



Vol 8 No 1 June 2007

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ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND  
Kamihēra Whakatupato Waipiro o Aotearoa

## Features

Alcohol Advertising Review  
– a step forward or a step back?

Working Together Conference 2007



**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.

**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 September 2007.

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**[alcohol.org.nz](http://alcohol.org.nz)**

ISSN 1175-2831 (Print)

ISSN 1177-9578 (Online)

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



Gerard Vaughan  
Chief Executive Officer.

## WORDS FROM THE CEO

We all need inspiration in our work, and the last few months has provided a lot for me.

The energetic participation and open discussion of the 250 attendees at the Working Together Conference in May was a highlight. As well as the quality keynote speakers and panel members, I was inspired by a parallel session presentation by two extremely talented CAYAD facilitators from South Auckland. They shared the work they were doing with young people and their whānau, which following the conference resulted in a youth-led march through Clendon protesting at the oversupply of liquor outlets in their area.

Another significant piece of work over the last few months has been ALAC's hosting of over 20 meetings around the country seeking feedback on our Council's proposed Strategic Direction for the next five years. Our Chair, Council members and ALAC staff have found the comments, discussion and debate extremely valuable. We wanted to hear a broad range of views and, with the meetings well attended by many of our diverse stakeholders and interest groups, this has occurred. Although we would never expect there to be agreement on all things, a number of key themes have emerged from the meetings, which we are currently considering in the process of finalising our Strategic Direction. We will be feeding back information on the outcome of this in the near future.

Two other highlights have been the launch in Auckland of the Community Resource to accompany the Bewildered DVD, done in partnership with Auckland CADS who were also launching their online group counselling service, and the 10th anniversary of the Alcohol Drug Helpline based in Christchurch. Over the last 10 years, the Helpline has grown from a service that took 700 calls in its first year, to last year receiving 14,000 calls. The backbone of the service has been the network of volunteers, and it was great to meet and hear the stories from the volunteers who attended their 10th year celebration.

So, all in all, I have been reminded that in New Zealand we do have inspiring people who are making a real difference.

A handwritten signature in black ink, appearing to read 'Gerard Vaughan'.

Gerard Vaughan  
CEO

June 2007

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# Alcohol Advertising a step forward

In early May Associate Health Minister Damien O'Connor released the steering group's report of the government-initiated review into alcohol advertising.

The steering group was made up of a range of representatives from government agencies and the health sector and an Advertising Standards Authority representative. It looked at the regulatory framework for alcohol advertising to determine whether it was sufficiently aligned with the Government's alcohol policies and harm reduction objectives. More than 250 submissions were received. The Government has yet to respond to the report. Releasing the report, Mr O'Connor said the report had significant implications for the sale and supply of alcohol to minors, which was also currently being reviewed. The Government would consider both sets of recommendations in tandem, after the sale and supply review is completed, expected by July, he said.

**Here we look at a summary of the report's recommendations and the reaction so far.**

Alcohol advertising plays a role in shaping the culture of drinking in New Zealand, says the Steering Group. It reflects and amplifies drinking practices in the context of a country's social, economic and cultural history. The research evidence considered suggested "a small but significant association" between the level of exposure to alcohol advertising and alcohol consumption. It noted, "the research examining the link between exposure to alcohol advertising and alcohol consumption is complex and will continue to be contested for various reasons."

In reaching its conclusions, the Steering Group looked at the current self-regulatory system for alcohol advertising in New Zealand, and found that it compared well against international standards, and had a number of strengths. However, it also identified the following features of an effective regulatory framework for alcohol advertising, which are "lacking or insufficient" in the current voluntary self-regulatory system:

- the system should be underpinned by legislation that sets out clear policy goals
- the jurisdictional scope should include all forms of commercial promotion and marketing communications
- government should have the opportunity to influence the regulatory process and outcomes
- there should be enforcement powers in cases of serious or persistent noncompliance
- rather than relying on a complaints-based approach to identifying and addressing potential breaches of the rules, the body responsible for administering the system should have formal powers to investigate potential breaches
- there should be systematic, independent monitoring, audit and research of the system processes and outcomes
- public consultation during reviews of the rules governing liquor advertising should elicit a diverse range of views.

# Advertising Review

## Forward or a step back?

The Steering Group considered a range of regulatory options to address the identified gaps or weaknesses in the current system. The range of options included voluntary self-regulation, enforced self-regulation, co-regulation and full government regulation. After “considerable debate”, it concluded that a move to co-regulation or full government regulation of alcohol advertising through a statutory body was not warranted at this time, and that the improvements needed could potentially be implemented within a system based on self-regulation.

However, an important change to the current self-regulatory system recommended was the introduction of a coherent legislative framework that included the following public policy goals:

- to ensure alcohol advertising does not conflict with or detract from the need for responsibility and moderation in liquor consumption
- to minimise overall exposure of alcohol advertising to children and young people under the minimum legal purchasing age.

Another significant enhancement recommended is the introduction of sanctions that can be invoked in specific circumstances, in particular in instances of serious or persistent non-compliance, which would also be set out in legislation. These changes would move New Zealand from a voluntary self-regulatory model to an enforced self-regulatory model that requires the participation of all industry operators.

### Other key recommendations are that:

- the scope of the regulatory system for alcohol advertising be extended to include all forms of liquor promotion and marketing communications
- the body responsible for administering the self-regulatory system have formal powers to investigate breaches of the rules
- there should be both internal monitoring processes that are independently audited, and external, independent monitoring of the outcomes of the regulatory system
- there be a planned programme of research, based on the policy goals
- new ways of engaging with the community be explored in order to elicit a wider range of views during reviews
- the implementation of these enhancements should be reviewed after two years to ensure that sufficient progress has been made.

The Steering Group found insufficient evidence to determine whether further restrictions on sponsorship by the alcohol industry are warranted at present. However, it acknowledged concerns about the exposure of children and young people to alcohol products and brands as a result of sponsorship arrangements and recommended further research on alcohol sponsorship and that national, regional and local organisations be encouraged to undertake voluntary initiatives to minimise the exposure of children and young people to alcohol products and brands.

# Alcohol Advertising Reaction ALAC

The proposals, if implemented, will increase the Government's ability to influence the rules contained in the Code for Advertising Liquor, and will increase the range of actions and sanctions that can be taken to address non-compliance, said ALAC CEO Gerard Vaughan.

"An important result of the review will be the extension of the self-regulatory system to include all forms of liquor promotion and marketing communications, not just some forms of advertising as is the case now.

"The proposals put forward by the Steering Group have the potential to significantly reduce the amount of alcohol advertising reaching children and young people, and we hope will also result in zero tolerance of any alcohol promotion that taps into the binge-drinking culture. However, achieving this depends on the willingness of the industry and the Government to implement the Steering Group's recommendations."

