



# **Alcohol Advisory Council of New Zealand**

**KAUNIHERA WHAKATUPATO WAIPIRO O AOTEAROA**

**2002 - 2007**

**STRATEGIC PLAN**

## **TABLE OF CONTENTS**

<b>STRATEGIC OVERVIEW</b>	<b>4</b>
Introduction	4
Who Is This Strategy Aimed At?	4
Framework for Setting Outcomes and Strategies	5
How It Will Be Done	6
ALAC and the Treaty of Waitangi	7
<b>MĀORI WHĀNAU</b>	<b>8</b>
Introduction	8
Outcomes Sought	8
Strategies	8
Other Relevant Strategies	9
<b>YOUNG PEOPLE</b>	<b>10</b>
Introduction	10
Outcomes Sought	10
Strategies	11
Other Relevant Strategies	11
<b>PACIFIC PEOPLES</b>	<b>12</b>
Introduction	12
Outcomes Sought	12
Strategies	12
Other Relevant Strategies	13
<b>SUPPLY AND PROVISION OF ALCOHOL</b>	<b>14</b>
Introduction	14
Outcomes Sought	14
Strategies	15
Other Relevant Strategies	15

<b>EARLY INTERVENTION STRATEGY</b>	<b>16</b>
Introduction	16
Outcomes Sought	16
Strategies	16
Other Relevant Strategies	17
<b>ALAC AND THE STRATEGIC PLAN</b>	<b>18</b>
The Role of ALAC	18
Operating Principles	18
Ongoing Planning	19
Monitoring and Review	19
<b>GLOSSARY OF TERMS USED</b>	<b>20</b>

# STRATEGIC OVERVIEW

## INTRODUCTION

Alcohol remains an enigma within our society. It is enjoyed safely by the majority of the population most of the time and its production, distribution and sale make a significant contribution to the economy. However, New Zealand has evolved a culture of drinking that creates significant harm for many individuals, families and whānau, children and communities. This culture 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 a financial cost.

The total estimated cost of alcohol-related deaths is \$5.5 billion per year, with alcohol being the second leading contributor to fatal road crashes. The total estimated cost of alcohol-related illness and disease is \$6.6 billion. Productivity losses (including absenteeism) are estimated at \$1.8 billion. These figures ignore the costs directly attributable to alcohol associated with policing, court processing and imprisonment. They also ignore the huge impact alcohol has on the well-being and safety of New Zealand families, many of whom are negatively affected by alcohol at some time.

ALAC has a vision for the future. This vision is of a nation that experiences no alcohol-related harm; where whānau and families manage the use of alcohol in a way that ensures everyone, particularly children and young people, are kept safe. A nation where people who drink do so within safe limits; where bingeing and drunken behaviour are seen as unacceptable; and where people with alcohol problems have access to the appropriate support and treatment for themselves, their families and communities. This is part of a wider view of a society where community capacity is enhanced and health and well-being is not measured by the absence of harm but by the presence of quality of life for families and communities. ALAC's work will be monitored to ensure our programmes make a measurable difference to well-being. While ALAC's focus will be on drinkers and drinking behaviour it will continue to recognise the value of abstinence, as a way of reducing harm for some communities and individuals.

The goal of ALAC's work over the next five years can be described in the statement:

**More Moderation and Less Harm**

## WHO IS THIS STRATEGY AIMED AT?

It is ALAC's view that any comprehensive strategy to reduce alcohol-related harm is best directed at those people and communities who are at greatest risk of harm from alcohol and that it uses approaches likely to produce the greatest gain. ALAC has therefore identified three priority population groups and two priority intervention strategies that will drive its activities over the next five years. 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.

Changing the national attitude from one that accepts excessive drinking to one that expects responsible drinking will take a long time. ALAC's work will be designed to achieve outcomes that will show progress towards this goal.

The strategic approach is consistent with the '*National Alcohol Strategy 2000-2003*'<sup>1</sup>. ALAC's strategy accommodates the priorities set in the *National Alcohol Strategy* (supply control, demand

reduction and problem limitation), and provides greater clarity for ALAC’s contribution to government’s overall goals. Over the next five years ALAC wants to see progress toward achieving the following outcomes:

- a culture that expects and promotes responsible drinking;
- a delayed onset of drinking by young people;
- an understanding by New Zealanders of what constitutes responsible use of alcohol;
- the expectation of responsible behaviour within the environments in which people are drinking (licensed establishments, clubs, homes etc);
- the exercising of rangatiratanga by iwi Māori in their communities;
- the active involvement by communities, families and whānau in the prevention and reduction of alcohol-related harm;
- compliance with the law and responsible behaviour by suppliers and providers of alcohol;
- an environment where people who are beginning to experience problems as a result of alcohol misuse, are identified and assisted;
- a nation in which the responsible supply and use of alcohol contributes to (rather than detracts from) the quality of life experienced by New Zealanders; and
- people with established alcohol problems receive appropriate treatment.

