FEATURE
Alcohol, crime and young people

EARLY INTERVENTION
Preventing harm

TREATMENT
Cutting Edge

CELEBRATING INDIGENOUS PEOPLE
Healing Our Spirit conference
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’s aims are pursued through policy liaison and advocacy, information and communication, research, intersectoral and community initiatives, and treatment development. ALAC is funded by a levy on all liquor imported into, or manufactured in New Zealand for sale and employs 26 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 2003.

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© ALAC 2002
alcohol.org.nz
ISSN 1175-2831

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Design and print: Adams Design Group
An international perspective

Recently, I had the opportunity to visit Ireland and England and Scotland and to meet with government counterparts in those countries. It comes as no surprise that the problems and priorities set by the governments of those countries are really no different from our own. Further, the responses were remarkably similar.

The Republic of Ireland is hailed as one of the success stories of the European Union because of the way it has established a niche market for its skills in information technology and banking and as a consequence has moved to a position of affluence. The evidence for this is apparent in Dublin where massive reconstruction of the city has resulted in a skyline of modern skyscrapers. But this new found wealth and the rise in disposable income has brought with it new social problems which are as evident to the observer as the emerging skyscrapers.

Unlike the rest of Europe where alcohol consumption has remained static or is falling, the Republic has experienced a 49 per cent increase in per capita consumption in the last five years. For a country which prided itself on its hard drinking image this surge in consumption has brought with it a host of problems. The extent of public drunkenness on the streets, particularly among the young, is compelling evidence that price and income are factors in promoting drinking.

Faced with similar issues, the British Government has established a National Alcohol Harm Reduction Strategy. The Strategy has recently been taken over by the Cabinet Office of the Prime Minister in an effort to obtain across government support. It will be implemented by 2004. The foci are very similar to our own but with a high degree of emphasis on crime reduction, a feature which is lacking in our own National Alcohol Strategy.

I also visited Scotland to learn of the activities of the Scottish Government in implementing their Alcohol Action Plan. The issues for Scotland are no different from our own, with the misuse by young people being an absolute priority. The major approach appears to be through education and peer-led educational programmes. The presence of two ex-Kiwis now living in Scotland shone through with a number of projects on Host Responsibility being developed, based on the New Zealand experience.

My overall impression of how each of these countries were addressing alcohol-related issues was that the focus had shifted from centrally driven public health initiatives to community-based action and development approaches supported from and through a range of government departments and the non-government sector.

It was encouraging that the Scottish work, in particular, aligned so well with our own new Strategy. I have established new and valuable contacts and look forward to sharing information with the UK and Ireland in the future.

Milo MacAvoy
Alcohol, crime and

During the past two years there has been a steady stream of media reports of out of control or anti-social behaviour by young people in which alcohol has been a factor. There have been numerous reports of teenagers engaging in criminal activity after drinking heavily at parties, after-ball events, New Year’s Eve events and in public places – often leading to arrests and charges. At the same time, newspapers have carried reports of Rape Crisis workers identifying that alcohol is being implicated more and more in the increasing number of underage teen rapes.

It took a specific crime for the community to reach a heightened and horrified awareness of the part alcohol can play in disorderly behaviour and serious crime. When it became known through the media that a grandmother had supplied a bottle of bourbon to a group of young teens two of whom were later implicated in the killing of Waitara man Kenneth Piggott, the community demanded answers.

The big question many wanted an answer to was, had the incidence of alcohol-related crimes increased since the lowering of the legal purchase age?

Paul Marriott-Lloyd, a Senior Advisor with the New Zealand Police, cautions that we have to be careful when talking about alcohol-related crime to differentiate between alcohol-specific offences (such as drink driving) and a continuum of other offences which involve alcohol to a certain degree. Nevertheless, there is a growing body of literature on alcohol as a criminogenic factor. In this regard, alcohol has been clearly identified as a factor in violent offences and contributes to a range of other offences against the person, including domestic violence and sexual assaults. Finally, alcohol plays a role in a range of other offending including disorder offences, theft, vandalism and other property crimes.

A range of data indicates that recent changes to the minimum legal purchase age, and to a lesser degree the relaxation of controls on licensing, has led to an increase in underage drinking, particularly in public places, and an associated rise in alcohol-related disorder, say Paul Marriott-Lloyd and Michael Webb of the New Zealand Police.

The two authors note that alcohol-related crime, disorder and nuisance are causing concern in many New Zealand communities, leading to periodic calls for tougher enforcement of liquor laws by police.

Anecdotal information from police staff around the country also indicates that there has been an increase in alcohol-related offences, particularly since the lowering of the drinking age. “For example, Youth Aid officers report an increase in public drinking, an increase in the numbers of intoxicated young people on the streets, and that children as young as 12 and 13 have ready access to alcohol. Frontline staff also report an increase in alcohol-related disorder.”

The 1999 Amendment Act introduced Liquor Infringement Notices (LINs) which can be issued by police for a range of offences involving the possession and consumption of alcohol by minors. The LINs provide an efficient administrative instrument to deal with infractions by minors, as an alternative to prosecution through the courts. In 2000, police issued 3113 LINs for a range of offences, and a further 2506 LINs were issued in 2001.

Earlier this year a spate of crimes involving young people in which alcohol was a factor – including murder – provoked outrage and concern in the community. Community reaction – fuelled by media interest – put the topic on the agenda for discussion throughout the country. But are the numbers of alcohol-related crimes by young people increasing? Or is there just more community awareness of a problem that has been around for a while? KATE MAHONY reports.
The number of offences involving minors drinking in public places or possessing alcohol for consumption is of particular concern to many, in light of comparisons to offence rates prior to lowering the minimum legal drinking age in 1999, Paul Marriott-Lloyd says. But while there may be a perception in the community that alcohol-fuelled crime involving young people is on the increase, it is not easy to locate particular statistics about young people which show a link between alcohol abuse and other offences.

Evidence for non alcohol-related offences is less clear. Paul comments that while there has been an increase in some offences involving young people over the last two years, there does not seem to be an explicit relationship with lowering the minimum legal age for purchasing alcohol. While these increases may coincide with the changes, it is difficult to determine a cause and effect relationship,” he says.

