

Kia ora, Kia orana, Ni sa bula, Namaste, Taloha ni,
Malo e lelei, Fakaalofa atu, Halo olaketa,
Talofa lava, Greetings...



Dr Mike MacAvoy
Chief Executive Officer.

THE ALCOHOL SUMMIT

I was recently invited to participate in the New South Wales Government's Summit on Alcohol Abuse, which was held at Parliament House in Sydney in August. The Summit was called by the NSW Government to inform Members of Parliament and the community of the causes, nature and extent of the problem of alcohol abuse and to recommend a future course of action.

Some 250 delegates attended including Ministers of the Crown, Members of Parliament, academics, public health specialists, police, educationalists, the alcohol and hospitality industries, young people, aboriginal people, and representatives from just about every conceivable group making up Australian society.

This extraordinary mix of people and their views on the nature of the problem and hence possible solutions made for lively and robust debate. It demonstrated that no one group has the total answer, although many groups and individuals claimed they had, and that compromise was inevitable in reaching recommendations, which now have to be dealt with by the NSW Parliament.

The Summit was preceded by the issuing of discussion papers for 10 of the working groups which covered everything from treatment issues to supply and provision issues. These papers can be found on the website especially established to allow for open reading of the papers beforehand and to allow on-line submissions to be received by the Summit organisers from the public. Hundreds of additional submissions were received.

The outcome was some 300 recommendations, which are worth reading. The complexity and extent of the recommendations arising from this Summit make it impossible to summarise the outcomes succinctly. However, the main thrust of the recommendations did confirm that New Zealand is well placed with regard to alcohol policy and practice and in many cases we lead Australia in being innovative with some of our approaches.

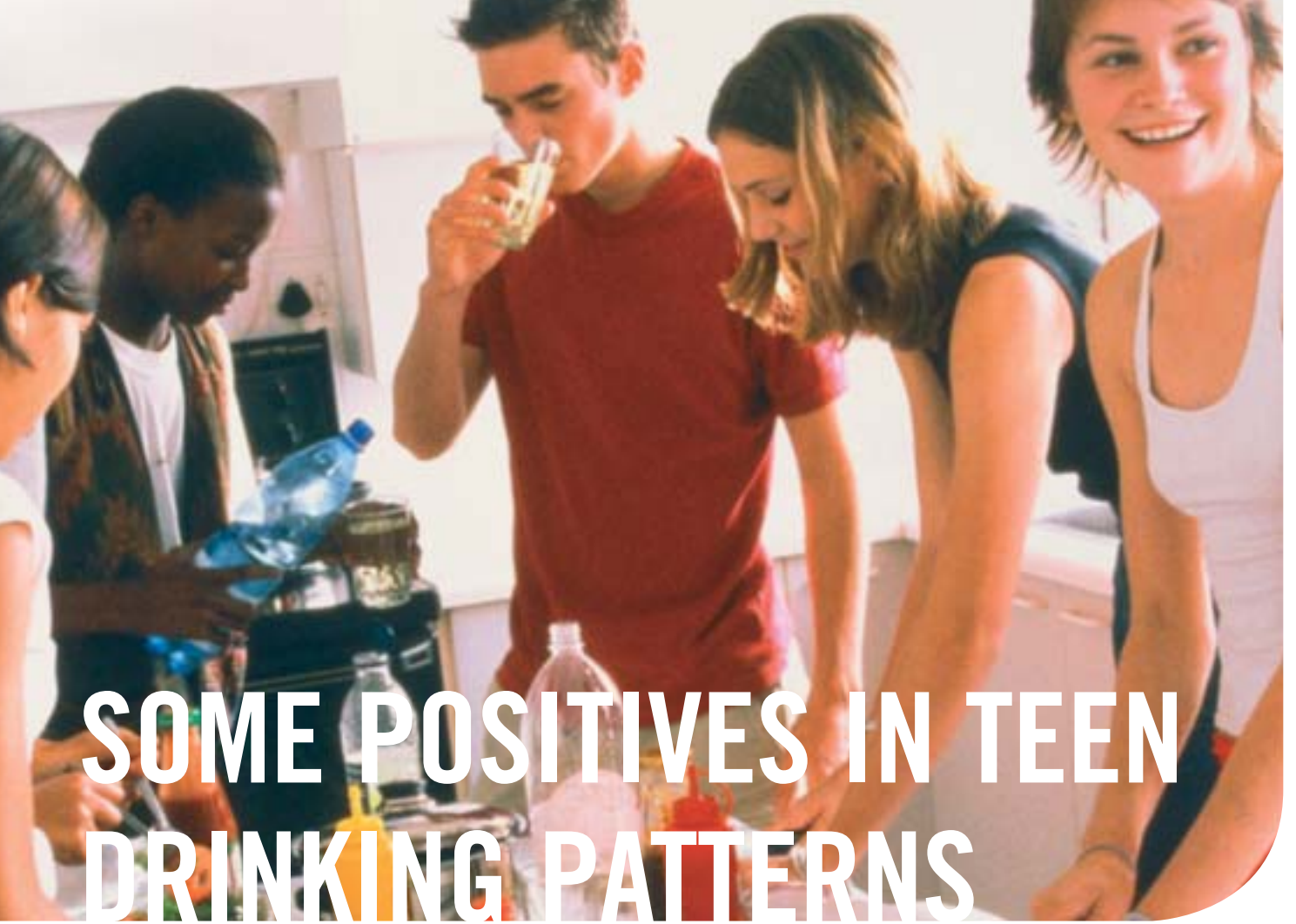
Relevant materials are available on
www.alcoholsummit.nsw.gov.au



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SOME POSITIVES IN TEEN DRINKING PATTERNS

BUT BINGEING A MAJOR CONCERN

The Alcohol Advisory Council's latest teen drinking survey shows some "positive shifts" in New Zealand teenagers' drinking behaviour, says ALAC's Deputy Chief Executive Officer Paula Snowden.



However, teenage binge drinking is a major concern with the proportion of teenagers drinking to such an extent that they are endangering their health and safety remaining alarmingly high, she says.

The Youth Drinking Monitor survey is the sixth in a series commissioned by ALAC and carried out by BRC Marketing and Social Research since 1997. Some 626 teenagers aged between 12 and 17 years old were surveyed in June this year.

The survey shows fewer teenagers aged 14 to 17 are trying alcohol, and fewer teenagers currently drink compared to last year's survey. The proportion that drank five or more drinks on their last drinking occasion (bingeing) has also dropped (although not significantly), as has the proportion with a risky drinking episode in the last two weeks.

"That's all good news but we have to be cautious. There are some significant declines in the key markers."

Paula Snowden says many agencies have been working to tackle teen drinking.

"I believe it's the combination of policies – better policing of the law, efforts by local communities, increased public awareness, efforts by parents – that have contributed to this result.

