1 IN 4 WOMEN CAN’T REMEMBER THINGS THEY DID WHILE DRINKING.

It’s not the drinking
It’s how we’re drinking
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.
WORDS FROM THE CEO

The outrage that has greeted police attempts to enforce the law banning drunks from licensed premises is predictable given New Zealanders’ belief in their absolute right to get drunk when and where they want to.

Letters to one paper equated the move with the banning of smoking from pubs, and suggested that jokes made before the smoking ban was implemented were probably accurate - that the next step would be banning drinks in pubs.

But let's get real here. What police are targeting are drunks in pubs. And the law banning intoxicated people from licensed premises is not new; it has been around for years. What is new is the police emphasis on enforcing this provision of the Sale of Liquor Act. Why this new emphasis?

New research is showing the links 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 or drink-driving, or simply having to take drunk people home or putting them into custody for their own protection. There’s no reason to doubt the same is true here. In fact a recent survey of Wellington city police charge sheets indicated that 90 percent of violent offenders were affected by alcohol.

If we can prevent the intoxication in the first place, there would be no need to spend all those policing hours picking up the pieces from those who drink beyond intoxication. The law says intoxicated people cannot be served on licensed premises, but we all know it happens. Without consistent enforcement of the law, there is no chance of either the public or the licensees recognising the behaviour as dangerous.

Prosecution on its own isn’t going to change New Zealand’s risky drinking patterns. That is going to require a cultural change - something that won’t happen overnight, but something ALAC is preparing to address with its programme to tackle head-on New Zealand’s risky high per occasion consumption drinking culture.

Bar and licensed restaurant owners, managers and staff who have a legal obligation not to serve intoxicated people can help achieve this cultural change and improve the quality of life for all New Zealanders.

Punters enjoying a drink or three have nothing to fear; to those bleating over their loss of freedom to write themselves off I’d say, “Get over it.” I suggest concern would better be directed towards those who have suffered harm at the hands of drunks.

Mike MacAvoy
Chief Executive Officer.
OVER 700,000 PARENTS DRINK HEAVILY OFTEN.

It's not the drinking
It's how we're drinking
It’s not the drinking: it’s how we’re drinking

A series of print, television and radio advertisements designed to help change New Zealand’s risky drinking culture were launched earlier this month.

The advertisements are the most visible component of ALAC’s programme of work that aims to help New Zealanders to reduce the amount of alcohol they drink on any one occasion. The advertisements aim to get New Zealanders to see the connection between getting drunk and the harms that result.

“It’s not the fact that we drink that’s the problem; the problem is how we drink, that is, the excessive per occasion consumption,” says ALAC Chief Executive Officer Dr Mike MacAvoy. “The first step to change is to get people to link that pattern with harms, and at the moment many don’t recognise that connection. We’re not likely to get behaviour change if no-one thinks it’s their problem. So that is what our advertising campaign will do at first.

“New Zealand is a nation that seems to pride itself on the ‘save it up for Friday night’ style of drinking, the ‘we deserve a drink’ perspective or consider ‘it’s a rite of passage that causes little harm’. “This pattern of drinking results in more harms and social costs than those incurred by the dependent drinker,” he says.

The harms range from injuries resulting from accidents or fights; problems with relationships because of alcohol; problems at work; neglect of family responsibilities; embarrassment from indulging in behaviours that you wouldn’t normally indulge in – all are associated with excessive per occasion consumption.

“We don’t necessarily want to stop people drinking; we just want them to be responsible and aware of the dangers of excessive consumption,” says Dr MacAvoy.
“The programme is a long-term strategy. It’s not a silver bullet that’ll solve the problem overnight and we’ve never painted it as such. Just as the drink driving and seatbelt campaigns took several years to succeed, so too will this strategy take time to impact.”

Dr MacAvoy says the background work to the programme of work was robust and unequivocal and ALAC is delighted at the support the programme has received from many Government and non-Government stakeholders.

The advertising aspect of the programme follows the ‘stages of change’ model and ALAC would not move from one phase to another until a set level of engagement from the community had been achieved.

Specifically it takes New Zealanders on a journey by

- enabling New Zealanders’ to make the connection between risky per occasion consumption and the social and physical harms that result
- showing New Zealanders that they might be at risk of contributing to that harm and that there is something they can do about it
- persuading New Zealanders to drink differently so that harm does not occur.

Dr MacAvoy says to get the necessary behaviour change we have to sell to the New Zealand drinker the notion that we have to reduce the quantity of alcohol we drink on a single occasion.

The advertisements are targeted at the general adult population. However, a “one size fits all” approach to advertising is hard to achieve when different adults relate to different sorts of potential harms, reasons to drink or reasons not to drink, says Dr MacAvoy.

“Using our research, we therefore identified three groups: parents with children under 15; men under 35 and women under 35 years old and have specific advertising for each of those groups.

“The reason for targeting adults not just young people is that research shows the drinking culture is pervasive across all ages and demographics. Young people are unlikely to change if the culture they learn to drink in accepts and aspires to drunkenness. Adults need to look at themselves before pointing the finger at young people.”

However, he emphasises that the advertising will not work alone. “It is not about simply delivering a social message by mass media. It is about an integrated programme of complementary strategies that the marketing messages are designed to stimulate.”

Supporting activities range from achieving better compliance with and enforcement of the Sale of Liquor Act, controlled purchase operations to identify breaches of the Act, parents’ programmes, policy measures such as tax/price, outlet density, advertising and purchase age, community programmes, to strategies that focus on the group of dependent and hazardous drinkers who need support and assistance to reduce or stop their drinking.

Dr MacAvoy says ALAC, through its champions and associates programme, has been building support and understanding for its work.

The champions and associates programme involves ALAC visiting key organisations and stakeholders. Presentations have been made to the Ministry of Health; Ministry of Justice; the Crime Prevention Unit; Te Puni Kokiri; Ministry of Pacific Island Affairs.
Affairs; Ministry of Social Development; Ministry of Youth Development; Accident Compensation Corporation; New Zealand Police; Land Transport NZ; Ministry of Education; Local Government New Zealand; and the Ministry of Transport.