Guest speaker at the recent ALAC-sponsored Partnerships Conferences in Queenstown and Rotorua Dr John Wiggers of the University of New South Wales says that internationally 60-70 per cent of all crime – involving people of any age – can be linked to alcohol.

But in New Zealand, “there is a lack of robust information about the true extent of offending by children and young people in New Zealand”, according to the Ministry of Justice Youth Offending Strategy, published this year.

Dr Gabrielle Maxwell, Director of the Crime and Justice Research Centre, Victoria University, says she and her colleagues will be gathering data on the link between young people, alcohol and crime in New Zealand in the near future.

The Ministry of Justice report advises caution when interpreting trends. While increases in statistics given in the report may reflect increased levels of offending, they may also reflect increased reporting, demographic changes, legislative changes and changes in police policy and practice. Dr Gabrielle Maxwell suggests decreasing tolerance of offending by society.

Offending by children and young people has features that may result in their over-representation in offending statistics, according to the report.

Young people are generally less experienced at offending and are therefore more likely to be caught than adults. They also tend to offend in groups, and their offending is often “unplanned, opportunistic and related to the use of public space, where it is more visible and easily detected”. The report says that these characteristics of youth offending, as well as deficiencies in information collection, make it difficult to determine the size of the youth offending problem and whether or not actual youth offending rates have changed.

It would appear that while clear-cut evidence of a causal link between lowering the legal purchase age and any increase in the incidence of alcohol-related crime is not available, the anecdotal evidence from several sources sounds a warning to us all. A reduction in the use of alcohol by young people will reduce risky behaviours which include offending.

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ALAC’s Chief Executive Dr Mike MacAvoy says recent events where crimes have been linked with young people being supplied alcohol by adults has led to a heightened awareness and concern around the country about who is supplying alcohol to underaged people. “We welcome people’s concern and encourage adults to think about their own behaviour in supplying alcohol to young people. Parents and friends need to think of the risks involved before they supply young people alcohol to take to unsupervised parties.”

ALAC’s new five-year strategy focuses on young people along with Māori and Pacific peoples as a major emphasis in turning around a culture of heavy and hazardous drinking in this country. “We made the decision to focus on young people because sadly, the adverse effects of irresponsible alcohol consumption are impacting mainly on those who are potentially our most productive citizens, our young people.”

Says Mike: “Young people are more at risk of being involved in car accidents, assaults, or receiving other injuries associated with alcohol use than any other group in society. They are more likely to experience unwanted pregnancies or sexually transmitted diseases. Young New Zealanders have unacceptably high rates of suicide. They are also more likely to be involved in petty crime, vandalism and so on. Alcohol plays a part in this.”

Young people who do drink are drinking more heavily and more often and are beginning to drink at an earlier age than before. This applies to Māori, Pacific and Pākehā.

At the same time recent studies have shown that delaying the age at which social drinking in unsupervised settings begins for young people means it is less likely they will get into difficulties with alcohol at a later stage in life.

ALAC has made a commitment to working in partnership with other agencies and with community groups to find ways to protect young people from the harms arising from alcohol abuse, including offence-related harm.

ALAC initiated a successful community awareness campaign called Think Before You Buy Under 18s Drink. The first of these was run successfully in Oamaru and Ashburton last year and a similar campaign was launched in Taranaki in September. Since then other communities around New Zealand have picked up components of the campaign.

“The key to the campaign is laying the groundwork by getting collective commitment from the community, as well as the length of time the campaign runs.”

- See page 6: Making changes – looking at some positive measures to prevent our young people from the harm associated with misusing alcohol and drugs.
- See Websites of Interest, page 20

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In a summary of general crime trends concerning young people, the Ministry of Justice *Youth Offending Strategy* notes the following:

- Police apprehensions of under 17 year olds as a proportion of all offender apprehensions have remained relatively stable since 1991, at between 21% and 23%.
- The number and rate of apprehensions of under 17 year olds has increased since 1991, as have the number and rate of apprehensions of those over 17.
- Dishonesty offences (eg. burglary, theft and motor vehicle conversion) are by far the most common offence for which children and young people are apprehended.
- The number of youth justice family group conferences (FGCs) held each year has remained relatively stable since at least 1995 (approximately 6,200 to 6,800 per year) but there has been an increase in the number of court-directed FGCs since 1998.
- There has been an increase in prosecutions of young people since 1991 (from 2735 in 1991 to 4024 in 2000).
- Young people are most commonly prosecuted for property or violent offending.
- The majority of children and young people in the youth justice system are male (77-80% of apprehensions of under 17 year olds and 85-89% of proved court cases since 1991).
- Maori youth are significantly over-represented in youth offending statistics, comprising around half of youth in the youth justice system.
- Pacific youth are not over-represented in youth offending statistics except for violent offences. In addition, unlike offending by other ethnic groups, where repeated offending tends to increase in seriousness, Pacific peoples seem more likely to commit a serious offence as their first offence and may not repeatedly offend.
- Being female is a significant protective factor. However, the report notes that concern has been expressed, particularly by practitioners such as the police, that offending by young females is becoming more serious and violent. Deficiencies in data collection mean it is difficult to verify this concern. Statistics on the number of young females having FGCs do not provide enough information to analyse whether there has been an increase or decrease in FGCs for young females who are offending. Anecdotal evidence does suggest, however, that young females who are referred for youth justice FGCs seem to be committing serious and/or violent offences.

The report notes that data on police apprehensions and proved cases involving young females under 17 must be treated with some caution because the numbers of young females involved are relatively small. Apprehensions of young females per 10,000 in the population have increased overall from 96 in 1994 to 108 in 2000.

In comparison, the apprehension rate per 10,000 in the population for young males in 2000 is similar to the rate in 1994 (361 in 1994 and 363 in 2000). Apprehensions for violent offences have increased at a higher rate for young females than young males, but again these numbers are relatively small. Proved cases in the Youth Court involving young female offenders have remained relatively stable over the past 10 years, with the exception of violent offences, which have increased from 23 proved cases to 88.