"I am particularly pleased to see the substantial reduction in the proportion of parents who are supplying alcohol to their teenagers down from 50 percent in 2001 to 32 percent in this year's survey."

However, parents remain the major supplier of alcohol to 14 to 17 year olds.

Friends also remain a major source of supply of alcohol to 14–17 year olds, despite a positive downward trend since 2001.

Also, despite a modest decrease in the proportion of 14–17 year olds who reported personally purchasing alcohol, consistent with previous years, a high proportion of them are hardly ever or never asked for ID.

Other results are worrying, she says. The age at which the teenagers are starting to "really" drink is coming down and youth bingeing remains a real concern.

While fewer teenagers overall are binge drinking – one in five of the 14 to 17 year olds surveyed reported drinking five or more drinks on at least one social occasion in the last two weeks compared with almost one in three in last year's survey. However, the proportion indulging in such risky behaviour remains worryingly high.

"Young people believe that becoming drunk is a rite of passage to adulthood. This has to change," she says.

The trending downwards of the age at which young people really started drinking is disturbing, she says. The survey showed the average age of starting to drink was 13.6 years compared to 14.5 years in the 2002 survey.

"Research has shown that the younger people start social drinking, the greater the chances of alcohol-related harm.

"This is one area where family or whānau can have a huge influence."

Paula Snowden said the proportion of 14 to 17 year olds defined as heavier drinkers and lighter drinkers has decreased significantly since 2002, and the proportion of non-drinkers has increased significantly.

However, there is evidence of even more risky drinking behaviour among heavier drinkers.

When questioned about their last drinking occasion, half (50 percent) of the heavier drinkers claimed they had drunk nine or more glasses (41 percent in 2002).

Two in five drank more than 10 glasses on the last occasion (twice ALAC's definition of heavy or excessive drinking) and a significant increase on the 23 percent measured in 2002.

"So while there are some good results here, overall we have to encourage everyone involved – parents, communities, schools and Government – to remain committed to programmes aimed at reducing alcohol-related harm among young people," she says.

Other key results

ALAC's annual teen drinking survey shows youth attitudes towards alcohol reflect to a large degree the prevailing drinking culture in the country, says Sandra Kirby, ALAC's Programme Manager Young People.

"For example two thirds of young people say when they drink, it is easier to get to know people and two thirds agree with the statement that 'alcohol makes me wind down and relax'.

"I believe there would be high levels of agreement with such statements in an adult sample within the wider community about the benefits of drinking alcohol.

"In fact what we suspect is that youth drinking patterns mirror patterns in the adult community."

Sandra says ALAC is currently conducting a survey of adults asking the same questions as posed to youth in the youth alcohol monitor survey.

The information should be available by the end of the year.

"This will give us a real picture of the similarities and/or differences between youth and adult drinking patterns and the information will be fed into the social marketing programme being developed at the moment.

"The available information suggests teen drinking is simply a reflection of the wider adult drinking patterns. If this is the case, we can see that to tackle the youth drinking problems, we first have to tackle the wider drinking culture within New Zealand."

Sandra says she is encouraged by the evidence in the survey of the high level of engagement by parents and caregivers with young people on alcohol issues as reflected by the high agreement to the statement 'my parents talk openly and honestly with me about alcohol'.

The following table summarises the results for 14–17 year olds, in terms of a number of key indicators. For comparative purposes, results are also presented for the 2002 and 2001 surveys. Significant increases since 2002 are signalled with an upward pointing arrow ↑, and significant decreases with a downward pointing arrow ↓.

Note that the term, "risky drinking", refers to drinking five or more glasses of alcohol during any one drinking occasion.

Table 1: Key indicators, 2001, 2002 and 2003 surveys

	2003 14–17 year olds n=441 %	2002 14–17 year olds n=226 %	2001 14–17 year olds n=235 %
Trial:			
Ever tried alcohol (even a sip)	↓ 88	93	95
Ever had a full glass	↓ 72	83	80
Current drinking behaviour:			
% claiming first really started drinking under 15	↑ 42	34	42
Currently drink alcohol	↓ 66	82	79
Currently have a drink at least once a week	↓ 20	29	31
5 or more glasses drunk on the last drinking occasion	23	34	34
Risky drinking:			
Have had at least 1x risky drinking occasion in the last 2 weeks	↓ 20	29	32
Self-perception:			
Believe drinking more than last year	31	32	23
Tried to cut back since last year	↑ 20	13	8
Sources of alcohol:			
Personally purchase	8	13	10
From own parents/caregivers	↓ 32	45	50
From friends	↓ 22	38	43
Parental involvement:			
Parents know you drink	↓ 55	67	67
Parents given you alcohol to take to a social function	↓ 10	23	19

'As noted earlier, 12 and 13 year olds are a secondary target audience and their results are therefore not included for the main analysis.

YATA Youth Workshop

An Alcohol Advisory Council youth workshop attracted some 26 young people from 13 communities.

The young people who ranged from 13 to 20 years old are all part of their communities' Youth Access to Alcohol (YATA) programme.

The YATA initiative is a project that works with broad-based community teams. It is aimed at reducing the alcohol-related harm experienced by young people through encouraging adults in the community to reduce the illegal or irresponsible supply of alcohol to young people.

For each community the make-up of the team differs but the constant factors are youth participation and the participation of a number of agencies.

Currently YATA programmes are running in 20 communities, 13 of which sent youth representatives to the ALAC sponsored two-day workshop held at the Overseas Terminal building in the Capital.

They were brought to Wellington by ALAC to exchange views and get feedback on what's working and what's not in their communities, says ALAC's Programme Manager Young People Sandra Kirby.

"We wanted to learn how to encourage more young people to get involved in the YATA projects," she says.

"At the same time we provided the young people with some examples of projects that they could implement in their communities."

Topics covered at the two-day workshop included alcohol and the law (what you can't do if you are under 18); What's a Controlled Purchase Operation? and issues around afterball parties.

Sandra Kirby says we need to learn from young people.

"If we are always doing something at youth rather than involving them we'll get it wrong," she says. "We need to know what young people think and to use this information to assist with community initiatives."

Westport seventeen-year-olds Helen Martin and Kathy Campbell both got involved through their work in their school for Students Against Drunk Driving (SADD).

"Local YATA co-coordinator Susan Gill asked us if we would like to get involved and provide a youth perspective," says Helen.

"We kicked it off with the "Big Night Out" – a panel discussion involving students, parents and local community representatives. A new project is the Host Responsibility trophy which is to be awarded to the bar or restaurant which best meets their Host Responsibility obligations."

And far from being viewed as party poopers by their friends, Helen says their friends look to them to organise events.

"Probably because it's not ALAC or adults imposing something on us. We are involved and working on solutions for ourselves."

