FEATURE
Communities in action

MĀORI MATTERS
Wellness wananga

TREATMENT
Minister praises A&D field
About the Alcohol Advisory Council

The Alcohol Advisory Council of New Zealand was established by a 1976 Act of Parliament, under the name the Alcoholic Liquor Advisory Council (ALAC), following a report by the Royal Commission of Inquiry into the Sale of Liquor.

The Commission recommended establishing a permanent council whose aim was to encourage responsible alcohol use and minimise misuse.

ALAC currently advances this aim through six programme areas – policy, liaison and advocacy; information and communication; research; workforce development; intersectoral and community initiatives and treatment.

ALAC is funded by a levy on all alcohol produced for consumption in New Zealand and employs 22 staff. The Council currently has 8 members and reports to the Minister of Health.

alcohol.org.nz is published quarterly by the Alcohol Advisory Council of New Zealand/te Kaunihera Whakatupato Waipiro o Aotearoa. An editorial committee oversees the newsletter.

The next issue of alcohol.org.nz will be published in March, 2002.

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© ALAC 2001
alcohol.org.nz
ISSN 1175-2831
Editor/writer: Kate Mahony
Design and print: Adams Design Group
Looking ahead: where to from here?

The ALAC Council and staff have recently embarked on developing ALAC’s strategic direction for the next 5 years. We have looked at what has been achieved and more importantly, what has still to be done. We remain focused on the primary goal of promoting moderation and reducing alcohol related harm, but the challenge is identifying where our resources can best be deployed to achieve that goal.

Alcohol remains an enigma within our society. It is enjoyed in moderation by the majority of the population most of the time, yet it has the capacity to create significant harm for individuals, families, children and communities, when consumed inappropriately. The social cost of alcohol misuse to New Zealand is estimated to be between $1.5 and $2.4 billion per year (Devlin et al 1996).1

The greatest amount of harm resulting from alcohol is generated on occasions when moderate drinkers consume to the point of intoxication and not from the small section of the population who are dependent on the substance. Therefore, it is the view of ALAC, that any comprehensive strategy to reduce alcohol related harm is best directed at those sections of the population who are at greatest risk of developing or incurring harm.

In considering its long-term goals ALAC has established a number of priority population groups and intervention strategies that will drive its activities over the next 5 years. The population groups are Māori, young people (12 to 24) and Pacific peoples. The intervention strategies will focus on Suppliers and Providers and Early Intervention.

The Suppliers and Providers strategy will target the priority populations but extend to the wider drinking and supplier community. The concept of ‘a duty of care’ applies to those who supply or provide alcohol. ALAC intends to work collaboratively with a range of other groups and organisations to drive a cultural change to responsible supply. This will focus equally on unlicensed and licensed consumption and supply.

Finally, ALAC will support the introduction of early intervention across the health, welfare and justice system. This approach has the strongest evidence base for the mainstream population, for arresting the development of alcohol related problems.

The challenge of establishing a culture in New Zealand/Aotearoa of moderation and safety around drinking will take a long time. ALAC cannot do this alone. We will be looking to work with a variety of organisations and groups to find ways to achieve this goal, one that can only be good for the nation. Over the next 2 months ALAC will be consulting with various sectors of the alcohol and drug field to get feedback on the proposed strategy.

I would like to take this opportunity to express the thanks of the Council and the Secretariat to everyone who has contributed in some way in assisting the Council over the past year. For many this has been a voluntary contribution and to those go our special thanks.

2002 will be a busy year for us as we move to introduce some new strategies and a new focus to some of our work.

Season’s Greetings.

Safe partying

Helping young people stay safe over the New Year period is one of the aims of a community action project in Nelson.

Health Action, a community-based health promotion agency, is assisting the Nelson City Council (NCC) in coordinating a range of strategies designed to prevent problems during this period.

Health Action Projects Fieldworker Jose Cachemaille says the short-term project is in part a response to the well-publicised rioting that occurred at Tahunanui at this time last year.

Health Action initially led the move towards focusing on health and safety strategies for the events over the New Year period. Since that time, says Jose, “we have effectively put this on the NCC’s agenda. They have picked it up and are continuing the work.”

Jose says NCC is hoping to run two or three safe and successful events for young people. “They would like to see strong partnerships and coordinated approaches, reductions in alcohol related harm and disorder during this period, and young people partying more safely.”

This involves building partnerships between key stakeholders in the community in order that they can provide a broad range of preventative health promoting strategies delivered before the events, and crisis intervention and management strategies to be delivered at the events.

Health Action, the Public Health Unit and the Nelson Police have worked together with a number of other groups to build capacity and develop strategies. These include a NCC appointed Health and Safety Team – known as HYPE (Help for Young People at Events). Hype will recruit and oversee a team of workers to staff the mini youth festival events, and will also involve other community groups.

Their role will be to ensure that young people at the events are safe, particularly those who have been using alcohol or other drugs. They will operate out of special chill-out spaces equipped to look after young people, refer them to emergency services if required and get them in touch with their parents, or home safely.
The Public Health Unit’s Alcohol and Drug Health Promoter Kirsty Skinner will organise newspaper features with a focus on safer partying and supply to minors. Nelson Police will work as part of a wider team managing the health and safety of young people on New Year’s Eve. They are also looking at alcohol bans and other preventative strategies that may reduce harms.

Health Action and the Nelson Youth Council’s advocacy subcommittee will distribute alcohol law cards in the community. The group has also put together a series of key alcohol safety messages to be promoted as pre movie slides at the local cinema.

Discussing the background to the project, Jose says: “It is our experience that many groups and organisations are often motivated by incidents, problems, or crises. The rioting at Tahunanui, and the recent local body elections, were arguably key factors in the NCC wanting to stage safe New Year’s Eve events for young people. Community action is often about identifying opportunities and taking them, and this is what Health Action has done.”

Many of the strategies Health Action has been involved with have some basis in work that has happened elsewhere. Influences include the Canterbury Youth Workers Collective’s work at large events with the Christchurch City Council, Schoolies Week work in Australia and police work on Auckland’s North Shore.

Health Action has a proud history of being one of the pioneers in community action work on alcohol issues in New Zealand. They were part of the original cutting edge Community Action Project (CAP) research initiated by the Alcohol and Public Health Research Unit (funded by the Health Research Council and ALAC) back in the 1980s. Most of the material for ALAC’s first Action on Alcohol Kit (now being revamped as the Action on Alcohol resource) was drawn from the CAP.