These outcomes can only be achieved by a broad collective effort and ALAC itself is only one contributor of many needed to realise them. Therefore, in our programme of work we will identify more specific contributing outcomes against which we will measure our performance.

### 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

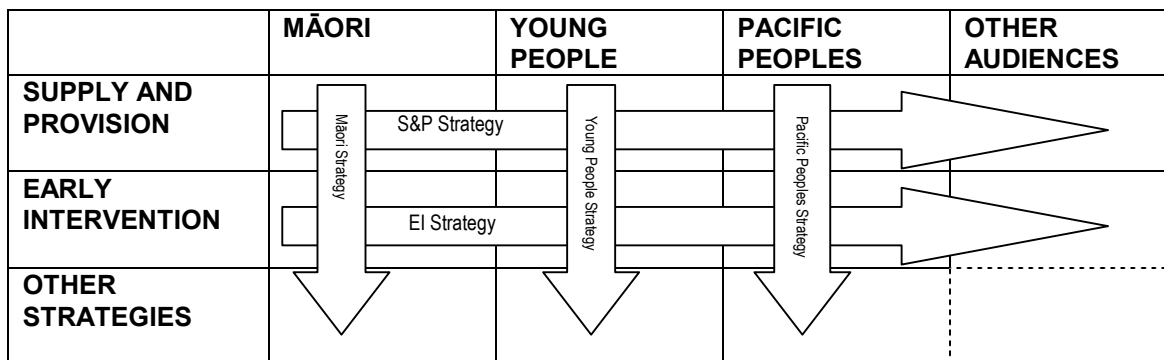


Figure 1. shows that work carried out in respect of the Māori, Young People and Pacific Peoples strategies includes work additional to that of focusing on supply and provision and early intervention, and is labelled ‘Other Strategies’. These will include activities that support individuals, families and whānau and the community in the safe use of alcohol, as well as providing information services and policy advice.

Similarly, strategies to influence the supply and provision of alcohol and early intervention approaches will necessarily entail working with people outside the priority areas. These are labelled as ‘Other Audiences’. These audiences include people facing choices about their alcohol use, those that influence their choices (such as whānau, friends, peers and the alcohol industry itself) and those who work with people at risk from alcohol-related harm.

While this is not covered in depth in this document, the above diagram shows an overlap that exists between Other Audiences and Other Strategies. This recognises that ALAC has responsibilities to provide services that go beyond its priority audiences and work areas. These include providing advice to, and advocating for, appropriate treatment services for those who need them and providing information on alcohol to the health workforce and New Zealanders generally.

Table 1 below summarises the outcomes sought for each priority area using the above framework.

Table 1

	<b>MĀORI</b>	<b>YOUNG PEOPLE</b>	<b>PACIFIC PEOPLES</b>	<b>OTHER AUDIENCES</b>
<b>SUPPLY AND PROVISION</b>	Māori whānau provide environments safe from alcohol-related harm.	Young people live in environments that promote and model responsible behaviour with alcohol.  Families and communities act responsibly in the provision of alcohol to young people.	Pacific communities promote the responsible use of alcohol.	Laws governing the sale/supply and provision of alcohol are well understood, monitored and enforced.  Suppliers and providers adopt practices that promote the well-being of drinkers.
<b>EARLY INTERVENTION</b>	Māori whānau recognise behaviour that contributes to alcohol-related harm.  Māori whānau who experience problems as a result of alcohol misuse are identified and assisted.	Communities actively work to prevent and minimise alcohol-related harm for young people.	Interventions to prevent and minimise alcohol-related harm for Pacific peoples are identified.  Mainstream services recognise and respond to Pacific people's needs.	A wide range of groups is able to respond to people with early stage drinking problems and provide early intervention.  People recognise the beginning of problem drinking behaviour and take action.
<b>OTHER STRATEGIES</b>	Māori customary practices promote safe behaviour around alcohol and are well understood and implemented.  Māori communities actively work to prevent and minimise alcohol-related harm for Māori whānau.	Young people make responsible decisions about alcohol.  Appropriate treatment services are available.	Pacific peoples' drinking behaviour and levels of resulting harm are identified.  Interventions to assist Pacific peoples with harmful drinking behaviour are identified.	

## HOW IT WILL BE DONE

The purpose of Table 1 above is to show how the five priority areas intersect. ALAC recognises that its business planning will need to accommodate this. This will be achieved through the use of partnerships and collaborative projects. It will also adopt a knowledge management strategy that encourages the sharing of information and will implement a research and evaluation strategy that will support these priorities. ALAC will continue to provide contestable advice to the Minister of Health on alcohol-related issues.

Since its creation in 1976, ALAC has built relationships with those involved in the alcohol sector, and ensuring that the New Zealand public, and the health sector in particular, have the most up-to-date information on alcohol, its use and its effects. This collaborative and cooperative approach remains a key focus of all ALAC activities.

