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ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND  
Kaunihera Whakaturapato Waipiro o Aotearoa

## Features

Letting communities have a voice in liquor licensing

Review of national protocol on alcohol promotions



**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.

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To receive a copy, contact:

**Alcohol Advisory Council**

**PO Box 5023**

**Lambton Quay**

**Wellington 6145**

**New Zealand**

**Phone 04 917 0060**

**Call free 0508 258 258**

**Fax 04 473 0890**

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

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Editor/writer: Lynne Walsh

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

Our Council is now in the final stages of completing ALAC's next five-year strategic direction. Developing our direction has involved extensive feedback from the meetings that we held around the country. So thank you to all those who took the time to attend or send us written comments. The following struck me as some of the key themes in the feedback we received.

Overall, people valued the opportunity to comment. They also said they enjoyed the chance to attend meetings to have discussion with representatives from different groups with an interest in alcohol. In terms of ALAC's direction, people focused on what they liked about it, and also feedback on the things that they wanted to see more of.

There was agreement that many of the harms from alcohol were a result of our 'drinking to get drunk' culture, so support was high for ALAC to continue to focus on changing our drinking culture and reducing how much New Zealanders drink per occasion. People saw meeting this challenge needed stronger leadership and better partnerships among all those who needed to be involved.

Discussion and debate at some of the meetings centred around whether solutions needed to focus more on individual responsibility or more on changing laws and regulations so that the environment in which drinking occurs better supported moderation. A number of people also wanted more visibility and progress for work with the priority populations of Māori, Pacific and young people. There was also good support for developing a framework to measure progress so that we could see whether things were improving.

So, overall, we were very pleased with the quality of the feedback received. It has been very helpful in shaping our thinking around future directions. The process also was a great way for both Council members and ALAC staff to meet, discuss and network with the wide range of interest groups in the alcohol area.

A final copy of our strategic direction will be available soon. However, if you want to find out more detail about the feedback we received please read the summary report on our website.

A handwritten signature in black ink, appearing to read 'Gerard Vaughan'. The signature is fluid and cursive.

Gerard Vaughan  
CEO

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# Liquor Licencing coming t

Should communities have a say in how many, and location of, licensed premises?

The numbers and location of liquor outlets is raising hackles in communities around New Zealand.

Earlier this year in Counties-Manukau around 100 Clendon residents took to the streets to protest at the ease with which bottle stores are sprouting up in their neighbourhood. Similar concerns are being sounded in other neighbourhoods around New Zealand and even in New Zealand's tourist Mecca, Queenstown, concerns have been expressed about the number of outlets.

And up at Parliament Labour MP George Hawkins has a private member's bill waiting in the ballot that seeks to limit the spread of outlets and allow local communities to have more say in where outlets are located.

Right now there's not much communities can do to stop even more liquor outlets opening in their neighborhoods. People can make objections to their relevant city council but it can only be against the shop's trading hours, questioning the suitability of a bottle shop owner or manager, or the suitability of alcohol being sold alongside other products. Environmental factors like setting up next to a church or school don't count.

And that's where some communities are finding the problem. Because it's legal retail activity, it's hard for anybody to oppose an application that comes forward under the Sale of Liquor Act to prove that that outlet opening will actually result in some adverse effects for that community.

Police Commissioner Howard Broad raised the issue at a recent Hospitality Conference in Wellington. He told the conference police believed a new emphasis on a community-based approach would be of great benefit to our most important piece of alcohol-related legislation.

The Sale of Liquor Act 1989 provided the foundation and context for the sale and supply of alcohol in New Zealand, and reflected cultural norms around that sale and supply, he said.

"We consider that the Act should be sufficiently flexible to cope with changing social conditions and the particular requirements of local circumstances.

"Given the impact of alcohol licensing on individual communities, we believe there is merit in examining whether the current purpose statement of the Sale of Liquor Act continues to be appropriate in 2007 and beyond."

Mr Broad said the object of the Act was to 'establish a reasonable system of control over the sale and supply of liquor to the public with the aim of contributing to the reduction of liquor abuse, so far as that can be achieved by legislative means'.

"Although that object statement may well have been sufficient at the time the Act came into force, developments both inside and outside New Zealand suggest that the purpose statement could be out of step with modern New Zealand."

# ce to a store near you



Mr Broad referred to equivalent legislation in overseas jurisdictions similar to New Zealand. For example, the licensing objectives of the United Kingdom's Licensing Act 2003 were much broader, and encompassed such issues as:

- the prevention of crime and disorder;
- public safety;
- the prevention of public nuisance; and
- the protection of children from harm.

Police detected a growing recognition of the importance of getting community input into liquor licensing decision-making, he said. The impact that granting new liquor licences could have on neighbourhoods and public amenities was receiving increased recognition.

He agreed that, at present, local communities in New Zealand were able to make only a fairly limited contribution to liquor licensing decisions because of the narrow criteria for granting liquor licences prescribed in the Sale of Liquor Act, with each application considered in isolation.

“The old litmus test that required applicants for new licences to demonstrate they were ‘necessary and desirable’ is too limited in today’s environment. Taking a more community-focused approach would bring liquor licensing into line with other recent legislation on local government responsibilities, which requires territorial authorities to develop local policies – recent examples are legislation on gaming machines and dog control issues.”

# Liquor Licence

continued

# Wellin Safe

Mr Broad said that in making these suggestions, Police wanted to firmly locate them in the wider project that government agencies, including ALAC, committed to in 2004 – that was, to change New Zealand’s drinking culture.

ALAC CEO Gerard Vaughan agrees communities need to be given more say in location and the number of outlets in their community. That could be achieved through changes to the SOLA or through changes to councils’ district plans.

“We can only do so much under the current legislation as the social impact, and social harms that result, are outside the scope of the current legislation. And for that to change there needs to be the political will.”

Whichever mechanism was adopted to give voice to community concerns, there still needed to be evidence that social harms do in fact result from the licensed premises.

“We are looking at commissioning research to better understand the problems – is it density, is it the number of outlets, is it the type of premises or the location. Or whether it is the activity mix that brings the problems.

“Also we need to consider the impact of cheaper alcohol. Supermarkets can use their size advantage to offer cheap alcohol and thus have a great impact on the amount of alcohol sold.

“Unfortunately, there are no simple solutions to the challenges ahead.”



Last year Wellington was designated a World Health Organization (WHO) Safe Community – the only capital city of any country to currently be recognised in this way.

Wellington City Council Manager City Safety, Laurie Gabites, says the city’s safety is the result of strong partnerships between the Council, the Police, the Accident Compensation Corporation (ACC) and Capital & Coast District Health Board. Together, these groups work to address the complex safety issues in Wellington.