The Christchurch Youth Drug Court pilot

The Christchurch Youth Drug Court Pilot (YDC) was established by the Ministerial Taskforce on Youth Offending. It is based on an initiative developed by Youth Court Judge Walker who identified a need for addressing the linkage between alcohol and drug use and offending and facilitating better service delivery to this group.

The pilot’s overall objectives are to

- improve the young persons’ health and social functioning and to decrease their alcohol and/or drug use
- reduce crime associated with alcohol and/or drug use
- reduce criminal activity.

The Drug Court model involves ‘the use of the Court and the sanctions available to it in conjunction with treatment programmes to effect a reduction in reoffending...It is a new role for a Judge attempting to change behaviour and acting in a preventative way by intervention’. (Judge John Walker 2000)

The Drug Court model is based on an interagency approach involving the Department for Courts, New Zealand Police, Department of Child, Youth and Family Services, Ministry of Health and Ministry of Education. The model aims to facilitate the treatment process with the view to reducing further offending and to improve general functioning.

Screening for potential participants started on 15 February 2002. The first YDC sitting was on 14 March 2002.

To examine both the processes and indicative outcomes of the YDC pilot, an evaluation process is underway. The evaluation is divided into two phases. A process evaluation is being undertaken to examine how the YDC processes work in practice. To identify the longer term situation of the young persons who participated in the pilot a follow-up assessment is proposed that will examine the status of the young persons 12 months after they complete or exit the pilot.
harm
some of the initiatives

A number of initiatives are taking place around the country in a bid to prevent alcohol and drug-related harms. Examples of some of these are highlighted below.

Youth access to alcohol project

During the first week in November representatives from nine communities as far apart as Ruakaka and Gore gathered in Wellington for the first workshop of the renewed Youth Access to Alcohol Project.

ALAC is coordinating this project working with broad based community teams aimed at reducing the alcohol-related harm experienced by young people/rangitahi in Aotearoa/ New Zealand through reducing the supply of alcohol, by adults to young people.

Supply reduction is one of the key principles of the National Alcohol Strategy. It is illegal in New Zealand for anyone under the age of 18 years to purchase or be sold alcohol in or from licensed premises. While there is certainly room for improvement in areas such as ID checking, licensed premises do not appear to be the major source of supply for young people. New Zealand research shows that the primary source of supply for underage drinkers is their parents followed closely by of-age friends or associates. Thus each community will be expected to implement strategies that work with parents, other adult suppliers and licensed premises. Strategies will be documented and evaluated so they can be shared with other communities.

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**Taranaki campaign**

Taranaki launched a hard-hitting ‘Think before you buy Under 18’s Drink’ campaign in September. The campaign stemmed from community concern about the harm caused by inappropriate supply of alcohol to under age drinkers.

The first of its kind in Taranaki, the campaign was the result of a partnership between several agencies, committed to the issue of young people and alcohol-related harm. Led by the New Plymouth District Safer Community Council, it was a joint initiative of central and local government agencies, health providers, and other community and iwi groups.

“New Zealand research shows that the primary source of supply for underage drinkers is their parents, followed closely by of-age friends and associates,” says Alisha Stone, Health Promoter from Taranaki Health. “In many cases the amount and type of alcohol supplied puts the young people concerned at risk of considerable harm. We wanted to get people to think about the issues, and stimulate a lot of public debate.” The campaign followed on from similar campaigns developed by the Alcohol Advisory Council which had run in the South Island.

Sergeant Fiona Prestidge from New Plymouth Police, who was also part of the project team, said the campaign looked at several aspects of underage drinking. “It aimed to increase awareness about the harmful consequences that alcohol consumption can have on young people, and the laws about supply to under 18s. We also aimed to reduce the supply of alcohol to under-age drinkers. We wanted to encourage parents to supervise their children’s access to alcohol.”

The campaign used radio and graphic print ads to highlight the campaign messages. Information was also distributed through licensed premises, community group initiatives, billboards, banners and presentations to interested groups. It involved community leaders, parents and young people, licensees, schools and local media.

Speaking at the launch of the campaign ALAC’s Programme Manager Young People Sandra Kirby said young people drinking large quantities of alcohol were at risk of enormous harm – to themselves and to others.

“Adults can easily change some of their behaviour around supplying alcohol to young people and improve the outcomes for young people.”

“The simple facts are, adults don’t have to supply the alcohol or the money to buy it,” she said. “And if they’re not a parent or guardian, it’s probably illegal. But people often don’t realise the quantities of alcohol their kids are consuming or the circumstances they’re in when they drink.”

The Taranaki campaign was the largest project of its kind to be undertaken to date.

“We have been impressed by the massive amounts of support and funding the Taranaki project has received from a number of organisations such as ACC Thinksafe, local councils in the region and Safer Community Trusts,” Sandra said.

A locally organised campaign was certain to make a difference if the community gets behind it, she said. “International evidence shows that communities can make a difference – the role of central government agencies is to support local people working at local solutions.”
Many First Nations people were represented among the almost 4000 people who attended the conference. They were predominantly from America and Canada as well as other indigenous peoples from Australia, New Zealand and the Pacific Islands.

The New Zealand Māori group of around 100 people who attended the conference ranged in age from rangatahi (18 years) to a group of approximately 20 kūia and kaumatua. The eldest person among the New Zealand group was 92-year-old Raukura Robinson from Tai Tokerau who is a former nurse and expert in Māori medicine. Māori who attended the conference came from a variety of organisations that included kaupapa Māori services, iwi groups, mainstream services, research groups and government agencies. Although these people represented various organisations, each united as Māori.

Essentially, the purpose of the Healing Our Spirit Conference is to promote indigenous approaches to address alcohol and drug issues. More importantly, however, the conference is a celebration of being indigenous. It’s a celebration of who you are, where you are from and your cultural practices and concepts. The parallel running of two other indigenous conferences in the same place and at the same time for elders and youth validated this celebration.