For more information on the work of Health Action check out www.healthaction.org.nz

Pippa Allen (left) and Stephanie Tzanetis staff the Nelson Youth Council stall at the Nelson Market. The pair were giving away safe partying packs including a range of local and national health promotion resources put together by Health Action.
Pilot programme

‘Think before you buy under 18s drink’. This was the catchphrase of a 6-week community action project undertaken in 3 experimental sites in the South Island. The project was part of the Youth Access to Alcohol Project coordinated by ALAC.

The overall goal of the project was to ensure that alcohol was only supplied to under 18s by their own parents for consumption in a supervised, safe environment.

The Alcohol Advisory Council has been involved since the inception of the project through planning, resource development and funding of the independent evaluation.

Three South Island towns were chosen for the project. Ashburton and Oamaru were the two intervention towns and Balclutha the control site.

The project had four objectives. These were to
- reduce the supply of alcohol by parents to under 18s for unsupervised consumption
- reduce the per occasion amount of alcohol supplied by parents to their own teenagers
- reduce the supply of alcohol to under 18s by adults (aged over 18)
- increase the knowledge and understanding of the laws around the supply of alcohol to under 18s.

The project was managed within the community through experienced health promotion workers. One worker was based in one of the towns, another was based in a nearby city away from the town. Associated with the project were community teams comprising a wide range of people.

The project involved a 6-week intensive campaign building on existing work and readiness for change within the community.

A major aspect of the project was a public education and information campaign to encourage discussion in the community around the issues. This involved working through local media and working with parents, young people, licensees and the general public.

The project team enlisted the support and involvement of the community and community leadership, parents and young people, licensees, schools and local media. Both Oamaru and Ashburton communities were involved in how they saw the project happening in their towns. Community ownership was a vital part of the project so that the project could continue once the official evaluation period had ended. The project had been tailored to meet community requirements.

Following consultation with the community, ALAC developed a number of resources alongside those developed within the community. These included stickers for use in shop windows as well as bumper stickers, counter mats, security signs, badges and the like. Billboards with the slogan were erected in each of the towns.

The project has included an evaluation. A pre-test questionnaire went into senior schools for students to fill out, and a questionnaire was also sent to parents about their supply behaviour to young people.

At the end of the project, there was a post-project test, also sent to students and parents. General feedback was also sought from people in the community.

Once the success or otherwise of the project has been evaluated, there will be discussion about whether the project could be used in other communities around New Zealand.

Results from the evaluation of the pilot study will be published in the March issue of alcohol.org.nz
Replacing values

Before you can take alcohol and drug abuse out of a community, you must have something positive you can replace it with. That is one of the principles of ‘replacing values’ which inspires a community development project based in Moerewa in Te Tai Tokerau.

The Alcohol Advisory Council is contributing to the project which aims to ‘create a place of inspiration and growth for the whanau of Moerewa, by developing opportunities to inspire our young people’. The project operates under the umbrella of He Iwi Kotahi Tatau Trust.

Social issues around poverty and the lack of opportunities have for a long time had a negative impact on this small rural based community. Graffiti, vandalism, alcohol and drug abuse, violence and families in crisis have all been major issues.

The Moerewa work group – based on a World Health Organization initiative – began its work by first of all finding out what it was that their young people valued. Explains community worker Ngahau Davis who with his wife Debbie coordinates the project: “In the first year of our project we called a public meeting to ask the community three questions: what is awesome about our community? What would you change if you could? What do you think are priority areas we need to develop?”

Eighty adults and 60 young people from the small community came to the meeting and laid out their priorities. These included: developing youth recreation areas, a skateboard rink and a children’s play area; developing an arts and crafts collective and an artists’ studio; beautifying the main shopping area and getting better local services.

People were then asked to volunteer to be on working groups with responsibility for each area.

Since that time, the group has developed a skateboard area with the strong involvement of young people and is planning a children’s playground. There is now an arts centre with studios for local artists. Shops and buildings have now been painted in bright colours. Poles displaying contemporary Māori art carved by local people, murals and paving have also improved the look of the town.

As well the group has developed a number of intervention programmes to meet the needs of at-risk youth. They include programmes relating to A&D abuse, youth violence, whānau support and mentoring, and training in the use of the Internet and website design.

The work of the He Iwi Kotahi Trust in Moerewa is highlighted in a new 48-minute video, Journeys Together, which has been produced by the Community Employment Group. The video looks at how eight different community groups have begun mobilising in their area to improve their economic, employment and social options. The video is available free to community groups. Contact the Community Employment Group National Office, PO Box 3705, Wellington. Tel: 04-914 4900. Fax: 04-914 4901.

For more information about the Moerewa community development project, contact Ngahau or Debbie Davis. heiwi@igrin.co.nz
Planning a project

Community action involves people coming together to identify common problems or goals, mobilise resources, and from there to develop and implement strategies for reaching the objectives they want to accomplish.

Below is an outline of a presentation on an injury prevention community action by Gayl Humphrey and Kim Conway of the Alcohol & Public Health Research Unit (APHRU).

Waikato Rural Drink-Drive Project 1995-98

A collaborative community action research project with the overall goal of reducing the high rate of drink drive deaths and injury in the Waikato region.

The project working group included representatives from regional and local level agencies such as police, liquor licensing inspectors, health promotion advisers, road safety coordinators, Māori alcohol and health services, public health nurses and the Land Transport Safety Authority. Representatives from national bodies such as ALAC, Police and APHRU were also part of the group.

Objectives

1. To raise the level of awareness amongst people in rural communities and towns of their increased risk of death and injury from drink drive
2. To challenge attitudes and behaviours which exist in rural communities that are supportive of drink driving
3. To promote, implement and support strategies to reduce drink drive in rural communities.

Strategies

This project built on existing initiatives and developed new initiatives as illustrated by the following range of strategies implemented:

- Targeted Compulsory Breath Testing (CBT) operations adapted to meet rural driving and local policing context
- Major improvements to Last Drink Survey (LDS) such as simplified standardised data collection system, appointment of an LDS coordinator to collate, analyse and send out user-friendly data on a monthly basis to monitor and intervene with identified ‘problem premises’
- Multi-media awareness through regular media releases based on CBT data, TV programme on booze bus operations, community drink-drive video educational display with local radio coverage
- Local community involvement through school competition of art and drama with rural drink-drive theme. Made into portable display for community events, A&P shows and artwork used to develop a local calendar
- Waka Taua programme developed by Te Ara Ki Mana o Raukawa Addiction Services and the Raukawa Trust Board with a kaupapa that linked traditional tikanga concepts and responsibilities to whānau, hapu and iwi. This project paralleled the roles of a warrior in a waka taua, to responsibilities as a driver of a modern day motor vehicle. The programme was delivered through hui, Tainui pokai and at the Ngaruawahia regatta.