The 2002 to 2007 Strategic Plan signals a shift in emphasis to focus on the needs of particular populations, and on strategies that provide the best opportunity to make significant changes in preventing or reducing harmful drinking. ALAC also recognises that with the establishment of District Health Boards and the role the Ministry of Health will now play, the responsibility for delivery of treatment services and ensuring that there exists a well trained addictions workforce has shifted to these organisations. Therefore the most effective role for ALAC is to support the treatment field by advocating for quality, affordable and accessible services and by providing opportunities for the treatment workforce to meet and discuss their work.

ALAC will maintain and build on the relationships it has with state sector agencies as a means of providing contestable policy advice on alcohol-related issues. It will advocate for alcohol being seen as a priority for those agencies' funding and programmes. ALAC will also maintain its leadership role in the collection, collation and dissemination of information on alcohol, its use and its effects.

## **ALAC AND THE TREATY OF WAITANGI**

ALAC is a Crown Owned Entity so shares the Treaty responsibilities of government. The Treaty gives rise to certain rights and obligations. It also establishes a unique relationship between Māori, as members of iwi and hapu, and the Crown. ALAC has adopted a principles-based approach to its work with Māori, covering the delivery of all the strategies described in this document. These principles mean ALAC will deliver its programmes in such a way that:

- I. iwi, hapu, whānau and Māori communities are involved in the development of strategies for Māori;
- II. Māori are involved in the planning, development and delivery of programmes;
- III. these services reflect and safeguard Māori cultural concepts, values and practices; and
- IV. iwi, hapu, whānau and Māori communities are adequately resourced by ALAC when undertaking ALAC projects.

ALAC has determined that this approach is relevant in all its work and will be reflected in all the strategies, in the general provision of information and in all its policy advice to government.

# MĀORI WHĀNAU

## INTRODUCTION

Māori are a priority population for three reasons. Firstly, because of the unique relationship identified in the Treaty of Waitangi that Māori, as members of iwi have with the Crown and hapū, and the shared responsibility with the Crown to ensure application of the Treaty principles in policy and service delivery. In addition, Māori across all ages experience disproportionate harm from alcohol misuse. There is also a lack of adequate information on Māori use of alcohol and evidence for what interventions and treatments work to minimise harm from use and misuse of alcohol for Māori individuals and whānau when it occurs.

## OUTCOMES SOUGHT

The outcomes sought through the Māori strategy are:

- iwi/Māori have rangatiratanga over oranga in their communities;
- Māori whānau manage alcohol use to reduce harm; and
- alcohol use by Māori is well understood and effective interventions are identified.

ALAC will maintain a focus on Māori whānau as the core vehicle for, and target of, ALAC's programmes. The Ministry of Health recognises whānau (kaumātua, pakeke, rangatahi and tamariki) as the foundation of Māori society and ALAC adopts the same approach. ALAC recognises that where whānau are well and function strongly they are a powerful source of strength, support, security and identity. However, where the whānau is not functioning well it is an equally powerful contributor to poor outcomes for all involved. ALAC's work with Māori will focus on whānau strengths as a means of addressing the alcohol-related harm experienced by some Māori whānau. This focus will necessarily consider the crucial role Māori women play as agents for change within whānau and in their broader communities. It will also take account of the harm Māori women experience from their own alcohol use and the use of alcohol by those around them.

ALAC recognises that to address the complex nature of Māori well being it needs to work collaboratively with hapū and iwi, with Māori communities, Māori community-based providers and other Government agencies. In practice, this focus will mean working collaboratively to:

- support Māori communities to identify and address alcohol-related harm within the broader context of their social, cultural and economic well-being;
- develop health promotion and early intervention programmes that draw on the strengths of Māori customary practice;
- work collaboratively with external organisations as they implement their own Māori strategies and programmes; and
- involve Māori stakeholders in the planning and delivery of programmes designed to promote moderate and responsible alcohol behaviour by Māori.

The phrase 'customary practice' in this context refers to Māori tikanga and how tikanga is applied in modern society. ALAC intends to work with kaumātua, Māori advisers and communities to seek their advice on how Māori customary practice can help define behaviours around and with alcohol in a way that can support Māori whānau reduce harm from alcohol use and misuse.

## STRATEGIES

ALAC has identified key strategies to be phased in over time that are designed to achieve the outcomes above.

- a) **ALAC will support Māori whānau to identify and respond to alcohol-related issues facing their communities and provide support at a national level to Māori communities wanting to promote moderation or abstinence for Māori whānau.**

ALAC will continue the development and support of community-based initiatives to promote moderation and abstinence as a healthy alternative to harmful drinking and will support Māori communities to take a more active role in decisions that affect the supply and provision of alcohol in their local area and with kuia and kaumātua, it will seek to establish a taumata (or speaking/advisory body) to provide an authoritative Māori voice on alcohol, and a network for sharing of information and ideas on Māori and alcohol ALAC will support the development of a moderation/harm reduction brand founded in Māori customary practice and concepts. ALAC will continue to support its work with Māori communities by making resources available to promote safe alcohol-related behaviour.