## **The New Zealand Drug Foundation**

Drug Foundation Executive Director Ross Bell said the report had been received as a pragmatic consensus outcome, considering the membership of the steering group and the usual politics involved in alcohol policy. "That's a generous evaluation of the recommendations," he said.

He considers the report "an opportunity lost". The Drug Foundation had recommended alcohol advertising be discontinued. "So we were clearly disappointed the steering group endorsed the current voluntary industry codes, albeit with some tinkering and monitoring."

Mr Bell said there was no doubt that alcohol marketing played a key role in shaping the culture of drinking in New Zealand. The current system of voluntary industry-managed codes did nothing to consider or protect against the negative outcomes of marketing; industry self-interest never would.

In reading submissions to the steering group, Mr Bell said it was alarming to see some of the responses: young people recognised that alcohol advertising is targeted at them, it does influence their attitudes towards alcohol and their drinking. They identified that marketing portrays alcohol products and alcohol drinking as being cool, with having fun and being stereotypically male. A person in recovery said that they can be triggered into thinking drinking would be a good idea by advertising in all its forms.

"Those outcomes are only some of the reasons we need to have a tougher response to alcohol marketing than that recommended by the steering group.

"We are disappointed with the recommendations – we expected more. While tighter controls (if not a complete ban) over alcohol advertising are not the silver bullet, it is an important part of a broader range of measures to reduce the harms from alcohol. We will encourage our minister responsible for alcohol policy to consider the recommendations, but take bolder action."

## **Group against liquor advertising (Gala)**

The Group against liquor advertising (Gala) considers the report to be "deeply flawed because it is still based on a system of codes for advertising, and relies heavily on responsibility by the advertising and liquor industries."

Spokesperson Dr Viola Palmer said the report was influenced by the advertising, liquor and media industry submissions. "More weight should have been given to submissions from groups and individuals who are working for the public good," she said. "These show major concern about advertising and call for much greater restrictions or a ban on alcohol promotions."

She said advertiser Jeff Clark from Clemenger BBDO stated truthfully to the Steering Group, "Recent trends in alcohol marketing include a surge in marketing in youth environments and cultural events where branding is carefully tailored to particular youth subcultures. Promotion often occurs where young people congregate and make good use of internet and texting."

# Advertising Review

Dr Palmer said advertisers were making great strides in extending the boundaries, while regulators “fiddle about with reviews. We consider that alcohol promotions are driving youth and binge drinking and that the recommendations in this report will do nothing to reduce these.”

However, Gala did see some positives in the report, in particular enshrining public policy goals in legislation; extending the scope of regulation to all forms of commercial communications; the power to investigate breaches of the codes and to apply sanctions; further research on alcohol sponsorship; government ability to influence the regulatory process and outcomes; and a review in two years' time.

## Alcohol Healthwatch

Alcohol Healthwatch sees potential for harm reduction in the Steering Group's recommendations, particularly in the suggested move to a legislative framework and the inclusion of measures to control exposure. However, director Rebecca Williams said this potential could not be realised in a self-regulatory environment.

“Therefore a real opportunity to reduce alcohol-related harm, especially to young people, and to support the Government's aim of achieving a culture change will be lost.”

Ms Williams said the summary of the review consultation process showed that the majority of submissions from individuals, the voluntary and community sector, health sector and researchers (totalling 119) did not support self-regulation, did not support the codes of practice and called for a ban or tighter controls on advertising, including sponsorship. The majority of submissions from youth orientated organisations also proposed that alcohol advertising be government regulated. “Yet the report fails to represent this and the supporting evidence, concluding that further restrictions are not warranted at this time. We ask just what level of evidence is required to warrant further restrictions if the current burden of harm related to alcohol isn't enough. We believe there is ample evidence and sufficient community concern to warrant further restrictions on alcohol marketing and that it is common sense to do so.”

Ms Williams said Alcohol Healthwatch believed that the Smokefree Environments Act, including the role of the Health Sponsorship Council, was an example of a cost-effective model.

Alcohol warranted at least the same level of restriction as tobacco and there was no longer valid justification for not doing so.

## Distilled Spirits Association

The Association has commended the Steering Group, describing the report as sensible, comprehensive and thorough.

Association Chief Executive Thomas Chin said the suggested enhancements to the advertising self-regulatory regime were useful. “Significantly, they recognise that there is no causal link between beverage alcohol advertising and increased overall consumption,” he said.

“Accordingly, there is no empirical basis for bans on alcohol advertising or further restrictions on sponsorship advertising. Additionally, the proposed changes are realistic, logical and in line with responding to new and emerging marketing and communication forms.”

Also, the Association applauds the Steering Group for reaffirming that the self-imposed industry standard on alcohol advertising is a showcase of a workable, effective and successful model.

# Working Together

More than 200 people attended ALAC's 10th Working Together Conference in Christchurch in May this year. The Government review into the sale and supply of alcohol to minors took centre stage on the first day with a keynote address from Associate Health Minister Damien O'Connor outlining progress. Following his address, there was a panel session with four invited speakers offering their suggestions on two measures that could be adopted to reduce alcohol-related harm from young people. Day two saw further keynotes: from District Court and Youth Court Judge John Walker and Scotland's Alcohol Focus Chief Executive Officer Jack Law.

Associate Minister of Health Damien O'Connor said the current review into the sale and supply of alcohol to minors was going well, and several key issues had been highlighted.

These included New Zealand's normalisation of youth drinking which was reinforced through alcohol availability, visibility, affordability, and advertising; unsupervised consumption of large quantities of alcohol taking place on private premises and in public places; illegal sales to minors in particular from 'problem' retailers such as some grocery and bottle stores; and excessive consumption by some youth.

Mr O'Connor said alcohol was supplied to minors largely by parents, friends, and other adults,

Addressing the issues around supply by parents must be considered as a key part of any proposed package of



Judge Unwin & Judge Walker.

interventions. Up to 60 per cent of minors who had drunk reported that they accessed alcohol from their parents.

"Currently, supply by parents is legal except on restricted premises. There is also no requirement to supervise or limit supply," he said. "Some parents have a permissive attitude to supplying alcohol including supply in large quantities, for parties, and in unsupervised locations."

Mr O'Connor said friends and other adults were also an important source of supply of alcohol to minors, particularly 15- to 17-year-olds. Overall, they were not permitted to purchase and supply alcohol to minors.

"However, the purchase of liquor for the purpose of supplying at a private social gathering is legal and police indicate that it can be very difficult to determine the intent at the time of purchase. This confusion must be sorted out."

Mr O'Connor called for greater compliance and responsibility from the industry.