Associate Minister of Health Hon Damien O’Connor who championed an increase in the alcohol levy to fund the programme says binge drinking is pervasive in New Zealand, and not just among youth. A recent survey found 450,000 adults had drunk beyond the point of intoxication on their last drinking occasion. 275,000 had set out to get drunk on their last drinking occasion.

At a meeting this month in Wellington on alcohol policy, Mr O’Connor said, “This government is committed to improving these damaging habits. I for one am very excited about this programme. We’ve tried other things in the past to stem the binge-drinking tide, but now it’s really time to get to the heart of the problem and do something long-term. I’m confident the drinking culture change programme is the right approach and I’m proud we’re taking this bold and leading-edge approach.”

For further information on the programme, please visit our website www.alac.org.nz

“Adults need to look at themselves before pointing the finger at young people”
ALAC’s Pacific Reference Group (PRG) is the organisation’s advisory body on issues relating to developing and implementing ALAC’s Pacific programmes. Established in October 2000, it comprises nine members, each selected for their experience in a relevant field and their links with Pacific communities. Other members are ALAC’s Manager Pacific Programmes, Metua Faasisila, and ALAC Council director Fuimaono Karl Pulotu-Endemann.

“Together, the members offer an enormous richness of expertise, wisdom and experience, covering everything from policy and research to clinical practice and community connections,” says Metua. “They provide invaluable advice and support, and an important alignment between what the community expects and what we can deliver. I consider them my peers as well as my elders – they are a huge help to me in my role.”

Here we introduce the people who, with their advice, information, contacts and leadership, are helping ALAC to promote safe alcohol consumption among Pacific peoples of New Zealand.

Francis Agnew, Chairman (Auckland)

Clinical Director, Isa Lei (Regional Pacific Alcohol and Drug Services, Waiotemata District Health Board) and Loto Fale (Pacific Island Mental Health Services, Auckland District Health Board)

A founding member of the PRG, Francis Agnew (of Cook Islands descent), is now the Chairman. Looking back on the four years of its existence, he says the group has become a useful and integral part of ALAC’s strategy development process.

“The PRG has a very effective membership that shares a focus on alcohol and drug issues while representing the diverse cultures of the Pacific community,” he says. “It’s been a pleasure to see it become an important part of ALAC’s work, in helping the organisation to both identify Pacific-specific issues and set its work programmes accordingly.”

Philip Siataga (Christchurch)

Freelance consultant specialising in research, evaluation, training, and business and strategic planning, Chairperson of the Tauturu Trust (a pan-Pacific social services provider)

Philip Siataga (of Samoan descent) joined the PRG in 2004 and says he wears a number of ‘hats’ in his business and voluntary roles to reflect his multifaceted 20-year career as part of the social services and health sector. He’s passionate about addressing preventative issues as well as treatment (particularly among New Zealand’s young people) with innovation and creativity, and about using music, drama and the arts as media for communicating harm minimisation messages. He’s also keen to see Pacific workforce capacity and leadership development become a focus for the alcohol and drug sector, with the aim of improving treatment outcomes for Pacific consumers and their families.
Philip believes the PRG plays an important role in being a ‘voice’ of the Pacific communities to ALAC and says his consultancy work and his grass roots community development involvement means he’s aware of issues at the policy and research level and the service provider level. He says “he likes practical solutions to complex issues.”

“There is a lot of work to be done given the size and prevalence of alcohol- and drug-related problems in the Pacific community. Prevalence is a difficult issue to ascertain because of the range and scope of resources needs to ‘capture’ the data however there are significantly positive developments which ALAC are investing in through Pacific led research which is based on community participatory and action research” he says. "By helping to bridge the knowledge gaps between ALAC and the Pacific community, we can work together to achieve much. I applaud ALAC’s investment in the Group and look forward to the next few years progressing ALAC’s responsiveness to Pacific peoples with the PRG. It’s an exciting time for Pacific peoples in this field.”

Ned Cook (Hamilton)
Alcohol and Drug Clinician, Pacific Peoples Addiction Services

Ned Cook (of Tongan descent) has been part of the PRG for two years, and says his invitation to join the Group was because of his academic achievements (he has a Bachelor of Drug and Alcohol Studies and a Bachelor in Counselling and is currently studying for his Master’s at Otago University) – and because of his big mouth”. “I tend to say what I think!” he laughs.

Ned says one of the highlights of the Group’s work for him has been its work on developing resources in ethnic languages for Pacific service providers. He says the resources have made a big difference by helping counsellors and clinicians to educate their clients and patients. As for the future, he says the Group will have to tackle new issues for the alcohol and drug sector.

“In my work I’m always learning about new challenges for the Pacific community, and it’s good to be able to raise and discuss them with ALAC through the PRG. It’s a worthwhile concept, with a lot of value.”

Anne Allan-Moetaua, Wellington,
Pacific Health Advisor-National Screening Unit, Ministry of Health.

Anne Allan-Moetauahas (a Cook Islands woman) has been a member of the Pacific Reference Group since it began in October 2002.

“As a group we have provided advice and comments on the development of resources for Pacific peoples to ensure they are culturally appropriate. Specifically, we provided advice on the development of the Pacific Competencies, the development of the Pacific Alcohol Handbooks and the Alcohol Safe Use Guidelines currently being developed by ALAC.”

Anne sees the reference group as ensuring ALAC’s Pacific programmes are meaningful to Pacific peoples and that ALAC develops a positive image amongst Pacific peoples.

Terri Siataga-Ta’ase
(Christchurch)
Counsellor, Youth at Risk, Pacific Island Evaluation

Terri Siataga-Ta’ase (of Samoan descent) says she represents the South Island community from a grassroots level, reflecting her work as a counsellor with youth at risk. She joined the alcohol and drugs field in 2000 after a previous role in mental health.

