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 30 staff. The Council currently has eight members and reports to the Minister of Health.
As everyone’s thoughts turn to the festive season and thoughts of summer holidays, I would like to wish everyone a Merry Christmas and a Happy New Year.

I would like to thank our stakeholders for their support throughout the year and look forward to continuing to work closely with you next year. As an organisation we have a busy programme of work ahead of us and we welcome your support as recognition of the seriousness of the goals we’re seeking to achieve.

To ALAC staff thank you for the year’s hard work and your dedication and commitment to working to reduce alcohol-related harm in New Zealand.

This year has been particularly exciting with the launch of the marketing component of our programme aimed at changing New Zealand’s risky drinking culture. The aim is to get New Zealanders to see that risky per occasion consumption of alcohol causes harm and to enable New Zealanders to drink in a way that shows they believe that it is never okay to get drunk.

We have been delighted to see that many of the people have already picked up on the key issues and messages that we have been delivering as part of this programme.

Such support bodes well for the success of the programme. We know that culture change takes years and yes, it is a huge task, but the sooner we begin the sooner we will reach our goal.

Finally as we move into the holiday and party season, I urge people not to use the Christmas and holiday period as an excuse for drunken behaviour. There’s too much ‘well it’s Christmas, hey it’s New Year. I’m not causing harm, I’m a good drinker, I’m a happy drunk, I’m not hurting anyone, I’m not driving, it’s only once or twice a year.’

It’s time to hold the mirror up and look at our own behaviour and if necessary make the changes to ensure we all have a happy and safe festive season.
As ALAC forges ahead with its programme to change New Zealand’s drinking culture we have at times found ourselves at odds with some of the more traditional approaches to reducing alcohol-related harm. Much of the criticism has come about because of the explicit move away from the distribution of consumption model of analysis or per capita consumption towards considering patterns of drinking or per occasion consumption.

Is it sufficient to continue relying exclusively on the distribution of consumption model and the analysis of social epidemiologists as the sole basis for developing solutions to alcohol-related harm? Anthropologists and sociologists think not, but why? An article written for The Brown University Digest of Addiction Theory and Application by Dwight B Heath goes some way to explaining this.

Heath notes that for some fifty years, anthropologists have written about “drinking patterns”- who drank, what they drank, when, where, how, why, with whom and while doing what else – as well as what they and others thought about all of those. He further states, “for us, (anthropologists) alcohol was a window on culture through which we could observe and analyse social relations, interaction, attitudes and values, all at different levels of human systems”.

Why then, when we are debating alcohol policy, do we routinely refer to the writings of social epidemiologists but rarely, if ever, consider the academic research of anthropologists and sociologists? Heath suggests that this occurs for a number of reasons.

First, in the 1960s the United Nation’s World Health Organisation (WHO) declared that a wide variety of alcohol-related problems occurred everywhere in direct proportion to the quantity of alcohol consumed – whether by an individual or, in average terms, within any given population. This provided an “easy to understand basis for easy to implement solutions” such as increased taxation, restrictions on sales and advertising and so on with easy to measure results in terms of reduction in total consumption. Heath calls this strategy of trying to reduce overall consumption the ‘new temperance’.

Second, there has been no serious attempt to explore meaningful correlations between drinking alcohol and wellness, drinking and positive links with enjoyment, sociability or other positive outcomes that the vast majority of those who drink associate with drinking.

1 Heath, D.B., (2005) Drinking Patterns: Then and now The Brown University Digest of Addiction Theory and Application, October, 2005
Third, most people who do drink alcohol do so harmlessly, infrequently and in small amount, therefore in order to get statistically significant numbers of “heavy drinkers”, survey researchers had to set their threshold so low – four standard drinks for men and two standard drinks for women per day – that it included those whose drinking would be considered moderate by most standards.

Heath is heartened by the number of individuals who have long championed the crucial importance of consumption-figures now calling for greater consideration of how one drinks rather than how much one drinks. His hope is that the expanded and renewed call for an understanding of drinking patterns will result in changes greater than simply the addition of a new question on a survey: “How often do you drink to the point of intoxication?” His hope is that there is an integration of qualitative and quantitative perspectives in the social and epidemiological study of alcohol and fresh collaboration.

We know in New Zealand that despite a more or less continuous decline in per capita consumption,2 alcohol-related harm continues to grow. In ALAC’s view, drinking beyond the point of intoxication is a socially mediated norm in New Zealand. Increasing the focus on socio-cultural levers is essential if we are to improve our understanding of why New Zealanders drink the way we do.

We encourage researchers to look at the shifts and changes in New Zealand’s drinking culture, how these shifts and changes predicate our approach to drinking alcohol and what levers exist to change our drinking culture.

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Dwight B. Heath is a professor of Anthropology at Brown University and a graduate of both Harvard and Yale. He has combined cross-cultural with historical approaches to understand alcohol use and it outcomes in a rigorously social science context. A pioneer in the study of drinking patterns, he has done original ethnographic research throughout much of Latin America and Europe. With practical applied as well as scientific interests, he also served as consultant to such diverse organisations at WHO, NIAAA, various national academics of sciences, business and industries, and governments (also in Latin America and Europe). Among his more than 300 scholarly and popular publications, his most recent books include: International Handbook on Alcohol and Culture (Greenwood Press, Westport, CT, 1995) and Drinking Occasions: Comparative Perspectives on Alcohol and Culture (Brunner/Mazell, Philadelphia, 2000).

One view of Professor Heath’s work on drinking cultures is that it provides a lens through which one can observe the diversity of normal drinking behaviour, the positive aspects of the provision and uses of alcohol, the notion of appropriate and inappropriate alcohol use and how this is culturally determined.

On the other hand, his criticism of the public health model (distribution of consumption model of analysis or per capita consumption) as “simplistic” and the fact that some of his work is funded by the International Centre for Alcohol Policies (ICAP) has led to trenchant criticism of his approach by proponents of the public health model.

Whatever one’s views are, Professor Heath’s work on how a drinking culture develops, and why, and therefore how one might use socio-cultural levers to support the development of a drinking culture where people who drink do so within safe limits and where bingeing and drunken behaviour are seen as unacceptable, provides some interesting food for thought.

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2 Since 1997 the amount of alcohol available for consumption has risen 10 percent to 444 million litres in 2004. However, we believe that demographic changes such as significant overall population growth over the same period and lowering of the minimum purchase age in 1999 from 20 to 18 years allowing more people into the market are primarily responsible for this shift.
Some 150 people gathered at Te Papa’s Icon room earlier this month for the annual ALAC stakeholder function. The theme this year was partnerships—a celebration of the collaborative work already achieved and a look forward to the work to be undertaken in the future.

