 1.

Smith D.I. (1990) “Effect on Casualty Traffic Accidents of Changing Alcohol Sales Legislation”, in Journal of Drug Issues, Vol 201.

Stewart L. and Casswell S. (1986) “The Roles of Restaurants and Bars in Preventing Alcohol-Impaired Driving: an Evaluation of server Intervention” in Evaluation of Health Professionals 10(3).

Auckland City Last Drink Survey Report

Evaluation Questionnaire

Please find enclosed a copy of the latest Last Drink Survey Report for Auckland City. To help improve the usefulness of our reports, we would be grateful if you could fill in the following questionnaire and return it to us. Otherwise we can be reached at *Alcohol Healthwatch, ph (09) 520 7039*

Thank you
Chris Thomas
LaST Drink Survey Coordinator
Auckland City

Name:

Address:

Phone:

Please circle answers - 1 = not at all to 5 = extremely

1. How would you rate the usefulness of the report overall?

1 2 3 4 5

2. How would you rate the methodology section? (e.g. was it clear and easy to understand)

1 2 3 4 5

3. How useful were the results of the report to you?

1 2 3 4 5

4. Did you find the results easy to understand?

1 2 3 4 5

5. Did you find the layout and design of the report clear?

1 2 3 4 5

6. Did you find there was anything missing from the report that would have been useful for you?

No Yes (if so what?).....

7. Do you have any comments regarding the recommendations?

.....
.....

8. Do you still wish to receive the Last Drink Survey Annual Report?

Yes No (if not why?).....

9. Do you have any other comments about the report?

.....

Thank you for taking the time to respond.

Loose Leaf Charge Sheet (Pol 173)

LOOSE LEAF CHARGE SHEET

INVO: _____ CELL #: _____ YEAR: _____ FOLIO: _____ PAGE: _____

SURNAME: _____ **MAIDEN NAME (MARRIED FEMALES):** _____

FIRST NAMES: _____ **WARNING FLAGS:** _____

PR N: _____ **S.I.D.:** _____ **PHONE HOME:** _____

ADDRESS: _____ **PHONE WORK:** _____

OCCUPATION: _____ **EMPLOYER:** _____

FLICNO: _____ **Consider revocation of Firearms Licence if appropriate**

INFORMATION REQUIRED: YES NO **INFORMATION PRODUCED:** YES NO **DLIC #:** _____

NAME: _____ **SURNAME:** _____ **FIRST:** _____ **SECOND:** _____

PR N: _____ **S.I.D.:** _____

SEX: M F X **RACE:** C P M A I N O X

D.O.B.: _____ **YEAR OF ARRIVAL IN NZ:** _____

PO B: _____ **HQT:** _____ **BUILD:** T M S F

HAIR: BLK BRN BLO EYES: BLU BRO GRN RED GRY PGY HAZ MAR DJE WHI XXX

Photographed: YES NO **Fingerprinted:** YES NO

Photo Neg No.: _____ **Printed:** YES NO

GY: _____ **EID:** _____ **MID:** _____ **ECG:** _____ **MCG:** _____ **OCI:** _____ **QHC:** _____ **OHP:** _____ **QDL:** _____ **CW:** _____ **SUPERVISORS CHECK:** _____

CHARGE No. 1 (Show full wording, Act, and section of most serious charge)

ACT: _____ **SECTION:** _____

CHGE CODE: _____ **TRACKING NUMBER:** _____ **TEXT OF CHARGE:** _____

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

ARRESTING/ESCORTING MEMBER: Are you aware of any medical or psychological reasons that make the person in custody may require special care or may be at risk while in custody? YES NO

Complaints: YES NO

Reported to NCCO: YES NO

Visits Allowed: YES NO

Infringe Other Offences: YES NO YES NO YES NO

Immigration Status Check: YES NO

Immigration Status: YES NO

Signature: _____ **Name:** _____

Rank: _____ **O.I.D.:** _____

Station: _____ **Group:** _____

WATCHHOUSE KEEPER'S EVALUATION OF CONDITION OF PERSON IN CUSTODY: Is the person:

Under the influence of DRUGS ALCOHOL SOLVENTS N/A

Showing signs of being WITNESS IRRATIONAL DEPRESSED OVERLY ASHAMED AGITATED ANGRIOUS N/A

Showing signs of, or previously made threats of SUICIDE SELF-HARM N/A

Injured YES NO **Illness:** YES NO **Showing signs of being in pain:** YES NO

If answer is yes to any then describe injuries, illness or pain: _____

Are there health or other warning flags or signs that may indicate the person is at risk YES NO

If answer is yes list flags or signs: _____

Do you consider that the person needs to be further assessed to determine their at risk status YES NO

If answer is yes use Prisoner Management Assessment Form (PMAF) for full assessment.

Comments: _____

Watchhouse Keeper: _____ **Supervisor:** _____

INTOXICATION: Level of Intoxication: NIL SLIGHT MODERATE EXTREME

Where was last drink taken: _____

How long ago: _____

DISPOSITION: Bailed to DISTRICT CIVIC COURT DISTRICT CIVIC COURT

Released DIRECT TO DISTRICT CIVIC COURT

CHECK OF PRISONER, PROPERTY AND CHARGE SHEET: Supervisor: _____