Wellington City had to meet six criteria, and satisfy the Safer Communities Foundation of New Zealand (WHO’s certifying agency in New Zealand) during a site visit, that it was worthy of being the 100th community in the world to become a WHO safe community.

“Of course this doesn’t mean that nothing bad ever happens here or that we can rest on our laurels. The safe community status is about acknowledging that we are aware of the safety issues in our community, that we have gone a long way towards addressing these issues, and that we will continue working with our partners to improve safety in our city.”

In 2000, Wellington City introduced the City Safety Package, with 31 specific initiatives, funding of \$5 million, and a dynamic Safety Strategy. Responsive to current issues and emerging trends, the strategy aims to ensure people feel safe in Wellington at any time.

Key elements of the safety package include:

- 15 full-time equivalent City Safety (Walkwise) officers, operating 24/7 in the central city. Acting as ambassadors for the Council, they aim to prevent and deter crime and anti-social behaviour through their visibility.
- Partnerships with government, Police, health and community agencies, and the business sector, especially the hospitality and security industries.
- Increased events for youth, along with youth participation in the planning, participation and delivery of Council-led initiatives.
- The integration of safety initiatives into “business as usual”. Examples include urban design, lighting, and the development of partnerships.

# Wellington a World Health Organization (WHO) Safe Community

- Injury prevention through projects such as the Council's Liquor Licensing Policy and the inter-agency Liquor Liaison Group, the joint ACC and Walkwise initiative known as Shopsafe (aimed at reducing injuries amongst retail staff), and the Council's SaferRoads project (aimed at reducing traffic accidents in the city by a third by 2010).

Wellington City Council (WCC) has long seen safety as a major contributor to how residents and visitors perceive Wellington City as a place to live in or visit, says Mr Gabites.

"Safety is a vital component of any successful city and it impacts on quality of life and perceptions of the city as a whole. That's why WCC has made safety a priority and why we have an obligation to keep safety issues at the forefront of people's minds.

"Following designation, we worked closely with our partners to better identify where to from here. As a group of internal business units and external partners we identified alcohol as a significant contributor to violence, injury and crashes involving pedestrians. We also identified the worst times for incidents was between 1am and 6am and most happened in the entertainment precinct known as the Courtenay Quarter.

"This, along with other information, prompted the group to develop a campaign using those tried and tested messages focused on increasing public awareness of what people should do to keep themselves and their friends safe in the city. The campaign's personal safety focus had a particular emphasis on alcohol consumption.

"Using the line 'Whatever you are up to – Stay Safe in the City', a variety of methods were used to deliver our key message of making sure you had a plan when coming into the city. This campaign demonstrated the importance of working together but also developing the private/public partnership and, in this case, it was specifically around food and safe transport options.

"The initiative also provided the opportunity to have a broad approach to safety that covered violence, monitoring of licensed premises, road safety and injury prevention.

"The evaluation of the initiative showed that over 75 percent of people were now more aware of staying safe when in the city," he says.

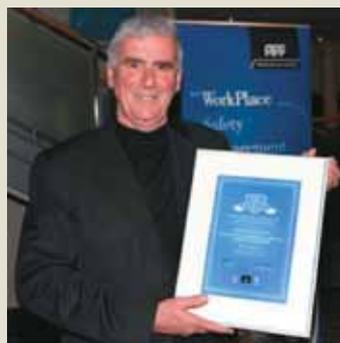
This initiative resulted in the city scoring another award in September – the New Zealand Community Safety and Injury Prevention Awards for an outstanding community safety initiative. This campaign was derived from data which indicated people who were going out in Wellington and getting intoxicated were not always getting home safely.

Teams from across WCC worked in conjunction with external partners to run the Stay Safe in the City campaign. The campaign ran through the 06/07 Christmas and New Year period and focused on personal safety and alcohol consumption, raising awareness and reducing incidents and injuries. A range of material was developed and widely distributed.

The judges noted that this campaign demonstrated excellent leadership in terms of ongoing collaboration and ownership by key stakeholders, and understanding of the diversity of their community. The campaign integrated unintentional and intentional injury well, to address community safety initiatives.

"For Wellington City, being a WHO Safe Community has provided stronger collaborative partnerships and a commitment to safety," says Mr Gabites. "We have recognised brand and passionate people with great ideas.

"We also know that we still have a lot of work to do and strongly acknowledge that many of the community safety issues we want to address are alcohol related and the best way to address those is through a wide ranging coordinated approach."



Laurie Gabites, Manager - City Safety, Wellington City Council receiving the New Zealand Community Safety and Injury Prevention Award for an outstanding community safety initiative.

# Review of national on alcohol promotions

The 1999 amendment to the Sale of Liquor Act 1989 brought about the addition of section 154A, which creates an offence for any licensee or manager of licensed premises who does anything in the promotion of the business or in the promotion of any event or activity held or conducted on the premises, that is intended to, or likely to, encourage persons on the licensed premises to consume alcohol to an excessive extent.

When the amendment was introduced, ALAC, the Hospitality Association of New Zealand (HANZ), the Police and Local Government New Zealand produced the 'National Protocol on Alcohol Promotions'. The document gives some assistance to enforcement agencies, licensees and managers to establish whether promotions of alcohol constitute a breach of the Act.

"Eight years down the track, we can now look back and say that we had it pretty right. There have been a number of cases where the 'protocol' has been proved correct, however there are cases that have surprised us. The time may be right to look at updating the guidelines in the New Year to be able to give the best possible guidance to licensed premises' operators and monitoring and enforcement agency staff – in light of, and possibly including, examples from recent cases," says Gerard Vaughan CEO for ALAC.

## Less than impressed with bars' promotions

■ Police say wording irresponsible

Some examples of promotions that have been cited as a breach of the Act by the Authority, include:

- A challenge to the Barmy Army to attempt to drink Dunedin dry during their visit to the city as part of the 2005 Lions' Tour
- In the above case, a "Counter Punch" promotion where the low price for drinks (\$1-\$2) would inevitably encourage excessive consumption
- A "Wet Wednesday" promotion which allowed the purchaser the ability to purchase an unlimited quantity of double spirits over a period of two hours

## Happy hours slammed

- An "Ugly Mug" promotion involving "all you can drink for \$10" for up to three hours
- The sale of a tray of spirits (including 16 double nips of bourbon and coke for four persons)



- A sign outside licensed premises stating "Why study for exams when you can get drunk with your mates?"
- A teapot said to contain a nip each of gin, bacardi, tequila, and vodka.