Attending were representatives from a variety of organisations including government departments, police, local government, non-government organisations and business partners.

Associate Minister of Health Hon Damien O’Connor told the gathering he was delighted to be reappointed as Associate Minister of Health in charge of alcohol.

“I have been in the position now for almost three years and I think we have made great strides forward in addressing New Zealand binge drinking culture and I want to see ALAC’s promising and important programme to change New Zealand’s drinking culture through. “We are up against a culture that says it’s okay to drink lots. Alcohol itself is not the problem; it’s how we consume it. Many of us don’t drink every day, but when we do, we drink to excess.

“So as a government we’re committed to reducing the social and economic costs and reducing alcohol-related harm and as many of you know I championed the ALAC levy change last year, to fund this new and comprehensive programme of work to change our drinking culture.”

Mr O’Connor who has picked up the corrections and tourism portfolios in the new Government to add to his health responsibilities spoke about the connection between alcohol and crime.

“Research has revealed the true link between alcohol and crime. Internationally, alcohol is associated with between 50 and 70 percent of all police work—be it dealing with street fights, criminal damage, family violence, drink-driving, or simply having to take drunk people home or into custody for their own protection.

“There’s reason to believe the same is true in New Zealand. A recent survey of Wellington city police charge sheets indicated that 90 percent of violent offenders were affected by alcohol.

“We don’t want to stop people drinking; we just want them to be responsible and aware of the dangers of excessive consumption. The Culture Change Programme is a long-term strategy. You and I know it’s not a silver bullet that’ll solve the problem overnight and we’ve never painted it as such. But now we’ve had a year of building our understanding and doing the research, you know it well and I’m extremely pleased to hear the positive accolades from overseas. Our Australian counterparts were very impressed when the programme was presented to them and when Mike delivered the programme in the United Kingdom and Ireland, I am proud to report that we received great positive feedback and enthusiasm.”

ALAC Chairman Professor Andrew Hornblow said New Zealand had disturbing social trends and they need to be met head on.

“We have growing economic and social costs relating to alcohol misuse and abuse, which shows New Zealanders continue to tolerate intoxication, with many aspiring to get drunk when they drink.

ALAC Chairman Professor Andrew Hornblow with guest speaker and wine writer Timothy Giles.

ALAC Manager Pacific Programmes Metua Faasisila with Pacific Reference Group member Mike Kilioni.
“ALAC is proud to be taking this bold and leading edge approach by gradually shifting public mind set as New Zealanders begin to acknowledge that we have a problem with the way we drink.

“We are all aware of the programme by now, but I urge you all not to be complacent, and not to rely on single solutions. I encourage you to continue to remember the whole model our work is based on, and continue to find ways to support all the pillars it comprises, and to really, genuinely and tangibly contribute.”

ALAC Chief Executive Officer Dr Mike MacAvoy said it was appropriate ALAC was hosting the event in a museum this evening as one of the many purposes of a museum is to educate and display the themes of evolution, innovation and change.

“This is a perfect analogy of what ALAC have been doing. We’ve evolved as an organisation, we’re continuously looking at new and innovative ways to reduce excessive consumption and not tolerate intoxication as well as adapt to change in legislations and government.”

Dr MacAvoy thanked those present for the level of enthusiasm and the passion that has been displayed during our launch of the Culture Change programme and how much ALAC appreciated the support from stakeholders.

“I would especially like to thank all the people from various organisations who are here tonight for their support and contributions over the past year with new and ongoing projects and resources.

“I would also like to extend a warm thank you to the ALAC staff who have worked tremendously hard this year. We are all the pieces of a giant jigsaw and it is these people who find each piece and make it fit.”

Guest speaker for the evening was Timothy Giles a consultant wine reviewer, presenter and broadcaster. Timothy hosts a wine show on Radio Live, has co-hosted the television show “Taste NZ” with Peta Mathias and writes for a range of press amongst other things.

He spoke about further opportunities for partnerships and associations regarding achieving further traction with changing New Zealand’s drinking culture suggesting there were many in the industry who would respond positively to ALAC’s message of ‘it’s not the drinking, it’s the way we drink’.
Te Kaunihera Whakatupato Waipiro o Aotearoa (ALAC) has been implementing the Manaaki Tangata programme since 1996. ALAC offers community grants to iwi, hapu and Māori organisations wishing to implement Manaaki Tangata at their community events such as health days, regional Māori sports awards, sport club prizegivings, and iwi sports tournaments such as the Muriwai Tournament in Opotiki.

Manaaki Tangata funding is to assist Māori communities/organisations who are running events to ensure that if there is alcohol at the event then there are safety measures to ensure that everyone has an enjoyable and safe time. ALAC looks for organisations to identify their host responsibility measures, which include providing plentiful kai, ensuring that minors and intoxicated people will not be served alcohol, and appropriate signage is displayed. Manaaki Tangata ties into ALAC’s mission statement, which is, ‘More Moderation Less Harm’

Currently, ALAC has two funding streams available for organisations and individuals to access funding and resources - Manaaki Tangata community funding stream and Manaaki Tangata workforce training grants.

Manaaki Tangata Community Funding
Manaaki Tangata community funding grants and resources (t-shirts, drink bottles, back packs, stickers, coasters, posters, pens and cd holders) are available for organisations to access. ALAC promotes the Manaaki Tangata kaupapa of ‘By Māori for Māori approach’ and sponsors both alcohol free events and events where alcohol is served. Here we profile four such events.

Tūrangawaewae Rugby League & Cultural Club Prize giving
Since the clubs inception it has made a huge contribution to fostering sporting excellence in Ngāruawāhia. The descendants of the people who helped Princess Te Puea establish Tūrangawaewae Marae, as a base for Kingi tāngata formed the club. The club is acknowledged as the sporting arm of Tūrangawaewae Marae and such it draws a large proportion of its membership from the Tangata Whenua.

Tūrangawaewae Rugby League and Cultural Club received putea and resources from Manaaki Tangata. A Manaaki Tangata pack was made up of a t-shirt, bag, drink bottle and a cd holder were given to all recipients of the most conscientious player award for each team. Bar staff members for the evening were given a Manaaki Tangata pack and also a “Who got served” campaign t-shirt, to wear during the evening.

