Painting a picture of youth drinking in New Zealand

Ease Up Campaign success

Older drinkers – hidden epidemic?
The Alcohol Advisory Council of New Zealand is an autonomous Crown entity. It was established by a 1978 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.

The Alcohol Advisory Council Amendment Act 2000 states that ALAC’s primary objective is:

“The encouragement and promotion of moderation in the use of liquor, the discouragement and reduction of the misuse of liquor, and the minimisation of the personal social and economic harm resulting from the misuse of liquor.”

ALAC is funded by a levy on all liquor imported into, or manufactured in, New Zealand for sale and consumption. The Council has eight members appointed by the Minister. The Minister of Health has responsibility for ALAC.
Since the April edition of our magazine, the Government has announced changes to our organisation. The proposals see ALAC combined with the Health Sponsorship Council (HSC) into a new entity to be called the Health Promotion Agency (HPA). The HPA will also include relevant health promotion functions from the Ministry of Health.

The legislation to enact these changes, the Crown Entities Reform Bill, has been introduced into Parliament and has had its first reading. The founding legislation has ALAC’s important advisory role specifically incorporated which provides the needed commitment to alcohol harm reduction in the new agency. Submissions have been called for on the Bill. The changes in the Bill are expected to take effect on 1 July 2012. With the dissolution of Parliament, progress on the Bill will be made after the General Election when the new Parliament is set up.

In the midst of these changes, it has been critical that the momentum of our work programme on reducing harm from alcohol is not lost. For example, in the health sector we have continued to progress work towards increased support for screening and brief interventions (SBI) on alcohol. We have been successful at getting SBI included in work programmes for both the Diners of Crime and the Injury Prevention Strategy. Work with The Royal New Zealand College of General Practitioners has resulted in them now developing a national plan to increase the uptake of screening and brief intervention in primary care. At the health delivery level, we are working with primary care services and other settings who are taking a greater interest in and in some cases starting to deliver SBI. Through our advisory role, we have continued to make submissions and appear before the Liquor Licensing Authority (LLA). Recent cases have seen important precedents set in the liquor licensing case law. One of these decisions followed the recommendations of ALAC and the New Zealand Police in refusing to issue a licence for ‘pub crawl’ operations on party buses. Another was an objection to an on-licence for a liquor store that also sold a synthetic cannabinoid (“Kronic”) which was at that time a ‘legal high’. In this case, the LLA applied a condition recommended by us of prohibiting any type of “altered high” substance from sale on any licensed premises.

We have continued to make available our research to assist agencies to be better informed about alcohol-related issues. In July our well attended ‘Young People and Alcohol’ seminar for government agencies presented new research findings from three different studies about young people’s alcohol use.

The impact of the ‘Ease up on the drink’ campaign has continued to be very positive, as you can see from page 26. We are continuing to support communities to take action to reduce alcohol harm in their areas. Thirty different projects are being delivered through our Community Action on Alcohol Fund (CAAF).

Along with Ministry of Justice, Local Government New Zealand (LCNZ) and local authorities, we are well underway with planning on how to best support the implementation of the new legislation when it is passed.

We have also hosted forums that have been well attended by those who work in regulatory agencies during which we have discussed topics of the pending law reform package, discussions about the changes to security guards’ legislation and its impact upon licensed environments, and the planning and measures for the Rugby World Cup 2011.

So while change is pending, we still have a very busy work schedule which we are progressing in collaboration with our partners and stakeholders.

As we head towards the Christmas and New Year season, we can look back at what for many has been the highlight of the year – a successful Rugby World Cup (RWC).

Successful not just in terms of winning the Cup, but from the viewpoint that the hospitality offered by our ‘stadium of four million’ did not result in significant reports of alcohol abuse at Cup venues.

As Associate Minister of Health, it is gratifying to be able to give a tick of approval to drinking behaviour at RWC events during the six-week tournament.

The behaviour of patrons and the right controls on alcohol, coupled with high levels of policing and security activity, contributed to our nation’s successful hosting of the world’s third biggest sporting event.

Of course, such positive outcomes do not happen by themselves. They rest on years of planning and the involvement and dedication of a large number of contributors including, in this case, ALAC.

I was pleased to see ALAC’s Guidelines for Managing Alcohol at Large Events strongly reflected in the Alcohol Management Plans that the tournament organisers, Rugby New Zealand 2011 Limited, used for Cup activities.

ALAC also played a key role in developing plans around the supply of alcohol at RWC match venues, cruise ships, corporate hospitality areas and fanzones.