The night before the conference began, elders of the First Nations people of New Mexico gathered to pray ceremoniously to ensure that the mauri of the conference was safe. This ceremony culminated with a dawn ceremony at the Indian Pueblo Cultural Centre, to which the Māori delegation was invited. At this ceremony, taonga was handed over to the tangata whenua. As in Māori culture, the formalities of this occasion ended with the sharing of food.

The conference itself started later that afternoon with a procession of all the indigenous cultures. The procession was led by the Māori delegation, as hosts of the previous conference held in Rotorua in 1998. All the different indigenous peoples represented were dressed in their traditional costumes for the procession. During it, local First Nations people chanted to the beat of drums and the sounds of traditional instruments.

The first day of the conference was purely a celebration of being indigenous. Key speakers on the first day reiterated this notion of celebration and the need to retain our cultural practices.

While the first and final days of the conference were primarily ceremonial, the three days in between were when connections were made and lessons learnt. Throughout the conference, plenary sessions were held during the morning while the afternoon sessions focused on workshops. Over 130 workshops were offered in the following streams:

- Community and school-based prevention strategies
- Treatment and aftercare in dealing with addictions
- Spirituality, health and healing
- Governance and self-determination issues and challenges in health and healing
- Public health systems and disease prevention
- Indigenous arts, cultures and medicines
- Trauma and violence
- Overcoming cultural oppression and colonialism
- Research, evaluation, training and education
- Indigenous children and families
- Sexuality, sexual abuse and abuse prevention
- Mental health and wellness.

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For many, the workshops provided opportunities to learn what work other indigenous cultures were doing regarding alcohol and drug abuse. Many people spoke of the effects of colonisation on their culture and the importance of using cultural practices as a means of healing.

Compared to Māori, the process of colonisation has endured much longer for other indigenous people. Therefore, many First Nations people in Canada and America have been significantly affected by colonisation and the process of healing is much harder for them than it is for Māori. Consequently, indigenous people view Māori as innovative, cutting edge and leading the sector to find solutions. For many, Māori are the benchmark.

For many Māori, observing the enduring rich spiritual and cultural life of indigenous peoples colonised more than 350 years before Māori was humbling and provided much from which Māori could learn also.

Meeting people was also fundamental to the learning process and just as important as attending the workshops. Many Māori made connections with people in their areas of expertise. Māori connected with community groups, researchers and government agencies to share information relating to their work. As a result of these connections many people were hosted by local First Nations people and there were also invitations to visit reservations and pueblo, and to participate in traditional ceremonies and festivals.

The common thread that bound all indigenous people at the conference was that the passion for rangatiratanga is the same for all cultures. The conference validated that an indigenous approach to achieve oranga is the best solution and that the journey that Māori are undertaking is right.

Following the Healing Our Spirit conference, a debrief hui was held at Whakaturia Marae, Rotorua, from 15-17 November. Those attending the hui shared key learnings from the conference and what some of the implications would be for the Māori alcohol and drug sector. Among key outcomes from the hui was the need for leadership within the sector and representation at the next conference. Also discussed was the development of a covenant that would be submitted to the United Nations Organization. The covenant requires that all indigenous peoples have responsibility for alcohol and drug issues for their peoples. It was agreed that a wananga be held in February next year to confirm the covenant and to develop strategies for sector leadership and representation.

Check out more about the Healing Our Spirit conference at www.healingourspiritworldwide.com/healing_our_spirits_worldwide.htm

For further information on future wānanga, contact Te Atarangi Whiu. Tel: 04-472-0997. Email: t.whiu@alac.org.nz

**ALAC holds first wananga**

The first of ALAC’s planned series of wananga to discuss alcohol-related issues relating to Māori was held at the Hui Whakawhanaungatanga at the Lakeside Convention Centre, Auckland from 5-8 November.

Around 300 people attended this conference. All attendees were Māori who represented various social service agencies throughout New Zealand.

ALAC presented two one-and-a-half-hour workshops during this conference with around 80 people attending. During the workshops, ALAC’s Manager Māori Programmes Te Atarangi Whiu brought participants up to date with the role and purpose of ALAC and specifically its Māori Whanau programmes.

Further wānanga are planned. If you would like to know more or would like to host one, contact Te Atarangi Whiu at the Alcohol Advisory Council. Tel: 04-472-0997. Email: t.whiu@alac.org.nz
Early intervention does not necessarily mean early in life but rather early in the problem

Searching out successful interventions

The Alcohol Advisory Council has introduced early intervention as a strategic part of its goal of achieving more moderation and reducing alcohol-related harm in this country. It has embarked on a stocktake of successful early intervention initiatives, programmes and resources already in place in New Zealand. The first step was to define early intervention. While it is difficult to achieve a common understanding and definition of early intervention across disciplines, it is important that ALAC has a working definition as to what early intervention means and what it aims to achieve in the context of alcohol misuse.

ALAC’s Manager Early Intervention Sherif Millad says early interventions can be a highly successful measure in reducing alcohol-related harm. They can also help to reduce alcohol consumption and binge drinking. “If widely implemented, early interventions can be expected to reduce alcohol-related costs for both the health sector and other sectors in which the impact of alcohol-related harm is frequently experienced.”

He says ALAC needs to know what successful early intervention strategies, programmes and resources are already available in the community. “The stocktake will review the existing early intervention initiatives and resources. This will help in understanding what works and what doesn’t as well as to avoid reinventing the wheel.”

So what is ‘early intervention’? The term is used widely in a number of different sectors and agencies from primary health care to the justice area to education and community agencies. It’s a term that people sometimes use interchangeably – particularly in the alcohol field – with another term, ‘brief intervention’. But the two are not the same and for this reason, it has been important for ALAC to face the challenge of establishing a definition that applies to its work in the area of alcohol-related harm.

ALAC’s definition, says Sherif, is that it is an approach which aims to reduce alcohol–related harm through timely identification and tailored advice and support for those most at risk of harm due to their hazardous use of alcohol.

An important aspect of the definition is that ‘early’ in ‘early intervention’ does not necessarily mean early in life but rather means early in the problem.