The sale of liquor to minors was illegal. A number of measures had been implemented since 1999 to ensure the minimum legal purchase age was enforced and improve the host responsibility practices of licensed premises. These included:

- the evidence of age (18+) card
- enabling police to conduct controlled purchase operations
- the requirement that general managers of licensed premises obtain a prescribed qualification;
- making general managers responsible for the enforcement of the Act, the premises' licence conditions, and the conduct of the premises with the aim of contributing to the reduction of liquor abuse.

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However, he said, despite these measures, some premises continued to sell to minors.

Mr O'Connor said internet sales might also be a potential growth area where retailers had few cues for verifying the age of the purchaser.

Supermarkets had over recent years made vast improvements in their compliance with the legal requirements. However, their loss-leading strategies did mean that alcohol was very, very cheap, and contributed significantly to alcohol-related harm.

Mr O'Connor said he and Justice Minister Burton would direct Health and Justice Ministry officials to consider policy responses to these objectives to strengthen the existing legal and regulatory policy framework in New Zealand when the review was completed.

Mr O'Connor said working together was the only way to make progress on improving our alcohol culture.

"Like-minded people who are working to change New Zealand's culture of intoxication have an opportunity today and tomorrow to share some great ideas and to make progress on developing solutions.

"However, to secure change, we all have to take responsibility – be it in central government or local government, as public health professionals, the liquor industry or as individuals.

"We all need to reach a point of respect for one another's interests and realise that there is a role for alcohol in our future, but one that causes considerably less harm than is the reality at present."

## Panel session

Christchurch district licensing officer Sergeant Al Lawn said New Zealand needed to regain the ground lost when the legal purchase age for alcohol was lowered in 1999.

He called for a law creating a legal drinking age of 18 so that anyone supplying alcohol to minors aside from parents and guardians could be prosecuted. Penalties could include an instant fine of \$500, or fines up to \$5000, or three months' imprisonment. He also said parents or guardians supplying to minors had a responsibility to actively supervise.

He also called for a ban on all discounting on the price of alcohol in the same way as tobacco. When supermarkets were given the right to sell alcohol they 'hand on hearts' said they would not discount alcohol. Discounting of tobacco was illegal under the Smoke-free

Environments Act; alcohol should be treated the same way, he said.

Bruce Robertson, HANZ also called for a legal drinking age of 18, again, with an exception for parents as long as they supervised the drinking. He also called for the reintroduction of the offence of intoxication in a public place, for everyone (not just young people). Mr Robertson also suggested a ban on advertising of alcohol prices – as a way of dealing with loss leading.

Ross Bell, from the New Zealand Drug Foundation, called for the introduction of server liability as in the United States. There if servers of alcohol breach supply rules and the patron causes injury or death, the server is partly liable. He also called for full cost recovery from licensees, including social and economic costs.

Kevin Mechen, Liquor Licensing Coordinator with the Dunedin City

Council, called for more price control. He suggested taking alcohol out of the Commerce Act.

Price issues dominated comments from the audience, in particular how to address low alcohol prices and heavy discounting particularly by supermarkets, and Commerce Act issues. One suggestion was taxing retailers by volume sold – an escalating scale of tax so that outlets that sell more alcohol attract proportionately higher tax.

There was also support for increasing penalties and enforcement. One participant suggested district courts should "grow some teeth". The Sale of Liquor Act allowed for large fines but they were not applied. Another suggested support for the policy of "three strikes and you're out", that is after three breaches licensed premises should lose their licence.

*The results of the panel session were to be fed into the government review.*

# Working Together

## continued

A multidisciplinary, interagency, whole of community approach is needed to reduce alcohol-related offending, District Court and Youth Court Judge John Walker told the conference.

The underlying causes of alcohol-related offending had to be confronted if crime was to be reduced, he said. “Unless the underlying cause of offending was dealt with effectively we could only expect re-offending, more victims, more shattered lives, more social cost. We, as a community, needed to face this reality.

“No part of the community can hope to deal with a problem this big on its own. The courts cannot, the police cannot, the prisons, Children, Young People and their Families, Health, or Corrections cannot make progress on their own. It is a problem that will not be constrained by departmental boundaries.

“The debate as to whether it is a Health issue, a Justice issue, a Corrections issue, is a paralysing debate - nothing promotes inaction better than that debate. The problem knows nothing of funding boundaries. It will only respond to a multidisciplinary, interagency, whole of community attack and nothing less will do.”

Outlining the scope of the problem, Judge Walker said in 80 percent of the cases in the criminal list court, the offender would have an alcohol or other drug dependency or abuse issue connected with the offending.

A similar percentage of prison inmates had dependency or abuse connected with their offending. It was no different in the Youth Courts where young people aged between 14 and 17 appear. The percentage of alcohol and other drug-related offending was the same. By the time the young person with a dependency came to the Youth Court, typically at the age of 15 or 16, that dependency was often well established.

“These young persons are often in households where adults have a dependency, where drug taking and intoxication are a normal part of life. It is very hard to tell a young offender in the Youth Court or Adult court that excessive drinking is a problem connected with their offending when binge drinking every weekend is a social norm for so many, when parents send them off at the weekend with alcohol in the naïve belief that that way they know what their children will be drinking.”

Last year Judge Walker was the recipient of the ALAC Gary Harrison Fellowship (named in memory of a past CEO of ALAC) and travelled to the United Kingdom where he looked at several examples where a multidisciplinary collaborative approach is taken.

In Glasgow and in Edinburgh the services which the Sheriff’s court use were located together in a single building close to the court. In Glasgow the probation officers, the AOD workers, the forensic psychiatrists, doctors, psychologists were located in the same building.

Assessments for court, delivery of treatment, regular reports to the court on progress were all carried out at the same location. The offender had two places to go to, the court and the adjacent building. Those involved in the intervention were able to talk to each other at any time, they had case meetings, they were all ‘on the same page’ at all times.

The most highly developed model of co-location, which also applied the principles of problem-solving courts, was the Community Justice Centre or Neighbourhood Justice Centre approach.

This development started with the Red Hook Neighbourhood Justice Center in New York. Now North Liverpool had one, Melbourne had one; Glasgow was about to have one.

“The words ‘Community’ and ‘Neighbourhood’ convey much of what these courts are all about. They focus on responding to crime and safety issues in a particular community. They are located in areas of social disadvantage and high crime rates.

At the heart of these courts is an emphasis on forming partnerships between the court and local non-justice agencies and residents and businesses and adopting a problem solving approach to tackling the underlying causes of offending.

“In the criminal justice arena, working collaboratively simply has to be best practice and recognised as such. Courts can provide the rallying point. We are already seeing how this can be achieved.

“The Youth Drug Court in this city has demonstrated how effectively a multi-disciplinary team can work. And it is often much more satisfying to work in a team.

“In a small number of District Courts in New Zealand health agencies are providing alcohol and other drug clinicians in the courtroom, providing same day screening and arranging the delivery of treatment.