A member of the PRG for over three years, Terri says she’s learned a lot from ALAC and has enjoyed being a voice for the young people in her community. “It’s a two-way thing – I take issues to the PRG table but also gain a lot of information that I can take back to the agency where I work. I’ve also learned a lot about the structure of the alcohol and drug sector and some of the terminology, which has been a big help.”

Terri says the PRG has laid some strong foundations through its harm prevention
messages to the Pacific community and is keen to see the Group move towards proactively helping Pacific-based initiatives. “It’s good to have a role in ALAC’s policy development,” she says. “I feel that we’re making a real contribution to the future of Pacific youth.”

Ika Tameifuna (Auckland)
National Pacific Manager, Ministry of Education

Ika Tameifuna (of Tongan descent) has been a member of the PRG since its inception. He sees its role as giving advice from a pan-Pacific perspective to help ALAC achieve its goals for the wider community as well as Pacific groups.

“It’s always work in progress as society changes and we adapt our objectives and strategies to meet those changes,” he says. “However, my goal is constant – to create an environment that is injury- and harm-free for future generations. We can’t do it alone; it can only be achieved with a united effort from all the sectors involved.”

Ika says he takes both a Tongan and a regional perspective to the Group’s meetings, developed over more than 30 years of experience in justice, health and education at a national level. Today, he’s working in special education, managing its responsiveness to Pacific special needs children and families.

“Communication is the key with young people, and we need to develop new ways of reaching them and we also need to keep reaching the older generations, as they still have a controlling influence in the Pacific communities,” he says. “This is part of our work with ALAC, ensuring we take messages to the Pacific community in the most effective way we can.”

Halo Asekona (Auckland)
Senior Counsellor-Educator, Pacific Island Drug and Alcohol Services

Halo Asekona (of Niuean descent) says the PRG is “awesome”. He’s been a member since it was first set up and says it continues to proactively discuss “things pertaining to our community that other people can’t see”. Its value, he says, is as a forum for discussing and ensuring that Pacific people get services that are appropriate to their unique cultures and circumstances.

“I’m a representative of the Niue community but also on the Group for my work in the treatment field,” he says. “This recognises that every Pacific community is different – we all have different ways of doing things – but that we share some common issues we can work on together.”

With 10 years’ experience as a counsellor-educator in Otahuhu, Halo brings an acute awareness that cultural barriers can hinder service delivery. Particular highlights of his work on the PRG include a booklet on cultural competency for people working with Pacific peoples and a number of other specifically Pacific pamphlets to be launched soon. He says the Group has been an important screening backstop for communications going to the Pacific community.

As for the future, “We need to keep working on getting important messages targeted to the right groups and areas,” he says.

Mike Kilioni (Wellington)
Bachelor of Alcohol and Drug Studies graduate

Mike Kilioni (of Fijian descent) is a newcomer to the PRG, attending his first meeting in June 2004. He brings with him experience in New Zealand’s hospitality industry (where he says he became very aware of the effects of alcohol and drugs on the working environment) and in research into both the role of alcohol on the lives of Pacific people and workplace alcohol and drug education. Together with two colleagues and with funding from the Engineers’ Union, ALAC, the Department of Labour and ACC, Mike was involved in developing a workplace education programme called “Not on the Job Mate”.

Ika Tameifuna (Auckland)  Halo Asekona (Auckland)  Mike Kilioni (Wellington)
Mike says the PRG plays a key role in keeping ALAC informed of what’s happening in the Pacific community. Like Philip Siataga, he says workforce development is a key issue and that it’s important to have more qualified people working in the alcohol and drug field. He was part of the working party that put together the Pacific Island Alcohol and Drug Competencies.

“I’m also interested in the big five to 10-year picture,” he says. “The Pacific community is continuing to change – for example, in the use of harder drugs – and we need to think about what we want for our young people in the future and how we want to achieve that. How are we going to deal with all these new issues?”

**Fuimaono Karl Pulotu-Endemann (Wellington)**

*Independent consultant in Pacific health*

As well as being a member of the PRG, Fuimaono Karl Pulotu-Endemann (of Samoan descent) is a director of the ALAC Council – a role that he says reflects the Council’s commitment to understanding and acting on Pacific issues.

Karl has a strong health background, as a registered nurse and more recently in policy development for the mental health and alcohol and drug sectors. He says he and other members of the Group provide a “rounded” view of Pacific issues to ALAC’s Manager Pacific Programmes, Metua Faasisila, enabling ALAC to develop policies and programmes relevant to the Pacific community.

“This is the right way to go – ALAC’s work has to be driven by the needs of communities, and without people like us they may not get that direct interface,” he says. “It also encourages buy-in and involvement at all levels, and at the end of the day that’s vital. We need to hear Pacific voices and be available to our communities.”

Karl says the increasing proportion of Pacific people born in New Zealand is creating multifaceted socio-economic issues related to alcohol and drugs (such as the rates of driving accidents and imprisonment) that the Group can help ALAC address. “We have unique insights into the problems of our communities and can therefore provide a valuable social context for ALAC’s work.”

**Kalolo Fihaki (Auckland)**

*Senior Regional Adviser, Ministry of Pacific Island Affairs*

For the past three years, Kalolo Fihaki (of Tongan descent) has been the Ministry of Pacific Island Affairs’ representative on the PRG. He believes the Group has a vital role in providing the Pacific community with expert advice and resources on alcohol and drug matters.

He mentions three highlights of the Group’s work: the appointment of Fuimaono Karl Pulotu-Endemann to the ALAC Council (“he takes our nationwide representation with him in a highly strategic role”); the production of brochures, posters and other materials in Pacific languages; and the biennial Pacific Spirit conferences, which are organised by the PRG and include both Pacific and international guest speakers.