# onal protocol

## Bar gimmick condemned

■ Petrol-soaked couch offer 'invitation to disorder'

There have been a number of other cases of promotions outside the scope of section 154A of the Act that have sparked media, public and agency interest which have either not been on licensed premises or not included alcohol. One such case included a Dunedin licensee who printed flyers with "Your Licence to Burn – Welcome to North Dunedin – 'sofa burning capital of the world'". It went on to say, "YOUR DEAL OF THE WEEK IS RIGHT HERE – Swap 1 litre of petrol for 1 litre of beer!" Later in the flyer was an invitation to direct any complaints to a 'Special O-Week Complaints Hotline' on the following number ... 111. This case, in light of the already concerning antics of Dunedin students and young people, was in particularly bad taste and found to be of interest to the Fire Service and Police. This generated much publicity and the licensee found himself in hot water on a number of fronts – least of all facing the Authority – who stated the licensee's conduct was such to show a lack of suitability to hold a licence.

## Pubs given warning over cheap drinks

Other cases where promotions have reached the media, include where the Christchurch alcohol accord attempted to ensure licensees and managers agreed not to hold discounted liquor promotions during a certain time – however this was curtailed at the request of the Commerce Commission as it was deemed to breach the Commerce Act by "price fixing".

There was also a case where an off-licence found itself under the scope of the Department of Internal Affairs, who warned that outlets could be breaking the law if they operated customer loyalty schemes with alcohol as the prize.

## Last man standing equals stupidity

The latest promotion to hit the headlines was the 'Last Man Standing' competition, where ALAC and others cried out at the Mid-Canterbury Young Farmers for planning a competition where participants had to consume a standard drink whilst on a moving platform in a woolshed. ALAC deputy chief executive Sandra Kirby stated, "What sort of message is this sending to young people and the community in general, both about acceptable drinking behaviour and about the type of organisation that is promoting this?" The organisers cancelled the event because of public and media interest.

"Promotions can have a place in licensed premises settings, but do need to be monitored. The New Zealand public do not need any encouragement to drink alcohol to an excessive extent," says Mr Vaughan. "Promotions can be good for business and good for the public, and we would suggest the licensed premises' community look at having promotions that encourage the consumption of food or low alcohol beverages. We all have a role in changing the drinking culture."

## Alcohol loyalty prizes illegal

# Rehabilitating our criminal justice system

By Guest Columnist Drug Foundation Executive Director Ross Bell

Hands up all those who'd like to be working for the Correction Department right now.

The department has faced a constant barrage of criticism in the House with opposition spokespersons keen to capitalise on a glut of embarrassing failings. These range from the trivial (prisoners rewarded with KFC) to the serious (drug rings being run from prison) to the tragic (the death of Liam Ashley). I've heard it said, criticising Corrections is like "shooting fish in a barrel".

Alcohol and other drug issues in prisons have been to the forefront of these criticisms with National keen to point out that the majority of prisoners with drug problems simply go untreated, and, political point-scoring aside, they're quite right.

While I've got to hand it to Damien O'Connor, who has personally fronted up to this issue and increased the number of drug treatment places in prisons from 160 to 500, I can't help but suggest that Labour is currently feeling the pain of a rod it made for its own back.

In the 1999 referendum on criminal justice, 92 percent of New Zealanders voted for tougher sentences and hard labour for serious offenders. The new Labour government responded with enthusiasm, and its tougher stance on crime has resulted in record numbers behind bars: 8,076 at last count and a predicted muster of 10,000 within five years.

According to current figures, 89 percent of prisoners suffer from a substance abuse disorder at some time in their lives, and over half of all offenders are using at least one drug (usually alcohol) at the time of their arrest. You don't have to be Stephen Hawking to do the maths. Our prisons are jam-packed with people needing help with alcohol and drug addictions.

People with drug problems don't tend to get better without help. This is especially so with incarcerated people, particularly when current prison practice bars them from treatment. Locking them up does not make society safer because, upon release, they're likely to quickly re-offend.

In August, the Drug Foundation released its policy on tackling the problems around alcohol and drugs in our criminal justice system. The policy is based on extensive research into New Zealand and overseas initiatives that we think offer real hope for a cost-effective and workable way forward.

After all, the news here isn't entirely bad. For example, the government's Effective Interventions project, launched a year ago, recognises the need for more flexible sentencing options and an improved rehabilitation strategy co-ordinated across all agencies, including courts, probation and health. This provides a solid enough basis on which to build.

In a nutshell, we need to identify offenders with drug and alcohol problems at the outset and ensure that treatment is part of their sentencing from the word go. We need to think about other options besides locking non-violent offenders away, and we need to make sure prisoners have access to the same treatments as anybody else. Most importantly, we need to tackle the problem of inadequate aftercare so that released prisoners and their families have the support to truly make a go of it without drugs, alcohol or the need to re-offend.

Of course this will cost money, but investing in rehabilitation and treatment does have long-term benefits.

The United States National Institute on Drug Abuse, an agency not known for a liberal stance, found diversion to community and prison-based treatment not only reduces drug use, but also curtails criminal behaviour and re-offending. In fact, every dollar invested in prison addiction treatment yields a return of US\$4-7 in reduced crime. For some out-of-prison treatment programmes, savings were as high as US\$12. Similar results have been achieved in the United Kingdom, the Netherlands and Finland.

The good news for New Zealand is that the most effective services overseas are those already used here. Corrections' research found that, over two years, people who complete these programmes were 13 percent less likely to re-offend.

There's no reason why New Zealand cannot extend on these small beginnings and replicate the same successes seen overseas, but it's going to take a bit of a re-think on the part of our decision makers. That's going to be a particular challenge as we head towards a general election, and the short-sighted scramble for votes wins out over calm and reasoned long-term policy.

Any party daring enough to present progressive policy on the issue may find itself accused of being soft on drugs and crime, especially in a debate dominated by those in the 'lock 'em up and throw away the key' camp.

The escalating level of imprisonment resulting from a decade of tough stances has so far been a disaster. Hope lies in learning from what has worked elsewhere, and building something similar here, even if it will take more than one election cycle to achieve. This is not being soft on drugs and crime; it's being smart on drugs and crime.