Muriwai Tournament – Opotiki
The Muriwai Tournament named after the tipuna Muriwai, celebrated its 21st year of pre-eminent competition for whanau, hapu and iwi associated with Te Whakatētea. For the last 21 years, the Muriwai Tournament has been organised by the Ngai Tama hapu, using the media of sport with netball and rugby, to bring back whanau links, to celebrate their achievements over the year and to experience the manaaki on their home marae. This year, teams came from Kaiaio, Opeke, Kauaetangohia, Rangipoua, Torere, Te Rere, Opape, Waiorere, Pākōwhai, Hikarukutai, Tairongo, Omarumutu, Pararaki, Tutawake, among others. There were over 3,000 people who supported and participated in the tournament affectionately known as the ‘Pa Wars’.

The Muriwai Tournament received putea from ALAC, which was used to supply

Promoting safe alcohol
and print 130 T-shirts. These T-shirts were used as prizes for the winning team in each grade of both netball and Rugby, Best Dressed Team, Best Referee, Player of the Tournament, Coach of the Tournament for both Rugby and Netball and a special prize for Administrator Hinera and Hetaraka Biddle in acknowledgment of all the years they have given to organising the Muriwai Tournament.

**Manaakitia Te Tapu Touch Tournament – Otangarei**

This touch rugby tournament took place in October this year and was part of an initiative aimed at reducing community violence. Marcelle Kaipo youth worker with the Otangarei Youth Sports and Recreation Trust said 11 teams involving 220 participants took part in the day-long event.

Mai Fm promoted family wellbeing and non-violence with sponsored give aways and live radio promotion of the event and the “slow da flow drink driving campaign” throughout the day - a song written by the trust youth workers.

The event was smoke and alcohol-free promoted through the sponsorship resources provided by Manaaki Tangata.

**Children of the Earth – Tūhoe – Tāneatua**

On the 23rd July 2005 at the Tio Tio Café, Thornton – Whakatāne, Te Kaokao O Takapau (Health Provider based in Tāneatua) held a café evening to celebrate Te Matariki (Celebration of the Maori New Year). Children of the Earth – Tūhoe envisaged that this new-year should herald in a time of celebration of contemporary Māori music and performance.

The café evening was an enormous success with various performances from artists from the eastern bay of plenty community coming into support four Tūhoe children fundraising for a trip to France to attend the ‘Children of the Earth conference’. Whirimako Black was certainly a huge draw card and having other local performers to support her during the night was spectacular.

**Manaaki Tangata Workforce Training Grants**

Manaaki Tangata workforce training grants are available for individuals who are studying towards a qualification in an alcohol related field. The grant is to cover course costs and ALAC will pay up to $1,000.00 maximum per individual per annum. From June 2005 through to December 2005, Manaaki Tangata has supported 15 individuals to continue their studies. In the next issue of www.alcohol.org.nz we will profile some of the recipients and how they went with their studies.

**Find out more**

For more information on ALAC’s Manaaki Tangata programme and to apply, visit the website:


Or contact: Te Rina Moke – Kaiwhakarite, Māori Whanau Programmes
Tel: (04) 917 0708
Email: T.Moke@alac.org.nz
The fifth biennial Pacific Spirit Conference is to be held in Auckland in March next year. Hosted by ALAC, the two-day conference will be held at the Waipuna Convention Centre from March 22 to 23.

The conference provides a forum for Pacific alcohol and drug practitioners to share and showcase their successes, discuss challenges with other stakeholders and recommend solutions for the future.

“The Pacific Spirit Conference of 2004 emphasised an awakening of our peoples to the truth that for too long, we as Pacific peoples, have allowed others to sing our songs, name our world and define who we are and where we are positioned in life and society,” says ALAC’s Manager Pacific Programmes Metua Faasisila.

“To effect a change in attitude as an outcome of this conference we must seriously consider a new approach to an old format—a new tune to an old song. We must stand up and find our own voice, we must embrace our Pacific origins and gain an understanding of who we are and where we come from.”

This conference will be about taking our Pacific stories and changing them from narratives to the cutting edge of our practice; evidence-based best practice—therapeutic intervention if you like, she says.

Some of the main conference themes include a holistic approach to treatment and working in tandem with other relevant organisations.

One of the changes for the 2006 Pacific Spirit Conference programme will be more time spent in conversation with clinicians regarding case studies and best intervention models.

“We also recognise the importance of our spiritual identity as a major influence and this will be themed throughout the conference as a basis for dialogue surrounding our healing practices,” says Metua.

“At most conferences you sit and listen to the key note speaker with a limited amount of time to discuss or question relevant issues. We wish to make this conference far more inclusive and give attendees more opportunities to contribute.

“The conference is an important arena to share information and this is achieved effectively by attendees sharing their experiences. We want everyone to take ownership of the content and themes – sharing and learning from each other.”

For further information and on line registration go to http://www.alac.org.nz/UpcomingEvents.aspx?EventType=National

Here is an opportunity to share your experiences with your peers.
Controlled Purchase Operations

A recent High Court appeal reinforces that Controlled Purchase Operations (CPOs) are a fair test of licensees’ responsibilities under the Sale of Liquor Act. The appeal was lodged after the Liquor Licensing Authority (LLA) refused to suspend the licence of a Taupo bottle store, Scenic Cellars Partnership, over concerns that the minor involved lied about her age.

In late October 2005, the High Court in Rotorua released a decision regarding the Scenic Cellars Partnership appeal. This appeal followed a previous authority decision where a volunteer aged 17 years and five months attempted to buy alcohol as part of a police controlled CPO. The volunteer was asked if she was over 25 to which she replied ‘of course.’ The manager responded: ‘That’s good – I don’t have to check you for ID.’ The transaction was then completed.

Following the CPO, an application for suspension of licence was lodged before the LLA. The authority refused the application citing a number of concerns. In particular, the authority said to suspend a licence based on a minor lying during a CPO would be counter-productive to the object of the Sale of Liquor Act:

“We have consistently taken the view that any suspensions of off-licences in respect of incidents where a volunteer encourages any sale by deception, would not be desirable. We think that any suspension of the off-licence in such circumstances would be counter-productive to the establishment and maintenance of the reasonable system of control over the sale and supply of liquor to the public as set out in s.4 of the Act.”

Scope of the Appeal
Seeking further clarity around the issue, the New Zealand Police decided to appeal the decision. The appeal was heard at the Rotorua High Court on 4 October 2005. Presiding Justice Winkelman noted that the basis of the appeal revolved around a number of key issues. The main questions relating to minors and the issue of lying were:

Did the authority err in law in the exercise of its discretion by taking into account irrelevant considerations, namely?
(a) That the controlled purchase operation in this case involved an element of deception because the volunteer misrepresented her age to the employee?
(b) That were suspension ordered, controlled purchase operations nationally may subsequently contain or affect a policy of deception which may extend to more active deceit or attempts to conceal the real age, including the use of false documentation?