Findings and achievements

- Drop in the regional road toll and in the number of people testing positive for excess blood alcohol
  NB The road toll also dropped nationally and it is important to register that there was a national LEISA drink-drive media campaign “Anyone, anytime, anywhere” taking place concurrently so there were multiple strategies operating at national as well as regional levels.
- Significant improvement in LDS data collection (from 40-98%) and use of data with licensed premises
- Increased media coverage and public awareness of drink-driving issues
- Community ownership of local programmes such as Waka Taua with funding for further development and delivery obtained from Midlands Health
- Building community capacity for action on alcohol through development and maintenance of partnerships across relevant organisations; continuous reciprocal transfer of knowledge about harm reduction activities and issues; flexible and innovative problem solving; and investment of social, human and economic capital
- Continuation of the project to maintain the benefits of information sharing, discussion of ideas and issues and development of action that the meetings helped provide.

Impact evaluation role

- Key informant interviews and analysis of discourse focusing on community capacity building factors.

Formative evaluation role

- Providing research evidence and resource information for developing strategies
- Coordination of meetings and critical friend review of progress.

The above presentation was given at the Injury Prevention Conference – Weaving the Strands: Collaborating, Coordinating & Creating a Safety Culture – held this year in Wellington from October 31 to November 2.
Having an understanding of whether a project involves a community action or a community development process can help to make it clear what outcomes can be expected from a community initiative.

Professor Sally Casswell (left) of the Alcohol & Public Health Research Unit (APHRU) says there are differences in the two styles of projects. Community action, she says, will try to effect changes in social structures and systems as well as social norms. In a community action project, community action is closely linked with the local-level implementation of specific public policies. A community action project is likely to start with government priorities and funds for community initiatives.

Community development, on the other hand, has a wider general goal of community empowerment and does not start out by directly addressing specific public policy goals.

Sally points out that community initiatives tend to differ in the degree to which they emphasise outreach to the under represented and in the diversity of collaboration in the community. Outreach to the grassroots is more likely to be a stronger aim for community development than it is for community action projects. Community development tends to emphasise the bottom up approach. Its actions tend to centre on community defined needs.

However, she says, there are many overlapping elements which may be found in a single programme. “For example, similar processes of networking, alliance building and skills enhancement.”

APHRU Researcher Kim Conway (left) has been involved in evaluations of both styles of project. She sees the choices between community action or community development for a project, as being one of “horses for courses - both have a place with many community action projects using community development processes”.

Carmen Collie who is overseeing the Alcohol Advisory Council’s soon to be published resource, Action on Alcohol, has asked key people including experts such as Sally and Kim to assist in providing some descriptions of the two types of project.

Community development, according to Action on Alcohol, is a process where people discover how to manage and change their environment by working together, setting their own goals, and achieving those goals. The process used should bring people together, increase their knowledge and skills and bring about change within the community that is owned and driven by that community.

“The core concept of community development is that you work with your community on the issues that affect and concern them, providing them with skills, resources and expertise as they require. The group may not always go in a direction that you believe to be valuable but this is part of the process and is not community development if driven by you. The initial role of the community development worker might be to raise awareness of issues of alcohol misuse or harm, to facilitate informed debate, enabling the community to respond to identified issues as they see fit. Community ownership of the issues is crucial.”

Whereas community development is primarily owned and driven by the concerns of the community, community action works with the community around specific issues of concern that have may have been identified by a health promoter or other catalyst and that are based on the best evidence-based research and practice.

The health promoter has a much more central role in managing the community action project through targeted objectives and strategies than a worker in a community development project. Their role may still involve facilitating community ownership of and engagement with the specific issue, such as drink driving, with the aim of eventually handing the issue over to the community to gain long term sustainability.

This was the situation with the Waikato Rural Drink-Drive project, a partnership project between national and local agencies (see page 6.). It was initiated and funded by ALAC with input from other national organisations such as Police and the Land Transport Safety Authority. Formative evaluation was provided by APHRU who also evaluated the outcome of the project. Local police, licensing inspectors, road safety coordinators, health promoters, Māori alcohol service providers and public health nurses were the key drivers of the project activities. Some 3 years after the project was completed this Waikato Rural Drink-Drive Group still continues to meet and work together on common initiatives.

Action on Alcohol says community action can use community development approaches from time to time, depending on the particular circumstances. “Many years of practical experience of community action have shown that change is more likely to be successfully achieved and maintained when the people it affects are involved in initiating and promoting this change”.

Kim Conway says it is important that community action projects are flexible and responsive to changing situations and needs. She comments that adverse conditions during a project can be turned into opportunities with positive outcomes. In the Community Action on Youth and Drugs (CAYAD) project, one of the communities in the Hokitika experienced a devastating flood.

This meant that their proposed plan of activities was interrupted while the CAYAD workers assisted those who had been affected. This included helping the staff and pupils of a flooded school to re-establish themselves on the next school term. Their efforts in supporting and building community morale through a fund-raising concert and helping with school activities on the marae led, in fact, to enhancement of trust and credibility within the community. This then led to good partnerships for future planned CAYAD activities, once life returned to normal again. And that is how community action is intended to work.

Reference

See Websites of Interest, page 20, for useful sites on community action and community development.
Schools as drug free zones
Youngsters coming to school drunk and stoned have been a big concern in the Gisborne area.

In response to the concerns, Te Whare Taawharau (Safer Communities Council) in Gisborne organised a “schools as drug free zones” poster competition and asked ALAC to support the event.

Jo Ngata (Ngati Porou, Tuhoe) who is the Safer Communities Council Coordinator, explains: “A number of school administrators approached the council with concerns about the young people they were seeing coming to school drunk and stoned.”

At that time, Safer Communities Council was also involved in local community meetings to discuss the effects that the lowering of the drinking age has had on drinking by young people.

“We have started to see the kind of large unsupervised parties which the big cities have become familiar with – 100-200 teens at one party,” Jo says.

But as Jo adds, “The problem does not just belong with the youth. We believed it was up to parents and the whole community to see if we could come up with ways of promoting moderation and safety.”

The result was a working committee run by local people whose aim was to come up with some ways to respond to the problems facing the community. One option was an early intervention programme to be run in schools which would also show schools how to get help for health education, assessment and treatment and maintenance. A way of bringing the topic to the attention of youth and community was through an anti-drug poster competition to be held in secondary, intermediate and primary school sections.