**If you'd like to check out the Drug Foundation's policy statement on Reducing alcohol and other drug problems in New Zealand's criminal justice system, see [www.drugfoundation.org.nz](http://www.drugfoundation.org.nz)**

# Family Inclusive Practice? Or Just 'Lip Service' Is Policy Translating into Practice?

**By Trish Gledhill, Director/Executive Trustee,  
Kina Families & Addictions Trust**

Current mental health and addictions policy locates family inclusive practice within the landscape of service delivery. 'Te Tahuu', the second Mental Health and Addictions Action Plan (Ministry of Health, 2005) and more explicitly 'Te Kokiri', the Action Plan (Ministry of Health, 2006), attempt to position family more visibly in the range of service provision. 'Te Hononga' states that we can expect to see increased 'responsiveness' to families and their needs by 2015 (Mental Health Commission, 2006). Still, there is little clear direction about how this will be achieved or what intervention will actually look like in everyday addictions practice.

There is little argument that in most circumstances family involvement is an excellent idea. Whether this is from a position of addressing alcohol-related harm and improving the wellbeing of whānau, or in recognising the capacity of families to engage as agents of change. Furthermore, Standard 10 of the National Mental Health Standards (2001) describes 'involving' family as an expectation in the provision of mental health services.

So, what does 'inclusion' look like in these 'responsive' everyday services? Is it about welcoming people through providing a cup of tea to or is it expecting to see robust, evidence-based interventions? Or, is it perhaps both? And where do we start in developing our inclusive practice? Kina Trust is responding to this issue by offering introductory training into the addictions sector. These workshops raise questions about what 'inclusion' actually means in everyday practice as well as introducing skills and tools to foster practice change.

Family work is recognised as a complex clinical issue. Fears of unmanageable family conflict, violence and care and protection issues, are perhaps seen as requiring highly specialist skills such as family therapy. These are some of the barriers to inclusive work described by practitioners. In our workshops it is also apparent that practitioners' own experiences of family of origin, influence their efforts to involve families in their work settings. Our agencies are also often far from 'family friendly'.

Similar questions have arisen as educationalists grapple with many issues in attempting to respond to inclusive education policy (Education Act, 1989). According to Ainslow (2005), and Hart (1997), 'inclusion' and its close cousin 'participation' are about people being informed, having a true 'presence' and a sense of purpose or achievement through their participation. Participation itself may be viewed on several levels (Shier,

2001). It may be seen in inviting people into the room and listening to their views, or moving toward fostering their involvement in decision making. It can mean sharing power and responsibility with whānau in organisational structures and service delivery. Lower levels of participation may be described as tokenistic by not actively involving family members or having a purpose to their presence. However, at each of these levels 'openings', 'opportunities' and 'obligations' are required to foster participation.

First and foremost, there needs to be a willingness and openness to work in this way that validates family members' experiences and recognises the capacity and healing potential of whānau. It means being willing to listen to family members, and also to actively create opportunities for their participation.

Resources and practitioners' skills are needed for inclusive practice to develop. Not merely training, but workable, family-friendly environments and materials. Service models and tools are needed for practitioners to draw on in their work.

Lastly, our services need to develop tangible policies that are backed up by explicit procedures and mechanisms to promote the shift towards inclusive service delivery.

The question still remains about how ready and committed we are as practitioners to listen to family members and actively encourage their participation? What about the tea and biscuits? Does the service budget allow for this? Then what happens next? It is clear that the key New Zealand mental health and addictions policy documents express the expectation that family inclusive practice is important in effective service delivery. As clinicians committed to the best possible outcomes for our clients perhaps it is time for the alcohol and drug field to take the bull by the horns and strive to ensure that our services are developing policies and procedures that reflect these policies.

Our national policy provides the vehicle, road signs and the fuel stops; it is up to us to drive the development of accessible service models towards truly family 'inclusive' interventions.

**Contact Kina Trust [www.kinatrust.org.nz](http://www.kinatrust.org.nz)**

# Parents feel power alcohol and drug p

The evaluation of the *bewildered* resource highlights the bewilderment parents feel over their teenagers' drug and alcohol problems.



*Bewildered* aims to provide insight and pathways to services for parents whose children have alcohol and drug problems by telling the stories of five parents and two young people. The resource was developed for ALAC by Michael Bird and includes a DVD and workbook. It was released in September 2006. The evaluation involved interviews with 15 parents and four service providers who have used *bewildered* with their clients.

The evaluation of the *bewildered* resource was undertaken by Dr Sue Carswell in June 2007. ALAC Manager, Early Intervention Sue Paton says interviews with parents showed that *bewildered* had helped many of them make changes to their attitude and behaviour that had positive results for them and their families.

"What has come through strongly in the evaluation is that parents often feel powerless; they feel there is no-one they can talk to and no-one else is going through what they are going through. The realisation that they are part of a community of other parents that are also struggling has been powerful." Sue points to such comments as;

*'I just liked the fact that suddenly I could see that there were other people like us.'*

*'I really did think we were the only people in the world going through it and I think it was a very cleverly put together resource.'*

*'Oh, I just found it really neat to listen to what parents go through and it's really terrific to hear the teenagers, their point of view.'*

The realisation that parents struggling with their kids abusing alcohol and drugs are not alone made parents stronger and helped them to be more open about their experiences, 'When people asked, "What is your child doing?" I'm learning to be

*up front and say hopefully in our situation he goes into rehab on Monday.'*

Sue says other parents reported they had been naive about their child's drug use.

*'Oh, I've pretty much found the whole thing useful... right from start to finish, the whole thing was absolutely bang on to what we did, and what we never realised until you've seen something like that and then you know all the signs, and so it was really helpful.'*

One of the parents reflected on how *bewildered* had made them realise that there was no one right way of dealing with children with alcohol and drug issues and that it is a complex issue with different solutions for different families. They also recognised the importance of changing their own behaviour.

*'I think also that most of the time with issues with children, you're fed information as if there's one way to do it, and I think the complexity of the issue really came through to me, that you know, for parents to stand by what was right for them, and that was one of the bigger messages I got, and that it was about you making the changes, not your child, and that came home strongly with the whānaungatanga stuff.'*

Seven of the parents identified changes to the family as a result of using *bewildered*. *'There are boundaries now and it is not – the boundaries aren't being crossed like they were.'*

Parents said they would recommend *bewildered* because it was important to know there was support and resources out there for parents in this position.

*'I definitely would recommend them making the call because it's just nice to know that there are resources and there is some kind of help out there, rather than just nothing.'*

And another said they would recommend *bewildered* to other parents so that they knew they were not the only ones in that situation and not to blame themselves.

*'Just so that other parents know that they are not alone in the situation, and that as a parent you do feel guilty... There is nothing to feel guilty about... The fact also that you are not going to be judged, because a lot of parents feel that they are going to be judged.'*

Two of the services used *bewildered* during workshops and in-service sessions with practitioners. These services promoted the use of *bewildered* with families, along with other resources, by showing the DVD and informing practitioners that they can access further copies of *bewildered* through ALAC.