Minors, lying and object of the Act
Justice Winkelman noted that in the original decision, the authority held that there had been an offence committed under s.155 (1) – (Sale or supply to a minor) of the Act and that the employee could not rely on defences set out in ss.155 (4) and 155 (4A) of the Act because the manager could not be said to have believed on reasonable grounds that the person to whom liquor sold had attained the age of 18 years.

On the issue of deception and misrepresentation of age by a minor, Justice Winkleman stated:
“I am satisfied that in the circumstances of this case, the fact that the controlled purchase operation involved an element of deception because the volunteer misrepresented her age to the employee, was an irrelevant consideration for the purposes of an exercise of the Authority’s discretion. In reaching this view I have taken into account the following:
1. The Authority itself found that the manager did not believe on reasonable grounds that the volunteer was 18 years or over.
2. As acknowledged by the Authority, the situation with which the manager was faced was nothing more than a fair replication of the situation with which licensees, their managers and staff would face on a regular basis...

It was asserted that the issue of the fairness of CPOs had already established from a past High Court decision - Taylor v Vandna Enterprises Limited. In this decision, Justice O’Regan addressed this issue of fairness of CPOs by asserting:

The way the operation was conducted was a fair replication of the situation which licensees would face in real conditions involving young persons attempting to purchase liquor unlawfully, and fairly put the licensees to the test as to whether their conduct, when faced with that situation, was appropriate and in accordance with both the Act and the licence.

In examining the relevance to the case at hand, Justice Winkleman went on to say:

The issue concerning the Authority when deciding whether to suspend a licensee’s licence on the basis of a breach of the Act by a manager or employee, is whether the breach occurred because of an inadequate system of control over the supply of liquor from that establishment, put in place by the licensee. If the actions by the volunteer are no more than a replication of the usual conduct of youths attempting to purchase alcohol, then those actions can again in no sense create any unfairness for the licensee in testing the adequacy of those systems. In a controlled purchase operation was not able to conduct themselves in the manner that is common amongst young people seeking alcohol, such operations would be rendered ineffectual as control and education mechanisms.

The Authority also expressed a desire not to encourage a policy of deception nationally. Again I am satisfied that this was an irrelevant consideration in this case. There was no evidence referred to by the Authority to suggest that volunteers are being encouraged to use false identification. Indeed, the Act envisages this situation and provides defenses such as s 155(4) and 155(4A). Also, if the volunteer were to engage in elaborate deception, the line might well be crossed into unfair entrapment, and the admissibility of the evidence would be at issue.

In ruling on the result, Justice Winkleman allowed the appeal and referred the matter back to the Liquor Licensing Authority for rehearing. It was also noted that as part of this rehearing that it may be that there are other matters the Authority will need to take into account when exercising its discretion, such as the adequacy of the management system in place. The matter is still to be re-heard by the Authority.

**Impact of the High Court decision**

In considering the impact of the decision, Superintendent Dave Trappitt said the High Court ruling reinforces that CPOs are an effective tool to monitor compliance with the liquor purchase laws.

“Prosecuting licensed premises for selling alcohol to minors sends a strong message not to flout the supply provisions of the Sale of Liquor Act, and it’s an important way that Police can help prevent alcohol-related harm to young people.”

“The High Court decision reinforces that CPOs are a fair test for licensees, not some kind of artificial entrapment.”

ALAC Deputy Chief Executive Sandra Kirby says that the ruling is a clear endorsement of the ALAC Controlled Purchase Operations Guidelines. She says the guidelines developed by ALAC in consultation with other agencies in 2003 only try to mimic a real-life situation.

“As the High Court ruled, the relevant issue is whether licensees have adequate management systems in place to deal with the run-of-mill deception that young people may choose to enter into when trying to purchase alcohol. A CPO only tries to test the adequacy of these systems.”

Sandra says that sighting for identification is the only safe way for servers-of-alcohol to verify a person’s age.

“If in doubt, ask for a person’s identification. The message and the law is clear. Don’t rely on asking a person their age, ask to see either a current passport, New Zealand driver’s licence or HANZ 18+ card. If in doubt, you have the right of refusal.”
Last month, the authority ruled two Dunedin bars were breaching the Sale of Liquor Act and gave them six months to clean up their act. However, the ruling should send a warning to all bars that such promotions will not be tolerated.

The Dunedin City Council and the Police took the landmark test cases to the Liquor Licensing Authority to get a ruling on the legality of cheap drinks promotions. The authority ruled promotions by two student bars—the Captain Cook Tavern in which handles and double spirits were sold for one dollar for one hour and then two dollars for another two hours and the Bowling Green Tavern which initially sold six double spirits for $10, then cut back to three double spirits for $5—contravened the Sale of Liquor Act.

The authority said the cheap alcohol would inevitably encourage excessive drinking and so were against the law. The authority said the time limits would encourage stockpiling—an indicator of excessive drinking—and the combination of time limits and cheap spirits was considered likely to contravene the Act.

Significantly, the judgements said enforcement agencies did not have to prove excessive consumption did happen because of the promotions, just that it was likely to.

The Police, the Liquor Licensing Authority, the Dunedin City Council and ALAC have all welcomed the decision.

Dunedin police liquor licensing officer Sergeant Marty Hepburn says the decision is the beginning of cultural change for the local agencies, the industry and the student community as a whole by drawing a line in the sand of the acceptable or unacceptable promotion continuum.

Previous rulings dealt with headline-grabbing promotions but gave little direction on the sort of promotions common in North Dunedin’s competitive student market.

The authority had given regulatory agencies the tools in the case-law tool kit they needed to combat borderline promotions, and defined the law to make it easier to show a breach, he says.

Dunedin City Council liquor licence inspector Tony Mole, who took the case against the Captain Cook, says the ruling gave guidance as to what promotions were acceptable and what were not acceptable.
“The authority has effectively ruled out bars offering spirits for low prices and over limited time frames, and cast new doubt on things such as beer-crate sales that encouraged patrons to stockpile their drinks. This is significant for us, and I imagine for other centres, because now we have some firm guidance.”

A meeting with Dunedin licensees was held early this month to outline the implications of the decision, he says.

ALAC Chief Executive Officer Dr Mike MacAvoy says the decisions effectively add teeth to the guidelines developed by ALAC in consultation with a number of organisations including the Police, Local Government New Zealand and the hospitality industry.