- b) **ALAC will collect information on Māori alcohol consumption and harm and will conduct research into effective interventions for Māori.**

ALAC will continue its involvement in tracking Māori alcohol consumption patterns over time as the basis to inform policy initiatives that will affect Māori. . It will also continue to support the research, development and piloting of effective early intervention and treatment approaches for Māori whānau.

#### **OTHER RELEVANT STRATEGIES**

ALAC will ensure that general population strategies include specific elements appropriate to the needs of Māori. There are significant areas of overlap with the Young People strategy. All ALAC policy advice to government agencies and the Minister will include assessment on likely impacts for Māori. There will also be a strong advocacy role to support Māori access to appropriate treatment services. ALAC will recognise that sport is a key means to communicate with Māori and will therefore work closely with organisations that have a role in Māori sport, particularly sport involving the whānau. ALAC will continue to provide quality information for Māori, including information in Te Reo Māori.

## YOUNG PEOPLE

### INTRODUCTION

Young people are a population at high risk of harm from the misuse of alcohol. The process of maturing involves taking risks to varying degrees. Young people grow up in and are surrounded by an adult population that frequently model and often glamorise the irresponsible use of alcohol. Young people are also at risk from the irresponsible actions of adults, their peers and those who supply alcohol to them. ALAC will focus on strategies to encourage responsible supply and compliance with the law as well as strategies to encourage a culture of drinking for young people that supports responsible drinking and keeping each other safe.

The young population is not a homogenous group and targeting interventions to a range of different ages and socio-economic backgrounds and then monitoring behaviours over time is a complex exercise. ALAC work designed to support the adoption of safe consumption and a reduction in binge drinking will focus on the 14-24 age group. However this will not preclude the benefits of this approach from accruing to young children consuming alcohol from ages 10-14. ALAC will also advocate for appropriate treatments for young people and this will also include the younger age. The strategies will focus on the different needs of young men and young women; young men because they are over-represented in alcohol-related harms, and young women because they are drinking in more harmful ways and exhibiting increased risky behaviour. Part of the message to young women will include warnings on the risks of harming the unborn child through exposure to alcohol (Fetal Alcohol Syndrome and Fetal Alcohol Effects).

### OUTCOMES SOUGHT

The outcomes sought through the Young People strategy are:

- delaying the onset of drinking;
- that young people who do drink, do so in a manner that minimises harm; and
- that young people whose drinking is harmful receive appropriate help.

Alcohol use for young people is often part of a complex range of behaviour, including other drug use or risky behaviour. ALAC will support community based prevention programmes involving young people, their parents and whānau, community leaders and other agencies. Existing community-based projects may well focus on a range of issues relevant to young people and ALAC will actively seek to work with these groups.

The strategies will continue to build on the use of media, technology and other appropriate measures to create and deliver messages to young people in a way that they can relate to. The strategy therefore will have a major focus on social change involving collaboration with young people to develop appropriate messages. This will include a significant focus on Māori and Pacific young people. ALAC will work with funders, service providers and first point of contact services to encourage the provision of appropriate treatment services to young people. A major thrust will be to promote compliance with the law relating to sale and supply of alcohol to young people.

To achieve the outcomes described above, ALAC considers it necessary to work towards:

- young people making responsible decisions about alcohol;
- families and whānau and communities actively working to promote moderation and/or abstinence as a healthy and acceptable choice;
- laws governing the sale and supply of alcohol to young people being well understood, monitored and enforced; and

- young people who experience problems as a result of their alcohol misuse being identified and assisted.

## STRATEGIES

ALAC has identified key strategies to be phased in over time that are designed to achieve the outcomes above.

- a) **ALAC will implement an integrated social marketing strategy to make not drinking or responsible alcohol use the preferred choice for young people. This will be supported by community action targeted at reducing the illegal and irresponsible supply of alcohol to young people**

ALAC will research, develop and implement a multi-faceted campaign designed to positively influence the drinking behaviours of young people and which recognises the diversity of this population in its communication approaches. ALAC will also develop and implement community action projects aimed at reducing the supply of alcohol to young people in which its role will be to provide formative evaluation, provision of resource material and the facilitation of strategy development and co-ordination.

- b) **ALAC will work with local, regional and national agencies to monitor young people's drinking patterns, resulting problems and the efficacy of interventions.**

ALAC will monitor young people's drinking patterns over time and pre-test, monitor and evaluate initiatives aimed at reducing-alcohol related harm for young. ALAC will also encourage the collection and sharing of data and information on young people's drinking and related harms at local, regional and national levels to inform local and national planning, monitoring and evaluation and to inform the design and delivery of effective intervention. ALAC will ensure the information collected is also relevant for the Māori and Pacific populations.