It can be helpful to think of early intervention as on a line between prevention and treatment – as the ‘nexus’ between the two. While prevention addresses the whole population, treatment generally targets a relatively small number of individuals. Early intervention is aimed at a high-risk group.

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Sherif says many programmes that have been defined by their creators as early intervention can share objectives, strategies and target populations with both prevention and treatment. “But early intervention can be distinguished from prevention by the fact that early intervention services target specific population groups rather than the general population. Early intervention is a form of secondary prevention in a public health context.”

While some use the term ‘brief intervention’ interchangeably with ‘early intervention’, Sherif says brief intervention could be viewed as a treatment tool or an early intervention tool depending on the context.

ALAC’s Strategic Plan has identified the three broad priority population groups. These are youth (aged 12-24), Māori and Pacific Peoples. Among these three groups are target populations for early intervention. These might include, for example, such groups as ‘binge’ and underage drinkers, pregnant women, young people who are failing school or dropping out, disadvantaged youth, children of parents who misuse alcohol or other drugs and work absentees.

“Early intervention attempts to reach out to people on the edge rather than being the ambulance at the bottom of the cliff,” Sherif says.

Research in recent years has shown there is mounting evidence for the efficacy of early intervention for problem use of alcohol. Most of the literature around early intervention relates to primary care – particularly the work of GPs. ALAC, meanwhile, is keen to see early intervention include other primary points of contact with the public and believes successful interventions can take place equally in clinical or non-clinical settings. Other people such as allied health professionals, community groups, different sectors such as education, for example, or the workplace could undertake this.

For the Māori and Pacific community, it is more likely that an array of intervention services could be provided by Māori or Pacific community groups, primary care providers, public health providers, social services, and alcohol and drug services. Community initiatives will help support these services as appropriate.

ALAC’s Senior Advisor Treatment Ian MacEwan comments that from a treatment perspective, clearly the earlier an intervention can be delivered the greater the chance of success.

Meanwhile, compared to the number of prevention strategies and programmes, the number of early intervention services currently in existence around the country appears quite small. It may be that many of these may not have been sufficiently documented or evaluated, Sherif says. “Also, many initiatives may not be labelled as early intervention when, in fact, they are.”

Sherif is inviting groups and organisations which are offering successful early interventions around alcohol to let him know about them. “We would like to hear about your programmes, what works and what doesn’t.”

For more information, contact ALAC’s Manager Early Intervention Sherif Millad, the Alcohol Advisory Council, Wellington. 
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Or email: s.millad@alac.org.nz
The Alcohol Advisory Council has commended the Public Health Intelligence of the Ministry of Health for assuming the lead in managing the first national Pacific Alcohol and Drug Consumption Survey (PDACS).

ALAC’s Manager Pacific Programmes Tina McNicholas says ALAC is also grateful to the Ministry of Science and Technology for providing funding towards the survey. Funding for PDACS is being jointly managed through the Ministry of Pacific Island Affairs and the Ministry of Health. An advisory group chaired by Dr Colin Tukuitonga is overseeing the survey.

Tina says there had been a scarcity of information about Pacific peoples’ drinking patterns and in particular, about the prevalence of problem drinking among Pacific youth.

PDACS will attempt to address these gaps as well as providing information to support targets for Pacific youth which have been identified by the National Drug Policy and the National Alcohol Strategy. “It aims to provide high quality indicators on consumption patterns. It will provide a benchmark for tracking and monitoring Pacific patterns of drinking over time through regular repeats of the survey.”

Says Tina: “Because of the proposed sample size, the survey is also expected to provide some robust comparison in drinking patterns between Pacific youth for the three largest Pacific island groups, the Samoan, Cook Island and Tongan communities.

“The survey will also include a number of questions on Pacific peoples’ gambling habits in an effort to provide some national indicators on this. This is timely given the extent of problem gambling in the Pacific community.”

Pacific communities and the alcohol and drug field have over a long period of time expressed an intense interest in the information that will now be collected by the survey. “As well as providing information to service providers and Pacific communities in general, the survey will also be useful as background information for ALAC’s Pacific Programmes workplan,” says Tina.
Organisers of the seventh national treatment conference held in Nelson this year have declared it arguably the best Cutting Edge to date. Many of the participants also rated it highly in their evaluations at the close of the conference, says ALAC’s Senior Advisor Treatment Ian MacEwan.

He says more than 300 people attended the conference, representing the wide range of services, groups and workers that make up the alcohol and drug treatment field in New Zealand.

The conference included 19 original research papers, 43 workshops, 23 poster presentations and three plenary reporting sessions. Seven professional groups used the conference to hold their own meetings.

Professor Doug Sellman, Director of the National Centre for Treatment Development which co-hosted the conference, said there was a strong sense of collegiality during the event. “This was evident to such a degree that one of the international keynote speakers commented he had never in all his conference travels experienced this from such a wide and disparate group of workers.”

Keynote speakers Professor Mason Durie of Massey University, Professor John Saunders of Queensland University, Dr Nick Siewwright of Sheffield University, Associate Professor John Raeburn of Auckland University and Professor Andrew Hornblow, Chairman of ALAC’s Council, covered a range of alcohol, drug and addiction topics including specialised areas such as benzodiazepine dependence and early interventions in primary health care.

Doug Sellman adds that many participants were impressed by the high quality of the keynote speakers who addressed topics spanning health promotion through brief intervention to treatment of severe addictions. He says the keynote speakers rated highly both from an academic point of view as well as for their delivery and practical applicability.

“There was a rich and diverse array of papers, workshops and presentations from people working in the field along with a dedicated research stream, providing something for everyone,” he says.

A theme that emerged from the conference was a challenge for treatment workers to further develop skills and knowledge in health promotion and early intervention.

Says Doug: “The hard work and struggle that has been put in over the last seven years is beginning to bear fruit, so that Cutting Edge is now a highly valued annual meeting.”

ALAC’s Senior Advisor Treatment Ian MacEwan says ALAC’s new strategic direction on early interventions was well supported at the conference by each of the keynote speakers, four of the research papers, seven of the posters and nine of the workshops.