“Although the guidelines had enormous support, ultimately the final determination of what is acceptable or otherwise needed to be tested by the law. This ruling gives that certainty.”

ALAC hopes the rulings will get rid of promotions involving low priced drinks offered over a short period of time and other such promotions, which encourage excessive consumption.

“These type of promotions encourage people to down their drinks in the shortest possible time. They are irresponsible and although the decisions are related to Dunedin pubs, they have implications for the whole country.”

Superintendent Dave Trappitt, National Manager: Planning and Policy, said: “Profit should not be put above people’s safety. Those drinks might look cheap, but when discounting policies lead patrons to stock up, and consume alcohol more quickly and heavily than normal, then they could ultimately be coming at a very high price”.

“The link between alcohol abuse and crime is real, and people who are intoxicated put themselves and others at greater risk of being either perpetrators or victims of drink-fuelled crime.”

“Drinkers need to exercise self-restraint if offered the lure of cheap alcohol”, Superintendent Trappitt points out, “but bar owners and managers also have a legal duty not to encourage binge-drinking through irresponsible promotions”.

Both the Captain Cook and Bowling Green Taverns were found to have been in breach of the law. Sanctions were not imposed at this point but both applications were adjourned for six months to allow the licensees the opportunity to stop all promotions likely to encourage people on the premises to consume alcohol to an excessive extent. If at the end of this period the licensing inspector and/or police retain any concerns there will be a further public hearing.

The Sale of Liquor Act 1989 specifically prohibits any promotion that is intended or likely to encourage excessive drinking. Breaches carry a maximum fine of $5,000 for license holders or bar managers. Evidence of such offending can also be used to seek suspensions of the premise’s liquor license.

The Authority adjourned the case for six months—effectively putting the Bowling Green Hotel on a ‘good behaviour bond’.

“The tavern in this case can count itself lucky it hasn’t been made an example of,” Superintendent Trappitt adds, “The Authority has flagged that it will be watching this area carefully, though, and has stated that: ‘Any activity which promotes or encourages excessive consumption or liquor abuse, whether intentional or not, is likely to be condemned with a deterrent sanction’.”

“This is a timely reminder that promotions which encourage binge-drinking are illegal. If we come across schemes like this Dunedin one again, we will be pushing for appropriate sanctions to drive that message home”.

Raising the profile of alcohol: A culture change project in Auckland City Hospital

By the Alcohol Intervention Project Team.

Research suggests between 25 and 50 percent of general hospital admissions meet diagnostic criteria for problem use of alcohol or dependence. Therefore, this setting is a prime location for identifying individuals in these groups and delivering brief, opportunistic alcohol interventions.

Brief interventions can effectively alter the course of harmful alcohol use in populations that are unlikely to seek specialist alcohol or drug treatment. Despite this, research shows that rates of routine alcohol screening by medical staff remain low. Reasons given for this include lack of awareness and education regarding alcohol and drug issues. This can foster negative attitudes towards patients with alcohol problems and a resistance amongst staff to identify, assess and manage alcohol problems. Added to this are the busy workloads of hospital staff.

For the past 12 months in the Medical Service at Auckland City Hospital, a project has been carried out that aims to change these attitudes and equip staff with the knowledge and skills to screen and intervene for alcohol in a way that fits with current workloads. The goal of staff training is to raise awareness of alcohol as a health issue and to make detection of alcohol misuse and dependency as routine as detecting high blood pressure.

Most hospitals have well developed admission/assessment documentation and processes. Prior to beginning the project, we reviewed a number of Auckland City Hospital patient files and found that 78 percent of patients were being asked about their alcohol use. Unfortunately the quality of the data gathered was inconsistent, unclear and unable to be compared across admissions.

If useful information is to be gathered when patients are admitted to hospital then a consistent and simple tool is needed. The AUDIT-C, three simple questions about alcohol use, allows detection of ‘risky’ and ‘dependent’ drinkers and is quick and easy to use – the perfect tool for our purposes. Medical staff were given necessary background information and trained in its use and, most importantly, in ways to engage patients who screened positive in a brief conversation around their drinking so as to offer effective advice.

A key element of the project and a well utilised role is that of the Nurse Trainer who not only carries out the training, but also provides specialist assessments with patients, and training with other health professionals such as nurses and social workers. Support and modelling behaviour by a senior doctor (Dr John Henley – the Clinical Director of the Admission and Planning Unit) has been vital to the staff’s acceptance that this was a worthwhile project and has consistently encouraged them to be involved.

Results to date indicate that the quality of the data collected has greatly improved and that many brief interventions are now being offered. More importantly the project is revealing how changes in the way in which doctors, nurses and health workers manage the issue of alcohol misuse and dependence in their patients can be improved.

The project has proven to hold many challenges, with change occurring in small steps over a long period of time. Building relationships with other social services already working within the hospital has been vital. To ensure continuation of the change management programme, recommendations include employing an AOD Clinical Nurse Specialist to continue to educate staff and provide patient assessments. There also needs to be continued liaison between the hospital and community agencies and administrative systems in place that promote awareness of alcohol screening and documentation.

An ultimate success will be when the project’s learning’s are applied in all public hospitals and every patient is asked about their use of alcohol and a brief intervention is offered to the one in five patients whose alcohol use is problematic.

Our thanks to ALAC, ACC and The Professor J.E.Caughey Alcoholism and Abusive Substances Trust for the project grant. Also to the staff at Auckland City Hospital and Community Alcohol & Drug Services (CADS) Auckland who have embraced the project.

News of the impending closure of the Salvation Army's Rotorua Island drug and alcohol treatment centre was greeted with dismay, coming as it did, hard on the heels of closures of other residential treatment centres,

However, National Manager, Addictions and Supportive Accommodation Major Lynette Hutson emphasises this is not a cut in services and the shift off the island actually strengthens the Army's work.

"We've analysed this," she says, 'and we've found that most of the people who now receive treatment will get exactly the same, plus; rather than the same, minus. Our services will be stronger, not weaker."

The decision was made after approximately three years of deliberation by Salvation Army leadership who consulted with experts in the field, both internal to the Salvation Army and external.

"The initiative for the transfer and expansion of services in the Auckland region came from within the leadership of the Bridge Programme. It arose out of improvements that were made as our new treatment model was implemented."

Some though, have misinterpreted this as evidence of a downsizing of Salvation Army work, particularly as it comes close on the heels of the sale of Salvation Army rest homes.