A number of organisations including the Gisborne Police, the Public Health Unit, community groups, Presbyterian Support Service and Barnardos were involved in the project.

There were 32 entrants in the competition. Most entries came from the primary school age, with 25 entering their posters.

The four judges for the competition were District Librarian Pene Walsh, Mayor John Clarke, Constable Bruce Amai, and Gisborne Community Arts Council Representative Margaret Mettner.

Safer Communities Council had discretionary funding for the event, and arranged clothing vouchers from local clothing firm Ngaru Toa. ALAC contributed a cash grant and some extra prizes of bags, beanies and bottles for all the entrants.

Says Jo: “We wanted to give a prize to all who entered – because as far as we are concerned, they are all winners.”

Primary, intermediate and secondary school winners of the Schools as Drug Free Zones poster competition which was judged by a team of well-known Gisbornites. From left back, Mayor John Clarke, Constable Bruce Amai, Rangi Matthews (Lynton High School), Margaret Mettner and Pene Walsh. Young prizewinners in the front row are Tame Crawford, Karin Mataira, Anna Williams and Marley Williams. Photo courtesy of The Gisborne Herald.

ALAC will provide $300 to each approved event along with a prize package designed for rangatahi. Other resources promoting Manaaki Tangata – banners, coasters and stickers, bags and hats – may also be offered.

For more information on a Community Sponsorship Grant, or an application form, contact your nearest ALAC office or go to Te Ropū Māori at www.waiiro.org.nz
An ‘historical event’ was how organisers described a 2-day hui attended by more than 200 people and held at the Whare Runanga on the Treaty grounds at Waitangi.

Its organisers, Ngä Manga Puriri (Te Tai Tokerau Alcohol and Drug Network), described it as historical because the hui was convened to raise awareness of alcohol and drug issues and it was in the Bay of Islands where alcohol was first introduced into Aotearoa.

The hui was one of a series of Kuia and Kaumatua wellness wananga run throughout Te Tai Tokerau in response to one of Ngä Manga Puriri’s key strategies. This is to raise awareness of the alcohol related harm which can result through misuse of alcohol.

Ngä Manga Puriri Chairperson Pam Armstrong (Ngapuhi nui tonu) said the wananga were a platform for discussions on a wide range of topics including attitudes to alcohol and drug misuse, mental, spiritual, physical, social and environmental wellbeing and tikanga.

Pam says it was anticipated that from these forums, people would begin to create a way forward together. “This would be a way that would make a difference in our homes and our communities.”

The wananga were held in Whakapara, Waimamaku, Mangamuka, Ngararatunua as well as Waitangi. Strands that were woven through all of the wananga were the values and principles of Te Ao Mäori and the importance of wairua in the journey of healing and recovery.

Pam says a way forward based on the past has evolved from the wananga which is expressed in the saying ‘Hikoi te Korero’, that is, ‘Walk the Talk’.

“Ngä Manga Puriri will continue to build on the energy and momentum, engaging communities in ‘Hikoi te korero’. The next phase will involve further wananga along with the development of opportunities for the growing network of people supporting the kaupapa of Ngä Manga Puriri. This means promoting healthy lifestyles, healthy whanau, and healthy communities,” Pam says.

The nationwide Māori television news programme, Te Karere, featured some of the hui at Waitangi. A clip of this plus segments from the hui have been put on a CD which will be distributed to kuia and kaumatua. A glimpse of the beauty of the gatherings is portrayed in the pictures, words and songs of the Kuia and Kaumatua present throughout all of the wananga.

“All of the wananga have been significant in terms of raising awareness of alcohol and drug misuse in our communities,” Pam says.

The Alcohol Advisory Council is supporting Ngä Manga Puriri as part of its efforts to support the Māori A&D workforce.

For more information about Ngä Manga Puriri or the wananga, contact Pam Armstrong. Email: pama@nhl.co.nz
Conferences like this were important for those striving to find treatments for alcohol, drugs and addictive disorders. She praised the leadership shown in taking up the challenge of addressing these issues.

The theme would be “much more than a welcome relief for many Māori who have promoted this approach for some time”.

Whānau, hapu and iwi had the knowledge and ability to assist their whānau overcome difficulties they may face. “I have absolute belief in our whānau. While others may disagree, it has always been my belief that if the problems affecting us reside in the whānau, therein also lies the solutions.”

Previously, there had been a focus on the clinical or medical responses. Now it was increasingly on communities, people, families and relationships. “This focus has allowed us to find new and innovative ways of meeting challenges in the field,” the Minister said.

It was important to acknowledge the role of the collective in the development and maintenance of wellness. While tangata whenua did not have a monopoly on this approach, it was clear for “many of our people that those who best understand working with whānau, hapu and iwi are themselves”.

She told the more than 300 participants she was glad to see the conference would focus on “the role of whānau and family, partners and our community in improving health and wellbeing for the individual”.

Opening the 6th annual Cutting Edge conference
Associate Minister Tariana Turia applauded the theme chosen for the conference.

The role of family, partners, friends and the community in intervening in dependent behaviour and in supporting those overcoming dependence was the focus of this year’s 6th annual Cutting Edge conference.

More than 300 treatment workers gathered in Napier from September 13-15 to consider developments in alcohol, drug and gambling treatment in the light of this theme.

Associate Minister of Health Tariana Turia gave the opening address at the conference (see this page).
Executive announced

The National Treatment Forum, at its annual meeting held in Napier in September, elected the following executive:

John Challis, Takarangi Metekingi, Tim Harding, Jenny Wolf, Vicki Crarer, Paul Traynor and Francis Agnew.

John Challis and Takarangi Metekingi will co-chair the executive, with Vicki Crarer as Secretary.
Award-winning presentation

Lana Perese, a young New Zealand born Samoan shared the O’Hagan prize for the best research orientated presentation by a person under 35 years of age at the Cutting Edge conference in September.

The award was won jointly with Meg Harvey. Auckland-based Lana has a strong interest in gambling issues among the Pacific community. Lana’s parents are both from Western Samoa. Her father Moetai Fred Perese was born in Magiagi, and her mother Moana Perese (nee Stowers) was born in Fasito’o Uta.

During the last decade gambling in New Zealand has changed dramatically, with an unprecedented expansion of legalised gambling, Lana says. She says the availability of, and expenditure in, gambling in New Zealand has increased since 1991, due to the introduction of new forms of gambling such as casinos, and increased availability of gaming machines outside of casinos.