## OTHER RELEVANT STRATEGIES

There are significant areas of overlap with the Māori and Pacific peoples strategies and the Supply and Provision strategy. ALAC anticipates working on policy around young people's access to alcohol, including the current minimum legal drinking age and alcohol advertising and sponsorship, product promotion, and pricing. ALAC will also advocate for appropriate treatment services for young men and women and will support the research, development and piloting of effective early intervention and treatment approaches. The provision of information on alcohol for and to young people will continue.

## PACIFIC PEOPLES

### INTRODUCTION

There is a lack of information about Pacific peoples' alcohol consumption and patterns of harm. The '*National Alcohol Strategy 2002-2003*' (NAS) identifies a number of Pacific peoples' research needs and the importance of establishing accurate baseline data and policy-relevant research on the place of alcohol in the lives of Pacific peoples as a key objective. It also recognises that there is evidence that indicates that the treatment needs of Pacific peoples are not being adequately met. The '*Pacific Health & Disability Action Plan*'<sup>ii</sup> identifies research on alcohol-related harm as one of its six priority goals for Pacific peoples. Therefore, initially the Pacific Peoples strategy will focus on research and information in conjunction with other organisations. More targeted programme interventions will be phased in over time.

### OUTCOMES SOUGHT

The outcomes sought through the Pacific Peoples strategy are:

- Pacific peoples, families and communities experience less alcohol-related harm; and
- Pacific communities prevent and reduce alcohol-related harm.

ALAC is committed to achieving these outcomes for Pacific peoples but accepts that information gathering and research is a necessary first step. Pacific communities will participate in the ALAC annual business planning process on an on-going basis and as information becomes available the plan will be revisited to introduce intervention strategies, trial treatment options and advocate for appropriate treatment services at the earliest possible time. The Young People, Supply and Provision strategies will also include Pacific focussed work.

To achieve the outcomes described above, ALAC considers it necessary to work towards:

- identifying Pacific people's drinking patterns and levels of resulting harm;
- effective, evidence-based, culturally appropriate interventions that promote moderation as a healthy and culturally appropriate choice;
- alcohol and drug services recognising and responding more effectively to the needs of Pacific peoples;
- utilising existing cultural structures and channels of communication within Pacific communities to promote the responsible use of alcohol; and
- Pacific communities promoting the responsible use of alcohol, recognising that the Pacific community will want both moderation and abstinence messages.

### STRATEGIES

ALAC has identified key strategies to be phased in over time that are designed to achieve the outcomes above.

- a) **ALAC will utilise existing cultural structures and channels of communication within Pacific communities to promote the responsible use of alcohol.**

ALAC will support Pacific communities develop and deliver community based programmes designed to support Pacific people make positive choices about the use of alcohol among their people. This will include providing training opportunities for Pacific community leaders on alcohol-related issues and interventions and improving links with Pacific communities to

ensure coordinated and integrated planning for reducing alcohol-related harm. ALAC will also work collaboratively with the Ministry of Pacific Affairs to provide advice to government on effective means to improve outcomes for Pacific peoples related to alcohol use, and supporting the Pacific community to advocate for appropriate Pacific alcohol-related services

**b) ALAC will support, monitor and advocate the development of high quality population-based indicators of alcohol consumption and alcohol-related harm and will support research into the development of effective treatment interventions for Pacific peoples**

ALAC will advocate for and support the collection of quality Pacific information within and across sectors in order to track alcohol use behaviours and harm and monitor the effectiveness of interventions for Pacific people. . ALAC will also work with Pacific communities to build rapport and improve awareness of how alcohol-related information can be used to inform the development of services. ALAC will trial interventions for Pacific peoples to reduce harm and support the development of treatment models specific to the different cultures of the Pacific nations in New Zealand.

#### **OTHER RELEVANT STRATEGIES**

There are significant areas overlap between the Young People and Supply and Provision strategies and the Pacific People's strategy. The provision of policy advice, advocacy and information will increase as the results of research become available and as community initiatives are implemented.

# SUPPLY AND PROVISION OF ALCOHOL

## INTRODUCTION

New Zealand culture condones supplying alcohol to drunk and under-age drinkers. Only a culture change can effectively address that situation. ALAC intends to work collaboratively with a range of other groups and organisations to drive a culture change to one of responsible supply and consumption.

The concept of a 'duty of care' applies to those who supply or provide alcohol and none more so than to those who continue to supply alcohol to drunk people whatever their age. This strategy will therefore focus on both young people and adults. The culture of drinking and the environment in which alcohol is consumed are powerful shapers of drinking patterns. Some young people obtain alcohol from licensed premises, but parents, older siblings and friends play an even more significant role in providing alcohol. A major thrust of this strategy will be directed towards reducing the provision of alcohol to minors for unsupervised consumption.