With people potentially able to drink all day and into the evening at fanzones, these areas posed the greatest risk and, as such, tight controls were needed. ALAC recommendations reflected in the plans included offering free water, and having sufficient security and RWC liquor controllers.

It was also pleasing to see ALAC’s ‘Ease up on the drink’ messaging on display during the RWC period, including pre-event marketing through to point of sale signage at RWC venues. This messaging linked strongly with ALAC’s award-winning ‘Ease up on the drink’ advertising campaign and helped balance messages to the public around drinking in the RWC period.

With New Zealand looking to host more major events, ALAC will continue to provide advice and support to organisers and agencies to ensure we keep on top of alcohol issues when planning and delivering these.

ALAC will also contribute to the Police RWC debut in alcohol management, and continue working closely with them on the management of alcohol at future large events.

Along with the All Blacks’ victory, the successful management of alcohol at RWC events is something to be proud of as a nation.

I’d like to congratulate everyone involved, from spectators to organisers and those associated behind the scenes, and wish you all a happy and safe Christmas and New Year.

Hon. Peter Dunne, Associate Minister of Health

Message from the MINISTER
A lengthy process, which began with a Law Commission review of New Zealand’s liquor laws, reached a milestone in Parliament on 25 August when the Justice and Electoral Select Committee tabled its report on the Alcohol Reform Bill.

Intense public interest in the Bill had seen the Committee process stretch over several months, during which the Committee sat for more than 90 days and considered 7,153 form and 1,647 substantive submissions. Their recommendations (see BOX) were included in the Bill, which passed its second reading on 13 September 2011. It is expected the Bill will receive its third, and final, reading in March 2012.

At the time the Committee reported back to the House, the Government announced that, in line with a Law Commission recommendation, an expert forum would be set up to consider the effectiveness of further restrictions on advertising and sponsorship to reduce alcohol-related harm.

Display of alcohol in supermarkets and grocery stores:

The display of alcohol and associated advertising in supermarkets and grocery stores should be restricted to a single, non-prominent area of the store. This would aim to:

- reduce the ‘normalising effect’ of alcohol sales in such stores that results from placing it alongside everyday household goods
- reduce the exposure of young people to alcohol.

Regulation on price and sales data:

A regulation-making power should be added to the Bill requiring those selling alcohol to provide price and sales data to inform Government thinking on setting minimum prices for alcohol. This power would be a backstop measure for use if requests to retailers for data were unsuccessful, or where further information was required.

Convenience stores:

It was recommended convenience stores be explicitly prohibited from selling alcohol.

Redefinition of ‘grocery store’:

Grocery stores were to be defined as premises:

- which sold a wide range of food products and other household items
- where the principal business was the sale of food products.

Products which did not qualify as food products are defined in the Bill.

Licence exemptions:

Premises currently exempt from holding a licence (Police, Fire Service Canteens, and the Defence Force) would be required to implement internal codes of practice. These would follow as closely as practicable rules and restrictions applying to clubs within the Bill, including not selling alcohol to intoxicated people, providing free drinking water, and restricting to whom alcohol can be sold.

On-licences:

All on-licences where the principal business is the sale, supply or consumption of alcohol would be allowed to open from 6am to serve breakfast, on the condition that no alcohol would be served until their licensed trading hours began.

Trading hours:

Through the special licence process, limited exceptions to the national maximum trading hours (8am – 4am) for genuine events, such as live northern hemisphere sporting fixtures and champagne breakfasts, be permitted.

Managers’ certificates:

A minimum age of 20 years to obtain a manager’s certificate would be introduced.

The Justice and Electoral Select Committee made the following recommendations on the Alcohol Reform Bill:

ALAC made a submission to the Justice and Electoral Select Committee in February 2011, and appeared before the Committee in March 2011. ALAC’s February 2011 submission can be viewed at

TWO NEW ALAC YOUTH RESOURCES

Helping youth identify the impact of alcohol on their lives and their communities.

My Aspirations and Potential (M.A.P.) is about identity, hopes and aspirations. It can help our young people map out who they want to be and identify whether alcohol is getting in the way of realising their potential.

‘The Catalyst’ is designed to support young people who want to make a difference in their neighbourhoods, schools, communities, or other social groups by showing what they can do about alcohol harm.

For more information visit

www.alac.org.nz
Hund, Young People and Alcohol, a report commissioned by the Alcohol Advisory Council of New Zealand, paints a more complex picture. The report makes some comparisons between data from two surveys of randomly sampled young people at mainstream secondary schools, Youth2000 in 2001 (n=9567) and Youth’07 in 2007 (n=9107).