There has also been an increase in the prevalence of problem and pathological gambling among the Pacific peoples of New Zealand. “Pacific people have been identified to be the most at risk of all ethnicities, with a risk six times that of New Zealand European/Pakeha for problem or pathological gambling behaviour.”

During 1999 to 2000, Lana and colleague Monique Niumata with the support and guidance of a Pacific Gambling Advisory Committee, completed research on behalf of the Problem Gambling Foundation. This examined the impact of gambling within a Samoan community in Auckland and led to the development of a Samoan Health Promotion Project. These two projects formed the basis of Lana’s presentation at Cutting Edge.

Her research proposed a qualitative approach to the investigation of Samoan gambling in Auckland, by gathering life story interview data which was then analysed to highlight the conditions and processes within which gambling is embedded and constituted.

The investigation, she says, will provide a greater depth of knowledge, understanding and awareness of the impact of gambling in the Samoan community in Auckland.

Lana says the research will also contribute useful information for both treatment and prevention programmes, and will encourage further investigation amongst the Samoan gambling population and other Pacific communities.

She is currently enrolled in a Master of Arts at the University of Auckland and is converting her studies into a PhD.

She will continue to explore gambling amongst the Samoan community in New Zealand through her current research. The focus of the research is ‘You Bet Your Life! Public Health and Gambling amongst a Samoan Population in New Zealand.’

New resource on drug statistics

In 1997 there were 142 deaths in which the reported underlying cause of death was an alcohol related condition. There were 8551 publicly funded hospitalisations in 1998 where a diagnosis of an alcohol related condition or alcohol involvement was made. Alcohol was involved in 19 percent of all drownings during the period 1980-99.

The above are just some of the diverse range of statistics relating to this country’s drugs and drug use which are cited in New Zealand Drug Statistics. The Alcohol Advisory Council is a contributor to this new publication which will be a useful resource for anyone interested in alcohol and drug use in New Zealand.

The primary focus of the publication is ‘recreational’ drugs and those used due to dependence.

Although the statistics were the most up-to-date available when the resource was written, some users may be frustrated at the lack of really recent data. However, this reflects the length of time it often takes to collate and analyse data.

The full publication can be downloaded as a PDF file (664K) from the NZHIS website www.nzhis.govt.nz/publications/drugs.html. Alternatively, hard copies can be ordered at a cost of $30 each from the Publications Officer at NZHIS, PO Box 5013, Wellington. Tel: 04-922 1800. Fax: 04-922 1899.
**Pricing policy is recognised internationally as one of the most effective tools in reducing alcohol related harm among the drinking population (higher prices result in decreased consumption). This effectiveness was the basis for ALAC’s submission to the Tax Review 2001.**

The usual rationale for establishing or retaining a tax is one of revenue raising, says ALAC’s Manager Policy Meg Mackenzie. “Studies on alcohol excise show that as the excise increases, consumption and excise-related revenue decreases. ALAC acknowledges that the excise on alcohol may not be the most effective revenue raiser, but it can be an effective harm minimisation tool, particularly among young people. Therefore, ALAC has recommended that the review take rationales other than revenue raising into account when considering the tax regime.”

Meg says ALAC endorses the rationale of using the excise on alcoholic beverages to minimise alcohol related harm. Such a rationale reflects the Government’s commitment to harm minimisation principles outlined in the National Alcohol Strategy and the underlying National Drug Policy.

In relation to alcohol, these principles aim to minimise harm caused by alcohol use to both individuals and the community as far as possible within available resources. Retaining or increasing the excise on alcohol is an effective and efficient step toward this aim.

An increase in the excise on alcohol would increase the real price of alcoholic beverages with an associated decrease in consumption and harm. ALAC would be happy to see a further increase in the excise on alcohol, Meg says.

In its submission, ALAC also encourages the introduction of a differential excise on alcohol products in order to reduce the cost of low alcohol products such as low alcohol beer (2.5% abv) relative to products with higher alcohol by volume. The goal of a differential excise policy would be to encourage consumers to choose lower alcohol products over products with higher alcohol by volume and thus reduce per capita alcohol consumption and related harms.
Dr Ian Scott (left) says his experience in medicine has shown him that alcohol is a major health issue. Recognising this, he says, “I am looking to ALAC to develop strategies that clearly show how you achieve change within a social and political context. I think that in New Zealand we are a little too hesitant to recognise the political reality in which an organisation such as ALAC exists. We need to better understand the role of lobbyists in the shaping of our society and shouldn’t be reluctant to accept that ALAC has a responsibility to promote social change at a political level.”

Ian is currently Lead Medical Officer for the detoxification services of the Regional Alcohol and Drugs Service (RADS) which is part of Waitemata Health Limited. He has medical oversight of clients admitted to the in-patient unit for detoxification from alcohol and drugs or undergoing detoxification at home.

Ian has had a long and interesting career in medicine since his first appointment in 1970 when he was a house surgeon at Middlemore and Auckland Hospitals. In 1973, Ian did post-graduate studies at Edinburgh University, leading on to his becoming a Research Fellow with the Medical Research Council’s Epidemiology Unit at Northwick Park Hospital, London.

On his return to this country, Ian was a research worker in the Department of Community Health in the School of Medicine at Auckland University in the years from 1975 to 1981. He also lectured in Epidemiology and Health Care Organisation at the School of Medicine, Auckland University.

Ian then worked as a General Practitioner in an inner city practice in Auckland before moving to Waiheke Island and establishing a practice. From 1997-99, Ian was a Palliative Care Consultant, in Auckland and Wellington where he was responsible for establishing palliative care services at both Auckland and Wellington Hospitals.

Ian is keen to see the further development of a community perspective to the work of ALAC. “ALAC has a marvellous opportunity to help develop appropriate models for effective community action on the problems of alcohol in our society and which might also be applicable to other issues.”

Dr Robert Brown (right) is currently Chairman of the Gambling Studies Institute and Deputy Chair of the Problem Gambling Foundation. He is part of a group currently establishing a Centre for Gambling Studies at the University of Auckland as part of Applied Behavioural Sciences within the School of Medicine.

Robert sees a parallel between the accumulating harm arising from gambling as it increases in availability and intensity and what New Zealand has already experienced from the increased availability of alcohol during the last 2 decades.

“I see the approach for minimising harm from drinking and gambling as being fairly similar but may find differences, as I become more involved in the alcohol field through ALAC.”

Robert has a particular interest in the relationship between drinking (and gambling) and criminal offending. He has at various times worked with offenders on drinking behaviours and gambling behaviours, and in the comorbidity area where excessive drinking and gambling overlap in individuals.