“Being in the courtroom they inevitably form partnerships with Corrections, police, lawyers, judges providing timely and more effective interventions. I encourage the expansion of these initiatives. There is now the development of specialist family

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violence courts where the specialised services necessary to deal with the underlying causes of family violence gather together.

“Judges encourage this participation. We, as judges, can go into the community and try to establish these links and gather the services. We are increasingly doing this where we can but we also need community agencies to come forward, put their hands up, and say we think we can help, will you let us?”

**Judge John Walker**

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Scotland has a world reputation for having hardened drinkers or being ‘the sick man of Europe’ Jack Law, Chief Executive of Alcohol Focus in Scotland told the conference.

The problems were similar to New Zealand with many drinking to get drunk, he said. Mr Law referred to the three A’s around alcohol - acceptability, affordability and availability. Excessive drinking was seen as normal and everyday behaviour. Latest statistics showed alcohol was 62 percent more affordable in 2005 than in 1980. The cheaper product, combined with social acceptability of drunkenness led to social and health problems. Alcohol was also much more available than ever before with supermarkets’ ethos of “pile them high and sell them cheap”.

Alcohol Focus is the national voluntary organisation for alcohol issues and is committed to improving the quality of people’s lives by changing Scotland’s drinking culture – promoting responsible drinking behaviour and discouraging drinking to excess. Alcohol problems cost Scotland an estimated £1.1 billion per year in terms of the NHS, social work, police, emergency services, and the wider economic and human costs. Alcohol misuse not only affects the health and welfare of individuals themselves but also has a major impact on family relationships, communities and society as a whole.

Alcohol Focus provides information and training on alcohol issues, raising awareness of alcohol-related problems, and working to influence national alcohol policy.

Outlining the scope of the problem, Mr Law said there had been a 300 percent increase in alcohol-related deaths since 1991. In fact, there was one death every four hours in Scotland which was attributable to alcohol.

Scotland had taken a huge upwards curve in the rate of deaths of males aged 45 to 64 dying from liver cirrhosis compared with

other European countries, which have been declining in these particular deaths since the 1980. Even other parts of the United Kingdom had not seen the type of significant increase seen in Scotland.

Some 72 percent of victims of assault cite alcohol as a contributory factor; one in five violent crimes occurred in and around pubs and clubs; alcohol was a factor in half of homicide cases; and an alleged-assault study at A&E highlighted that the highest rates presented between Friday 8pm and 4am Sunday.

At the same time alcohol-related industries are estimated to provide six percent of total employment; in 2003, alcohol exports from Scotland were worth £3.3 billion; and throughout the United Kingdom alcohol taxes account for seven percent of total customs and excise revenue.

Mr Law said Scotland’s first plan for Action on Alcohol problems in 2002 heralded a new integrated approach to reducing alcohol-related harm. It was the result of considerable consultation with health workers, people in the social care field, non-government organisations and trade and industry.

The aim was to change Scotland’s drinking culture by:

- acknowledging the positive benefits of alcohol while developing prevention and education initiatives aimed at reducing alcohol-related harm
- changing Scotland’s liquor licensing laws and changing the way alcohol is marketed and sold
- implementing national policy through 22 alcohol and drug teams.

The plan took account of the variations in how alcohol problems manifested themselves across Scotland and changed the action teams to develop their approaches against local cultures but within the framework of a national alcohol plan. And it recognised the need for a partnership approach because no one single approach has the solution.

“We recognised that, if the plan was to be effective, it had to be underpinned by effective legislation. We succeeded in changing to Scottish licensing legislation, to include the protection and improvement of public health as one of the five licensing objectives.

“This new legislation was a shift away from existing laws that focused solely on the business case and the applicant’s general fitness to sell alcohol.

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## Working Together Conference continued 2007

The new legislation linked two powerful processes – health policy within the alcohol field and a legislative framework to underpin the desired policy outcomes.”

While some progress had been made since 2002, the plan needed reviewing, he said. “In the last few months the updated plan has been released. It has to be seen within the context of a policy approach aiming at tackling poverty and disadvantage, tackling health inequities and breaking the intergenerational cycles of deprivation and ensure that support tackles those most in need.”

The renewed plan aims to develop a greater range and quality of services to help those families and individuals for whom harm was already a reality and to support local communities in their efforts of tackle local alcohol-related crime and anti-social behaviour.

It also developed the partnership theme from the first plan, detailing a partnership agreement with the alcohol industry, which included an agreed number of actions with the aim of achieving a long-term collaborative approach to a shared aim of reducing alcohol-related harm in Scotland.

All signatures were committed to bringing resources to furthering the aims of the partnership with the emphasis on tangible outcomes. The partnership also recognised the need for enforcement of current licensing legislation to ensure a zero tolerance to the illegal purchase of alcohol. The agreement recognised there were no quick fixes to what was a long-term problem requiring a long-term cultural change programme.

“Alcohol Focus is also in the process of setting up what we call ‘an alcohol alliance’. This is a broad-based group of organisations on alcohol issues to influence the development of services and policy. Trade and industry have not been invited into this partnership, as we believe it is important there is a counter balance between the two partnerships.

“Looking to the future, a think tank has been established looking at what kind of Scotland we want to see in the future. We are also trying to develop an initiative on visioning the future of the industry – a vision of corporate responsibility and how it could be achieved.”

**Jack Law, Alcohol Focus  
– Chief Executive Officer**



### **Ka puta Matariki ka rere Whānui. Ko te tohu tātā o te tau e!**

#### **What is Matariki?**

Matariki is a small but distinctive star cluster whose appearance in the north-eastern pre-dawn sky in late May, early June marks the start of a new phase of life. Traditionally viewed as the start of the Māori New Year, the Matariki cluster can be seen from many parts of the world where it is known by several other names including Pleiades, Seven Sisters, Subaru, Mata Ali'i and Messier 45.

The timing of Matariki's rising and the particular Māori celebration are unique to Aotearoa. Although there are tribal differences regarding the timing, celebrations most often begin at the next new moon after Matariki has risen. The exact timing varies from year to year but usually occurs during the month of June.

Matariki is a time to share and present offerings to others. Matariki can be translated in two ways – Mata Riki (Tiny eyes) and Mata Ariki (Eyes of God). Either way the eyes are thought to watch over the land and its people.

As well as marking the start of a new year, Matariki also signals other new beginnings. Traditionally Matariki was the time to plant trees, prepare the land for planting crops and renew associations with whānau, family and friends. The New Year is also a good time to reflect on your place in the world, to reawaken old skills or try out new ones and set new goals.

*(Excerpts taken from [www.matariki.net.nz](http://www.matariki.net.nz) and [www.teara.govt.nz](http://www.teara.govt.nz))*

With this in mind, the ALAC Māori Whānau Team would like to reflect on the achievements of the past year. ALAC has contracted a number of Māori providers that all work towards reducing alcohol-related harm for Māori and here are but a few of those providers and the achievements that they have made.