That is not the case, she says.

The transfer of services off Rotoroa Island coincides with the addition of two new services in the Auckland suburbs of Waitakere and Manukau. Both of the new Bridge centres have residential provision—which means the number of Salvation Army's beds for residential clients is unchanged—and they also include day programmes. A significant number of Rotoroa Island staff have taken up positions in the new centres.

"These new Salvation Army services are located in the hearts of the communities they serve," she says. "People previously unable to access addiction services will be able to take advantage of our proximity and the ongoing support we provide."

The Salvation Army also offers continuing aftercare when a client finishes the structured programme. This is flexible and includes a variety of supports (such as individual work and group and social activities) that help a person to continue settling into their recovery.

Providing treatment facilities in the community rather than in remote locations reflects an evolution in the philosophy of addiction treatment. When Lynette and husband Major Ian Hutson returned to New Zealand in 1994 after working in the addiction field in Canada, there was no such thing as day clients at addiction centres. Now every Salvation Army addiction centre has day as well as residential clients.
“This means that we can offer clients individualised packages of residential plus day care,” she says, “We recognise that people do need some time away from their environment, but the challenge of making their recovery work comes when they have to reintegrate into their own world. And that’s why community-based care is so important and effective for long-term change.

“I’m not in any way discounting the tremendous achievements on the island over the years or the progress people made on their personal journeys as a result of their time there,” she says. “But you can’t underestimate the strength of people working on their recovery close to their own communities. There are so many stories of clients going off the island with the best intentions in the world, but then being really isolated in trying to make their recovery work.”

A major advantage to the Bridge’s community-based care, she says, is that a person can apply the skills they learn straight away, in evenings and on weekends. “Even better, they’re supported as they apply these skills. Our staff are right alongside people, coaching them in life skills. We’re walking along with people throughout their recovery, not just sending them off at the end of their stay with us while we hold our breath and hope they’ll be okay.

“When the support is closer to home it makes a greater long-term impact. So people will go home during their treatment and might come back and say: “That was a disaster!” But they’re back with the counsellor who helps them develop skills and strategies to handle that situation better next time.”

Lynette says the island’s isolation presented the greatest challenge for those with dependent family on the mainland, such as parents of younger children. Although there was a three-weekly family day, when family members could visit; and a ‘significant other week’, where a spouse or someone else (over 17) could spend a week on the island; this was hugely different from the reality of life in a home environment.

The transition for mothers returning home was especially difficult as—surprising though it sounds—children do sometimes attempt to sabotage their mother’s recovery.

“I’ve watched them do this,” she says. “Even though a mother’s drug and alcohol use means that life is chaotic, children do develop ways of coping. When Mum returns home and tries to change the rules, her children often feel very uncertain and anxious. Unconsciously they might be looking for mum to fall over and can even force the issue by causing trouble.

“They love the idea of mum being clean and sober, but in some ways it can be more scary because they’re wondering how long it will last. There’s a work to rebuild trust. This is a classic case where isolated care is not ideal and where living near to the programme brings so much more support, with case workers working closely to provide help and coaching for the entire family.”

This type of care is essential, she says, and it reflects the heartbeat of the Army’s mission. “We’re about individuals and about families. Providing care that’s closer to where a person lives brings the opportunity to know clients’ families as well. We’re able to support these people too, not just the client in isolation from their family. For mums, but for anyone really, the closer we are to where people live, the better the outcome, because we can connect people with the support and training they most need—when they need it and where they need it.”

On any given day, over 1,000 people access Salvation Army addiction services from Kaitaia to Invercargill. Lynette says the transfer of services is an “innovative forward move, one that will take The Salvation Army into a stronger position in the alcohol and drug sector. We know exactly what we’re doing and where we’re going and that puts us in a very positive position.”

A formal closure ceremony is planned for December 30 bringing to an end almost 100 years of Salvation Army treatment on the Rotoroa Island.
The third Addiction Treatment Leadership Day for 2005 was held in Wellington on November 3.

Organised by the National Committee for Addiction Treatment on behalf of the Ministry of Health, the leadership day brought together more than 70 leaders in addiction treatment from around the country, as well as senior mental health officials from the Ministry of Health.

“It’s a great opportunity for the sector to engage with the Ministry and vice versa, to update each other on what’s going on and discuss issues, problems and solutions,” says Mental Health Commission AOD Project Manager Peter Barnett, who helped organise the leadership day.

Peter Barnett was appointed to the position earlier this year as part of a new joint project between the Mental Health Commission (MHC) and ALAC. The project will facilitate leadership and provide advice on alcohol and drug treatment to both agencies and to the mental health and drug treatment fields.

The leadership day also provides an opportunity to swap ideas and talk about how things are done in different organisations and different parts of the country. “Many services are doing fantastic things,” says Peter. “How much better if we can share those and replicate them.”

The leadership day featured sessions and panel discussions on:

- Te Tūhuhu — the government’s 10-year plan for mental health and addiction — and, in particular, issues to do with its implementation;
- treatment leadership and service development from a wide range of perspectives;
- services for young people; and
- an update on the National Committee for Addiction Treatment.

One key theme to emerge was the need for addiction treatment services to stop seeing themselves as a “poor cousin” in the wider health sector, and instead to “sell itself” as an important part of mental and general health care.

Another key theme was the importance of workforce development. One person at the leadership day commented that, irrespective of what structures and funding were in place, services were only as good as the people delivering them; and another suggested that dedication is only one part of what’s needed from people working in mental health care: “Diligent staff will see a lot of people. Competent staff will help a lot of people.”

The Deputy Director General of Mental Health, Dr Janice Wilson, had high praise for the new Mental Health Commission resource Whānau Ora saying that it contained essential ingredients for putting Te Tūhuhu into action. The leadership day was also told that Te Tūhuhu would be implemented within existing or already-announced funding growth for mental health.

In the discussion on youth services, some speakers commented on the links between drug and alcohol addiction and other mental health issues, and the importance of dealing with drug and alcohol addiction as a step on the path to recovery. There was also discussion about the importance of providing services in ways that are relevant to young people. One speaker said that youth worker approaches are often more successful in engaging and changing behaviour in young people than clinical or adult-model methods, and others emphasised the need to “think outside the square” when dealing with young people.

The next addiction treatment leadership day will be held in Christchurch on March 9, 2006.
Some 60 people representing treatment providers from throughout the South Island attended at two-day treatment forum in Christchurch last month.

Organised by ALAC’s Southern Regional Office, the forum provided an opportunity for discussion of the latest ideas and updated people on a variety of local national and regional issues, says ALAC’s Southern Regional Project Manager Tuari Potiki.