Robert began his professional career as a clinical psychologist at Kingseat Hospital working with Fraser McDonald in the residential alcohol treatment programme. During his time there, he completed a Masters in Psychology, looking at conformity and attitude change in alcoholics. “I found that attitude change did not always ensure behaviour change.”

For his PhD topic, Robert chose to study stimulus control of drinking and over-drinking in alcoholics. “Essentially we found that alcoholics tended to be more responsive to ‘external’ environmental cues for drinking and less responsive to ‘internal’ or physiological cues than are non-alcoholics. There were obvious applications for these findings in developing more effective rehabilitation and behaviour change programmes.”

After completing his PhD, Robert took up a 3-year alcohol research fellowship based at the University of Auckland. He established the first educational drinking programme primarily for individuals who had been convicted of drink driving and were referred by the Court or Probation service as a condition of their probation.

Robert says: “I have become increasingly aware of the role of community in effective research and health promotion as an increasingly important ingredient in promoting moderate, responsible, healthy drinking in our society.”

New members on ALAC Council

The Alcohol Advisory Council has recently appointed two new members to its council. Each brings different interests to the role – but both agree on the importance of promoting moderate, healthy, responsible drinking in our society.
Deputy Chief Executive appointed

The Alcohol Advisory Council has announced the appointment of Paula Snowden (Ngāpuhi) as Deputy Chief Executive Officer. Paula has moved to the new role at ALAC from her position as Director Māori at the Council. She had previously spent 10 years working in government in the areas of public policy, planning and project management for Te Puni Kokiri, the Social Policy Agency and the Ministry of Women’s Affairs where she headed Te Ohu Whakatipu. Paula says her new position gives her the opportunity to work across a range of areas where communities are experiencing alcohol related harm.

“ALAC is uniquely placed to support communities work on projects to establish safe use practices and attitudes to alcohol and to advise agencies and government on the need to address the role alcohol plays in their own policy and programme initiatives,” she says.

“Alcohol is not a benign drug and improving outcomes across a range of areas from family and personal health to community wellbeing, cannot be done unless the role of alcohol is addressed and managed. This is true for everyone but alcohol misuse is impacting particularly hard on Māori whānau and this must remain a priority to ALAC.”

Paula says she looks forward to supporting ALAC in its efforts in this area and to continuing her search to find creative ways to tackle these long standing problems for all communities and people experiencing harm.

John O’Hagan 1931-2001

The alcohol and drug field lost an eminent colleague in September with the death of respected physician John O’Hagan. Professor Doug Sellman of the National Centre for Treatment Development describes him as one of the key forces driving the accelerated development of the treatment field in the past 10 years.

Says Doug: “His infectious energy and encouragement of both medical and non-medical colleagues is legendary.”

In the late 70s he was one of a group who formed the New Zealand Society on Alcohol and Alcoholism, and was the editor of the annual conference proceedings of this Society for several years.

He was the first author of the Handbook on Alcoholism for Medical Practitioners, published by ALAC in 1982. This well-received handbook, one of the first of its kind, was a standard text in alcohol and drug clinics, medical centres, and for medical students.

During the 1980s John convened a number of winter schools on alcohol and drug abuse issues, the precursor of the present day Cutting Edge conferences.

During the mid 1980s John was one of those principally responsible for the development of the Doctors Health Advisory Service.

In the 1980s, John was instrumental in developing programmes, particularly at Christchurch Hospital for the early identification and assessment of alcohol dependent or problem drinkers who were hospitalised.

In the early 90s John was again the first author for a revised handbook for health professionals Alcohol and Drug Problems, also published, in 1993, by ALAC.

Colleague Dr Geoff Robinson says: “John had a wonderful ability for pragmatism, practicality and brevity. He was also a true leader with the ability to inspire those around him, and he led with great enthusiasm. He was an excellent communicator and a master in the art of medical education with his legendary efforts from the Post-Graduate Office at the Christchurch School of Medicine.”

His reputation was acknowledged abroad when he was invited to give the prestigious James Rankin oration in Australia.

John remained active in medical practice up until about a year before his death at the age of 70. His interest in alcohol and drug issues also continued. In a letter to Doug Sellman only a few months before he died from cancer, he wrote: “At such a time in life you reflect on your experiences and usually limited achievements. What a huge development there has been in the A&D field since the late Sir Charles Burns first convinced me of its importance for a healthy society back in 1968. Progress was slow initially but this has accelerated markedly in the last 10 years.

“Keep up the good work. we need more medicos in the field, more PhDs and of course more skilled people in the front line of treatment and prevention.”

Doug says: “It will take a number of years for us to realise the significant influence he has had on the development of the A&D field in New Zealand, and continues to have.”
Urge wins top website award

Youth website Urge/Whakamanawa has won the Technology Users Association of New Zealand (TUANZ) Award for best website in the not for profit/community section.

The site faced stiff competition in the run up to the awards with a number of excellent sites chosen as finalists.

The Alcohol Advisory Council’s Manager Information Services Suzanne Jones under whose leadership the inter-agency site was first established, says: “I am delighted that Urge/Whakamanawa has received this accolade. It is testimony to the support it has received from a range of agencies, and by young people themselves.”

The website has been designed by Wellington company, Shift Ltd.

The interactive website supports young people in areas around mental health, sexual health, alcohol and drugs and in other areas relevant to youth.

Urge/Whakamanawa Project manager Jason Roberts says “Young people like and are using Urge/Whakamanawa. “On average there are about 4000-5000 visits to the site per month, and this figure is growing rapidly.”

Continuing consultation to take the site further is underway with other like-minded organisations with a focus on youth.

Pictured at the awards ceremony are from left Jon Labrie, Chief Technical Officer for Weta Digital Ltd, Megan Hosking, Designer with Shift Ltd, Suzanne Jones, ALAC’s Manager Information Services, and Matt Forrester, Business Analyst at Intranet, ANZ which sponsored the award won by Urge/Whakamanawa.

New sections will be added to the site in future months. These will focus on a more specific ‘drinks’ section, along with other sections on physical health (‘body stuff’), road safety (‘driving stuff’), work, income and study (‘future stuff’) and a beefed up ‘creative stuff’ section.

www.urge.co.nz or www.whakamanawa.co.nz


Grants for A&D education & training

ALAC is making $20,000 available to assist people who are working in the alcohol and drug treatment field to undertake education and training related to their work.

ALAC’s Manager Workforce Development Greg Ariell says individual grants will be for a maximum of $2000. The following criteria for eligibility will apply:

1. Applicants must be either working in the alcohol and drug treatment sector or (if working in another sector) engaged in alcohol and drug related work to a substantial extent (ie. for more than 50% of their work time).