# iki

# Māori New Year

## Hapai te Hauora Tāpui

'Ko te amorangi ki mua, ko te hāpai o ki muri'

Hapai Te Hauora Tāpui is a Regional Māori Public Health Provider based in Tamaki Makaurau. It is the result of a tripartite between Te Runanga o Ngāti Whātua, Te Whanau o Waipareira Trust and Raukura Hauora o Tainui. The core business of Hapai is to provide Regional Māori Public Health.

Hapai te Hauora identified that there was a lack of specific Māori resources for kaimahi working with rangatahi on promoting safe behaviours around alcohol consumption. ALAC entered into a contractual relationship with Hapai te Hauora in 2002 to develop the Kia Maarie resource.

Kia Maarie (Peacefulness) was developed by rangatahi for rangatahi through a series of wananga held in Tamaki Makaurau. The idea was to capture, share and role-model safe practices around alcohol guided by Tikanga Maori.

The Kia Maarie resource contains an interactive DVD, wallet resource, music CD and a guide booklet on how to use the resource. In 2006 – 2007, ALAC contracted Hapai te Hauora to deliver 10 workshops throughout Aotearoa which are being facilitated by Boyd Broughton and Tipene Tahana. The purpose of these workshops was to promote the resource 'Kia Maarie'. The workshops were targeted at kaimahi who work with rangatahi.

If you would like a copy of the resource, please contact Boyd or Tipene at Hapai te Hauora on (09) 520 4796.

Website: [www.hapai.co.nz](http://www.hapai.co.nz)



Participants at a Kia Maarie Workshop recently held in Opatiki.

## He Oranga Pounamu

He Oranga Pounamu is a Māori Development Organisation established in 2000 under the mandate of Te Runanga o Ngai Tahu. The primary role for He Oranga Pounamu is to work with Ngai Tahu Runanga, the Crown's various agents and Māori service providers within the Ngai Tahu rohe to develop and promote health and disability and social services to and for Māori whānau.

He Oranga Pounamu aims to improve Māori access to and choice of services while also working with service providers to ensure ongoing service quality and development.

Currently, He Oranga Pounamu is entering into the third year of a three-year contract with ALAC. The purpose of the contract is to



Te Rina Moke (Kaiwhakarite, ALAC), Gilbert Taurua (Business Manager, He Oranga Pounamu) and Tracey Pōtiki (AOD Project Coordinator, He Oranga Pounamu).



# Matariki

## Māori New Year

enhance service coordination between providers and Māori communities who work to reducing alcohol-related harm.

Tracey Pōtiki is the AOD project coordinator and has had a very busy year. "It's been an exciting time, He Oranga Pounamu through our targeted scholarships have supported five whānau to obtain training in the area of Alcohol and Drug studies. We are committed to increasing the capacity of the AOD sector to better meet the needs of whānau who are seeking to make changes in their lives."

"He Oranga Pounamu would like to congratulate this year's scholarship recipients Donna Thompson, Stuart Noa, Nadine Winter, Brent Phillips and Phillip Hemopo for taking up the challenge to work in this mahi. Kia kaha koutou!"

Another project that He Oranga Pounamu has developed is Te Whare Tukutuku, which was set up in 2005 to address issues of leadership and to provide coordinated approach to Māori addiction treatment development in Te Waipounamu. The Tukutuku roopu have nominated representatives that are spread across Te Waipounamu (South Island).

"The Tukutuku remains committed to hauora Māori and believe that together we can make a difference to address substance abuse and its associated harms in our communities."

Tracey would like to take this opportunity to thank Te Whare Tukutuku past and present members for their continued commitment and contribution to this kaupapa.

He Oranga Pounamu continues to think of creative ways that nourish collaboration with other organisations that have an interest in the AOD sector and in reducing the risks associated with intoxication. Tracey states, "We all have a role in how we teach our children and young people to behave around alcohol if we are to achieve our vision."

### Mō tātou, mō kā uri āmuri ake nei

Website: [www.hop.org.nz](http://www.hop.org.nz)

### Te Runanga o Te Whanau

Te Whānau-ā-Apanui tribal territory is located in the eastern Bay of Plenty and East Coast regions of the North Island. The territory extends from Te Taumata-ā-Apanui (between Tōrere and Hāwai) to Pōtaka. Ten of the 13 hapu are affiliated to Te Runanga o te Whanau.

Te Runanga o te Whanau is a collective hapu enterprise established to provide infrastructural support for hapu within a self-government framework. It is involved in social services and local social and economic development. The Runanga also successfully manages a tribal fisheries operation and invests in the social and economic development of the iwi.

Te Runanga o Te Whanau and ALAC entered into a contractual relationship for the 2006 – 2008 period. The contract aims to contribute towards 'reducing alcohol-related harm' within Te Whanau a Apanui hapu, and within the Te Whanau a Apanui tribal territory. The contract has three essential elements: data collection, collaboration and education.

The contract with ALAC sits firmly in the Supply Control Strategy within ALAC's current strategic plan. Te Runanga o te Whanau is strategically placed by its working relationship with the Ōpōtiki District Council, New Zealand Police and the Coast Community Board.

In addition the Runanga has recently become a holder of an on-licence premises (with off-licence facilities) – The Te Kaha Café and Holiday Park. The Runanga hopes to work with ALAC to be a responsible licence holder, and provide alcohol-related information and education.

Website: [www.apanui.co.nz](http://www.apanui.co.nz)



Te Kaha Café and Holiday Park recently purchased by Te Runanga o te Whanau.

# Alcohol Drug Helpline celebrates 10th birthday

Earlier this year the Alcohol Drug Helpline celebrated 10 years as a nationwide service. The Helpline began as an alcohol-focused local pilot project in Canterbury in 1996, and in 1997 expanded into a nationwide service.

The concept came from ALAC and was modelled on similar free-call services operating in Australia and the United Kingdom. In 1996 ALAC contracted the organisation now known as Alcohol Drug Association New Zealand (ADANZ) to conduct a feasibility study for a free call alcohol and drug service – then to develop the service itself.

The Helpline service took to the air in November 30 1995, initially in Christchurch, then the South island in early 1996 and went national in 1997.

In its first year of operation the service took 700 calls; in the financial year ending 2006, the Helpline received more than 14,000 calls. Initially the service operated for only four hours each evening; today it operates runs from 10am to 10pm seven days a week. The Drugline, funded by the Ministry of Health, was launched in 2002 and the service renamed the Alcohol and Drug Helpline.

Cate Kearney, ADANZ CEO, says callers fall into three main groups: those who are concerned about their own drinking or drug use; those with concerns about or affected by someone else's drinking or drug use; and those wanting basic information. This third group includes general practitioners, alcohol and drug and allied-health professionals, and students at secondary and tertiary levels.