ALAC also recognises that young people are not the only ones indulging in risky drinking behaviour and that it is in the interests of all New Zealanders not to tolerate binge drinking and drunkenness. A further approach will be to mount a major educational campaign for all New Zealanders on responsible levels of consumption using standard drink labelling which comes into force at the end of 2002.

## OUTCOMES SOUGHT

The outcomes sought through the Supply and Provision strategy are:

- licensed suppliers do not serve alcohol to those under-age or drunk; and
- providers of alcohol comply with the law and act responsibly.

'Suppliers' are taken to mean those who have, or should have, an off-, on- or special licence to supply or sell alcohol. 'Providers' are taken to mean people who do not require a licence to supply alcohol legally to others, for example legal guardians and those hosting private functions.

It is the environment of supply that this strategy focuses on therefore ALAC intends to target the following audiences:

- friends, parents, family and whānau and others, who although often not entitled to by law, currently provide alcohol to minors;
- people who purchase alcohol for drunk people; and
- licensed providers who sell or supply alcohol to minors or to drunk people.

ALAC considers that strategies targeting these audiences will have a positive impact in reducing alcohol-related harm. ALAC also wants to ensure these audiences know the consequences (legal, health and social) that can result from their actions. By enforcing the law relating to these audiences and creating practical and effective guidelines for use by these audiences ALAC hopes to see a change in New Zealand's drinking culture around the sale and supply of alcohol to minors and drunk people.

ALAC will focus on inter-sectoral and collaborative approaches to achieve its desired outcomes. This work will encompass community projects to limit the illegal and/or inappropriate supply of alcohol and self-regulatory practices around the naming, packaging and merchandising of alcoholic products. ALAC will provide leadership in the areas of advocacy and inter-agency liaison.

## STRATEGIES

To achieve the outcomes described above, ALAC considers it necessary to work towards:

- a community expectation that suppliers and providers of alcohol comply with the law and act responsibly;
- fewer young people being illegally or irresponsibly supplied or provided with alcohol; and
- fewer drunk people.

ALAC has identified key strategies to be phased in over time that are designed to achieve the outcomes above.

- a) **ALAC will work with other agencies to strengthen the legislative, regulatory and enforcement framework governing the supply and provision of alcohol; and support communities to reduce harm from the irresponsible or illegal supply and provision of alcohol.**

ALAC will build relationships with and between police, the public health sector, licensing agencies and related sectors to ensure that the current legislation governing the sale and supply of alcohol is implemented as effectively as possible. This will include opportunities for joint strategy development, resource and information dissemination, skill development and inter-agency communication. ALAC will also work with policy makers to review and where necessary, improve relevant legislation and will encourage skill and knowledge development among those working in liquor licensing and enforcement.

- b) **ALAC will research, develop and implement an integrated marketing strategy to achieve behavioural and environmental change in the areas of alcohol supply and consumption.**

ALAC will research, develop and implement campaigns, which target both the drinker and the provider. It will utilise a variety of media and will support initiatives in other parts of this strategic plan.

## OTHER RELEVANT STRATEGIES

The Supply and Provision strategy has a focus on the priority populations of Māori, young people and Pacific peoples. ALAC will ensure that initiatives in these areas are designed and delivered in association with the communities involved. There will be a strong policy focus and ALAC will encourage inter-agency collaboration in the delivery of these strategies. Advocacy will be an important component of these strategies.

# EARLY INTERVENTION STRATEGY

## INTRODUCTION

Early interventions can be delivered in community settings and, depending on the population, by community workers, whānau or primary health care personnel and by those working in the social justice, police and fire service, and education sectors. They are directed at drinkers experiencing low level problems, who may not be seeking assistance, but whose drinking and associated problems have been identified by opportunistic screening or some other identification process. In these settings, early interventions are generally brief, consisting of a few minutes of advice and encouragement, but may take longer. These interventions can take place in clinical and non-clinical settings. For Māori and Pacific communities it is likely that whānau and community leaders would provide these interventions.

If widely implemented early interventions can be expected to reduce costs for both the health sector and for other sectors in which the impact of alcohol-related harm is frequently experienced. For these reasons early intervention is a public health approach to alcohol-related harm and a response to individuals engaging in high-risk drinking who are beginning to experience problems.

## OUTCOMES SOUGHT

The outcomes sought through the early intervention strategy are:

- those who are drinking hazardously or harmfully, and who may be experiencing problems, are identified and assisted; and
- those who are identified as drinking hazardously or harmfully are supported to assist themselves.

The strategy will encompass research to identify more effective ways of intervening with high-risk groups, pilots to trial different approaches, demonstration projects designed to encourage the adoption of early interventions, and the resourcing and training of relevant workforces, whānau and community leaders to help facilitate their uptake of these strategies.