Victoria Morris from Gore, also 17, says YATA has just got underway in her community. A recent event at her school organised through SADD was a mock road crash beginning with the party beforehand, the driving home, the accident, the injuries, the police arriving to tell a mother her child was dead, right through to the court appearance and sentence.

"All this helped everyone think about consequences because all too often we think it won't happen to me."

The emphasis on consequences is a theme used in the YATA work in Napier. Here David Marshall and Amanda Keller worked with the school council to put together a video showing good decisions and bad decisions.

The video starts with some young people having a few drinks, gradually things deteriorate with people getting intoxicated, leading to fights and violence.

"It's all about getting the message through by utilising a series of skits. We used kids throughout the school, of all age groups, so they are part of selling the message.

"We showed the video at two assemblies."

In Napier the emphasis has also been on afterball parties. A pamphlet has been produced giving parents and teenagers advice on keeping safe and how to organise afterball parties.

A common theme brought up by all the young people is that 'you have to know your limit' with alcohol.

Gore representative Elliott Price says he thinks attitudes are changing slowly. "Recently I think there is more of a sense that it's not cool to get wasted. It's good to go and have a good time but you have to know your limit, self moderation is the key," he says.

Elliott says his YATA group intends introducing the "Think Before You Supply Alcohol to under 18s" before Christmas. The campaign recently ran in Wellington and attracted a lot of publicity.

Improving Pacific peoples' alcohol and drug treatment

The Alcohol Advisory Council, in partnership with the Regional Alcohol and Drug Service (RADS), has commissioned a research project looking at improving treatment outcomes for Pacific peoples in Aotearoa. Stage one of the project has now been completed and a report on its findings will be available in October.

The project endeavours to address the current lack of information on effective treatment interventions for Pacific peoples. The National Alcohol Strategy 2002–03 has indicated that current treatment is less than effective for Pacific peoples.

Project background

This research project has been commissioned as part of ALAC's commitment to achieving key outcomes for Pacific peoples namely: that Pacific peoples, families and communities experience less alcohol-related harm; and Pacific communities prevent and reduce alcohol-related harm.

Clinical psychologist and researcher Havila Matangi-Karsten, working on behalf of ALAC and RADS, undertook the first stage of the project, which took place over a six-month period. The research was undertaken as a series of one on one, in-depth interviews with 31 Pacific workers from 13 services nationwide including mental health and drug and alcohol services from Non-Government Organisations (NGOs) and District Health Boards (DHBs).

Havila, ALAC Manager Pacific Programmes Tina McNicholas and ALAC Council member Fuimaono Karl Pulotu-Endemann undertook extensive pre-consultation with managers and potential participants of all services prior to commencement of the research.

The interviews were conducted in an informal conversation style using appropriate processes. For example, sometimes participants requested the interview start with a prayer, interviews were tape recorded so that no information was written during interviews, and interviews always ended or started with food.

It is an extensive project, which will report in three separate stages over a three-year period. Subsequent stages of the project will examine the effectiveness of current treatment offered by the 13 services by tracking their clients' pathways to recovery, and will aim to identify new Pacific interventions or strengthen existing interventions which are working well.

Key findings

The key findings of the first stage of the report are:

- There is no nationwide system in place to ensure effectiveness in the assessment of Pacific clients. Assessment forms and processes need to reflect Pacific processes and practices, particularly in the documentation of assessment notes.
- There is recognition of the need to incorporate more time for 'connection building' into the assessment process in order to build trust and to engage the client.
- Alcohol and drug holistic education programmes for families and communities are an integral part of treatment interventions for Pacific clients and need to be delivered by Pacific workers. Funding systems do not recognise the importance of this approach for Pacific families.
- While Pacific workers are the most appropriate to deal with Pacific clients, Pacific alcohol and drug workers also need to have a variety of skills including a sound knowledge of Pacific cultures and practices, specific training in alcohol and drug issues, and the ability to adapt relevant Western clinical knowledge to Pacific clients and their families.
- Client progress should focus on behavioural changes such as relationships with families and productivity in the community, and not only on a reduction in or abstinence from alcohol and drugs.
- Existing Pacific alcohol and drug network forums lack a co-ordinated, national level approach to address clinically related issues and new initiatives. Additionally, the networks are not, but could be, used as regular forums for Pacific workers to discuss clinical issues and new initiatives including existing tools and methods of care.
- Current documentation systems do not meet their needs or reflect Pacific interventions and processes.

outcomes

- Pacific workers constantly need to incorporate Pacific and Western clinical concepts into an approach that best fits the needs of clients and families, which requires knowledge and skills of both Pacific and Western cultures.
- Workforce development strategies need to include a focus on attracting and retaining skilled Pacific staff, especially in the NGO sector and smaller localities. An evaluation into the resources applied to the various provider groups indicates a general consensus that DHB services are better resourced and staff better paid than NGOs, but no significant differences exist between the interventions of Pacific services in DHBs and Pacific services in NGOs.
- There appears to be a 'brain drain' to either mainstream services or out of the alcohol and drug field especially by younger qualified Pacific workers. Acquisition of accepted Pacific skills recognised through appropriate salary scales and roles specific to their skills will encourage individual workers to enhance their personal and career development.
- Building capacity and capability of Pacific alcohol and drug and mental health workers was a consistent theme. Pacific workforce development is crucial, particularly the ongoing clinical training for Pacific workers nationwide. There is a lack of Pacific clinical supervisors and trainers nationwide, particularly for those intending to do further tertiary study in the field. Current Pacific alcohol and drug workers need to be supported to obtain skills and experience to become supervisors and trainers.
- Formal alcohol and drug training should incorporate mental health issues e.g. dual diagnosis training and include Pacific modules delivered by Pacific trainers.



Moving on after 14 years

When ALAC Chief Executive Dr Mike MacAvoy posted the news of ALAC senior adviser treatment Ian MacEwan's resignation on the A@D wire, messages flowed in praising Ian's work and lamenting his loss. We talk to Ian about his time with ALAC and his plans for the future.

First let's allay a lot of fears. Ian's skill and expertise will not be lost to the treatment field.

His departure from ALAC represents a huge loss for the organisation. Indeed when Chief Executive Dr Mike MacAvoy announced the resignation to staff he described it as a black day for ALAC.

But while Ian has left ALAC, he still intends advocating and working in the treatment field. While all his plans are not yet set in concrete, one position already publicly confirmed is working on contract to the Drug and Alcohol Practitioners Association Aotearoa New Zealand. (DAPAANZ).

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Ian has been closely involved with setting up this new organisation that will represent practitioners throughout New Zealand.

He still has other irons in the fire but at the time of this interview, he wasn't ready to let on other than to affirm they are likely to include teaching and workforce resource development.

His departure from ALAC is a wrench.

"I have worked here for 14 years: it has been a huge part of my life.