As for the future, Kalolo would like to see more research undertaken, with the results disseminated to Pacific communities and used in practical applications. “There are many issues specific to Pacific peoples that need to be identified and addressed through education and training,” he says. “It’s a difficult challenge given the differences among ethnic groups, but we need to do it.”
Commissioned by ALAC, the guidelines are currently in draft form. They were the subject of a presentation at ALAC’s *Working Together 2005* conference on 1 and 2 March and are now available for trialling by anyone involved in intoxication monitoring and enforcement – notably the Police, District Licensing Agency (DLA) licensing inspectors, public health staff and Māori wardens.

The guidelines reflect ALAC’s goal of reducing alcohol-related harm in New Zealand.

“It’s increasingly recognised that intoxication is a key factor in experiences of alcohol-related harm for communities, families/whānau and individuals,” says Shannon Hanrahan, ALAC’s Project Manager Liquor Licensing. “In addition, drinking on licensed premises has been shown to contribute disproportionately to certain types of acute alcohol-related harm, including violent behaviour and disorder.”

Shannon says the guidelines were developed in response to a number of factors:

- concerns about the amount of intoxication stemming from licensed premises
- the difficulties experienced by a number of regulatory agencies in taking enforcement proceedings where intoxication has been found
- concerns about the widely different and inconsistent monitoring and enforcement practices around the country

“A number of agencies asked us to develop a set of best practice, practical guidelines that enable them to identify, prove and act on cases of intoxication in licensed premises,” says Shannon.

He says the guidelines will also support a wider-set of strategies designed to reduce intoxication.

“Licensed premises’ owners and managers have a significant role in setting the standards for acceptable drinking practices among their patrons. ALAC is committed to working with the industry to reduce intoxication on licensed premises. It is important that the guidelines be seen as part of a wider-set of strategies to reduce intoxication on licensed premises. These guidelines will complement the development of future industry-focused Host Responsibility initiatives.”

**Addressing the Act**

The guidelines specifically apply to three sections of the Sale of Liquor Act 1989 relating to:

- the sale or supply of liquor to intoxicated people (section 166): it is an offence for the manager or licensee of any licensed premises to sell or supply liquor to anyone who is already intoxicated
- allowing people to become intoxicated (section 167): it is an offence for the manager or licensee of any licensed premises to allow anyone to become intoxicated on the premises
- allowing drunkenness or disorderly conduct on licensed premises (section 168): it is an offence for the manager or licensee of any licensed premises to allow any intoxicated person to be or remain on the premises, and to allow any violent, quarrelsome, insulting or disorderly conduct to take place on premises.
They cover the key aspects of monitoring and enforcement work, including the legislative requirements behind it, the powers of monitoring and enforcement agencies, background information and case law. The step-by-step section covers pre-monitoring planning, licensed premises’ visits and post-monitoring follow-up, and includes a new ‘intoxication monitoring form’ that has so far received positive feedback.

The guidelines were developed by public health consultant Mark Lyne, after extensive research and consultation in New Zealand and overseas. Those who offered practical advice and ideas in New Zealand included the Police, DLAs, public health agencies, HANZ, licensees, doormen, training agencies, Alcohol Healthwatch, local authority policy and strategy developers, the Liquor Licensing Authority and Māori wardens.

“The consultation showed that organisations throughout New Zealand have been using a wide variety of monitoring and enforcement practices,” says Mark. “Many were very useful, and the most effective have been incorporated into the guidelines.”

Meanwhile, international research showed that practices in Australia and the United States were most relevant to New Zealand. Work by the New South Wales Police was especially useful, particularly in highlighting the benefits of effective monitoring and enforcement.

“New Zealand and international research shows that enforcement has a valuable role in reducing problems within and around licensed drinking environments,” says Mark. “For example, it has been shown to reduce alcohol-related assaults, increase apprehensions for crime and assaults, reduce drink drive offences from licensed premises, reduce alcohol-related injuries and increase refusals for service to intoxicated patrons.”

What happens next?
Copies of the draft guidelines will soon be available, and ALAC is keen to work with agencies involved in monitoring and enforcement to trial them in day-to-day situations.

“We want to make sure we’ve covered all the bases and that the guidelines are easy to use and follow in practice,” says Shannon. “We expect the trials to take six to nine months, during which time we’ll be collecting feedback and tracking progress on their adoption and implementation.”

Interested?
If you’re interested in trialling the guidelines, please contact Shannon Hanrahan at s.hanrahan@alac.org.nz or by phone on 09 916 0332.

“While not prescriptive, the guidelines represent a considerable investment by ALAC and are based on the best available practice,” says Shannon. “We strongly recommend their use, and look forward to receiving plenty of constructive feedback on how well they work and whether they could be improved.”
Secondary schools in Taranaki are piloting a new Ministry of Education programme to combat alcohol and drug abuse. Instead of suspending students, those who admit to drug and alcohol problems will be referred to social agencies for help.

Mark Corrigan, Special Education Facilitator with the Ministry of Education outlines this new approach.

Few issues cause bigger headaches for school staff than students caught at school with alcohol or other drugs.

We know that about half of our young people experiment with cannabis use by the age of 16. Many more young people are adversely affected by binge drinking. Where students cross the important social boundary and bring alcohol or other drugs to school, staff are faced with real challenges. We can’t tolerate the behaviour, but are not expert in treating young people’s alcohol and other drug issues. We need to protect the other students at the school, and to be seen to be upholding the community’s standards. Many schools use the tools of suspensions and urine tests to try to make sure students are drug free, but are these really the best intervention tools we’ve got?

High on Life is a local initiative in Taranaki which seeks to address these challenges in new ways. It involves all of the adults in our system - schools, alcohol and other drugs (A&OD) services, health promotion, and police - responding differently.

About two thirds of secondary school drug suspensions in 2005 will happen between March and June. Why? The crop’s in. When the cannabis crop is harvested, more students turn up at school with drug issues. It happens every year in a predictable cycle. The ensuing suspensions have consequences all round. Students are sometimes alienated from the education they need (now more than ever.) Schools sometimes get a reputation for being “the school with the drug problem”. As a community we don’t often pause to reflect that we, as a community, have some drug issues, and the behaviour of our young people reflects our own behaviour. Alcohol and other drug agencies struggle to engage suspended students - if they ever get a referral. And students outside the school system are more likely to offend.