Young, Maori and Pacific peoples’ treatment needs were directly addressed by a number of presentations. Among them was a dramatic performance about Pacific alcohol and drug issues by Tupu, a group comprising members of the Regional Alcohol and Drug Service based in Auckland. Meanwhile a lower than usual number of Maori and Pacific presentations reflected the absence of many who were attending the Healing Our Spirit conference in Albuquerque in the United States (see report page 9.)

Contributing greatly to the success of the conference this year was the team of the Nelson Alcohol and Drug Services, Ian says.

Manager of the Nelson service Eileen Varley who was chairperson of the organising team for the conference, says Cutting Edge this year highlighted the importance of local services getting behind the event. “Our staff really enjoyed being on hand to help out. It is really important to get the buy in of local services when a conference is being held in a local area.”

The conference has grown over the past few years due to increasing numbers of people wanting to present work, to the extent that next year may see the need for the first time to limit the number of papers accepted for the conference.

**Conference Proceedings and a second Research Monograph will be available shortly.**
The winner of this year’s John O’Hagan award for a presentation by someone under 35 was Klare Braye of Wellington Alcohol and Drug Dual Diagnosis Detoxification Service (ADDOX).

Klare presented preliminary data at Cutting Edge on a study of the use of Poppy Seed Tea use amongst the service’s opiate-using clients. Historically, the oral consumption of opium solution obtained from the heads of the opium poppy has been well recognised. However, the use of large quantities of commercial seeds soaked in water is deemed to be a relatively new phenomenon and one that is suggesting a pattern of abuse and dependence.

In consultation and cooperation with the ADDOX team and the Wellington Ethics Committee Klare carried out a prospective study which aimed to characterise the prevalence of poppy seed tea use by opioid users presenting for treatment, to identify patterns of use and explore problems incurred by such use.

Implications for treatment and for the wider community within a harm reduction framework require further investigation, Klare says.

**John Dobson Memorial Prize**

This year Carina Walters, Grant Paton-Simpson and Amanda Wheeler won the John Dobson Memorial prize for the best presentation on an opioid topic for their paper on Amphetamine use in a Methadone Maintenance client population.
Every community in New Zealand experiences the effects of alcohol-related harm. Most communities have a number of people and organisations working to prevent or reduce this harm. ALAC is committed to assisting people working at a community level link with each other to ensure that this important work has the greatest chance of success. We report on two conferences ALAC hosted recently for people working to reduce alcohol-related harm which provided opportunities to share ideas and develop community-level strategies.

Queenstown and Rotorua proved to be popular venues for ALAC’s two regional Partnerships Conferences, with more than 250 people attending the two conferences. Attendees came from a variety of backgrounds including police, Māori wardens, health promotion, District Licensing Agencies as well as Safer Community Councils, road safety coordinators, and central government agencies.

Keynote speakers at both conferences included Dr John Wiggers who is based at the University of New South Wales, Judge Bill Unwin, Chairman of the Liquor Licensing Authority (pictured 4th from top), and ALAC Programme Manager Young People/Supply and Provision Sandra Kirby. Because the organising groups for each conference came from the region the programmes reflected regional as well as national issues.

Speaking in Queenstown on behalf of the Commissioner of Police Superintendent Dave Trappitt outlined the range of alcohol-related problems in communities. These included assaults, family violence, and drink driving among others. He noted that New Zealand Police spent over $100 million each year responding to alcohol-related incidents.

Alcohol-related injury data showed a similar pattern. He emphasised the importance of partnerships for the police in responding to these statistics. “We have known for some time that we cannot reduce crime in isolation. Police are heavily dependent on the community to make New Zealand a safer place to live.”

Speaking at the Rotorua conference Associate Minister of Health Damien O’Connor (pictured 5th from top) said there was a need for long-term strategies rather than knee-jerk reactions to reduce alcohol-related harm. “Clearly we need a strategy that involves a range of actions,” the Minister said. These included appropriate liquor laws and their enforcement, education, targeted campaigns, a commitment by the retail industry to prevent sales to minors and community-based activity.

The Associate Minister added that the government was determined to take decisive action in the area of alcohol, misuse, but the real action must be where the real problems are, in the community.

Papers from the conferences are available on the ALAC website: www.alcohol.org.nz/about/conferences/archive.html

Sports awards to get message across

ALAC will again sponsor the Say When Halberg Awards in February next year.

The awards are an occasion to consider the fantastic achievements of New Zealand's highly impressive sportsmen and women, says ALAC’s Strategic Advisor Communications Belinda Airey. For ALAC, the awards also provide an opportunity – through top sportspeople and sports bodies – to deliver a strong moderation message to young people.

One of the main messages ALAC will be promoting, Belinda says, is that sportspeople and sports bodies can play a big part in creating sporting environments that are conducive to responsible alcohol consumption.

Explains Belinda: “Many of our top sportspeople are driven by a great desire to succeed in sport and we applaud that. For others it may be more about appreciating the social aspects of it and it is the participation that counts.

“Who we also know, though, is that with the socialising aspect around sport, there’s also a fair amount of alcohol consumption. We know, too, that a lot of young people have their first drinking experiences in sports clubs and environments. We want to make sure that they learn to drink in moderation. That’s why we’re asking sportspeople and sports bodies to work with us in looking at ways to reduce some of the harm that can result from alcohol misuse.”

Prior to and after the awards, ALAC will run a series of radio and television commercials which will ask adult sportspeople to think about modelling responsible drinking behaviour. “Young people do watch adults, more than we are aware of sometimes,” Belinda says. “We will also be looking at activities that extend the message into the community after the awards.”

Among the messages ALAC will be getting across during this time is to ‘Say When’ – it’s okay to say no to another drink, and that adults must think about the messages they give young people when they drink.

The awards are organised each year by the Halberg Trust and include the New Zealand Sportsman, Sportswoman and Sports Team of the year, presented at a televised awards ceremony. The event raises money to help young people with disabilities to become involved in sport.

Adds Belinda: “We see our supporting activities as an ongoing campaign, not just about one event.”