"Before 2002, the Alcohol Helpline, while responding to drug-related calls, primarily received calls on alcohol, reflecting the extent of alcohol misuse in our community. The shape of alcohol and other drug use in New Zealand has changed in recent years. The lowering of the legal purchase age, increased awareness of risky drinking patterns, 'P' emergence, drugs such as NOS and party pills have resulted in the Helpline increasingly responding to more complex calls, necessitating information development and a broader range of interventions, including referrals to crisis services."

With the increase in call volume, changes were required at the Helpline. From 1995 to 2001 the Helpline was staffed by volunteers, who, after attending a 10-week induction-training course, would then become 'Helpliners'. In 2001, Brief Intervention Counsellor (BIC) paid positions were introduced in recognition of the increasing challenge presented by the calls allied with fewer volunteers coming forward.

Today weekday shifts are covered by two BICs, with evenings and weekends covered by one BIC and one volunteer. The BIC pool now comprises employees recruited externally as well as from the volunteer pool.

Given the change in the helpline work, a change in the support infrastructure was also required. In 2002 a clinical coordinator position was established to offer clinical oversight, supervision and support to staff. In 2005 this structure again changed to a Clinical Manager and a Training Coordinator. In 2006 a quality manager joined the team to provide daily analysis of helpline calls and trends.

The volunteers and BICs attend regular ongoing training. The training style has become more interactive, being less of a lecture series and including practical applications as each topic applies to the Helpline. A regular training topic is motivational interviewing techniques and its application in a telephone setting.

In July 2007 the Helpline will move to fully professional staffing. This change is due to the recognition by the Ministry of Health of the dwindling numbers of volunteers and the increased complexity of helpline calls: 15% of calls in the last 11 months were brief interventions, 18% family intervention calls and 26% resulted in referrals to other agencies or support groups. The Helpline will continue to offer training opportunities for people wishing to enter the workforce.

Cate says promotion of the Helpline has been primarily through health professionals, word of mouth, newspaper advertisements and our Helpline business cards.

The Helpline number has been tagged to ALAC promotions, both print and television, and linked to TVNZ documentaries e.g. women and alcohol, and methamphetamine. More recently, ALAC has worked with the helpline to develop the "Faces campaign" that directs people seeking help for alcohol and drug problems to the Helpline as a first port of call.

The Helpline wants to extend further support to overloaded treatment agencies and primary health care providers such as GPs through the provision of brief interventions. A further plan is providing more formal linkages to treatment services and exploring a continuing care/aftercare service.

In 2006 two new projects were started with CADS Auckland; one assisted referrals in which Helpline callers who wish to see someone face to face are connected immediately to CADS

# Alcohol Drug Helpline celebrates 10th birthday

## Robyn Draper

Robyn has just retired after working as a Helpline volunteer since its inception. She was facilitating a group called Women for Sobriety when saw a notice advertising for volunteers for the Helpline.

Robyn, who is a recovering alcoholic, decided she wanted to give something back to the community so applied and was accepted. After 40 hours of training she hit the phone lines, initially for four hours a night from seven to eleven pm.

Robyn remembers her first call. "It was from a Vietnamese lady, we only got halfway through the conversation. She was what we call a 'significant other'; she was having terrible problems with her husband who was a drinker and quite a violent person. We had only just got started and he came home so that was the end of the conversation. So I never ever found out what happened to her."

Robyn says today callers are encouraged to ring back. "They can use us as a counselling service whereas before it was totally referrals with only a small amount of counselling."

She believes that the fact she is a recovering alcoholic gives her an empathy with many who call. Often people ask if you have had personal problems with alcohol, and if you say yes, they tend to warm to you a lot more and often ask what was it like for you, she says. "You then have to turn the question back and say actually this is about you."

Robyn says there are regular callers. "You know their ups and downs, you can see some weeks they are on course and other weeks they are not and need a lot more listening too. They just want to have someone to talk too. A lot of them are from people in smaller towns, maybe out in the middle of nowhere where they don't have immediate access to a counsellor."

The anonymity of the Helpline is a big plus. "People find it a lot easier to talk to someone they don't know and they can't see. Some, when they first come on, are very closed, feeling someone listening, or ask if we are writing it down or we are reporting it somewhere. Once they feel secure, they open up."

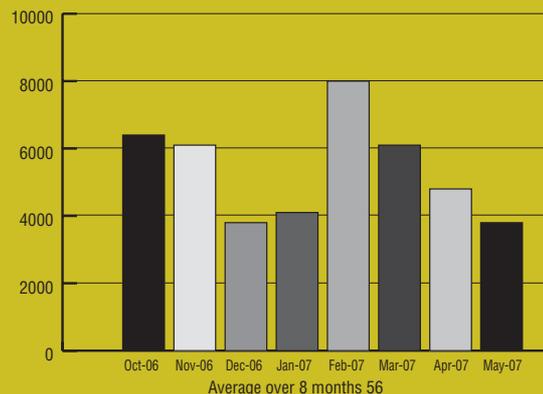
She says the length of calls varies. "There is no such thing as the average call. One might be a couple of minutes; another may be forty minutes. It depends on the person's stage, whether it is a 'significant other' or whether it is the user, and the problems are. There is no time limit.

"Every person who rings in is an individual and must be treated as such. Some of the stories hit you hard. For me it was the young people and those living on the streets with nowhere else to turn."

Auckland support for people waiting to access detoxification or residential care.

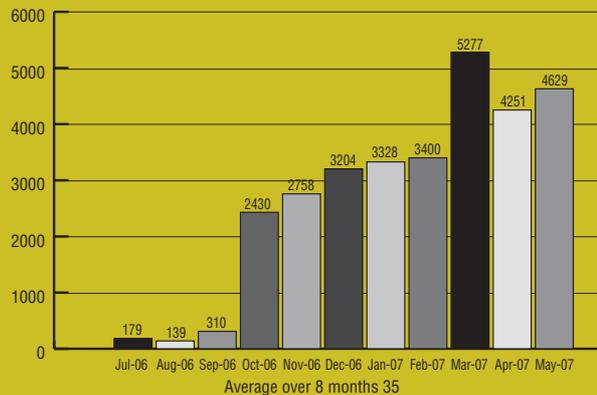
Also in 2006 the Directory of AOD Treatment Services was revised to provide a free electronic and hard-copy version to the public of New Zealand and to AOD service providers, says Cate. The Addictions Treatment directory receives on average 4,900 visits a month: 54,000 since it was launched last June.

Addictions Treatment Directory Website Hits



Another extension for the Helpline has been its own unique website. Over time screening tools and interactive options will be added. This website was launched last July, initially receiving only a few hundred visits a month. Over the last three months and coinciding with ALAC's media campaign the website has been visited by over 4,000 unique visitors.