So how do we change this situation? We’d like to protect the “no drugs at school” boundary, keep students in education, get good early help for students with A&OD issues, and give all students information and support to make healthy choices about alcohol and other drugs. When we thought about it, all these sounded perfectly possible to achieve.

Firstly, all 13 secondary schools in the province will cover drug education as part of the health and physical education curriculum in the first term.
This gives all students some insight about growing up in a drug using world. Through High on Life, we've provided some support and curriculum resources to these teachers.

Secondly, every student has received a promotional wallet card. It states the promise from every secondary school in Taranaki - that if you have concerns about your alcohol or other drug use (or your mates' use, or your family's use), then you can make contact with a key person at school without fear of punishment. The school will then arrange some effective help for the students.

It's not saying it's okay for students to bring drugs to school, or to come to school under the influence. It's not about schools going soft on drugs. It's about the adults co-operating to see the students getting the help they need, and about school being a safe and drug-free place of learning.

This help involves the three A&OD services in Taranaki coming in to schools to run small group interventions for students with an alcohol or other drug problem. We're trying out the ALAC “Smashed 'n Stoned?” resource in these small groups. We think it is the best way to get young people past a problematic drug use issue. It's also an efficient use of time for A&OD youth workers - they have timely access to their client group in a supportive school environment, and the small group dynamics can work really well.

To support this, ALAC ran some training in the ‘Smashed 'n Stoned?’ resource for school counsellors and A&OD workers.

Police are also part of the initiative through a focus on enforcement of those who deal drugs to young people.

In summary, we hope we're thinking and acting differently than we have in the past. We trust that students will recognise the high trust and honest approach and choose help when they need it. Schools are committed to engaging and retaining all students in education, knowing that some students will struggle with A&OD issues at times. And the A&OD agencies provide timely help for students to change their alcohol and other drug use patterns.

It sounds easy in theory. Thanks to ALAC, we are able to evaluate the effectiveness of High On Life. At regular intervals for the next two years, we'll be able to provide some feedback on whether the good theory has become a helpful reality for all parties.
The link between alcohol and sport came under the spotlight at a recent conference in Palmerston North organised by the Centre for Studies of Sport and Exercise at Massey University and sponsored by ALAC.

More than 200 people attended the three-day conference. Speakers included Peter FitzSimons (ex-Wallaby and rugby commentator), Dave Currie (Olympics Chef de Mission), Nicki Stewart (CEO Beer, Wine and Spirits Council), Bernice Mene (ex-Silver Fern captain) and Graham Seatter (Lion Nathan Breweries), and former All Blacks manager Andrew Martin.

One of the high profile commentators, Mr Martin slammed the binge-drinking culture, which he believes is ingrained in New Zealand rugby.

"I couldn't come to grips with the fact that we were spending tens, if not hundreds, of thousands of dollars, preparing this group of athletes ... yet at the same time we had people undoing, by this quite strong thread of alcohol misuse, an awful lot of good work which had been done."

While Martin understood the need for players to let their hair down after a win, he questioned the culture of excessive drinking, which, it seems, is ingrained in New Zealand rugby. He believes New Zealanders have yet to work out how to include alcohol in their everyday lives.

"The ability to get pissed and fall down is regarded as a rite of passage in both New Zealand and Australia," Martin said.

Martin acknowledged it wouldn't be easy changing this culture, but pointed to a few changes already happening within the All Blacks. More players are now prepared to have a quiet couple of drinks over a meal after a test and on occasion have been known to hold regular family get-togethers.

Other high profile speakers included Olympics Chef de Mission Dave Currie and Dave Gerrard, a Member of World Anti-Doping Agency and sports physician), Dave Currie spoke about the Olympic experience in a very persuasive and moving way and described how they developed a culture where celebration did not need to involve heavy drinking. Dave Gerrard spoke pragmatically about the impact of alcohol from a medical perspective.

Associate Health Minister Damien O'Connor spoke about the paradox of the relationship between sport and alcohol.

"It's a funny union when you think about it and a contradiction in terms," he said.

"Sport is about health; alcohol in the wrong quantities is the antithesis. But as incongruous as it may sound, many sportspeople are big drinkers; some are even notorious for their overindulgence.

"Sportsmen and women work hard, they play hard, they drink hard. Sport spectators are equally adept at imbibing. They work hard, they watch hard, they drink hard. Imagine the Sevens without Lion Red, or a day at the races without the bubbly.

"The link is played up and capitalised on. 'Strong, honest, hard-working and loyal' may sound like attributes you'd link to an athlete; in fact they're the words used in the branding of DB Draught."

Mr O'Connor said some would say the biggest issue regarding sport and alcohol is that of performance impairment among athletes.

“But there's a bigger picture to think about. The occasional public drunken behaviour of elite sportspeople sends a strong message that such behaviour is okay. To try and break the connection, or to deny alcohol and sport are often actors in the same show, would be unrealistic. But the connection is something we have to take seriously and utilise positively."

The line-up of speakers included quite a few from the rugby fraternity, but other sports were also mentioned. There were plenty of theories as to why there are so many issues with this sport and there were also some solutions offered and comparisons made with other sporting codes and women's sport, to try and find some potential answers for the future.

Three presentations outlined programmes run in sports clubs to try and change the culture and reduce alcohol abuse and therefore harm. Two of the programmes were New Zealand-based and one an Australian programme.

**AMO (Alcohol Management Operation)**

This is an initiative in Northland that originally targeted the drink-driving associated with members who drink in sports clubs and then drive into town because many of the clubs are in rural and remote settings.

The programme involves the referees associations, who are encouraged to talk about the issues at after-match function speeches. Clubs are also encouraged to
adopt policies and practices like host responsibility and training and identifying AMO officials to be responsible for supervising practices within the club

Good sports
This is an Australian programme implemented in some states in Australia to tackle reducing alcohol-related harm. Good Sports is based on a three-level accreditation model which focuses on compliance with liquor licensing laws, implementation of alcohol management practices and development of policies.