Youth’07: The Health and Wellbeing Survey of Secondary Students in New Zealand, was undertaken by Auckland University Faculty of Medical Health and Sciences staff and reports significant declines in key areas of concern and some positive changes in drinking behaviour. This was especially evident when compared with the similar survey, Youth2000, conducted by the Faculty in 2001.

For example, the proportion of secondary school students considering it ‘okay’ for people their age to drink regularly fell to 35.4 percent in 2007, compared with 49.1 percent in 2001, while the proportion of current drinkers in 2007 was 60.6 percent, compared with 70.1 percent in 2001.

Also in decline in 2007 was the proportion of students recording that their parents drank (62.9 percent, down from 72.2 percent in 2001). The number of current drinkers reporting that they purchased their own alcohol also dropped from 15.1 percent in 2001 to 13.6 percent in 2007.

Painting a picture of
DRINKING IN NEW ZEALAND

Anyone worried by recent media reports of alcohol abuse by New Zealand secondary students could be forgiven for thinking alcohol consumption within this group is on the rise. However, Young People and Alcohol, a report commissioned by the Alcohol Advisory Council of New Zealand, paints a more complex picture. The report makes some comparisons between data from two surveys of randomly sampled young people at mainstream secondary schools, Youth2000 in 2001 (n=9567) and Youth’07 in 2007 (n=9107).

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The survey revealed that 71.6 percent of students in 2007 reported having ever drunk alcohol, compared with 81.9 percent in 2001.

However, in a number of other key areas, results between the two surveys showed either little or no change. There was no significant change in the proportion of students reporting that their friends drank alcohol (64.6 percent in 2007, 64.4 percent in 2000) and ‘binge drinking’ (that is, the consumption of five or more alcoholic drinks in a four-hour session) was identified as an area of concern in both 2001 and 2007.

While the proportion of students reporting binge drinking remained static (34.4 percent in 2001, 33.2 percent in 2000), 46.1 percent of current drinkers in 2007 reported they usually drank more than five alcoholic beverages in four hours.

Included in this group were 7.6 percent of current drinkers who reported usually consuming 10 or more standard drinks per session.

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Alcohol preferences also varied significantly between ethnic groups, with Pacific and Māori students more likely than other ethnic groups to report they usually drink RTDs, while Asian and New Zealand European students more likely to indicate usually drinking beer.

There were some differences in the sources of alcohol reported between binge drinkers and non-binge drinkers. Only 43.1 percent of binge drinkers reported parents as a source of alcohol (55.8 percent in 2001; 52.8 percent in 2007), while 56.9 percent of non-binge drinkers would provide them with alcohol, compared with 54 percent of all drinkers.

In contrast, friends were reported as suppliers to 64.8 percent of binge drinkers and 53.3 percent of all drinkers. While between 2001 and 2007 there was little change in the proportion of male drinkers reporting parents as a source of alcohol (55.8 percent in 2001; 52.8 percent in 2007), among females this increased significantly from 51.5 percent in 2001 to 55.3 percent in 2007.

In 2007, fewer students reported getting alcohol from friends (2001, 61.9 percent; 2007, 53.3 percent), or being given it by other adults (2001, 24.8 percent; 2007, 19.7 percent).

There was, however, no significant change in the proportion reporting brothers and/or sisters as a source (2001, 21.3 percent; 2007, 22.9 percent).

The Youth2000 project was initiated in 1997 by the Adolescent Health Research Group (AHRG) of The University of Auckland with the aim of providing accurate and contemporary profiles of the health and wellbeing of New Zealand’s young people, to inform policy and decision making that can improve their prospects.

Methodology
Youth’07 was a cross-sectional, anonymous, self-report survey of a representative sample of secondary school students who completed a 622-item questionnaire.

The use of computer technology allowed for branching in the questionnaire. In each section, if the participant’s answer to an initial screening question indicated that they had no experience of that particular behaviour or issue, they were asked no further questions on it but skipped directly to the next topic.

Participants were thus only questioned more deeply about behaviours or issues they reported having experienced. In order to enable comparisons across time, the 2007 survey used a similar approach to the 2001 survey for the sampling and recruitment of schools and students, and retained the format and wording of many of the questions.

How was the survey conducted?
An important aim of the national surveys of secondary school students was to provide information that is representative of most young people growing up in New Zealand.