# Less over children's problems

## In summary parents liked:

- identifying with the experiences of the presenters in *bewildered*
- realising you were not alone and other people had been through these issues, people just like you
- the honesty from the presenters in *bewildered*
- hearing about other people's stories, the insights and strategies they used
- hearing from different points of view, parents, teenagers, Māori and Pakeha
- information about how to approach your children
- information about alcohol and drug use and the paraphernalia that goes with it
- importance of changing your own behaviour and there is no 'one' solution
- the presentation including artwork; workbook was very clear and easy to read; most thought the DVD was well made, powerful and easy to access.

## Twelve of the 15 parents said they had experienced changes due to using *bewildered* including:

- increased understanding of the issues and how to work through them
- changed attitude and behaviour towards parenting children including being more open about discussing alcohol and drug use and imposing boundaries
- attitude change within themselves including:
  - more open and not feeling guilty or ashamed about their child's alcohol and drug problems;
  - able to distance themselves more from the situation and gain perspective;
  - realisation they needed to change.

## Ten of the parents reported changes to their family as a result of using *bewildered*:

- changes to the family due to changes in parenting
- showing *bewildered* to other family members and using it as a tool for awareness, education and discussion.

All the service providers interviewed were very positive about *bewildered* and thought it was a valuable resource. Their views were based on their professional expertise and experience with clients and feedback they had received about the resource.

'We've had really good feedback about it. People love the story. You know, they love the fact that people are telling their stories and you know, the same things that you hear actually in the group – oh, it was so good to know that I am not alone and that kind of really basic stuff that people say when they respond to stories. And that is talking directly about the DVD.'

## Service providers thought the major strength of *bewildered* was using real people to tell their stories and presenting this on DVD as well as a workbook.

- *bewildered* uses real people and real experiences which helps establish a connection through empathy and identification, people can identify with the experiences and emotions of the presenters
- seeing that other people have gone through similar experiences helps people realise they are not alone and puts things in context
- encourages people to seek help and talk about their experiences
- the balance of hearing parents and young people's views
- The structure of the resource took you through their journey and you 'come out the other side'
- offered way to reflect on own behaviour and experiences and gave practical advice.

*Bewildered* can be ordered on freephone 0508 258 258 or through the website at [www.alac.org.nz](http://www.alac.org.nz)

# ANAMATA

Youth drinking has been in the political spotlight over the last 18 months, firstly with the proposal to increase the purchase age to 20-years-old (which was defeated), and then the Government's review of sale and supply of liquor to minors (results still to be announced).

While the politicians decide what to do about young people and alcohol ALAC took the time to talk to young people about what they think are the issues around young people and alcohol.

The national youth forum was held over two days at Manurewa Marae in Auckland and provided a platform for some 30 young people aged between 13 and 18-years-old, as well as 13 youth workers from around Aotearoa, to come together and discuss alcohol issues and offer youth perspectives on future strategies to reduce alcohol-related harm.

**“Adults just accept that we are gonna get pissed and get off our faces – they just don't want us to do bad stuff once we are drunk.”**

Titled Anamata, which means ‘to face the future’ – a name chosen to reflect the forward-looking nature of the forum. The young people came from Whangārei, Auckland, Hamilton, Tokoroa, Taupo, Palmerston North, Ōpōtiki, Wellington, Queenstown and Invercargill. There was a mixture of both urban and rural backgrounds. The majority of young people were of Māori or Pacific ethnicity.

Discussions were lively and the young people had a good grasp of the issues around alcohol. Many said the current purchase age for alcohol of 18-years-old was too young but then as one said “it doesn't matter what the age is though, we will still get access to alcohol; we get alcohol from friends, from parents”.

**“Adults accept that rangatahi binge drinking is ok, it's the behaviours after which they say isn't ok.”**

And many spoke of the double standard. “Kids model their parents' behaviour with alcohol. Our role models are drinking excessively – parents and other adults are drunk lots. Adults. whānau drinking attitudes are lax.”

One said, “There's not a lot of support not to drink. There is heaps of pressure to drink at home and with friends.”

Young people drink for much the same reasons as adults. “We drink because it's a good time to socialise with friends and family, to relieve stress and relax, to take away the sorrows, to help ‘get out of their shell’, and for the buzz. You have more confidence after drinking so you can attempt things socially like you can ‘hook up’ with others.”

However, many admitted making “stupid choices” while drinking such as vandalism, tagging, stealing and fighting. And as one put it, “Adults accept that rangatahi binge drinking is ok, it's the behaviours after which they say isn't ok. Adults just accept that “we are gonna get off our faces – they just don't want us to do bad stuff once we are drunk.”

**“There are mixed messages from family – tell us not to drink but then they go and get drunk. It's kinda “do as I say, not as I do.”**

So the messages from adults relate not to the drinking but the behaviours that result such as “don't do anything silly, be safe and look after each other, don't jump into cars after you've been drinking or someone else is, drink a glass of water before you sleep to stop dry horrors, don't run around and be stupid, be sensible.”

Many said the first introduction to alcohol “was almost always an unsafe drinking encounter (get comatose/ wasted, have black-out, can't remember, behave stupidly) - we don't know when to stop or ‘say when’. Rangatahi just like to try stuff, we want to experience it and see what it's like!” We don't know how much is enough until it's too late.”

# ace the future '07

“Getting drunk, tipsy and lala is a buzz, it transforms you and relaxes you. Youth drink to get drunk.”

Many spoke about peer pressure to drink and the belief that nothing will happen to them. “Mates encourage us to try drinking and/ or to drink a lot. We think we’ll be fine. I’ll be sweet, it won’t happen to me.”

“Our role-models are drinking excessively – parents and other adults are drunk lots.”

Most said they don’t like to drink with parents, but do drink with their knowledge. “Drinking with parents is not cool and you can’t talk about cool stuff like you can with your mates. Usually rangatahi are drinking away from their parents at other people’s houses; they are usually not binge drinking or getting pissed when drinking with parents – the dangerous drinking happens with my mates.”

Asked what message would work, the young people suggested they should focus on the consequences of the behaviour and link into other issues like violence, unplanned pregnancy, coping with someone dying and abuse.

“It’s not what we’re doing, it’s what you’re doing.”

Anamata found that the messages that would be most relevant to young people would include such measures as: real stories and settings, visually shocking, developing a character and storyline, are culturally relevant, and delivered using a variety of mediums. It was also mentioned that role modelling what healthy drinking looks like would be a good change. A range of strategies were also highlighted throughout Anamata which covered themes such as: enforcement, alcohol-free events, utilising educational settings, strategies involving key role models, settings-based strategies, tighter marketing regulations, and utilising young people to further develop strategies aimed at young people.