The programme has a marketing focus of increasing revenue rather than a health promotion focus (although healthy results are achieved). This programme appears to work because it involves families and builds on revenue-making by involving more children in sport.

Thinksmart
Many of you will have heard details about this programme, as the Taranaki YATA group presented it at the last YATA workshop. In a way, it involves components of the other two programmes mentioned above and was an extension of the THINK campaign. Some of the components of this programme were based on the GOOD SPORTS model but adapted by the Taranaki group.

ALAC Chief Executive Officer Dr Mike MacAvoy says his organisation was pleased to sponsor the conference.

“We reached a lot of ‘newcomers’ to the alcohol issue and have now managed to have the issue put on the sporting agenda. ALAC was also able to pull together many of the problems presented and show how our drinking culture change programme will help address these issues.”

Working Together 2005

It's a simple title and the challenge we all must work to achieve. Buoyed by the sunny late-summer weather, ALAC’s 9th Working Together Conference brought a range of stakeholders together on March 1 & 2 in Auckland to share information, acknowledge models of innovative-practice and to debate and discuss issues relating to reducing alcohol-harm. A key theme of the conference was acknowledging the role that all agencies and all New Zealanders have in reducing alcohol-related harm.

The Auckland Aotea Centre proved to be a popular destination for this year’s Conference. With over 250 people in attendance and registrations reaching record numbers, a wide cross-section of organisations were represented including police, Māori Wardens, health promotion, District Licensing Agencies, researchers, licensees, industry representatives, and central government agencies.

The opening address was delivered by the Associate Minister of Health Hon Damien O’Connor who emphasised there was no single solution to the problem of binge drinking in New Zealand.

A range of associated initiatives was needed one of which was the consistent enforcement of liquor licensing, which required collaboration between police, local government, public health, the alcohol and hospitality industries and the community, he said.

He congratulated the police for their recent work in the alcohol area in particular their crack down on intoxicated people on licensed premises, and their new Alcolink project, designed to identify the premises that are serving patrons to a point where they get into trouble with law.

New research had revealed the true link between alcohol and crime, he said. Internationally, alcohol was 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 was true in New Zealand, he said. A recent survey of Wellington city police charge sheets indicated that 90 percent of violent offenders were affected by alcohol.

“If we could prevent the intoxication in the first place, there'd be no need for police to spend so many hours picking up the pieces. Although the law says intoxicated people cannot be served on licensed premises, it happens anyway. But it cannot go on. Without consistent enforcement of the law, there's no chance of either the public or the licensees recognising the behaviour as dangerous.

“But again, prosecution alone won't change New Zealand’s risky drinking patterns. This requires an attitude change, which I've already acknowledged won't happen overnight. But bar and licensed restaurant owners, managers and staff can help achieve the change by knowing the law and sticking to it.”

Chief Constable John Giffard of Staffordshire Police in the UK delivered the first keynote speech of the day. Following on from his speech at the Melbourne Thinking and Drinking Conference, Chief Constable Giffard discussed some of the policing challenges related to the emerging night-time economy in Britain. In particular, the Chief Constable discussed some of the issues pertaining to 24 hour licensing and the associated effects of alcohol-related crime.
Other Keynotes included Jeremy Wood Director of the Crime Prevention Unit, Junior Toleafoa Host Responsibility Manager SKYCITY, Sara Bennett Manager Population Health & Needs Assessment Auckland District Healthboard, Warwick Bryan Investor Relations Manager Lion Nathan Ltd, Judge Bill Unwin of the Liquor Licensing Authority and Sandra Kirby Group Manager Population Strategies ALAC.

Showcasing local models of innovative practice was also a focus for this year’s conference. Twenty-nine presentations over three break-out sessions provided attendees with an opportunity to see current examples of projects happening throughout the country. These sessions included monitoring and enforcement, training, Māori and Pacific people, community action, research and policy and planning.

“ALAC is committed to ensuring that if there is a new or innovative idea out there that reduces alcohol-related harm, we want everyone to know about it. That is part of what this conference is all about, bringing people together to discuss and showcase good ideas,” says Sandra Kirby Group Manager Population Strategies ALAC.

“She discussed the 1999 law change, which was the Minimum Legal Purchase Age for alcohol in New Zealand – commonly, but erroneously referred to as the “drinking age” - lowered from 20 to 18 years.

This change occurred she said with a range of other changes to the legislation governing the sale of alcohol and with a great deal of controversy and lobbying. She examined the implications of the change and the difference between a purchase age and a drinking age will be explored and posed the question would re-visiting the purchase age make a difference for the young drinkers in 2020; or should our countries aim for to have a minimum legal drinking age or other alternatives by that time?

Papers from the conference are available on the ALAC website: www.alac.org.nz

Thinking Drinking Conference

ALAC took its new programme designed to change
New Zealand’s risky drinking culture to Australia last month and received overwhelming support.

ALAC outlined its new culture change initiative at the Thinking Drinking -- Achieving Culture Change by 2020 Conference. The three-day conference held in Melbourne in February was a joint venture between the ALAC and the Australian Drug Foundation and focused on unearthing strategies needed for a healthier New Zealand and Australia in 15 years.

More than 200 delegates attended including a strong New Zealand contingent. Delegates included representatives from public health, alcohol and other drugs, prevention, youth, welfare, health promotion and education.

ALAC Chief Executive Officer Dr Mike MacAvoy says ALAC’s programme was extremely well received with many recognising it as cutting edge.

“The programme promoted a lot of discussion among delegates many of whom approached me after the presentation to congratulate ALAC on the direction we are taking.”

ALAC’s Group Manager Population Strategies Sandra Kirby presented a paper on Changing the Minimum Purchase Age – Reflections on the New Zealand Experience.