2. Applicants must be commencing or continuing a programme of study that
(a) has a definite alcohol and drug orientation
(b) is provided by a university, polytechnic, or NZQA accredited private education provider.

It is anticipated that funds will mostly be used to cover course fees, but requests to cover other study related costs, for example travel or accommodation, will be considered. All grants will be provided on a one-off basis and are to be used for study undertaken during 2002.

All queries/requests for application forms should be addressed to Greg Ariell: Tel 04 474 1705 or by email: g.ariell@alac.org.nz.
Or to Anne Jarosch. Tel: 04 472 0997 or by email: a.jarosch@alac.org.nz. Applications close 18 January 2002.
Helpline inundated with calls on FAS

Within 2 minutes of the number for the Alcohol Helpline being shown during the screening of a documentary on Fetal Alcohol Syndrome on Television One the Helpline took its first FAS call.

In the hour following the documentary, the helpline volunteers – who work in shifts of two people at a time – took 16 calls. As Alcohol Helpline Coordinator Karen Gillie says, “As soon as we put down the phone another call came through.”

The helpline stayed open an extra 30 minutes that evening, with the last call taken at 10.30pm. Sixteen calls were taken in the extra half hour. The following day, they received 109 calls – the average for a day is usually 25-30. “We were absolutely flat stick,” says Karen.

The calls continued to come over the next 3 days. Many of the callers were people who were concerned about their children or children they knew. Others were concerned that they may themselves have FAS. A number of calls came from pregnant women concerned about their drinking. “The single biggest question from pregnant women was ‘Is there a diagnostic test?’” Many calls also sought the ALAC produced resources which were available from the helpline.

Alcohol Helpline Manager Paul Traynor said one caller, a doctor, spoke of how important it was that he saw this programme and said he had not realised the full impact of this syndrome and alcohol’s direct connection with it. “He said he was going to make some changes in his advice to patients, and also requested further information.”

Paul said he was also aware of the emotional issues aroused by the documentary. “Some callers were quite upset and remorseful [about their drinking during pregnancy]. We hope that our support was able to alleviate some fears and anxieties.”

The Alcohol Advisory Council developed an information and education programme timed to fit in with the screening of the documentary. Information on FAS, including a frequently asked questions fact sheet was provided to the media and resulted in media coverage of the subject throughout the country.

ALAC also worked closely with other professional organisations including the Plunket Society, the New Zealand College of Midwives and the New Zealand Nurses Organisation to provide resources on FAS to the community.

ALAC produced a series of leaflets and cards under the banner Baby or the Bottle to make people more aware of the dangers of women drinking during pregnancy. These are bilingual, written in English and Māori, and they are also in Samoan, Tongan, Cook Island, Fijian, Tokelauan and Niuean. It has also produced a booklet for health professionals.

For the above resources, contact the Alcohol Helpline. Call free: 0800 787 797 10am to 10pm daily. Or visit ALAC’s website www.alcohol.org.nz where information on FAS and pregnancy can also be found.

Evaluating youth A&D referral systems

The South Island has benefited from a large increase in the number and range of health funded services for young people experiencing alcohol and drug problems. This region now boasts outpatient services in 9 localities, day programmes in 4 localities and some short term residential beds.

Part of optimal service delivery for treatment services for young people is networking and collaboration. Spooner and Mattick (1996) suggest there are three reasons why collaboration is essential for youth services:

- No single service can contain everything a young person is likely to need at any one time
- Case management requires a system of cooperation
- Young people are likely to move between services.

Linkages and referral systems formed part of the service specification for the youth services in the region. The (then) Health Funding Authority, ALAC, the service providers and the National Centre for Treatment Development agreed that reviewing the system of linkages and referrals would be helpful as part of the development process. The ALAC Southern Regional Office is coordinating the project.

It was agreed that the evaluation would be a reflective process based on linkage and referral section of the Clinical Process Self Evaluation Guidelines. Helen Mitchell-Shand, who has worked with a number of services on Clinical Process Self Evaluation, was contracted to develop the questionnaire and is writing up the regional report.

Each service reviewed their systems and shared this information at a meeting hosted by ALAC. Sandra Kirby, ALAC’s Manager Southern Region, says, “Although every service had to make time to evaluate their services for young people they have agreed that the resulting information is valuable.”

The full report, due in December, will be circulated to all participating services and will be provided to the Ministry of Health and the regional District Health Boards.

Drugs and Young People conference

The 3rd International Conference on Drugs and Young People held in Sydney, Australia, from May 13-15 next year will focus on some of the issues that are posing acute dilemmas for “everyone concerned with the wellbeing of young people”.

New Zealand’s Professor Sally Casswell of the Alcohol and Public Health Research Unit at the University of Auckland will be one of a number of international speakers at the conference.

The issues facing the conference participants are the “growing prevalence of illegal drug use, the enduring popularity of licit drugs, and a declining age of initiation for many drugs,” according to the Australian organisers of the conference.

The conference is being organised by the Australian Drug Foundation and the Centre for Youth Drug Studies. The Alcohol Advisory Council is among the sponsoring organisations.

In the light of the issues mentioned above, the organisers have asked participants to think about the following questions: “Should our energy and resources be directed towards arresting the apparent ‘normalisation’ of drug use, or are policy makers and practitioners better advised to try to limit the harms resulting from heavy or chronic use? Are there other alternatives and what are the most promising options?”

The conference will provide an opportunity for professionals, policy makers and other interested in youth, education, health welfare, justice and law enforcement to meet together to discuss these questions, to share their ideas and to discover new possibilities for the future.

As well as Sally Casswell, keynote speakers at the conference include George Kalarritis, KETHEA Centre for Dependent Individuals (Greece), Shelia Henderson, Independent Consultant (United Kingdom), and Leilani Pearce, Office of Aboriginal and Torres Strait Islander Health (Australia).

The major themes of the conference are prevention/education, health promotion, diversity and inclusion, drug use, drug treatment and policy and legal issues.

For more information or to register, contact the Conference Secretariat, PO Box 818, North Melbourne, Victoria 3051, Australia. Tel: +61 3 9278 8101. Email: events@adf.org.au. Website: www.adf.org.au
Catching clouds – exploring diversity

Following on from the successful 2001 Symposium, the Australian National Centre for Education and Training on Addiction (NCETA) has announced its second Workforce Development Symposium, to be held in Adelaide from May 1 to 3, 2002.