A variety of organisations made presentations including ALAC Chief Executive Officer Dr Mike MacAvoy on ALACs programme to change New Zealand’s drinking culture. An update on a Kaupapa Māori day Programme in Christchurch was provided by team leader Brent Tohiariki and his colleagues from He Waka Tapu, Daryl Gregory, Hemi Lewis and Selina Elkington, George Ehau, and Sandy McLean. Other presentations included Tessa Watson on the Police Arrest Referral Pilot and Cate Kearney and Tim Carter gave an update on ADANZ South Island projects. Peter Barnett (ALAC/MHC) gave an overview of the Treatment Leadership work he is doing and He Oranga Pounamu gave an update on the Te Waipounamu AOD Leadership project Te Whare Tukutuku. Fraser Todd and Simon Adamson from the National Addiction Centre updated attendees on training and research developments.

Paul Robertson from the Christchurch School of Medicine) presented on national AOD workforce development programme, Matua Raki. Other presentations came from Paul Rout from the South Island Shared Service Agency and Terry Huriwai from the Ministry of Health.

Nick Scott (Area Manager Community Probation), Murray McLeod (National Parole Board) and Chris King from Christchurch Prison gave a very well received presentation on the interface between alcohol and the justice system. Their presentation showed that:

- Approximately 83 percent of people who offend have current or historical AOD dependence or abuse issues (Psychiatric Morbidity Study)
- Almost 90 percent of people who offend reported being affected by alcohol or other drugs at the time of their offence (About Time Report)
- Successful AOD programmes have shown a 33 percent reduction in re-offending (About Time Report)

Local treatment providers have undertaken to meet regularly with key Corrections/Parole Board staff to investigate local solutions to some of the issues raised during the presentation.

Feedback from attendees showed that they found the treatment forum a very useful way to stay informed about developments in the AOD sector and to raise and discuss issues specific to the South Island. “The AOD treatment field within Te Waipounamu is unique and in many ways has provided, and continues to provide, national leadership and direction to the AOD sector,” says Tuari, “We are fortunate to have a skilled, passionate, and committed AOD treatment workforce in the South who continually look for ways to improve the services the are delivering to their clients.”
Changes in the AOD Sector

The Central Region Technical Advisory Services, Kahui Tuitui Tangata (TAS) review of Lower North Island (central region) Treatment Services has given the impetus for a lot of changes to addiction services in the DHB Central Region comprising Wellington, Hutt Valley, Wairarapa, MidCentral, Wanganui and Hawke’s Bay District Health Boards.

The review recommended enhancing community based intensive AOD services and the establishment of a Regional AOD Service Co-ordinator within a lead district health Board. Rawiri Evans was appointed to the role in April this year and is heading the roll out of the changes.

Rawiri has a background in both clinical and harm reduction models. His career began in Wellington in 1985 working for NSAD (National Society of Alcohol and Drug Dependence) now CARE NZ. He spent three years at the Charles Burns Trust in Upper Hutt and three years at Queen Mary Hospital in Hanmer. He also worked in Invercargill on an outpatient youth programme on Colyers Island at Bluff Harbour and at the Rhanna Clinic working with methadone gambling also outpatient three-week treatment programme.

In 2001 he came back to Wellington and has spent the last three years with Wellington public health, which has included a major involvement with the recent smoke free legislation. He has a Bachelor degree in Maori Health from Te o Wananga Raukawa in Otaki and has a Diploma of Maori Health and Diploma in Maori Mental Health.

Now eight months into the job, he says one of the biggest challenges is getting acceptance for the new direction “There are a number of new strategies to pilot within the region and we need to bring the field along to accepting these new directions.”

The review carried out between 2002 and 2004 looked at the availability and management of intensive AOD treatment for adults in the central region, which covers six district health boards (DHBs). The review coincided with the closure of a number of AOD residential services within the region namely the Hanmer Clinics and the Marton Treatment Centre, and the region’s loss of access to St Marks in Blenheim.

Rawiri says the expansion of community-based programmes such as day programmes are needed to fill the gap left by the closure of the residential beds.

Recent initiatives include the setting up of new networking groups. The overall purpose of the network is to improve addiction services by increasing coordination through the exchange of information and the complementary provision of services. The network will assist with developing the range of addiction services available in consultation with consumers/ Tangata Whaiao and promote best practice and consistent protocols.

The first network was established in Hawke’s Bay and this was followed by the establishment of the Wairarapa Addiction Network Group. The rest of the region will be following suit early in the New Year.

Rawiri says getting alcohol, drug and gambling service providers to work together has been an ongoing challenge but the collective knowledge is a very powerful base to work from.

“While the expectation is that agencies would work together in the best interests of clients and the services, the reality has been that services have tended to view other providers as competitors for contracts and have acted in isolation and in their own best interests.”

Meanwhile the Hinetitama Alcohol and Drug service based in the Hutt Valley District Health Board has combined with the Salvation Army to set up a new treatment centre in Upper Hutt.

Team leader Colleen Flux-Hollings says the new day programme runs over three days a week for eight weeks.

“Our philosophy is to treat the client in the community in the first instance,” she says. “We do of course refer to inpatient medical detox and residential centres as required but we believe if we can treat them in the community we can deal with the whole range of issues including environmental and any family issues. If they go away and change in isolation from their environment and family, they come back to an environment that hasn’t changed and family issues that may not have been resolved.”

Colleen says another initiative in the area is the establishment of a weekend retreat for family members of ‘concerned others’. This acts as a reward and has been extended to include clients who have made significant changes in their recovery.

The service has also recently employed two Pacific Island AOD workers – a move Colleen describes as a significant move forward.

“It has been great merging our two philosophies.”
Recent discussions between myself and my counterparts in the United Kingdom, Scotland, Ireland, Canada and Australia have convinced me that ALAC is on the right path with its programme to change New Zealand’s drinking culture as a long-term strategy to reduce alcohol-related harm.

What is unique about the New Zealand approach is that we have set out a vision of what the country might look like where alcohol is used enjoyably and safely. We envisage a nation that experiences no alcohol-related harm: where whānau and families manage the use of alcohol in a way that ensures everyone, particularly children and young people, are kept safe. We aim to support the development of a culture where people, who do drink, do so within safe limits; where bingeing and drunken behaviour are seen as unacceptable; and where people with alcohol problems have access to appropriate support and treatment for themselves, their families and communities. We believe that it is possible for New Zealand to become a society in which alcohol is used both safely and enjoyably.