She discussed the 1999 law change, which was the Minimum Legal Purchase Age for alcohol in New Zealand – commonly, but erroneously referred to as the “drinking age” - lowered from 20 to 18 years.

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Papers from the conference are available on the Australian Drug Foundation website at http://www.adf.org.au/
I went to London to complete unfinished research projects, to design a collaborative primary care alcohol research project between the University of London and ourselves, to meet leading alcohol and drug researchers, to attend clinical meetings, to attend and give seminars and conference presentations and to have fun. I spent six months with the National Addiction Centre, University of London. Their Director is Professor John Strang.

The National Addiction Centre is an addiction research, international consulting and clinical services centre in South East London. The surrounding boroughs of London house some 15,000 heroin and other drug users.

The Centre’s staff includes tobacco, alcohol and drug clinicians and researchers. Its services include teaching and consulting with local and international governmental authorities. Research themes cover the spectrum of drug dependency, primary care problem use of alcohol, and epidemiology. The Centre is associated with the Institute of Psychiatry, which researches biological and psychosocial aspects of addictive behaviour. I worked closely with Bob Patton, Director of Research, whose support, friendship and help were invaluable.

Going on sabbatical has the advantage that you leave all your responsibilities behind. No staff, no committees, no students, no clinical work, no administration, and no politics means plenty of time for reflection, networking and research. During my six months I was either lead writer or part of the writing team for nine publications now either in press or submitted to journals, developed a British Medical Journal web-based learning module together with Bob Patton for general practice-based detection of and appropriate intervention for problem alcohol users, and worked on a database studying pharmacist attitudes toward the management of opioid-dependent clients.

The pharmacist attitude study is showing some useful preliminary findings. Among these is that training through a university-level course or a prolonged education course with peer group follow-up (e.g. the Goodfellow Unit National Opioid Treatment Training Programme) improves pharmacist willingness to support those with drug dependency and reduces pharmacist dropout from provision of methadone services.

Bob Patton and I prepared and submitted a joint research application to United Kingdom research funders, entitled Pharmaceutical Oriented Training in Alcohol: an investigation of the impact of new pharmacotherapies on GP attitudes and behaviour. Other grant applications will be developed from this work.

I attended seminars on topics related to addiction and psychiatry. The Maudsley Hospital, a well-known London Psychiatric Hospital was next door to the National Addiction Centre. Senior Addiction Specialists working at Marina House Drug Treatment Centre in Camberwell invited me to several of their clinical team meetings. These included discussing the treatment of opioid addicts, and of stimulant users. This exposed me to treatments not yet available in New Zealand,
e.g. buprenorphine, and let me see how English treatment centres are attempting to help chronic stimulant users.

I presented at the November Society for the Study of Addiction (SSA) conference in York. My presentation, “Educating primary care providers about brief intervention – seven years of New Zealand experience”, described the evolution of the Tobacco Alcohol and Other Drugs (TADS) project run through the Goodfellow Unit and funded by the Ministry of Health. The audience response was incredibly positive, with many in the audience commenting that Britain should develop a programme similar to TADS. The development of appropriate problem alcohol detection and intervention processes for primary care professionals appears to be still at a theoretical level in the United Kingdom, in contrast to the TADS project developments over its seven-year action research process. New Zealand could well be leading the world in this field.

The SSA conference included many leading United Kingdom addiction researchers, plus some from the USA. It was a useful networking experience, as well as giving me an overview of recent research, eg harm minimisation medications for use in stimulant addiction, such as baclofen.

The United Kingdom National Health Service provides monetary incentives to encourage general practitioners to offer drug addiction treatment. They have not done the same for detection and appropriate intervention for problem use of alcohol. This means that many general practitioners either do not see problem use of alcohol as an issue, or else are not intervening because it is not ‘yet’ funded. A session I taught in Leeds was funded as a drug addiction treatment session, and the convenors were apologetic that their funders did not fund misuse of alcohol training. The Leeds general practitioners seemed to have a dichotomous view of alcohol (i.e. you are either an OK drinker, or an alcoholic), rather than a continuous view of alcohol use from abstinence to safer drinking to risky and problematic drinking to dependency.

These observations support the direction we are taking in New Zealand, ie working to ensure detection of, and appropriate intervention for, problem use of alcohol becomes a mainstream activity of primary care and general practice, hospitals and special interest communities.

Bob Patton was good to work with. Apart from anything else he has successfully implemented a screening and intervention programme in an Accident and Emergency Department. Listening to him and reading his work disabused me quickly of the New Zealand view that you can’t implement these programmes in A&E.

My wife accompanied me to London. We visited an early 1800s operating theatre in London, attended various films and plays, attended the Proms at the Royal Albert Hall, saw Faust at the Royal Opera House, went for walks in the English countryside, visited the Lake District, Oxford, Bath and York, experienced a white Christmas at a lodge in Luss, visited Paris to sample French cuisine, and visited Budapest and Istanbul each for a weekend. We lived in a small low budget top-storey flat at Wandsworth Common with our Italian landlady and her Danish husband downstairs. I think it will take a long time to forget walking to the train through the common, watching the squirrels, birds, English dogs and their owners.

My thanks to the Alcohol Advisory Council of New Zealand for awarding me the Gary Harrison Memorial Scholarship 2004. It made my sabbatical much easier. I owe a huge debt of gratitude to Professor John Strang, Director National Addiction Centre, University of London, for his and his staff’s enthusiastic hosting during my stay. I trust that members of John’s National Addiction Centre will see fit to visit and be hosted by the New Zealand addiction field in the future. I am keen to return the favour.
Against this backdrop of celebration and success, ALAC was also grateful for the opportunity to provide a more serious, yet simple message to the sportspeople, sporting and business leaders and people with a keen interest in sport, health and wellbeing.

In his message to guests, ALAC Chairman Professor Andrew Hornblow said sport and alcohol often went hand in hand, often in harmful ways. ALAC was currently embarking on a significant programme to change the way New Zealanders drink; because New Zealand had a culture that accepted and celebrated getting drunk, which was the sort of drinking that causes the most harm.