The symposium is presented with the support of the Alcohol Advisory Council of New Zealand (ALAC), the Aboriginal Drug and Alcohol Council (ADAC), Turning Point, NSW Health and the Commonwealth Department of Health and Aged Care.

The organisers say the overarching theme of the symposium is a comprehensive exploration of the diversity inherent in the concept of workforce development. Achieving a common understanding and dialogue pertaining to this topic may sometimes seem as elusive as ‘catching clouds’.

However, they add, “we hope that the symposium will provide the opportunity to crystallise concepts and increase awareness of this complex area.”

Symposium themes include:

**Diversity in Learning**
Incorporating workplace learning, online learning, education and training and capacity building.

**Diversity in Knowledge**
Incorporating the value of different knowledge types, evidence-based practice, qualitative and quantitative research, who determines what is valuable knowledge, cultural safety.

**Diversity in Settings**
Including rural and remote, indigenous settings and development of supportive environments.

**Diversity in Organisations**
For example, differences between government and non-government organisations.

Further information can be obtained by contacting NCETA:
Tel: +61 8 8201 7535
Fax: +61 8 8210 7550
Email: nceta@flinders.edu.au
Website: www.nceta.flinders.edu.au

Proceedings from last year’s symposium can be downloaded from the NCETA website: www.nceta.flinders.edu.au

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Call for papers

Organisers of the Public Health Association 2002 Conference being held June 26-28 in Dunedin are calling for papers to be presented at the conference.

The main theme of the conference is ‘People and Place’. The proposed streams will include the following: Human Health and the Environment; Rural Public Health; Social Capital; Social Change and Injury Prevention (for a more in-depth explanation of how these streams will be developed, check the website address given below).

Papers will be 15-minute presentations with 5 minutes for questions. All papers will be expected to address the conference theme ‘People and Place’. Innovative means of presentation are welcomed. Proposals should include the title, list of authors, name of presenter identified, full contact details, preferred stream, presentation needs (OHP, slide projector, data projector, video) and an abstract of not more than 250 words.

Proposals are to be sent by mail on disk or emailed as a Word attachment by Wednesday 20th March 2002 to: Pat Johnston, Conference Secretariat, Dunedin Conference Management Service, PO Box 1029, Dunedin.
Email: pat@dcms.co.nz
Website: www.pha.org.nz
Revamped Facts and Effects for Christmas!

The Alcohol: Facts and Effects booklet has been updated and is now available. Contact your nearest ALAC office to order copies.

ALAC has added ‘Standard Drink Guidelines’ in English and Te Reo to its website – check out ‘Info and Advice’ on www.alcohol.org.nz.

Singhalese resource
ALAC’s Northern Region office has been working with a Sri Lankan community group in Auckland. Vision aspac, to develop alcohol related resources for the community. ALAC’s Upper Limits for Responsible Drinking has been translated into Singhalese by members of Vision aspac and is now available.

For further information, contact ALAC’s Manager Northern Region Ron Tustin. Tel: 09–916 0333. Email: r.tustin@alac.org.nz

Competencies launched
The final version of the (mainstream) Practitioner Competencies for A&D Workers in Aotearoa-New Zealand was launched at the Cutting Edge Conference in Napier.

The competencies were developed by the ALAC convened Alcohol and Drug Treatment Workforce Development Advisory Group.

A new foundation competency, ‘Working with Pacific Peoples’ has been included in the final version of the competencies. This requires competent practitioners to be able to understand Pacific perspectives and integrate them into their practice.

Copies of the competencies have been mailed out to all A&D treatment agencies and also to educational institutions offering A&D courses.

Separate Kaupapa Māori and Pasifika competencies are being worked on.

ALAC’s Manager Workforce Development Greg Ariell says now the competencies have been launched, the Advisory Group will concentrate its efforts on developing a competency-based system for credentialling A&D practitioners.

Copies of the Practitioner Competencies for A&D Workers in Aotearoa-New Zealand are available from ALAC’s Information Services at National Office, and from ALAC’s regional offices (see below).

ALAC’s Manager Northern Region Ron Tustin with Dr Andra Dhanapala who has worked on the project. Dr Dhanapala will be distributing the resource to various community organisations and to Sri Lankan General Practitioners.

Websites of interest
Community action and community development

http://www.aphru.ac.nz/projects/action.htm
The Alcohol Public Health Research Unit’s (Auckland) community action projects and research.

http://www.hc-sc.gc.ca/hppb/cds-sca/cds/publications/
Community Action Resources for Inuit, Métis, and First Nations. This is a link to Health Canada’s Drug Strategy publications page. If you look under ‘Aboriginal Peoples’ there are a series of publications to download around Community Action.

The Community Partnerships Kit web site is a resource for groups wishing to undertake community action to prevent illicit drug use or address drug use where it occurs. The kit was commissioned as part of the Community Partnerships Initiative of the Commonwealth Department of Health and Aged Care.

http://ctb.lsi.ukans.edu/
This web site is maintained by the University of Kansas Work Group on Health Promotion and Community Development. The core of the Tool Box is the “how-to tools”. These how-to sections use simple, friendly language to explain how to do the different tasks necessary for community health and development basis.

http://healthaction.nelson.org.nz/
Features information about a community project that Health Action in Nelson have been involved with.

http://www.who.int/hpr/archive/docs/ottawa.html
Ottawa Charter on Health Promotion

http://www.nhtsa.dot.gov/people/injury/alcohol/
Community%20Guides%20HTML/Guides_index.html

The Practitioner Competencies may also be downloaded from ALAC’s website: www.alcohol.org.nz

REGIONAL OFFICES
AUCKLAND 09-916 0330 northern@alac.org.nz
CHRISTCHURCH 03-365 8540 southern@alac.org.nz
WELLINGTON 04-472 0997 central@alac.org.nz
CALL FREE 0508 258 258
Electronic Mailing List for the Alcohol and Drug Field

An electronic mailing list has been set up to enable individuals to communicate via email with other alcohol and drug professionals in New Zealand.

The mailing list is intended to promote communication between people working in related fields.

Subscribe Now!

You can subscribe in either of these two ways:

- If you have access to the web, subscribe by going to http://lists.netlink.co.nz/mailman/listinfo/aandd
  You will find a form to fill out. You will need to choose a password.

- If you don’t have access to the web, send an email message to aandd-request@netlink.co.nz leaving the subject line blank. In the body of the message type
  Subscribe ***** (where ***** is an alphanumeric password of your choice between 4 and 8 characters).

If you have any problems with the above, or for further information, please contact Suzanne Jones (s.jones@alac.org.nz), 04 472 0997.

Season’s Greetings from the team at ALAC