"I have loved those years. I have had a great time at ALAC and some of the highlights have been the establishment of what is now the National Addiction Centre; promoting concerns on alcohol in pregnancy; the development of a number of manuals for the treatment field; setting up of the Alcohol Helpline; setting up the series of Cutting Edge conferences; writing the Drinking and Your Health series; The 'Had Enough?' campaign; setting up of the National Treatment Forum and setting up of DAPAANZ.

"I have just valued the relationship with the treatment field and glad that relationship will continue once I leave ALAC."

Ian admits it was hard when ALAC shifted its emphasis away from the treatment field.

"I would have preferred ALAC to retain its treatment leadership role. Having said that I realise it is difficult for ALAC with the resources it has to make a difference, if spread thinly across too many priorities.

"Hard decisions had to be made and Council decided to concentrate on the fence at the top of the cliff."

Ian has been working in the alcohol and drug field for nearly 33 years.

After a checkered youth and dropping out of university he went to Auckland where he became involved in the launch of Youthline by Father Felix Donnelly. He worked with gangs and after a year was awarded the "Young Adult of the Year" award from the Governor General.

As a result of the award, he was offered a studentship to become a social worker. "I thought I could do a better job than some of the social workers I had had so I decided to give it a go."

He worked initially for the Department of Social Security in Wellington, working with alcoholics and then as a social worker in Porirua working with children.

In 1974 he went to England working for two years and then attending university in England, completing his formal training and getting the degrees and diplomas that had evaded him in his earlier study attempts.

Increasingly he was specialising in addictions and, after completing his studies, began working in the field of addictions in England, working in a wide variety of settings.

In 1982 he was working in London where there was a small residential project with two staff that was about to close.

"It wasn't doing too well and I was asked if I would facilitate the final closure of it and make sure the residents got placed."

However, Ian re-evaluated the potential of the organisation, got some support and some money, and turned it into what has become the largest community-based residential alcohol and drug based service in the area.

After a stint with Alcohol Concern, a United Kingdom equivalent of ALAC, Ian returned to New Zealand because of family illness. He joined ALAC as Central Regional Manager, a position he held for two years before he moved into the national office.

Ian says trends wax and wane in the treatment field.

One issue concerning treatment that Ian is particularly concerned about is a particular response to the new emphasis on early interventions.

"These interventions are developed for people with mild to moderate problems with alcohol – that is the

target audience it is intended for. "But the emphasis on brief intervention has been extended to the treatment of dependence with funders seeing it as a quick fix.

"Alcohol dependence is a chronic relapsing disorder. Brief interventions have become attractive to the funders of treatment who are starting to expect treatment to be brief.

"With a chronic relapsing disorder you don't use brief treatments because they don't work.

"Some services are being told to limit clients to a maximum of eight sessions.

"All our treatments are becoming minimalist. The special work elements have gone – it has all become motivational. We will work with you on why you should change but once you have committed to change then it is up to you.

"Too many practitioners are only working with the individual not with the partner or the children or parents, or the employer or their mates because they don't have time to do that.

"Too much work has become office based.

"Twenty years ago we would see the client in their home, with their family, their friends and be looking for whoever we could be an ally in working with them on achieving their goal and getting them to maintain that. We needed the family on side.

"Now the cycle is turning again with new research indicating that involving the family and others in treatment improves outcomes."

Ian has continued counselling in alcohol and drug treatment for 33 years. "One of them surely must get better soon," he says dryly.

The Alcohol Advisory Council of New Zealand Business Plan 2003-2004

Our first year of business under our new five-year strategy has been challenging and rewarding as we have worked hard to get the new strategy well bedded down and understood by both our staff and our major stakeholders.

This has involved a lot of groundwork and significant effort in stakeholder management, outlining what we want to achieve and getting stakeholders onboard to work with us to achieve our goals.

We believe our new strategy has achieved a more focused organisation.

Instead of trying to be all things to all people, we now have clearly defined target audiences and target strategies based on the greatest likelihood of harm arising from alcohol in those populations, and priority strategies that we believe can create the greatest difference.

However, we cannot achieve our vision of a country that experiences no alcohol-related harm without the support of others in the industry.

To this end we have formed a number of strategic partnerships so we can work with other agencies. Nationally we have negotiated a strategic partnership with the New Zealand police to develop strategies round the enforcement of the Sale of Liquor Act.

We have also formed partnerships with community groups, iwi and Pacific peoples to put in place strategies for prevention and early intervention.

And we are working with the liquor industry itself to stay in touch on issues, debate them and see where they might offer solutions.

Our focus has changed in emphasis to look at the patterns of people's drinking rather than overall consumption.

It's the patterns of drinking that can be most clearly related to ensuring harm reduction. In doing so one of the main thrusts is the attempt to change community attitudes towards harmful drinking patterns to remove the acceptance and tolerance of intoxication.

New Zealand has evolved a culture of drinking that accepts excessive drinking as being part of a 'work hard, play hard' ethic, and supports it through its stories, its humour and its behaviour. This culture comes with both a human and financial cost.

As New Zealanders we all have a shared responsibility to achieve change, and here at ALAC we are all committed to working with the wider community to achieve this.

Dr Mike MacAvoy
Chief Executive Officer

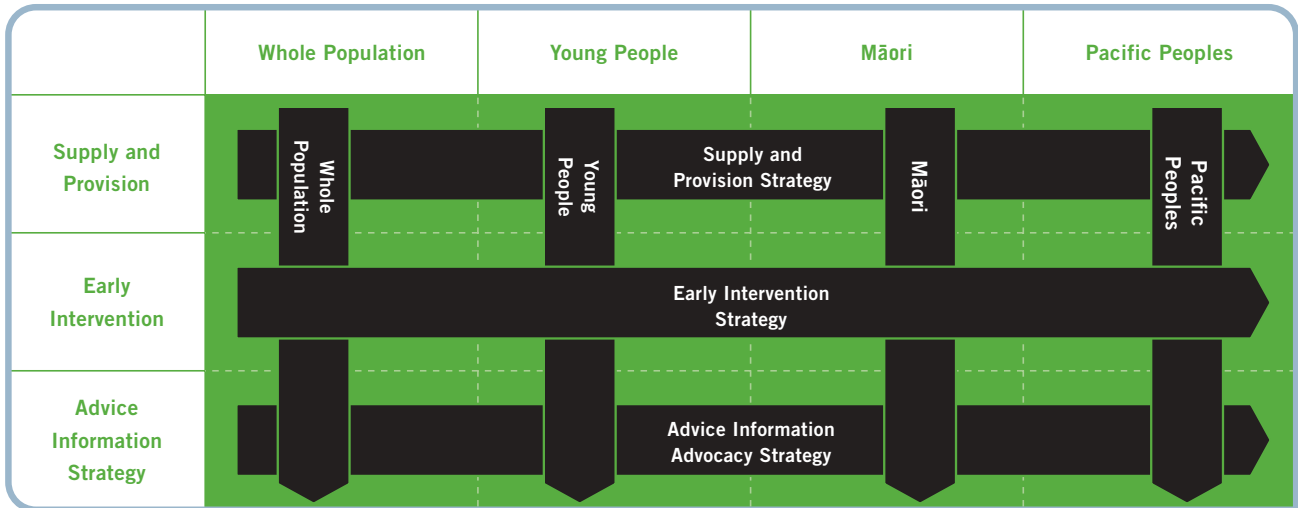
Our Strategy

Our Strategic Plan identifies three priority population groups and two priority intervention strategies that will drive all our activities. The population groups are Māori, Young People (aged 12 to 24) and Pacific peoples. The two intervention strategies focus on supply and provision of alcohol, and early intervention. While these will address the general population, they will also target Māori, Young People and Pacific peoples.