The Say When Halberg Awards will be held in Auckland on Thursday 20 February and will be shown live on Television One.

www.alcohol.org.nz/about/conferences/archive.html

www.alcohol.org.nz/about/conferences/archive.html
Improved licensing practices and enforcement of laws relating to licensed premises can reduce crime at street level, says visiting Australian researcher Dr John Wiggers. John was the keynote speaker at both the Queenstown and Rotorua Partnerships Conferences held in October.

John, who is based at the University of New South Wales in Newcastle, has for the past three years evaluated the use of police intelligence to reduce crime. He says the Australian evidence suggests that a significant proportion of problems relating to excess alcohol consumption such as street disorder, violence and vandalism occur following the consumption of alcohol on licensed premises.

“Alcohol consumption contributes significantly to the incidence of assault, drink driving and domestic violence,” he said. “It also contributes a significant cost to the community in terms of health care, policing and the administration of justice. The majority of such harm is associated with the consumption of alcohol on licensed premises. International studies indicate up to 70 per cent of all crime is alcohol related – this figure is remarkably consistent across nations.”

In his keynote address, John discussed the results of a collaborative project conducted in Australia between police, health promotion professionals and the hotel and registered club industry. As part of the project, police collected information from offenders concerning their last place of alcohol consumption.

This data, in the form of four questions, was then incorporated into routine police data collection at the time of any incident. Individualised reports that described the number and types of alcohol-related incidents attributed to the licensed premises were forwarded to the premises concerned. The responsible service practices of these premises were subsequently subject to a police audit. When followed up, it was found there was a significant reduction in incidents, John says. All types of crime decreased – drink driving, violence, domestic violence, assault and burglary.

The Last Drink Survey data collected in parts of New Zealand is similar to the data collected for this project and John outlined the similarities and differences between the work his group had undertaken and the survey. He argues against calling it a survey because the collection of this data is integral to police intelligence gathering. Calling it a survey has implications of being short term and additional to the real police work, he says.

### Drugs and Young People Conference

The Wellington Convention Centre will be the setting next May for the largest conference held in New Zealand around the topic of young people and drugs. The 4th International Conference on Drugs and Young People will be hosted by the Australian Drug Foundation. The Alcohol Advisory Council is co-hosting the New Zealand event being held for the first time outside Australia. The conference will be held from May 26-28.

Sandra Kirby, ALAC’s Programme Manager Young People says: “The opportunity to hold this event in New Zealand provides us with the chance to showcase local work to reduce alcohol and drug related harm for young people.”

In the past large numbers of New Zealand people have travelled to Australia to attend one or more of the previous three conferences. “Feedback from those who have attended the past conferences supported ALAC’s decision to co-host this event,” says Sandra. “We can provide our international visitors with a wealth of knowledge particularly in the areas of indigenous programmes and youth participation.”

The conference provides a unique opportunity for anyone interested in understanding the impact of alcohol and other drug use on the lives of young people. “The emphasis is on charting a course for the future in order to prevent or reduce alcohol and drug-related harm for our young people,” Sandra says.

Several invited speakers will take up the challenge of addressing the conference theme ‘Focusing on Solutions’. They include Dr Niall Coggans, from the University of Strathclyde, Scotland, who is a renowned researcher in drug education and has recently concluded a study of the Life Skills training programme. New Zealand keynote speakers include Professor Mason Durie, Fuimaono Karl Pulotu-Endemann and Dr Sue Bagshaw. “The keynote speakers cover a range of disciplines and underline the wide appeal this conference has to those working with and for young people,” says Sandra.

A number of organisations and individuals have indicated their willingness to work with the Australian Drug Foundation and ALAC to ensure the programme reflects the needs of delegates.

The registration brochure, which includes the call for abstracts, has been distributed. Further copies are available from ALAC’s regional offices. Call free 0508-258-258.

For more information, visit the Australian Drug Foundation website at: www.adf.org.au

Or contact Sandra Kirby at ALAC’s National Office. Tel: 0-4-472-0997. Email: s.kirby@alac.org.nz
Around 6000 brochures in three languages – English, Hindi and Tamil – were distributed through Indian clothing stores, nightclubs, video outlets and food stores recently. They were intended to promote a sober driving message to Auckland’s South Asian community in a 10-week campaign which ended last month. Advertisements for the campaign were also run in local Indian newspapers.

Two radio stations Radio Tarana and Radio Themadura Tamil Osai were also key players in getting the message across, according to campaign project team member Raymond Selvaraj of Regional Alcohol and Drug Services in Auckland. Both these Hindi and Tamil radio programmes regularly broadcast advertisements highlighting the campaign as well as featuring a weekly 30-minute discussion session in the respective languages on alcohol-related issues. ALAC’s Northern Region Manager Ron Tustin was one of the interviewees for both programmes – in each case, the radio interviewers translated his comments as the programmes went to air.

Towards the end of the campaign further brochures were also distributed from a stall during the Diwala Festival (Festival of Light) in Auckland which attracts many of the Indian community.

The target group was South Asian (Indian) male drink drivers, aged from youth to middle age and who were Fiji Indian, Tamil or Hindi speakers.

As well as drawing attention to the implication of drink driving on safety and legal (including immigration) issues, the campaign included hints on how to promote host responsibility. It also highlighted some of the negative consequences that can result from misuse of alcohol, such as violence and its effect on the family.

Planning for the campaign involved a number of organisations working in partnership including the ALAC Northern Region office, members of RoadSafe Auckland, New Zealand Police, Regional Alcohol and Drug Services and Indian business and local communities. Contact details of ALAC, the Alcohol Helpline and Regional Alcohol and Drug Services were also included in the brochures.

The campaign arose out of concern by alcohol and drug agencies in the Auckland region who had reported an increase in the number of Indian-origin clients presenting for alcohol-related drinking charges and treatment. Males in the South Asian community – many of whom were new immigrants – appeared to be less aware than other communities of safe levels of drinking. They did not know how much alcohol was permissible before driving and the services available for the treatment of alcohol or drug related problems.

