**Presentation to the Christchurch Forum: ‘The Sale and Supply of Alcohol Act: One Year On’**

**From Jenny Smith, Te Whare Roimata Trust**

**1 Introduction**

We appreciate this opportunity to share our experience of opposing an application for a bottle store at the Linwood village last year.

I am a community development worker employed by Te Whare Roimata Trust. For many years the Trust has worked in the Inner City East/Linwood area from a grassroots, community development model.

The Trust opposed a licence application for a bottle store. Today we will talk about our experience of that process. My colleague, Raylee Kane from ICENG (Inner City East Neighbourhood Group) will join me at question time as ICENG also opposed the application.

We will today use a case study approach to identify some of the challenges faced, the learnings made, and offer suggestions on ways of enhancing community participation and input.

From the outset we want to acknowledge the importance of the Act, especially for marginalised communities, with its emphases on encouraging community input and its understanding of the harm alcohol has on community wellbeing. This is especially so in marginalised neighbourhoods where alcohol outlets are often in abundance and the need for harm minimisation is essential.

**2 The case study**

Let’s begin by painting a picture of the situation.

*a) The application*

In May last year an application was made for a bottle store to be established at the Linwood village in Worcester Street, just across from the Council owned, and Te Whare Roimata run, Linwood Community Arts Centre.

Te Whare Roimata was alerted to the application days before applications closed and quickly lodged an objection. We informed ICENG, the residents group, and they too placed an objection. The local Community Board also opposed the application.

*b) The context*

The Inner City East community is rated 10 on the NZ Social Deprivation Index, i.e. it is one of the most marginalised neighbourhoods in Christchurch. High numbers of single people live alone on limited incomes, the health status is poor, higher than average numbers of people are on long-term benefits, many cope with mental health issues or disabilities, substance abuse is a problem, few have tertiary qualifications, ethnically diverse, and has traditionally housed people in low cost rental accommodation.

The area was badly hit by the earthquakes. There was a significant loss of bedsits and affordable housing; many now live rough. Two-thirds of the shopping centre was destroyed so there is no fruit shop, chemist, hairdresser, coffee shop or bank. But within a 1.5km radius there are 19 on-licence and 10 off-licence outlets. There are also a number of alcohol related social service agencies; the City Mission is the largest and there are four emergency housing shelters.

The proposed off-licence was metres away from the Doris Lusk Reserve where people often gather to drink. At this time an R18 shop had opened in the village selling psychoactive substances. Alcohol and drug related issues plagued the area over the summer of 2014.

*c) Our experience – the challenges*

The notification process

Unfortunately we didn’t see the notice in the paper. We were fortunate that a Community Board member alerted us to what was proposed – just days from the closing date. We hastily wrote to object. We were aware that the Community Board and ICENG were also lodging an objection. ICENGs objection was late as they weren’t aware of the importance of the closing date. We later heard that a petition had been begun but because the correct processes hadn’t been followed little weight could be given to it. This was despite 85 locals having put their name to it.

This raises some questions about how a community gets to know of such an application; especially a marginalised one. Who gets to know? Where does this information get placed? And more particularly, once you do know, how do you go about objecting? Our experience also raises questions about the very tight timeframe you have to lodge an objection; only 15 working days.

When I look back on last year’s process I realise how ill-equipped and unprepared we were. We knew the Inner City East community really well, understood the impact another alcohol outlet would have on the neighbourhood, and had done our homework on other liquor outlets in the area. BUT we weren’t familiar with the Act and its relevant sections, didn’t understand the importance given to communities in having their say or the role we could potentially have played in raising awareness and helping mobilise the community.

The hearings process

Neither did we fully understand the hearings process. We thought we were simply giving a submission like we have done to council and central government. Suddenly we were confronted with a semi-judicial process. I drew heavily on my experiences of city plan processes and presenting submissions. I will be forever grateful that our hearing was running late. This gave me the chance to observe the process, watch the expert witnesses, listen to the submissions and watch how key submitters were cross-examined. That night I went home and re-wrote our evidence and prepared the questions we needed to ask so that points that needed to be made from a community perspective were able to be made with our submission or elicited from questioning.

It was, in hindsight, a rather hit and miss affair. I wonder how others from similar communities to ours would fare, without the exposure and experience we have had of presenting submissions. How much better could our submission have been if we knew more of the process and were better prepared?

**3 Encouraging the community to speak**

In reflecting on our experiences of last year we offer some comments and suggestions.

There is no question about the Act’s intentions, especially around the value placed on community input and on the harm alcohol has on community wellbeing. This is laudable. The people attached to the licensing committee, and from the Police and public health couldn’t have been more helpful. But, we are not sure how easy it would be for some people, especially from marginalised communities, to participate in the objection process. Yet it is in these neighbourhoods that alcohol plays such a harmful role – so it is even more important that their views are sought.

In encouraging the community to speak we believe there are four considerations that need to be taken into account.

*1 How do you reach the community – we need conduits*

An advert in the community newspaper is an important first step; so is a sign in the shop where the application for a licence is being sought. But in marginalised communities people seldom buy the paper. They don’t take part in participatory processes since they believe that their views don’t count. They are often oral communicators rather than written communicators. Talk to them on the street and they are quick to offer their views. How might these considerations be taken into account and translated into new ways of reaching a neighbourhood?

* Can we put up big signs similar to resource consent signs?
* Can we develop a network of people over and above the community advisors at the council who can disseminate information about an application?
* Can the council work collectively and collaboratively with residents groups, community groups, and community fora to get the information out there about applications?
* How did the City Mission with all its alcohol related services in the Inner City East not know that an application had been made less than 500 metres from one if its treatment services?
* Is there a need to reconsider the 15 working day timeframe? It is very tight.

Don’t just rely on the council community advisors to be the catalyst in alerting a community about an application.

*2 Raising awareness about the community’s role*

* Is there a place to better inform communities about how they can get involved in making decision about alcohol applications? Are brochures needed? Printed in more than one language?
* Is there a need to come to community days to engage with the people and bring information along?
* Could information be left at key gathering places, medical centres and community groups?
* Could an educational DVD be produced to take into communities to educate them about having their say?
* Could health promotors link with community workers and community groups to help raise awareness?
* Can articles be written that go in community newspapers and an abridged version be available for community newsletters?
* How can we use social media?

*3 Build capacity*

* Provide opportunities for the training of community facilitators, community leaders and community development workers
* It is one thing reading from a guide-sheet about what may happen at a hearing, it is another to know how to make a valuable submission and the information needed to support this.
* Prepare people for the potential of the process to become an adversarial one. Likewise we need to know how to cross-examine; not only is it a skill but it requires confidence, especially about the questions to ask and how to ask them.
* Building capacity then is about providing the community with the skills, knowledge and confidence needed to have input into these processes.

*4 Embrace diversity*

* Increasingly we are a multi-ethnic society. How do we ensure that the processes reflect this?
* What considerations need to be given to where the hearings are held? Could they be held on marae, in neighbourhood facilities, or in buildings that community members feel comfortable in?
* Does consideration need to be given to having community representation on the panel that reflects and embraces cultural diversity?

*5 Conclusion*

In concluding, we appreciate the opportunity to offer our reflections and suggestions from our experience of the objections process. We hope that the challenges we faced can enable learnings to be made that better enable the voice of the community to be heard.