Framework for Setting Outcomes and Strategies

The following diagram shows the relationship between the priority audiences and the priority intervention strategies.

Figure 1: Strategic Framework



Our work carried out in respect of the Māori, Young People and Pacific peoples strategies includes work additional to that of focusing on supply and provision and early intervention. These include activities that support individuals, families and whānau reduce alcohol-related harm; advocating to ensure people with alcohol problems have access to the appropriate support and treatment for themselves, their families and their communities; as well as providing information services to providers and the public; and policy advice to central government.

How we work

Our work programme is divided into six areas - Māori Whānau, Pacific peoples, Young People, Supply and Provision, Early Intervention and Advice, Information and Advocacy - each contributing to the overall aim of less harm.

Business Plan Outline 2003/2004

New Zealanders experience less harm from alcohol consumption, their own and others

OUTPUT 1 Māori whānau	OUTPUT 2 Pacific peoples	OUTPUT 3 Young People	OUTPUT 4 Supply and Provision	OUTPUT 5 Early intervention	OUTPUT 6 Advice, Information Advocacy
Māori providers and Māori communities work together to reduce alcohol-related harm for Māori whānau	Pacific providers and communities work together so that alcohol-related harm for Pacific families is reduced	Parents, families, policy makers and communities work together with young people to reduce alcohol-related harm for young people	People's drinking behaviours change so that incidents of alcohol-related harm are reduced	People with hazardous drinking patterns change them so that alcohol-related harm to themselves, their families and their communities is reduced	Policy makers communities, service providers and New Zealanders are advised on ways to reduce alcohol-related harm

The 2003/4 year

So what are we actually doing?

Māori whānau	Pacific peoples	Young People	Supply and Provision	Early intervention
Wānanga series continues	Pacific Spirit Conference	Youth Access to Alcohol, including "Think Before you Supply to Under 18s"	Work with Police, Local Government, Health and other agencies to ensure the effective operation of the Sale of Liquor Act.	Workplace programmes
Taumata will provide guidance and leadership to ALAC and the field to reduce alcohol-related harm for Māori	Host Responsibility and information on Pacific people and alcohol	Community Action Training	Host Responsibility	Evaluation of intervention programme for tertiary students
Support Community Networks like Ngā Manga Puriri, Ngā Tahī Rā and develop a South Island network	Tā Pasefika Health Trust	Say When Halberg Awards sponsorship	New Zealand Drinking Culture programme	Programme for Community delivery
Manaaki Tangata community grants programme	Health Research Council Joint Venture	Urge / Whakamanawa website		Had Enough video pack promoted
Community Workforce Training Grants	Identification of effective treatment	Research into effective interventions for young people		Alcohol Helpline
Moerewa community development	Regional fono	Injury Prevention Conference sponsorship		Standard Drinks Labelling promotion
Research for effective interventions for Māori and evaluations of current programmes		Support for Harm Reduction Conference		Fetal Alcohol Syndrome information programme
Development of cultural concepts				

Following is a selection of what some of these programmes are all about. We will continue to tell you about the others in future editions of alcohol.org.nz or if you are interested in learning about any specific programme, call us.

Communities

Youth Access to Alcohol

We are continuing to work with communities who have expressed a desire to implement our very successful Youth Access to Alcohol programme. The programme, which focuses on supply reduction to those under 18-years-old, involves communities that demonstrate their ability and commitment to work together on a range of activities, one of which is the high-profile 'Think Before You Supply to Under 18s' publicity campaign.

Manaaki Tangata

We will continue to make resources available to promote safe alcohol-related behaviour through the popular Manaaki Tangata programme that offers community grants to iwi, hapū and Māori organisations wishing to implement Manaaki Tangata (Host Responsibility) guidelines at their community events.

We will also continue our emphasis on workplace training offering grants to individuals to assist them to access alcohol and drug workplace training that focuses on Māori needs.

Providers

Pacific Spirit

We are hosting the fourth biennial Pacific Spirit Conference. The theme of Rising Pacific Waves – Pacific approaches to inform change - acknowledges that while progress has generally been made towards promoting safe alcohol consumption amongst Pacific peoples, the increasing application of various Pacific approaches has created a momentum for changes in practice.

Alcohol Helpline

We remain committed to our support of the Alcohol Helpline set up in 1995 to provide information, advice and counseling and a referral service

for individuals who seek help to address their own or others' hazardous drinking patterns outside the context of a formal treatment service.

Māori alcohol and drug networks

Our work with Māori providers and community health workers is ongoing. This year we are supporting the two drug and alcohol networks already developed in the North Island. We will work to establish a similar network in the South Island.

National strategies and collaboration

Taumata

We will seek to establish a taumata (or speaking/advisory body) to provide an authoritative Māori voice on alcohol. The taumata, which includes our newly established Kaumātua Advisory Group, will support cultural change around alcohol patterns of drinking using Māori structures and processes.

Sponsorship

Adults modelling behaviour and leading young people was the theme of last year's Say When Halberg Awards, of which ALAC is once again the principal sponsor. Recognising that many young people learn their drinking habits in sporting environments, ALAC calls on parents, coaches and other leaders in the sporting environment to think about the messages they are sending young people when they drink.

Changing the Drinking Culture

We are developing and implementing a multi-faceted campaign targeting intoxication and challenging the social norms surrounding the drinking culture in New Zealand. Our research suggests that although binge drinking by young people is the focus of much public and political attention, young people's drinking patterns are modelled to a great extent on those of adult New Zealanders. Therefore,

focusing on changing the norms and culture around alcohol consumption and intoxication is likely to have the greatest impact. We are therefore beginning a programme tackling the acceptance of intoxication in New Zealand and comprising a range of tactics from education to marketing, enforcement and policy work designed to positively influence the drinking behaviours of adults and young people.

Marketing and communication

Urge Whakamanawa

We will continue our support for the award winning web site for young people Urge/Whakamanawa. ALAC was instrumental in the establishment and development of the site, which is now an interagency effort.