Alcohol Drug Helpline Website Hits



# New faces at ALAC

## New ALAC Council Members



### Peter Glensor (Chair)

Peter Glensor is the current Chair of Hutt Valley District Health Board and an elected member of the Greater Wellington Regional Council. He is Chair of Parents Centres NZ and of Wesley Community Action, and is a member of the Board of District Health Boards NZ, the Advisory Committee for the Study of the NZ Non-Profit Sector, the PHO Community Council, and the NZ Drug Foundation.

Mr Glensor has extensive governance experience and a broad knowledge of the health sector. Until recently he was co-chair of the Community Sector Taskforce and a member of the Ministry of Health's New Prescribers' Committee. He has held a number of other positions including National Coordinator, Health Care Aotearoa; and was a Hutt City Councillor.

He says he accepted this position because it offered a further opportunity to contribute to building a strong, vibrant and healthy New Zealand society. "ALAC has a strong reputation for raising important issues and challenging New Zealanders," he said. "I want to be part of building a culture in this country where we value health, where we affirm life, and where we work together to reduce harms. Six months into the job, I am impressed with the calibre of the ALAC staff team and Council, and I'm amazed at the networks ALAC has with so many sectors throughout the country – working in partnership on a common purpose."



### Alick Shaw

Alick Shaw is currently Deputy Mayor of Wellington City Council, Chair of the NZ School of Music, Deputy Chair of the Arts Council of Creative NZ and Board member of Wellington Water Management, the Wellington Region Foundation, The Carter National Observatory and the Wellington Region Health Trust.

His previous Board appointments include: Trustee of the Embassy Theatre Trust (2001-2005); Wellington Shakers Netball Franchise (2002-2005); Trustee Wellington Museums' Trust (1998-2001); and Chair Wellington Sinfonia Orchestra (1999-2005).

Mr Shaw was President of the NZ University Student's Association (1975), Sector Industrial Officer for the NZ Bank Officers' Union (1983-1988), and proprietor and chef in three Wellington restaurants (1988-1998).



### Robyn Northey

Robyn Northey is a former School Dental Nurse and Social Worker with general and project management experience, who has broad knowledge and involvement in the health and not-for-profit sectors. She is currently a member of Northern X Regional Ethics Committee, Gerontology Association, and the American Society on Ageing.

She has held many positions in the health sector including: Chief Executive Officer Caughey Preston Rest Home and Hospital (1999-2004); Aged Care Planning and Development Consultant Metlifecare Ltd (1998-1999); General Manager Disability Support Services, Northern Regional Health Authority (1992-98); Planner, Auckland Area Health Board (1990-1992); and Manager Community Programmes and Principal Social Worker, North Harbour Health District Auckland Area Health Board (1988-1990). Robyn has a long-held interest in alcohol treatment issues and the impact of alcohol use on the family. She hopes to contribute to changes in the role alcohol plays in community life.

# ALAC & CADS

Earlier this year approximately 65 people from a range of agencies working with families attended a combined ALAC and CADS Auckland launch of two new resources.

ALAC launched the Community Presentation Kit for Bewildered DVD and workbook, an ALAC resource for families with teenagers with alcohol and/or addiction problems. CADS launched their new online Family and Friends support group as an addition to the menu of options that CADS have on offer for family and friends affected by someone else's use of alcohol and/or other drugs (AOD).

The Community Presentation Kit for Bewildered is a companion resource for ALAC's very popular parent resource, *bewildered*. *Bewildered* came out of consultation with the Alcohol Drug Helpline – who identified that a large percentage of callers are concerned and often desperate parents of teenagers, and that there are very few intervention tools available for this group. *Bewildered* has now become a flagship resource for ALAC. Thousands have been distributed since it was first printed late last year. It is a documentary DVD and workbook intervention for parents of teenagers that are abusing alcohol or other drugs. It focuses on the stories of the parents and young people on the DVD and on their process of change. The aim of the resource is to help other parents facing similar issues see they are not alone and that change is possible. Although every family's situation is unique, parents who are struggling with similar issues relate to the DVD's characters' stories and this helps them to work through their own situation and access the help they need.

The resource has been very successful and we decided to develop a pack to assist communities in using the resource. The community presentation pack includes a shortened version of *bewildered* DVD (seven minutes) and a PowerPoint presentation that can be presented in community settings to promote the *bewildered* resource to parents, guidance counsellors, youth workers and others groups. Present at the launch were some of the parents who feature on the DVD.

Robyn shared her story of being alongside her 21-year-old son from the time he was 13 years of age and had begun using substances in a way that caused ever-increasing problems in the family. She spoke about her journey, the sense of bewilderment, loneliness and confusion that she experienced plus her hope for the future. Robyn talked about how important it is to know where to go for support and information and resources. What Robyn shared with us on the day (and in the DVD) is a story of family courage, resilience and hope.

# join forces

Suzy Morrison from CADS says their youth unit clinicians give the *bewildered* resource to concerned parents on a regular basis. “My own experience of using the resource is in a group situation mainly. We hand them out on the week that people are telling their stories. Group members are very positive about the DVD. They like the narrative style and some say they watch it with their family /friends/neighbours. They are very touched and inspired by the stories and report being inspired and encouraged to continue telling their own. Also, the feedback from group members is often about the relief of ‘not being the only one’. It’s an excellent resource for our group.”

Robert Steenhuisen, Regional Manager of CADS, presented the CADSONline group. The group is a free four-week support group for family and is a first for New Zealand.

Robert says that while online support is commonly available in other countries, such support is unique in New Zealand. “CADSONline is currently based around adults wanting to abstain from AOD, which is delivered – as it says – online and live with a qualified counsellor leading the group,” says Robert.

“The Family and Friends Support group is an extension of this online offering and is aimed at family, friends and even employees who are themselves affected by someone’s abuse of drugs or alcohol.

“We sometimes forget that for every person suffering from AOD dependency there are approximately four people directly associated and/or impacted by this,” says Robert.

The online group is a treatment option that enables people to be in a group setting without leaving home, through the autonomy, privacy and flexibility of their computer.

All participants log on to the session, where they can hear each other and see the counsellor or facilitator of the group. As discussion ranges, a PowerPoint presentation on participants’ screens focuses the topic. Feedback is sought via ticks, texts and using the screen as a whiteboard – as well as verbally through microphones. All information can be sent back by participants privately to the counsellor, or shared with all. Participants can send even applause and laughter to the group.

*For further information visit: [www.cads.org.nz](http://www.cads.org.nz) or [www.alac.org.nz](http://www.alac.org.nz)*



**BACK ROW:** Michael Bird, Communication Consultant; Robert Steenhuisen, Regional Manager of CADS. **FRONT:** Sally, parent; Gerard Vaughan, ALAC CEO.