Professor Hornblow emphasised that ALAC couldn’t make this change on its own. Debate in the media, policies, law, education in schools and advertising also wouldn’t achieve change on their own either, he said.

He told the assembled guests that ALAC needed people such as themselves to understand the need for, and lead the change.

They could all help by championing a drinking culture that did not accept and celebrate drunkenness. He invited those present to join with ALAC in changing the culture of drinking in New Zealand.

If those present could take every opportunity to help ALAC convey the unacceptability of excessive alcohol consumption, that would be a small, but important contribution to solving a significant problem for New Zealand.

Professor Hornblow thanked the Halberg Trust for their work and their unbending commitment to young people, wellbeing and participation – goals which ALAC shared and supported.”

ALAC congratulates Sarah Ulmer in capturing the country’s ultimate sporting prize – the Halberg Award.

Sarah also took the Say When ‘Sportswoman of the Year’ award. Olympic triathlon gold medallist Hamish Carter took the Say When ‘Sportsman of the Year’ section, and Ulmer’s Cambridge neighbours, Caroline and Georgina Evers-Swindell - former Halberg Award winners in 2001, women’s double scull gold medallists in Athens, and unbeaten in that discipline since the 2001 world rowing championships - the ‘Team’ category title. Just for good measure, Dick Tonks, coach of the rowing twins, completed the Olympic clean sweep when he was voted SPARC ‘Coach of the Year.’

After a truly stunning year for New Zealand sport, ALAC was once again immensely proud to support the Halberg Trust in recognising and honouring our nation’s top sporting champions at this most prestigious of events, the 2004 Say When Halberg Awards.
No health benefits from alcohol for the under 60s

A recent study for ALAC says a few moderate drinks for the over 60s could be beneficial to health. But researchers warn the health benefits are strictly limited to the over 60s.

Most of the benefits of alcohol consumption accrue in the elderly. The study shows coronary heart disease is prevented and strokes, diabetes and complications from the gall bladder are reduced by a pattern of drinking characterised by frequent low volume intake.

For younger drinkers it’s a different story. There were far more deaths than benefits related to alcohol in young people.

This study was carried out by Jennie Connor, Joanna Broad, Rod Jackson from the School of Population Health, University of Auckland; Stephen Vander Hoon, Clinical Trials Research Unit, University of Auckland; and Jürgen Rehm, Centre for Addiction and Mental Health, Toronto, and World Health Organisation Comparative Risk Analysis Collaborating Group.

The study, released earlier this year, showed that in the year 2000 there were 1037 deaths attributed to alcohol consumption in New Zealand, with more than half resulting from injury after excessive drinking.

The researchers also showed the health burden of alcohol fell inequitably on Māori, because of different drinking patterns. Non-Māori were more likely to be alcohol drinkers and drink more often, but less likely to binge-drink than Māori. Even though both Māori and non-Māori drink about the same amount of alcohol, the impacts on health differ substantially. The research indicated that because of different styles of drinking, Māori were four times more likely to die from an alcohol-related cause than non-Māori.

The study also showed that people were more likely to die from injuries as a result of drinking. Death from injury made up 51 per cent of alcohol-related deaths, cancers accounted for 24 per cent, and the remainder was due to other chronic illnesses related to heavy drinking. Most alcohol-related deaths before middle-age were due to injury.

ALAC Chief Executive Dr Mike MacAvoy said it was clear that for drinkers consuming the same average volume of alcohol, the pattern of drinking had a huge influence on both benefits and harms.

Five major messages have emerged from this analysis:

- There are no health benefits of drinking alcohol before middle age
- The pattern of drinking is very important in determining the health effects of alcohol consumption
- Injury is responsible for half of all alcohol-attributable deaths and almost three-quarters of the years of life lost due to alcohol
- There is a huge burden of disability due to alcohol use disorders that is not reflected in mortality figures
- The health burden of alcohol falls inequitably on Māori.

The full report is available on ALAC’s website at www.alac.org.nz

Advertising review options

The government is looking at options for a review of the voluntary regime that regulates alcohol advertising.

This decision is in response to a Health Select Committee report recommending such a review. The report was the result of a petition, presented to the Committee by Dr Viola Palmer (a member of GALA, the Group Against Liquor Advertising) and 2,869 others.

The petition called for a Committee inquiry into the effects of alcohol promotion, particularly advertising and sponsorship.

“The Government has agreed there are issues relating to the self-regulatory framework that need to be considered,” said Associate Health Minister Damien O’Connor.

“Consequently, the Government has asked the Inter-Agency Committee on Drugs to look at options for a Government-led review. A policy paper covering these issues will be presented to the Ministerial Committee on Drugs in mid-2005.”

The Committee report also recommended the monitoring of research into the health impact of advertising, and the facilitation of counter-advertising. Mr O’Connor said the Government was already undertaking initiatives in both these areas.

ALAC Chief Executive Officer Dr Mike MacAvoy welcomes the move.

“The responsible marketing and promotion of alcohol remains a key area to address in order to ensure ALAC’s programme to change the drinking culture is as effective as possible. For this reason we welcome the review of the self-regulatory framework and indeed hope that the review is as broad as possible to take in all aspect of marketing especially the now extensive use promoters make of web sites.”
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](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](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
We cheered when you broke the world record.
We cheered when you broke it again.
We cheered when you won the gold.
Now we’d like to do it again.

Cheers.

ALAC would like to congratulate Sarah Ulmer, winner of the Halberg Award 2004. Reaching the top in any sport takes discipline, just as it does to know when to say when.

Well done also to Hamish Carter - Say When Sportsman of the Year, Sarah Ulmer - Say When Sportswoman of the Year, Caroline and Georgina Evers-Swindell - Say When Team of the Year, Dick Tonks - SPARC Coach of the Year, Heather and Jeff Robson - NZ Herald Lifetime Achievement Award and Sir Brian Lochore - SPARC Leadership Award.