## STRATEGIES

To achieve the outcomes described above, ALAC considers it necessary to work towards:

- the development and implementation of interventions for identifying and assisting people who are drinking in a hazardous or harmful manner, and who may be experiencing problems with their drinking;
- people recognising the beginnings of problem drinking behaviour and taking action to change this behaviour; and
- a wide range of groups being able to identify people drinking in a hazardous or harmful manner and provide appropriate interventions.

ALAC has identified key strategies to be phased in over time that are designed to achieve the outcomes above.

- a) **ALAC will continue to develop resources and training opportunities to enable the delivery of early interventions. This support will extend to whānau and community leaders as well a broad range of funders, providers, and the health and social service workforce to promote and facilitate the widespread use of early interventions.**

ALAC will develop resources and training appropriate for social services, including key workforces in the Māori and Pacific communities, and the primary health care workforce.

ALAC will also advocate for the widespread adoption of early interventions known to be appropriate for the mainstream population. Strategic alliances with providers and other funders will be sought. ALAC will also identify through research appropriate early intervention techniques for Māori, Pacific peoples and young people and will develop and maintain up-to-date national and international information in the area of early intervention.

- b) ALAC will run campaigns to assist people to change their drinking using their own resources and to raise awareness of situations where even the moderate use of alcohol may be unsafe, for example during pregnancy.**

ALAC will run targeted campaigns to raise awareness of the responsible use of alcohol, including an understanding of standard drinks labelling and the upper limits for responsible drinking. The information produced will be culturally relevant for Māori, Pacific People's as well as the general population. There will be a focus on at risk groups including pregnant women. ALAC will also implement a self-assist programme designed to support individuals and families to address their alcohol use where it has become a problem. All resources produced will be appropriate for the priority populations as well as the general population.

- c) ALAC will advocate for services appropriate to the needs of young people with emerging alcohol problems and advocate for appropriate treatment services for young people with problem and dependent drinking.**

ALAC will advocate for the provision of services for young people with emerging drinking problems and will also provide some support for the development of resources and the provision of information that will support effective treatments and interventions for young people. Advocacy services will include the smaller population of very young drinkers.

## **OTHER RELEVANT STRATEGIES**

The Early Intervention strategy has a significant focus on the priority populations of Māori, young people and Pacific peoples. ALAC will ensure that initiatives in these areas are designed and delivered in association with the communities involved. ALAC will encourage the Ministry of Health and District Health Boards to fund and implement early intervention strategies as an effective tool in improving health outcomes.

# ALAC AND THE STRATEGIC PLAN

## THE ROLE OF ALAC

The Alcohol Advisory Council of New Zealand has a leadership role in the alcohol sector. It was established in 1976 under its original name, the Alcohol Liquor Advisory Council, following a report by a Royal Commission of Inquiry into the Sale of Liquor. The Commission recommended the establishment of a permanent council whose aim would be to encourage moderation in the use of alcohol and to minimise misuse.

Under its legislation, ALAC is charged with the 'encouragement and promotion of moderation in the use of liquor, the discouragement and reduction of the misuse of liquor, and the minimisation of the personal, social, and economic harm resulting from the misuse of liquor'. To achieve these objectives, ALAC is funded by a levy on all alcohol produced and imported for consumption in New Zealand. ALAC's legislation sets out its core functions. These are to:

- encourage, promote, sponsor and co-operate in research;
- disseminate information relating to the misuse of liquor;
- devise and encourage educational programmes;
- sponsor innovative programmes for treatment, care and rehabilitation;
- make recommendations about the advertising of liquor; and
- make recommendations to Government, government departments and other agencies and individuals.

## OPERATING PRINCIPLES

ALAC has adopted principles for how it must operate in carrying out its core functions. ALAC will ensure the following principles underpin the delivery of all its strategies.

- **Leadership** - ALAC will provide quality and timely information to policy makers, advisers, the workforce, community and media which demonstrates it as a leader in the area of alcohol management and evidence-based practice.
- **Independence and Integrity** - ALAC will be recognised by policy makers, advisers, the workforce, community, the media, and the alcohol and hospitality industries for the objectivity, independence and integrity of its work, advice and information.
- **Treaty of Waitangi** - ALAC will ensure that the principles of the Treaty of Waitangi are an integral component of all its programme areas. The implementation of this commitment will be the responsibility of each manager and will be monitored by the Chief Executive Officer and Deputy Chief Executive.
- **Involvement of Target Audiences** - ALAC will pay particular attention to its relationships with Māori, young people and Pacific peoples. ALAC intends to involve Māori, young people and Pacific peoples in the design, development and delivery of projects targeted at them, and to maintain links with their respective networks.
- **Collaboration** - ALAC recognises that to achieve its vision for New Zealand it must involve people and organisations involved in the alcohol sector. ALAC will be looking to work with the alcohol and drug workforce, health and social services providers, community groups, policy makers and government agencies. It will also work with the alcohol and hospitality industries to find ways to minimise harm.