Standard Drinks labelling

When considering how to advise New Zealanders of the recent introduction of compulsory standard drinks labels on alcohol, ALAC worked with representatives from the liquor, hospitality and liquor retail sectors. A programme to inform New Zealanders of the concept of a standard drink, so that people might better manage their consumption, has been developed and will be introduced in the New Year. This programme signals a new way for ALAC to reach people, which is to use messengers who have direct and strong relationships with consumers.

Early intervention

A change in focus last year saw ALAC implement a new range of strategies to help people who had experienced, or were at significant risk of experiencing, alcohol-related harm. A number of these strategies, known as “early intervention”, have been implemented during the year.

A number of excellent New Zealand-based interventions were identified, as well as an Australian assessment tool known as DrinkCheck. This tool, designed for community and health

workers, workplace supervisors and others interacting with people experiencing problems with their drinking, was found to be particularly effective and has been adapted to suit New Zealand settings. It has been reconfigured and tested and will enable users to help others identify risky drinking behaviour and provide solutions for addressing it.

Evaluation and testing of the DrinkCheck resource will be ongoing this year.

National strategies

In New Zealand, we are participating in inter-government strategy development at several levels. We are continuing our role on the Inter-Agency Committee on Drugs that advises the Ministerial Committee on Drug Policy. The Ministry of Justice driven Action Plan on Alcohol and Illicit Drugs is also a focus, with ALAC making a large contribution to the development of the plan relevant to alcohol.

We are continuing with input into the New Zealand Injury Prevention Strategy and the proposed General Violence Strategy, both of which clearly illustrate the range of harms that can occur through alcohol misuse and reflect the high level of concern government has about them.

At a practical level, we have forged relationships with the Accident Compensation Corporation, with the signing of a memorandum of understanding and are working closely with Police on an Enhanced Alcohol Intelligence project. The latter is a project that was instigated after ALAC brought New South Wales expert Dr John Wiggers to New Zealand to advise on how improved licensing and enforcement of laws relating to licensed premises can significantly reduce alcohol-related crime at street level. We are hopeful this work will proceed in New Zealand and will provide valuable information for addressing supply problems.

Successful South Island wānanga

A successful regional wānanga held earlier this year has laid the groundwork for the development of a process to ensure South Island Māori providers can better work together to reduce alcohol-related harm for Māori whānau.

The Southern Regional Alcohol and Other Drug Wānanga was held from the 13th to 15th June at Rehua Marae, Ōtautahi.

Funded by the Alcohol Advisory Council, the aim of the wānanga was to get Māori providers and communities together at a local level to come up with ideas and initiatives to reduce alcohol-related harm.

“We want the community to come up with the initiatives rather than the initiatives being imposed on them,” says ALAC’s Manager Māori programmes Te Atarangi Whiu.

The goals of the wānanga were to;

- Create a forum to share, care, network and exchange ideas.
- Continue to ensure that workers can appropriately respond to the cultural and substance use issues of Māori within Te Waipounamu.
- Develop a range of strategies to support community development initiatives, collaboration and service integration that meet the holistic needs of Māori, both within urban and rural settings.
- Development of a culturally responsive framework in the development of a specific kaupapa Māori services within Te Waipounamu.
- Develop a Māori alcohol and drug network and/or taumata.
- Provide consultation to the DHBS in regard to the South Island Review of Drug and Alcohol Services.

He Oranga Pounamu established under mandate from Ngai Tahu to facilitate health and social service development and integration in the Ngai Tahu rohe, co-ordinated this wānanga.

The overall purpose of He Oranga Pounamu is to ensure that the health and social service needs of all Māori living in the Ngai Tahu tribal area are responded to in an appropriate way by bringing whānau, hapu, iwi and Māori community development into a relationship with health and social service provision.

“Therefore, He Oranga Pounamu was a logical choice to facilitate this wānanga as it has a key role to play in the integration and coordination of service provision of health and social services to Māori aligned within the broader vision for Ngai Tahu development.”

More recently He Oranga Pounamu has been involved in the South Island Alcohol and other Drug Services Review being managed by the South Island Shared Service Agency.

Māori are a young and growing population and the Sub-national Māori Population Projections (1996–2021), suggests that the fastest growth in Māori population is occurring in the South Island. It is estimated that the Māori population will increase by 52 percent within the Canterbury region by 2021.

“Issues associated with alcohol and drug misuse are likely to become more of an issue in time to come. ALAC has assisted the community by supporting this kaupapa to empower the community to develop their own strategies and initiatives aimed at the regional level,” says Te Atarangi.

A steering committee was initiated by He Oranga Pounamu which consisted of Māori representatives from NGO’s and Māori whānau consumer groups. The steering committee’s role was to provide expert advice and act as a small group to plan the wānanga and coordinate the speakers and participants.

The numbers attending fluctuated from 95 for the pōwhiri. Some 140

were catered for on the Saturday evening which included a 30-piece kapa haka group.

The majority of participants were practitioners, provider representatives and recovery whānau mostly working within Te Waipounamu. There was representation from as far south as Invercargill, Gore and Dunedin.

Representatives also came from a provider group based in Hokitika and Kaikoura. However, most of the participants were Christchurch or Canterbury based. Ngā Manga Puriri whānau came down for the wānanga from Whangārei.

“The wānanga was an opportunity for kaimahi and whānau to come together and korero about their work, concerns and the impact that waipiro and tarukino has on our communities.

“Following the wānanga, ALAC is working closely with He Oranga Pounamu to identify an appropriate process to ensure that South Island Māori providers can better work together to reduce alcohol-related harm for Māori whānau,” says Te Atarangi.

“It is envisaged that the network will be a forum whereby Māori providers and communities can share and exchange information relevant to reducing alcohol-related harm for Māori whānau and work on joint projects or initiatives that will support the work of all providers.

“This scoping project will involve consultation with stakeholders in key community areas.”

Te Atarangi says it is anticipated that the network within the South Island will be established by the end of the year.

This Southern initiative follows the successful development and operation of two successful alcohol and drug networks in the North Island – Ngā Manga Puriri and Ngā Tahi Ra.

Southern Regional Māori Alcohol and Drug Hui

Tracey Potiki reports

Thanks to Tracey Potiki of He Oranga Pounamu the use of excerpts from their newsletter.

E ka iwi, e ka reo, e ka karakataka maha o ka hau wha. Tenei te mihi atu ki a koutou katoa.

He Oranga Pounamu was delighted to host the Southern Regional Maori Alcohol and Drug hui June 13 –16 at Rehua Marae, Otautahi.

On Friday afternoon, Judge Walker delivered a presentation about youth drug court developments. The youth drug court provides an holistic approach to dealing with youth offending, a process that is assisted by their consistently appearing next to (not below or in front of) the same Judge.

This was followed Terry Huriwai (Ministry of Health) who gave an overview of his and others' involvement in the Maori A&D field, beginning from the time he was a 'young green probation worker'. He talked about the leadership during those early years and the energy of those people involved, and challenged the hui to consider where that leadership was now.