**For more information contact Jodie Robertson on (09) 916 0331 or [j.robertson@alac.org.nz](mailto:j.robertson@alac.org.nz)**



About to launch off for Waka Tangata - participants took time out to enjoy the waka experience provided by Waka Mareikura.



Some Anamata participants from left to right:

Catherine Tamasau-Russel (Auckland)  
Louisa Timia (Auckland)  
Sami Sauni (Auckland)  
Susana Malaki (Wellington)  
Luisa Kuresa (Invercargill)  
Ngapo Campbell-Seymour (Opotiki)

# Te Hononga

## a picture of mental health and addiction services in 2015

A publication describing the Mental Health Commission's view of what mental health and addiction services will be like in 2015 was launched by Health Minister, The Hon Pete Hodgson in August.

*Te Hononga 2015, Connecting for greater well-being* provides a future picture of the sector from the Commission's perspective.

Pete Hodgson commended the Commission for producing the publication, which he said was timely given that the legislation to extend the life of the Commission to 2015 was passed by Parliament last week. *Te Hononga* describes a mental health and addiction system that meets the needs of New Zealanders, he said.

"The Ministry of Health in its publication *Te Tāhuhu* provided the vision for the future, *Te Hononga* provides the picture. It recognises that mental health is a key component of the overall wellbeing of all of us and that to achieve wellbeing we need strong support from whānau, families and communities," Commission Chair Ruth Harrison said.

"It also tells us that people with experience of mental illness and/or addiction need support in all aspects of their lives through integrated services working collaboratively including housing, employment and education connected to well integrated health services.

"We know that one in five people over their lifetime will experience mental illness and/or addiction, we need to do all we can to prevent that happening, and in the event that it does, reduce the impact on the individual and their whānau/families and communities.

"Wellbeing for all New Zealanders means supporting whānau/families and communities to connect and thrive.

"Te Hononga places service users and a whānau ora/recovery focus at the heart of the delivery of mental health and addiction services, with service users being the drivers of their own recovery.

"There will be no single way to access services – there will be many pathways.

"Discrimination is one of the biggest obstacles to recovery. Building on the success of the Like Minds Like Mine campaign and the work of others, the goal is for discrimination against people with mental illness and/or addiction to be abhorrent to all society by 2015.

"This publication is a bold statement of what the future can be in 2015 for service users, their families and whānau. It is up to us all – politicians, mental health and addiction services, the wider government sector and society at large to ensure we achieve this picture," Ruth Harrison said.



Left to right: Pictured at the launch Mental Health Commission Policy Analyst Geoff Vogel; ALAC CEO Gerard Vaughan, Project Manager, Addictions, Māori Mental Health, Population Health Directorate, Ministry of Health Jenny Wolf.

# Pacific Community Safety and Crime Prevention Fono

Held in Auckland earlier this year, the first ever National Pacific Community Safety and Crime Prevention Fono aimed at building safer communities for Pacific people who are over represented as both victims of and perpetrators of crime.

The two-day pan Pacific Fono brought together more than 250 Pacific practitioners, leaders, community-based service providers, researchers, academics and policymakers from the diverse fields involved in preventing crime in Pacific communities. The Fono was hosted by the Ministry of Justice and sponsored by the Ministry of Justice, ALAC, the Ministries of Pacific Island Affairs, Child Youth and Family Service, the Department of Corrections and Police.

Community leaders, providers and government officials discussed and debated solutions that might come out of the Government's Effective Interventions strategy and the need for increasing partnership between government and communities. The conference saw discussions around Sexual Offending, Problem Gambling, Youth Gangs and other community based crime issues where Pacific organisations provide support and counselling services across the country.

Justice Minister Mark Burton who opened the Fono said it provided an opportunity to advance crime prevention policies. He said the Ministry's work and widespread consultation with the Pacific community and interviews with prison inmates had identified some key issues for the community.

Those issues include the challenges of modern New Zealand life to traditional Pacific family and cultural values, serious violence within Pacific communities and families, sexual abuse and violence within Pacific communities, attitudes to alcohol and gambling, and a lack of general financial awareness.

Minister for the Community and Voluntary Sector and Associate Minister of Pacific Island Affairs Luamanuvao Winnie Laban said the Fono was an opportunity to discuss policies and programmes



Minister for the Community and Voluntary Sector and Associate Minister of Pacific Island Affairs, Luamanuvao Winnie Laban



that provide tools for Pacific individuals and communities to navigate towards safer families; safer communities; empowered youth; respectful relationships and healthy lifestyles.

Ministry of Justice Community and Programmes Senior Advisor Fuimaono Tuiasau said the Fono was a huge success and provided a forum for Pacific community leaders, Ministers of the Crown and other keynote speakers to discuss the consultation feedback and extend existing knowledge to build on the great potential of Pacific communities.

Further work on reducing crime in Pacific communities will take place over the next couple of years and it is proposed that a second national Fono will take place in mid 2009 to review progress.

# New faces at ALAC

## New Staff



### Shirleyanne Brown

Shirleyanne (Ngatihau, Ngatihine, Ngapuhi) has joined ALAC as Project Manager, Northern Region. Shirleyanne has a nursing background and comes to ALAC from the Northland District Health Board where she worked for 10 years in a variety of roles within the Public Health Unit, from the role as the Auahi kore Marae co-ordinator and Smokefree Co-ordinator, with the last three years as the alcohol and drug awareness co-ordinator.

Prior to that she worked in the area of marae development for her own marae, Pehiaweri Marae in Whangarei, assisting in setting up one of the first marae-based healthy lifestyle programmes. She has also spent 14 years in Australia working in a variety of health positions.

Shirleyanne says she had been working closely with ALAC's previous project manager in the north, Brian Hayward, and she acknowledges the work he achieved in Tai Tokerau.

"I see this as an opportunity to grow in my professional development and to continue to assist communities and service providers in addressing the issues concerning alcohol use and misuse. With the supportive mechanisms ALAC has in place, and the expertise within the organisation, I am extremely thankful and excited to be given the opportunity to make an effective contribution to reducing alcohol-related harm."

## Two new members for ALAC's Pacific Reference Group

Josephine Jackson-Gray and Allan Vaa are two new appointees to ALAC's Pacific Reference Group. The positions have been vacant since the departure of Dr Francis Agnew (Chair) and Ikamafana Tameifuna.