Achieving the vision requires a fundamental change in societal attitudes and behaviour around alcohol for all New Zealanders. It means that:

- individuals and communities must accept that they have a role to play in changing their attitudes towards and behaviour with alcohol
- new approaches must be tried, with less emphasis on total consumption and chronic disease, and an increased focus on acute problems, social harm and disablement
- the liquor industry must market its products in ways that do not encourage societal tolerance for intoxication and drunkenness; and
- the hospitality industry must take responsible service seriously.

All New Zealanders can contribute to achieving this vision.

What is unique to this country is we are concentrating on the cause of the harm (drunkenness) rather than targeting the vast range of harms that result. In other words it is focused on changing the cause of harm rather than addressing the symptoms.

While many countries would like to do more the fact remains that we all live in a political world and the feasible, not necessarily the possible, is what we have to live with. Governments frequently approach areas such as alcohol misuse from a problem perspective, in other words reacting to the current fads, deemed unacceptable, or specific behavioural problems arising from misuse. The problem orientation approach has no vision other than vague outcome of reducing harm, presumably to an acceptable level which is never defined.

The problem focus inevitably leads to silos, such as reducing alcohol-related crime as being a major objective without ever promoting a vision of a society we might aspire to.

Maintaining the vision

By ALAC CEO Dr Mike MacAvoy

For ALAC, our vision has led to a shift in organisation focus, from addressing the harms arising from drinking alcohol per se to changing the cause of the majority of those harms – drunkenness itself, supported by a drinking culture that accepts drunkenness as a social norm. Changing this culture is our greatest challenge and this is not a task we can achieve on our own. We are convinced that a number of parties – New Zealanders as individuals and community members, the public health sector, other interest groups and the industry – have a role to play if New Zealand is to achieve a society that is able to flourish in the presence of alcohol.

Visions are ideals and even although the ultimate goals may never be achieved, maintaining that vision is what drives the alcohol strategy in this country. By contrast may other countries seem to focus on tools for reducing alcohol-related harm rather than articulating a vision for their society.

The next decade will be an exciting one to watch the development and implementation of this movement and its effectiveness. Developing and maintaining a vision is a key to that movement.
New Zealanders are increasingly recognising the existence of a binge drinking culture in this country and are starting to recognise the link between drunkenness and the range of harms that result, says ALAC Chief Executive Officer Dr Mike MacAvoy.

A survey carried out in March and April this year looked at the current attitudes and behaviours of New Zealanders aged 12 and over towards alcohol. This follows a similar survey in 2003.

“We commissioned the survey to see if attitudes had changed over the last two years. We also wanted to test the outcomes of our programme aimed at changing this toleration of binge drinking.

“What we found was that attitudes haven’t changed around the acceptability of drunkenness which is to be expected as this stage of the programme. What is important though is that people are beginning to see there is a problem with the way we drink and they are also making the link between drunkenness and the harms that result,” he says.

“In the past when asked about the harms that result from alcohol, many people focused solely on drink driving or dependency,” says Dr MacAvoy.

“This survey shows that more people are starting to recognise the others harms that result from alcohol misuse such as crime, violence, falls, accidental injury and relationship problems.”

ALAC is currently running a programme aimed at changing New Zealand’s binge drinking culture. The first stage of the campaign aims to get New Zealanders to understand the problem.

“At this stage of the campaign we are aiming to get New Zealanders to recognise that it’s the way we drink that is the problem, that it is the excessive per occasion consumption or drunkenness,” says Dr MacAvoy.

The survey shows the message is being picked up with some 83 percent surveyed recalling some publicity about New Zealanders drinking habits. With regard to the key message, almost half recalled the key message ‘It’s not the drinking; it’s how we are drinking’.

The survey also shows New Zealanders are beginning to make the link between drunkenness and the harms that result.

In total three quarters of respondents agreed that they were more likely to cause harm to themselves or to others if they were intoxicated. A range of harms was identified apart from drink driving, including violence/fighting, accidents and other physical harm and domestic/family violence.

“We believe the see campaign is effective, and having an impact on awareness of drinking issues. The next stage of the campaign focusing on getting people to recognise their own behaviour in the overall scheme will follow next year.”
Two electronic mailing lists have been set up to enable individuals to communicate via email with other alcohol and drug professionals in New Zealand.

You can either subscribe to a general mailing list or register to connect to a network of Māori alcohol and drug workers.

**SUBSCRIBE NOW**

Contact other alcohol and drug professionals:
1. If you have access to the web, subscribe by going to http://lists.iconz.co.nz/mailman/listinfo/aandd
   You will find a form to fill out. You will need to choose a password.
2. If you don’t have access to the web, send an email message to aandd-request@lists.iconz.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 Susan McBride.
   Email: s.mcbride@alac.org.nz
   Phone: 04 917 0060

Join a network of Māori alcohol and drug workers:
1. If you have access to the web, subscribe by going to http://lists.iconz.co.nz/mailman/listinfo/te_kupenga_hauora
   You will find a form to fill out. You will need to choose a password.
2. If you don’t have access to the web, send an email message to s.mcbride@alac.org.nz
   Phone: 04 917 0060

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Know how much alcohol you're really drinking

A swill of old english bitter
A tumbler of gin and tonic
A wallop of blue curaçao
A mouthful of vermouth
A guzzle of ice cold beer
A hint of coffee liqueur
A morsel of chardonnay
A sip of gewürztraminer
A swallow of triple-sec
A nip of peach schnapps
A refresher of riesling
A droplet of white rum
A savour of sangiovese
A smidgen of semillon
A try of red bordeaux
A taste of champagne
A touch of zinfandel
A taste of pinot noir
A tall rum and cola
A wee bit of ahuinthe
A sampler of scotch
A taster of sambuca
A snifter of brandy
A shot of advocaat
A whiff of bourbon
A tickle of sangria
A stein of pale ale
A dab of drahambuie
A splash of bubbly
A swig of madeira
A little pinot gris
A wink of tequila
A jigger of vodka
A dash of cognac
A pitcher of wine
A drop of whisky
A scull of red ale
A quick draught
A quaff of stout
A tad of muscat
A vessel of lager
A tidbit of port
A tipple of rum
A tester of rosé
A wink of saké
A bit of shiraz
A spot of gin

A gulp of vodka and lemonade
A drizzle of peppermint schnapps

It's easy, just look out for the Standard Drinks measure, on all bottles and cans of alcohol, or for more information visit www.alac.org.nz and check out the Straight Up Guide.