The evening ended with a whakapapa korero given by Dr Terry Ryan, a beautiful way to end a very busy day.

Saturday kicked off with enthusiasm. Daryl Gregory (He Waka Tapu) presented his korero about stopping violence and the effect of abuse on wairuataka. Odyssey House Māori whānau and staff then gave an interesting overview of residential care in a therapeutic environment.

Other presenters included: Amiria Daniels – Wahine & Cannabis; Pukekawa Wehi and Mamaeroa Ngata – 'Growing up Māori – a wahine perspective'; and Takarangi Metekingi, Gilbert Taurua and Cazna Luke – South Island Alcohol and Drug Service Review.

We were blessed by the presence of the Ngā Manga Puriri Whanau, who travelled all the way from Te Tai Tokerau to provide a presentation on their mahi throughout the far north. Their commitment to this kaupapa was inspirational to many who attended and their humour and aroha was evident to all. Kaumātua from Ngā Manga Puriri presented He Oranga Pounamu with a beautiful taoka – a Ko that signified "the importance of digging the whenua and planting seeds". Gilbert Taurua humbly accepted this taoka and reciprocated by presenting Ngā Manga Puriri with a kohatu pounamu.

He mihi aroha to Dr Doug Sellman for giving us his time on Sunday morning, his passion and expertise in the field of addiction was well received.

A big thanks to all of the people who were able to be present at the hui and to the kai mahi working hard out the back, also to the Alcohol Advisory Council for their sponsorship and attendance.

I feel blessed to have been apart of the A&D hui, but I guess the real challenge is in how we work together and strengthen one another in what is sometimes an overwhelming take (addiction). Ka mihi mahana ki a koutou katoa.

As Whaia Nelly Rata so gracefully said as she departed – "Piki te ora ki a koutou".

Manager's Certificate suspended for 3 months following death of patron

In the first case of its kind the Liquor Licensing Authority recently suspended a General Manager's Certificate for three months following what the Liquor Licensing Authority said could only be described as the most serious incident that could possibly occur. In January 2002 a young man was killed by a car following an evening of drinking at the Novotel Ellerslie in Auckland.

The Auckland Police took an application for suspension of the licence for the Novotel Ellerslie, and also to suspend the General Manager's Certificate under Sec. 132 of the Act following the death of a patron at the hotel.

The incident occurred in January 2002, when a large video chain held a staff function at the hotel. One of the male guests arrived at the function sober; this was undisputed. During the course of the evening he became intoxicated and caused several incidents. Following an altercation with another attendee, the man left the function, climbed a fence and went onto the motorway where he was struck by a vehicle. He received head injuries that proved fatal. The amount of alcohol in his blood was more than three times the legal limit for a driver of a motor vehicle.

There are a number of unusual features about this case. Firstly, the seriousness of the incident – a fatality occurred. Secondly, there was a considerable time delay between the incident; the hearing in September 2002 and the decision in June 2003.

Additionally, there were a number of legal arguments put forward regarding the matter – both in whether the LLA was the appropriate authority for the matter to be heard, and in whether the manager is responsible for the actions of the bar staff and patrons.

The Authority reiterated its view that the sale or supply of alcohol to an intoxicated person, or allowing a person to remain on licensed premises, is viewed extremely seriously. Although this application for suspension was the result of a one-off breach, the

Authority stressed that with such serious allegations, an application was justified. The Authority said the hotel in question was part of a large multi-national chain of hotels and had a good reputation. Further, they had comprehensive training systems in place and clear delegation practices in place. Because of the delays in the hearing, and the actions of the company, the application for suspension of the licence was not upheld.

The Authority stressed the role that the manager plays in liquor licensing. The manager had a legal duty not to allow the patron to become intoxicated. He failed in that duty. It noted that the Authority had suspended a manager's certificate for three months following a police visit to an inner city bar when five minors were found on the premises. "While we have said that sales to minors are very serious as evidenced by the changes that Parliament made to the Act in 1999, it does not compare with the present situation on the scale of seriousness."

The Authority ruled the general manager's certificate should be suspended for three months.

Alcohol Advisory Council Chief Executive Officer Dr Mike MacAvoy said the decision should serve as a warning to all managers of licensed premises around the country. "Licensed premises have to take their responsibility to monitor intoxication seriously or face the consequences," he said.

"By its action, the Liquor Licensing Authority has shown it is prepared to get tough on those who fail in their responsibilities to patrons," he said.

INSUFFICIENT EVIDENCE TO SUSPEND LIQUOR LICENCE

The Liquor Licensing Authority has ruled there was insufficient evidence to suspend the liquor licence of a West Auckland bar in which a man was drinking before being run over by a train.

It is alleged that about 5pm on Friday 19 July 2002 a man left home to go to Players 111 for a drink with a friend. Afterwards they intended to go to another bar to have some games of pool. By 8.30pm it was alleged the patron was intoxicated. He left the first bar and went to another bar where he fell asleep and was asked to leave. Friends escorted him from the premises, but he left the area alone at about 11.10pm. Some 40 minutes later police were advised of a fatal train accident.

An analysis of the patron's blood alcohol levels indicated it contained 418 milligrams of alcohol per 100 millilitres of blood. The legal limit for driving a car is 80 milligrams of alcohol per 100 millilitres of blood.

A coroner's report said the patron was an engaging personality with many skills in music and art, and his mental health was never in question.

"However, he was known for choosing to sleep where he wished, including in the open air from time to time. It is also possible that he was suddenly taken ill.

"He was under the influence of a large amount of alcohol and either fell or lay down heedlessly between the tracks."

The police told the hearing that an associate of the dead man had indicated he had drunk 15 to 20 handles of beer. However, the associate was uncooperative and refused to make a written statement.

The bar's duty manager said she found the claim that the dead man had drunk 15 to 20 handles of Steinlager on his own unbelievable. She said that would amount to almost half of the sales for that day. If that had been the case, she would have noticed the man or a member of his group returning to the bar every ten minutes or so over the three to four hours they were in the bar. The authority said the evidence for the police was inconclusive, and based almost solely on hearsay evidence.

"We have said previously that before we take the serious step of suspending or cancelling a licence on grounds involving intoxication on premises, we would require some positive evidence to that effect.

"Allowing a person to become intoxicated calls for some evidence that the licensee or barman was aware the patron had reached a state where he no longer had control of his faculties.

"Bald assertions or bare inferences are insufficient.

"For these reasons we are not satisfied that there is sufficient evidence to warrant suspension of the on-licence."

News

Adults pivotal



ALAC w

Our new Manager Corporate Services **Chris Allen** has a wealth of experience in the Corporate services and Finance Industry including a number of years service in senior management and consulting roles in both the public and private sector.