### Josephine Jackson-Gray

Josephine is of Niuean heritage from the village of Hakupu Atua. She was born in New Zealand and raised in Niue and New Zealand. She has lived in Auckland for most of her life and is married to a Samoan.

Josephine has worked in the alcohol and drug field for 11 years and in the gambling sector for five years, as a youth worker, educator, with Pacific people with disabilities and Pacific people affected by mental health and addictions.

She has worked for Pacific alcohol and drug services as a counsellor with Rads/Cads community alcohol and drug services Waitemata District Health Board (WDHB) and is currently the clinical team leader for Tupu - Alcohol and Drug/Gambling Pacific Services – under the umbrella of Pacific Mental Health Addictions Services for WDHB Auckland.

She has a Masters in Health Science from the University of Auckland University. Her thesis looked at the drinking behaviours of Niuean women in Auckland.

Josephine says she hopes to contribute to the wellbeing and making healthier/safer decisions for Pacific peoples living in New Zealand in relation to alcohol consumption.

Kia monuina atu!

### Allan Va'a

**"The choices that we make today will echo into eternity"**



*From the movie 'Gladiator'*

Renowned for his insightful quotes, the one above is how Allan began our interview. He describes himself as a New Zealand-born Samoan with Tongan lineage through his mother. A proud product of Otarā (South Auckland - Counties Manukau) community, Allan is team leader of the 274 Youth Core project, a subsidiary of Cross Power Ministries, working in the streets of Otarā with youth and their families. His prime objective is to nurture "our most

# How we are drinking now on the public agenda

important asset and resource – our young people, they are our future.”

Prior to his ‘youth work’ career at 274, Allan served as a youth worker at the Manukau Youth Centre and was Head of the Youth Department for Heartbeat City Ministries, responsible for youth development within this interdenominational organisation.

Allan has served on the Otara Community Board, is a member of the South Auckland Youth Workers’ Collective panel and has been a member of the Ministry of Pacific Island Affairs Community Reference Group. He served as a Youth Court panel member with Judge Ida Malosi from 2003 - 2005 and was also selected on to the East Tamaki Licensing Trust from 1999 – 2004.

“The highlights of working with young people,” says Allan, “are watching those who’ve chosen to pursue a positive path for their life.” Reflecting on his decision to accept the invitation to be part of the Pacific Reference Group, Allan says, “This is a legacy to my children. The key is to get the message home to our families. Knowledge is power and when families have the information they need to make better decisions it can happen. I accept that some changes may not happen in our lifetime but we start the process.”

*O le ala i le pule o le tautua*

(The pathway to leadership is through service)

The issue of ‘how we are drinking’ was now on the public agenda and communities and individuals were beginning to show their intolerance for the disruption and cost of drunkenness in their cities, towns and the countryside, according to ALAC Chair Peter Glensor.

Commenting in ALAC’s annual report, Mr Glensor said in the last four years ALAC had focused on getting people to recognise that New Zealand was experiencing an increasing trend of binge drinking, and a growth in the harms associated with this. Evidence-based research in New Zealand and overseas confirmed this was a worldwide trend.

“Progress throughout this year has shown that now around three quarters of adults recognise that heavy per occasion drinking is more likely to cause harm to themselves or others,” he said.

“The range of harms they associate with such drinking has also extended. Three years ago, drink driving and dependency were the dominant concerns. Now, people recognise that crime, violence, accidents, embarrassment and regret are some of the harmful results of binge drinking.

“We are pleased that research shows that a fifth of all adult drinkers, and nearly a third of adult binge drinkers, have thought about cutting back their drinking, an indication they’re aware of the downsides of higher per occasion consumption. We believe that many New Zealanders are poised to make changes in their behaviour. This mindset and readiness for change sets the stage for the further work that is needed to take place in order to achieve sustainable change. Additionally, we are encouraged by the actions and achievements of partner organisations that contribute to our vision.”

Mr Glensor said the past year has seen changes in ALAC leadership at both Council and secretariat level with the appointment of the new Chair, two new council members and a new Chief Executive Officer for the secretariat.

“As well as new leadership, we have been developing a new strategic plan, designed to guide the organisation over the five years. Developing our plan has involved extensive consultation with a wide range of stakeholders. It was pleasing to get feedback during our consultations that, overall, people were confident and supportive of the direction ALAC has been heading in. Our future direction is based on the firm foundation already established,” he said.

Mr Glensor said the goal of changing New Zealand’s drinking culture to one where moderation was seen as the norm was not a task ALAC can achieve on its own. A number of parties – New Zealanders as individuals and community members, the public health sector, a range of government agencies, other interest groups, international groups and the industry – all had a role to play if New Zealand is to achieve a society that is able to flourish in the presence of alcohol.

“Almost every aspect of our work is done in partnerships, or by supporting others or through achieving support for our strategic direction and our programmes. We work in collaboration with Government departments and agencies, as well as NGOs, liquor industry groups, community organisations, public health agencies and individuals.”

Mr Glensor said nurturing strong relationships and focusing on excellent communication and discussion at many levels was important to ALAC. “Our strategies are well established now, and the way forward clear. The support we receive from Government, our stakeholders and partners is greatly valued and is testament to the model. People know how and where they can contribute, and such partnerships have proved a cornerstone of the strategy.”

# Introduction to the Alcoholism and

**Earlier this year Wellington coroner Garry Evans called for the number of certified institutions for people with alcoholism and drug addiction to be increased and for the the Alcoholism and Drug Addiction Act 1966 be updated “without delay”, to take into account social needs and the Bill of Rights Act 1990.**

**His comments followed the death of a Lower hutt woman. Her family had wanted her committed to an institution for compulsory treatment but found the process too hard.**

**Mr Evans said the evidence showed there was an insufficient number of institutions in this country for the placement of persons requiring treatment for alcoholism and drug addiction. (New Zealand has only two institutions – one in Auckland, the other in Christchurch – certified to give compulsory treatment.)**

**Here Ministry of Health outlines the proposed review of the Alcoholism and Drug Addiction Act.**

The stated purpose of the Alcoholism and Drug Addiction Act 1966 (ADA Act) is “to make better provision for the care and treatment of alcoholics and drug addicts”. It provides for certification of institutions and appointments to Supervising Committees and also for the compulsory detention and treatment of persistent and severe alcoholics and drug addicts in certified institutions. It is administered by the Ministry of Health although many of its provisions have fallen into disuse.