# Central Region Addiction Forum

The Central Region Addiction Forum was held again at the Palmerston North Convention Centre in April this year. This was the third in the series with the theme of youth services. The level of interest in this forum was very high and registrations reached 170.

The forum was organised by the Central Region DHBs, ALAC, Mental Health Commission, the NZ Drug Foundation and Te Rau Matatini. While it was targeted at people working in the areas covered by the six lower North Island DHBs, the forum drew in people from other areas such as Auckland, Dunedin, Gisborne, Tauranga and Tokoroa. The forum also had two people attend both days from Nova Scotia - one a manager of an addiction service and the other a therapist in an addictions treatment service.

There was a very good attendance by Māori providers as well as some Pacific Services. It was pleasing to see a number of whanau and young people attend as well as some Tangata Whaiora. A number of DHB Funding and Planning Managers attended including Brian Hayward in his first week at MidCentral Health.

The presentation from Jim Moriarty and the drama group was a highlight of the forum and was quite an emotional experience for many. This was an hour and a half drama call the 'The Battalion' which portrayed issues between young people and whanau following the return of the Māori Battalion. It portrayed in a very powerful way alcohol and drug, mental health and intergenerational issues.

Many of those attending commented on the practical aspects of the presentations. A presentation on Multi Systemic Therapy by Justine Harris, CEO of MSTNZ, demonstrated just how practical and intensive that approach is, dealing 24/7 with all relevant aspects of their families. A presentation from Rory McCallum of the Youth to Men Academy from Hawke's Bay demonstrated with their DVD illustration the life skills training and transformation of youth in terms of life skills, self-esteem and future careers. Trust, respect, challenges, natural highs and giving the best effort were all highlighted there.

Sue Paton and Ray Ropata from ALAC presented the Smashed'n'Stoned? Programme. It was pleasing to see the level of interest in this programme and indications that many in the audience were already using the resource. The NZ Drug Foundation presented its TXT project, which outlined the use of text messaging to provide drug information to young people, and a description of street drugs simply by texting the street name.

At the end of the forum, there was an indication from the DHB Mental Health and Addiction Portfolio Managers that they wanted to support further meetings and would be looking at ways they could do this. Online registration made things easy for those wanting to attend and gives us the opportunity to follow up those who attended with online evaluation.

*All the presentations are available on the ALAC website at [www.alac.org.nz](http://www.alac.org.nz)*

# Strengthening Community Action on Alcohol

ALAC has just updated its very popular resource *Strengthening Community Action on Alcohol*. First published in 2002, it has been widely disseminated within New Zealand. It has been used as a training manual for several hundred community workers; used as a text within tertiary institutions; read by many a new community worker and experienced practitioner; and acknowledged internationally.

It is hoped that this revised edition will continue to inspire communities to become involved in changing the culture of intoxication in New Zealand. It provides common direction and frameworks for working together and is peppered with case studies from flax-roots community action throughout the country – reflecting some of the diverse approaches used to reduce the harms associated with intoxication.

*Strengthening Community Action on Alcohol* tells the story of alcohol in New Zealand and creates a pathway for coordinated action. It brings together much of the work already undertaken to reduce alcohol-related harm in New Zealand and looks at the roles we each have to play, whether we are:

- community workers at the coalface with young people, families and those already experiencing alcohol-related harm
- public health practitioners working to change the systems and structures that support intoxication
- local government representatives with a role in promoting our communities' social, economic, environmental and cultural wellbeing
- Police representatives dealing with liquor licensing plus alcohol-fuelled disorders, assaults, criminal damage, family violence, alcohol-related road crashes and more.

*The resource can be ordered through ALAC's website at [www.alac.org.nz](http://www.alac.org.nz)*

# Minister applauds major achievements in mental health services

The Mental Health Commission's report, *Te Haererenga mo te Whakaōranga 1996-2006, the Journey of Recovery for the New Zealand Mental Health Sector*, was launched earlier this year.

Speaking at the launch, Health Minister Hon Pete Hodgson said New Zealand could be proud of the progress made in the mental health and addiction sector over the past decade but there were challenges ahead.

The Minister welcomed its finding that New Zealand has become a more socially inclusive society for people who experience mental illness.

He also acknowledged the work of the mental health workforce and non-government providers during a time of rapid change in the delivery of mental health services.

"There have been major initiatives launched to support the development of a more skilled, qualified and competent workforce and that workforce is to be commended for the role it has played in development of the sector," Pete Hodgson said.

Te Haererenga also sets out challenges on a range of issues that will need to be addressed as development of mental health services continues over the next decade.

"Te Haererenga raises some challenges around the rights of those with mental illness and the operation of the statutory framework for protecting their rights. These are issues that need to be debated," Pete Hodgson said.

Some people would take heart from some of the report's findings while others would take issue with some of its findings and wide discussion over the next few years was needed.

"As we collectively move forward, the challenge for the Commission and the sector is to ensure the debate Te Haererenga generates takes us forward on a path consistent with the goals established in the second national mental health plan, Te Tahuu," Pete Hodgson said.

The report recognises and celebrates the significant achievements in the sector following the 1995 government inquiry into mental health services led by Judge Ken Mason and identifies critical issues for the future.

Te Haererenga shows the decade has seen rapid change and development of better services for people with experience of mental illness, Chair Commissioner Ruth Harrison says.

"The two most significant developments have been the adoption of a "recovery-based" approach within the services and the Whānau ora approach" to the delivery of mental health services.

"Another particularly pleasing development during the period has been the move towards New Zealand becoming a more inclusive society for people with experience of mental illness.

"This report is a tribute to all those who have played a part in developments in mental health and addiction services during the decade.

"But there is still more progress to be made. The Commission is looking forward to playing a lead role in helping to shape the services of mental health and addiction services in the future," Ruth Harrison says.

To receive a copy of *Te Haererenga mo te Whakaoranga 1996-2006*, contact the Commission on (04) 474 8900 or by post PO Box 124479, Thorndon, Wellington or email [info@mhc.govt.nz](mailto:info@mhc.govt.nz). The report is also published on the website [www.mhc.govt.nz](http://www.mhc.govt.nz)

## Electronic mailing lists for the alcohol and drug field

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](mailto: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:

Email: [central@alac.org.nz](mailto:central@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](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 [central@alac.org.nz](mailto:central@alac.org.nz)

Phone: 04 917 0060

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WELLINGTON 04 917 0060 [central@alac.org.nz](mailto:central@alac.org.nz)

CALL FREE 0508 258 258

**Know how much** alcohol you're really drinking

*A swill of old english bitter*

*A tumbler of gin and tonic*

*A wallop of blue curacao*

*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 absinthe*

*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 drambuie*

*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 tippie 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](http://www.alac.org.nz) and check out the Straight Up Guide.