- **Knowledge Sharing** - ALAC recognises that the sharing of its information and knowledge with those involved in the alcohol sector is fundamental to how it needs to operate. ALAC will continue to develop resources and will promote the sharing of information. It will encourage the use of this information in the design and delivery of initiatives intended to reduce alcohol-related harm.
- **Treatment Provider Support** ALAC recognises the importance of treatment providers in working with individuals and their families in managing alcohol problems, both in the government and in the non-government sectors. ALAC will support and advocate for the improvement and for more appropriate services for all groups. In addition ALAC will support the treatment workforce through providing opportunities for training, conferences, resources and as well as supporting the provision of advocacy.

## ONGOING PLANNING

The Strategic Plan is necessarily at a high level. Each year ALAC will use the outcomes and strategies described in this plan as the basis for its annual planning. These plans will provide greater detail on what particular projects ALAC is involved in from one year to the next. ALAC also realises that part of what it does in any given year will be determined by issues that arise during the year and the annual business plan will always provide for this.

The strategies identified in this five-year plan will be phased in over time. The strategies are intended to build on the collective knowledge, skills and strengths of those involved in addressing alcohol-related harm. Clearly ALAC cannot do this alone. One of the most important tasks will be to work collaboratively with key players in the community, iwi, hapu and in the government sector to reduce alcohol-related harm. Collective effort is required to promote positive change around the use of alcohol for New Zealand families and whānau, children and communities.

## MONITORING AND REVIEW

An integral part of any strategic plan is to ensure progress against the outcomes set is regularly reviewed, and the strategies assessed to take account of any significant changes in the broader environment. Each programme of work for the target populations and the intervention strategy will have measurable outcomes. ALAC will set specific targets in respect of these outcomes and review them annually. ALAC will measure itself on its contribution to the national good outcomes. These targets will include the measures already set through the *'National Alcohol Strategy'* and are likely to focus on reduction in alcohol-related harm.

The strategy will also need to be reviewed against emerging evidence on harm, intervention that works, trends, etc. It will also be reviewed against any changes in ALAC's broader operating environment.

## GLOSSARY OF TERMS USED

### **Binge Drinking**

An imprecise term used to describe a pattern of drinking which is defined by excessive consumption over a short time leading to drunkenness. Specifically the term has been defined for young people as the consumption of five or more drinks in succession over a short period of time.

### **Dependence**

A phenomenon with biological, psychological and social elements, whereby use of a particular drug (eg alcohol) is given priority over other behaviours that were once relatively much more important to the person. Dependence is not an all or nothing phenomenon, but exists in degrees along a continuum. Classic signs are withdrawal symptoms in the absence of alcohol, loss of control of consumption and social disintegration.

### **Drunkenness**

No consistent or formally agreed definition exists. However, it is taken to refer to an elevated blood alcohol concentration such that a person cannot function within their normal range of physical/cognitive abilities. It is a subjective feeling, the experience of a substantial effect of alcohol on mood, cognition, and psycho-motor function and which a lay observer recognises as 'drunk'.

### **Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS and FAE)**

FAS is a form of brain damage manifested by cognitive underdevelopment, behavioural problems and facial abnormalities that result from pre-natal exposure to alcohol. FAE is a less recognisable form of the condition where the effects are identified cognitively and behaviourally rather than through physical manifestations. It is incurable. It does not occur for all pregnancies but binge drinking poses a greater risk.

### **Oranga**

A term used to describe physical, emotional and spiritual wellness as a whole state, overall health and well-being.

### **Pattern of Drinking**

Refers to aspects of drinking behaviour other than the level of drinking, including when and where drinking takes place; the number and characteristics of heavy drinking occasions; activities associated with drinking; personal characteristics of the drinker and drinking companions; the types of drinks consumed; and the drinking norms and behaviours that comprise a 'drinking culture'.

### **Responsible Drinking**

The term responsible drinking is used throughout this document. Responsible drinking is defined here as drinking in a pattern which is unlikely to lead to any negative effects on a person's physical, mental, social or economic well-being and is unlikely to lead to criminal or legal difficulties, such as drink driving. This pattern of drinking is likely to fall within '*The Upper Limits of Responsible Drinking Guidelines*'<sup>iii</sup>, ALAC.

### **Tikanga**

A very complex and spiritual concept. It means variously correct procedure, custom, manner, way, method, plan and practice. It also means significance, meaning, reason, authority, control and rule(s).

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<sup>i</sup> ALAC, MOH. 2001. *National Alcohol Strategy 2000-2003*. Wellington: Alcohol Advisory Council of New Zealand, Ministry of Health.

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ii MOH. 2002. *Pacific Health and Disability Action Plan*. Wellington: Ministry of Health

iii Alcohol Advisory Council, *Recommended Upper Limits for Safer Drinking*,  
[www.alcohol.org.nz/effects/upperlimits](http://www.alcohol.org.nz/effects/upperlimits)