The desire to review the ADA Act has been documented since the late 1980s. While consensus has existed on the problems with its use for a number of years, there has been no clear consensus on whether to repeal or review the Act. Civil liberties arguments and the New Zealand Bill of Rights Act 1990 would support that the ADA Act should be repealed on the basis that it does not provide clear evidence-based benefits to detainees that justify detention and compulsory treatment, nor does it contain adequate legal protections. Alcohol and drug treatment experts acknowledge the limitations of the Act but point to a small number of people with severe and persistent addictions for whom use of compulsion is critical and may be life saving.

There has been an increasing media profile of the calls from coroners, clinicians, family/whānau and other stakeholders to hasten the work on the review of the ADA Act.

## **Current use of the ADA Act**

An application for detention and treatment can be made by the alcohol or drug dependent person themselves (‘voluntary application’) under section 8, or by specified third parties (e.g. relatives and Police) under section 9.

There are an estimated 150 to 200 applications under the ADA Act each year. Of these, approximately 40 percent are section 8 applications, leaving another approximately 60 percent being made under section 9. About 70 to 80 committal orders are made under the ADA Act each year and there is wide geographic variation in its use, with few orders granted in Auckland and by far the highest take-up in Christchurch.

## **Past work on the ADA Act**

In the late 1980s a sub-committee of the Department of Health’s Taskforce on Alcohol Related Issues was considering the review of

# Drug Addiction Act 1966

the ADA Act. A discussion paper was prepared in 1999, followed by consultation which revealed a great deal of consensus on problems with the ADA Act. A study report based on the submissions received in 1999, and including a literature review on the efficacy of drug and alcohol related treatments, was completed in 2002 and identified the following five options:

- retain status quo;
- retain legislative status quo with improved systems and services to support use of the Act;
- repeal and non-replacement of the Act;
- repeal the Act and include alcohol and drug provisions in the MH (CAT) Act;
- modify the ADA Act to include new definitions, patient protections and to allow for non-residential provisions.

A stakeholder group was convened to provide feedback on the identified options. That group saw some merit in the fourth option, which was to include alcohol and drug provisions in the Mental Health (Compulsory Assessment and Treatment) Act 1992 (MH (CAT) Act), but preferred a variation on the fifth option. The variation was to modify the ADA Act and place more emphasis on assessment, while retaining some powers for detention and compulsory treatment. This option represented a substantive and virtually complete redrafting of the ADA Act.

## Issues

### The problems reported in 1999 and supported by submissions are still applicable and include:

- Inconsistency with the New Zealand Bill of Rights Act 1990 and the MH (CAT) Act. The ADA Act contains extensive powers to deprive people of their liberty without the legal protections to balance liberty interests with protection of the patient or society.
- The lack of conclusive evidence as to whether long-term alcohol and drug treatments provide outcomes that are robust enough to justify compulsion. Literature reviews confirm that it is generally understood that successful treatment outcomes are difficult to achieve when the addict lacks motivation towards recovery, although motivational factors may be improved by the length of time that people are compelled to remain in treatment. This introduces an

ethical dilemma as to the right of society to compel treatment that may or may not benefit the addict.

- The lack of “certified institutions”. Since 1966, 18 institutions have been certified under the ADA Act. Of these, 13 institutions were psychiatric hospitals and five were NGO residential facilities. Since then seven of the psychiatric hospitals have had their certification revoked and/or have closed down. One NGO has had its certification revoked. While some psychiatric hospitals remain certified, only the four remaining NGO institutions are currently functioning as ADA certified institutions. These are Salvation Army Bridge Programmes in Auckland, Wellington and Christchurch and Nova Trust Lodge in Christchurch.
- The range of issues regarding institutions being unable or unwilling to accept certain patients, or inability to match client need to treatment facility. These include violent patients who need greater security than institutions can offer. A committal order can only be made to a named institution, so if a place is not available then an order cannot be made. Also, the committal order is against the person not the institution and becomes ineffective if the institution discharges the person for whatever reason before the expiry of the period of the order.
- The lack of formal assessment processes. Unlike the MH (CAT) Act, the ADA Act does not include procedures for assessing a proposed patient. Courts therefore make committal orders on the basis of limited medical information (none is required under section 8 orders and certificates from any two medical practitioners under section 9).
- The roles of the Ministers of Health and Justice. Although rarely used the Minister of Health has substantive administrative powers under the ADA Act which include certifying institutions and appointing supervisory committees for certain institutions.

The Minister of Health may also under section 13 order the detention of a person pending their reception at a certified institution and has powers under section 17 to order a patient's discharge, transfer or release on leave. Under section 21 the Minister of Justice, with the concurrence of the Minister of Health, may order the transfer of a prisoner to a certified institution. Similar decisions under the MH (CAT) Act are clinical, not political, decisions.

continued over

# Introduction to the Alcoholism and Drug Addiction Act 1966 continued

In summary, the ADA Act is widely considered to be outdated and does not fulfill its stated purpose. It contains outdated language and definitions and has not been amended to keep pace with modern human rights concepts, nor with changes in the health sector and other health legislation. However, there is also a generally held view that repeal and non-replacement of the ADA Act would leave a small number of people, chronically dependent on alcohol and/or drugs, in a situation of serious danger to themselves or others and without there being any lawful means of intervening to enforce detoxification or treatment.

## Current Ministry of Health review

In June 2007 the Ministry of Health provided advice to the Minister of Health on policy options for repeal or amendment of the ADA Act. The Minister has agreed in principle to a comprehensive review of the ADA Act, with a view to repealing and replacing the current Act with new legislation. In June 2008 the Ministry will be providing further information to Cabinet on policy options.

The Ministry has convened two reference groups to provide support and input throughout the process of the review. The

Internal Advisory Group includes staff from across the Ministry, while the External Advisory Group includes representatives from a range of agencies and services to ensure sector input from an early stage.

The Ministry of Health is now developing a discussion document to take to consultation in early 2008. The discussion document will draw on international research, particularly looking at community-based alcohol and drug treatment models in other jurisdictions. It will also include 'vignettes' in relation to the use of the ADA Act to highlight the strengths and weaknesses of the Act and to consider, on a case-by-case basis, what other interventions might have been appropriate.

Consultation with the sector will be a critical component of the Ministry of Health's review of the ADA Act, in particular to learn more about people who are or have been subject to detention under the ADA Act and what, if any, other legislation could be used in its place. This includes determining service developments that would be needed to support any new legislation. Development of any new legislation will be inextricably linked to the ongoing development of alcohol and drug services.

## 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

## REGIONAL OFFICES

AUCKLAND 09 916 0330 [northern@alac.org.nz](mailto:northern@alac.org.nz)

CHRISTCHURCH 03 365 8540 [southern@alac.org.nz](mailto:southern@alac.org.nz)

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.