For the past nine years Chris has been a senior consultant with his own financial management firm – Alcan Financial Management Limited based here in Wellington.

More recently Chris has specialised in project management, management reporting and output costing, operational audits, business and strategic planning, investigation and reporting projects and executive leasing in senior financial and management roles.

Joy Neems is the new voice at the end of the phone when people ring the Northern Regional office. Joy started working for ALAC in May, at the same time that the office was relocated to the National Heart Foundation building in Ellerslie. Previously Joy worked for Continental Car Services as an administrator. Joy has an interest in Te Reo and sports and meeting new people. She has quickly become known to a lot of the people that ALAC works with in the region, meeting information requests and organising meetings.

to reducing harmful teen drinking says ALAC

New Zealand has a drinking culture where harmful drinking patterns and intoxication are not only accepted, but also in some instances aspired to, says the Alcohol Advisory Council.

Writing in ALAC's annual report for the year ended 30 June 2003 which was tabled in Parliament last month, Council chairman Professor Andrew Hornblow says reducing alcohol-related harm meant challenging the drinking culture and ultimately creating a new one.

"Encouraging steps have been taken over the past year," he says.

Youth drinking issues have been vigorously debated, culminating in Government and community commitment to our "Youth Access to Alcohol" programme; improvements have been made to Sale of Liquor Act compliance (on age identification); Government has encouraged the consumption of lower alcohol products through excise tax changes; and coalitions of community providers have achieved a number of other successes outlined in this report.

However, Professor Hornblow says adults must acknowledge their responsibility to youth.

"If we are to reduce alcohol-related harm for all New Zealanders, not just young people, adults must look hard at ways in which their own behaviour is a contributing factor.

"It is adults who set the scene, and on whom young people model themselves. It is adults who manufacture, advertise, sell and supply alcohol. It is through adults changing irresponsible drinking and supply that we can begin to change the culture around drinking – the culture that leads to harm. We all have a role to play."

In its annual report ALAC says it will embark on a programme tackling the acceptance of intoxication in New Zealand and comprising a range of tactics from education to marketing, enforcement and policy.

Expanding on Professor Hornblow's call for adults to play their role in tackling teen drinking, the report says one of the most significant strategic issues to be addressed over the year was that of youth drinking. Wide discussion and significant research led ALAC to identify the need to address youth drinking through a focus on the societal norms that shape young people's more hazardous drinking.

Research suggests that although binge drinking by young people is the focus of much public and political attention, young people's drinking patterns are modelled to a great extent on those of adult New Zealanders.

Therefore, focusing on changing the norms and culture around alcohol consumption and intoxication is likely to have the greatest impact.

An electronic copy of ALAC's annual report is available on our website at www.alcohol.org.nz

elcomes



Jan Koops is ALAC's new accountant. He takes care of the monthly and annual accounts, tax and other statutory requirements. Jan has worked for the last seven years for Career Services (a crown entity), first as an assistant accountant and for the last three year as the accountant. He passed his final accountancy exams earlier this year and is now a chartered accountant. Jan was born and educated in Holland and has enjoyed living in New Zealand for over seven years now. He is married and has a two-year-old daughter.

New Kaumātua

Te Whe Phillips is the third appointment to ALAC's newly formed Kaumātua Advisory Group.

The Kaumātua is charged with advising and assisting ALAC in meeting its Treaty obligations and in a broader sense ensuring that Council is responsive to Māori needs. The Kaumātua group also represents the interests of those working in the Māori alcohol and drug field, providing feedback to and from Māori.

Te Whe Phillips from Rapaki, Te Waipounamu is actively involved at Te Runanga o Ngai Tahu. She is a former Kura Kaupapa Māori school-teacher and is still very active in the community.

Other members of the group are Pihopa Kingi, Te Arawa Kaumātua and Chairman of the Rotorua Addiction Resource Centre, and Nellie Rata from Te Tai Tokerau, an active member of Ngā Manga Puriri.

In August ALAC welcomed aspects of the review of the rules governing liquor advertising

ALAC's Chief Executive Officer Dr Mike MacAvoy said the tightening of the rules would enable greater scrutiny and control over advertising that targets young people.

The clarification of the definition of what constitutes a liquor advertisement would also allow monitoring of other forms of liquor promotion such as signage and, potentially clothing.

Dr MacAvoy said the advertising code has been given teeth through the new provisions.

ALAC's national guidelines on the "Naming, Packaging and Merchandising of Alcoholic Beverages" are to be incorporated into the code.

"This is a great move and help in our fight to ensure liquor advertising does not target the young," said Dr MacAvoy.

These guidelines prevent advertisers using images that appeal to minors; confuse liquor with confectionery or soft drinks; lead to confusion about the alcoholic nature and/or strength of the product; or draw any association with drug culture or mimic shapes that are predominately associated with anti-social or dangerous behaviour.

"In addition, making it mandatory for all liquor advertisements to observe a high standard of social responsibility will enable the Advertising Standards Complaints Board to better deal with advertisements that appeal to young people."

Dr MacAvoy says the review did not accept ALAC's call for the start time for liquor advertising on television to be

moved from the current 9pm start time to 9.30pm.

The panel noted adult viewing on television began at 8.30pm and in the light of the tightening up in the other areas of the Code they did not view this move to 8.30pm as a liberalisation.

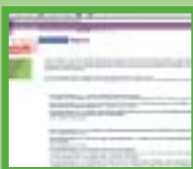
"We are disappointed but can understand the logic behind this move. More importantly, we are pleased the panel rejected any further relaxing of hours, rejecting calls for liquor advertising during live to air or delayed sporting broadcasts and during the news from 6pm to 7pm."

Dr MacAvoy welcomed the panel's call for collaboration between Government agencies, industry and health groups to produce pertinent and relevant research on the relationship between liquor advertising and liquor abuse.

"This is something we accept and here at ALAC we believe we are well placed to take a lead role in promoting interagency research. We would also like to see this group looking at the link between liquor advertising and the drinking culture in New Zealand."

Dr MacAvoy also welcomed the panel's recommendation for industry members, government agencies and health groups to work with their Australian counterparts to determine the desirability of harmonising the Liquor Code and producing one Code for both countries.

ALAC's Website – new additions



ALAC's occasional papers have been put up on our website. They are in numerical order and all but four of the 18 titles are available for online viewing.

See www.alac.org.nz/resources/publications/occasional_papers

The 4th International Drugs and Young People Conference – Focusing on Solutions – The Way Forward. Wellington 26–28 May 2003

The Conference papers are now available online at www.adf.org.au/cyds/papers4

ALAC's library catalogue is available to search online. See our book and video collection at www.nsl.co.nz/alac/gateway.exe?displayform=searchform

From September we will be putting up a new monthly IS (Information Services) Update. This will include new additions to the collection, links to interesting websites and other items of concern.

Contact Eve or Kristine at central@alac.org.nz for further information.