Raymond Selvaraj says that although the major focus of the campaign was on drink driving, the campaign also highlighted some of the negative consequences that can result from misuse of alcohol, such as violence and the effect on families. “Family is an inseparable issue in Indian community and it is important to include them in programmes and campaigns.”

ALAC’s Manager Northern Region Ron Tustin says this project is the second in recent times where ALAC has become involved in working alongside migrant groups in the Auckland region, to assist in reducing alcohol-related harm. “ALAC is funding the evaluation of the campaign, the results of which are likely to better inform agencies like ALAC and others who work with ethnic groups on how we should work together in the future.”

While the campaign had not yet been evaluated at the time of alcohol.org.nz going to press, the uptake has been positive. “It appears that the message has been getting across,” says Raymond.

He says that follow-up reinforcement of the message will be important. The next challenge, he says, is to target South Asian youth. “A number of parents have asked us to do this,” he says.

A Last Drink Survey taken before and at the end of the campaign was one of the means used to evaluate the effectiveness of the campaign.

The South Asian population is growing in the Auckland region – from 60,088 in 1996 to 95,499 in 2001 (NZ Census data). Approximately 65 per cent of New Zealand’s Asian population live in Auckland.
New faces at ALAC

Eve Young

Eve Young has joined ALAC as Assistant Manager Information Services. This is a parental leave position for the next year and Eve is taking over the role formerly held by Acting Manager Information Services Ligs Hoffman who is on parental leave.

Eve has come from the Adjudication and Rulings Unit of the Inland Revenue Department where she was Research and Information Officer. Eve provided legal research to the unit as well as training on databases. She also managed the library collection.

Before that she was Information Consultant at OPUS (formerly Ministry of Works and Development). Eve provided research for the organisation and did Intranet maintenance, training for the staff on a variety of databases and the Intranet, market intelligence and document supply.

She has a Diploma in Library and Information Studies and a Bachelor of Arts in English Literature, both from Victoria University.

She and her husband, Karl LeQuesne have two sons, Josh (4) and Zach (2).

Wendy Moore

Wendy Moore (Ngati Rangiwewehi and Rangitane) has joined ALAC as Senior Advisor Policy.

Wendy has come from the Māori Women’s Policy Group at the Ministry of Women’s Affairs where she was a senior policy analyst. Wendy led two of the Ministry’s key pieces of policy work – paid parental leave and the development of a discussion document as the first step towards developing a government action plan for New Zealand women. Wendy also worked on policy issues across justice, safety and wellbeing, economic autonomy and tertiary education.

Before that she was an advisor at the State Services Commission where she had ‘desk’ responsibility for the Ministry of Defence and the Serious Fraud Office.

She has a Master of Arts in History from Auckland University specialising in New Zealand history and is about to complete her Bachelor of Laws which she has been studying part-time at Victoria University Law School since 1994.

She and her husband Steven have a daughter and a son, Stephanie (14) and Matthew (16).

Parental leave for Ligs

ALAC’s Assistant Manager Information Services Ligs Hoffman has recently taken parental leave. ALAC wishes Ligs, Trudy and the baby all the very best wishes. Ligs will be returning to her position at ALAC in December 2003.

Kristine Keir

Kristine Keir has joined the Alcohol Advisory Council as Information Services Officer. She takes over the role from Claire Stent who has moved to a new position at Statistics New Zealand.

Kristine has come to ALAC after a period of eight years living and working in the UK. She spent five of those years working as Information Officer in the area of HIV Prevention at the Health Education Authority in London.

She then moved to Bristol where she worked as Information Officer with the Women’s Aid Federation of England. The federation is an umbrella organisation fighting against domestic violence and was responsible for 460 refuges for women and children escaping from domestic violence.

Her work at the federation has included desktop research and publications. She also edited the first issue of a new UK journal on domestic violence.

Kristine has recently completed a Masters in English Literature and she also has a Bachelor of Arts and a Postgraduate Diploma in Librarianship.

She has a strong interest in health promotion and says she is very pleased to be working in this area again.
Strengthening Community Action on Alcohol is a practical guide developed to support the health promotion workforce by stimulating and fostering best practice in reducing alcohol-related harm.

Project Manager for the new resource Carmen Collie says it has been designed for people working to facilitate community action around alcohol issues. “It takes its name from one of the five guiding principals of the Ottawa Charter for Health Promotion – strengthening community action.”

She says the resource aims to provide health promoters with some theory, strategy and skills to help reduce alcohol-related harm within the communities in which they work. “It is specifically designed for those new to the field of alcohol health promotion, but will be useful as a reference tool for those with more experience.”

In New Zealand progress has been made over recent years in reducing alcohol consumption and specific alcohol-related harms such as drink driving. There still remains cause for concern around other alcohol-related harms as evidenced by levels of violence, injury and binge drinking particularly among high-risk groups such as youth and Māori and Pacific peoples.

Strengthening Community Action on Alcohol looks at alcohol issues in New Zealand, defining the context in which alcohol health promotion is practised and outlines best practice models to reduce alcohol-related harm. It looks at the settings and priority areas in which health promoters work. Such topics include the following: drinking environments, drink driving, alcohol advertising, violence and injury, Māori, Pacific peoples, youth, and fetal alcohol syndrome.

The resource uses case studies to illustrate what is currently being done in the community and outlines some of the key skills required of health promoters.

The health promotion workforce has been calling for the development of such a resource for some time now, says Carmen. “A number of workers from around the country have been involved in guiding the content of the book since the project began in early 2001. Health promoters, both new and experienced, have contributed to the resource.”

Training courses for people new to alcohol health promotion work using this new resource are planned for early next year. Anyone interested in attending these courses should contact Ron Tustin, Manager Northern Region at the Auckland ALAC Office. Tel: 09-916-0330. Email: r.tustin@alac.org.nz

Strengthening Community Action on Alcohol is available from the ALAC offices in Auckland, Wellington and Christchurch. Call free 0508-258-258. Individual chapters of the resource can also be downloaded from the ALAC website: www.alcohol.org.nz.