In order to achieve this, 195 secondary schools were randomly selected from schools with 50 or more students in years 9-13. Ninety-five (49 percent) of the 195 schools selected agreed to take part in the survey. In each of these schools a random selection of 18 percent of the students were invited to complete the survey. Of the total of 12,153 students selected in this way, 9,107 (74 percent) completed the survey. This represents 34 percent of the total New Zealand secondary school roll. Of the participating schools, the majority were state-funded, co-educational and large schools.

Only 13 schools declined to participate and a further six schools withdrew during 2007. Of the non-participating schools 14/19 (74 percent) were in Auckland, Wellington or Hamilton; 11/19 (58 percent) were state schools; 15/19 (81 percent) were co-educational; and 17/19 (89 percent) were large schools.

The reasons that individual students did not take part in the survey included not being at school on the day of the survey, being unavailable during the time the survey was conducted, or changing their minds about taking part in the survey.

The survey did not include young people who were no longer in school.

Ethical procedures
The survey was approved by The University of Auckland Human Subject Ethics Committee. The principal of each participating school gave written consent on behalf of the School Board of Trustees.

Information on the survey was sent home to parents a few weeks before the day of the survey, and a student information form was given to each student a week before the survey.

Students and their families were able to ask questions about the survey, and they understood that their participation was voluntary. Students were also assured – and all precautions have been taken to ensure – that information collected from participating students would remain anonymous and confidential.

Students were divided into groups of up to 100 students to administer the survey in separate sessions. On the day of the survey, each group was brought to the survey venue and the students were each given a random anonymous code number to log into an Internet tablet used to enter their responses to the survey.

The consent process was then outlined to the students and they were able to ask questions about the survey. At the beginning of the survey, students were able to consent or decline to participate in the survey.

Students were also able to withdraw from the survey at any time during the administration of the survey.

Survey methods
The survey questionnaire was presented and completed using Internet tablets. These hand-held computers enabled the questions to be presented in audio-visual form: they were displayed on the Internet tablet’s screen and at the same time an audio of the questions was played through headphones.

Students were able to choose English or te reo Māori as their preferred language for the survey.

No keyboard data entry was required and questions were answered by touching the appropriate box on the screen with a stylus. Students were able to choose not to answer any question or section of the survey.

Before sensitive sections of the questionnaire, reminders were given that involvement in the survey was voluntary and that answers would remain confidential and anonymous.

For questions thought to be potentially upsetting for students, ‘safety messages’ were added providing advice and contact details of people to talk to (including the people administering the questionnaire) should the student wish to do so.

Questionnaire responses were automatically transmitted by a Wi-Fi web server to a laptop database. Files were then directly imported into statistical software and collated for analysis.
For those of us working on youth drinking, these figures bring hope. The positive shift in attitudes away from drunkenness and the increase in numbers of young people choosing not to drink, are beacons of light for those involved in the long struggle to reduce alcohol’s impact on young people.

We can’t ignore that the young people who do drink are drinking to binge levels at increasing rates; there is still a lot of work to be done on this. However, the positive shift is in keeping with what has seemed an insurmountable challenge to many.

We know change is possible. There is evidence about the potential impact of policy and environmental interventions to reduce alcohol-related harms. But these figures also suggest there have been attitudinal and behavioural changes which don’t seem to have been spurred by higher-level changes (in the 2000-07 period).

ALAC is reviewing the information gathered through its annual monitoring survey to determine whether it shows a similar shift in attitudes and behaviour. Through our survey, we’ve also asked young people whether the debate about recent legislation has created attitudinal or behavioural changes. I look forward to the findings and also sharing them further in coming months.

One of the other useful findings from the Youth ’07 alcohol report concerns a group of young people who appear to be ready to change – specifically, the young people who identified that they were worried about their drinking (11 per cent) and/or had tried to cut back (12 per cent).

These young people were more likely to come from Maori or Pacific backgrounds, and from more deprived neighbourhoods. ALAC is commissioning further research to find out how we can best support these young people.

We will ask them, for instance, how successful they’ve been in cutting back, what helped them and what barriers prevented them.

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NEW YOUTH RESOURCES

Two new ALAC resources aim to help young people to create change, in their lives and their communities.

Personal change – M.A.P.
A new evidence-based early intervention resource provides a tool for those in the 15-20 year old age group to consider whether alcohol is getting in the way of realising their potential.

Recent ALAC research shows some young people are likely to moderate their drinking if alcohol is preventing them achieving their goals and/or influencing the way they want to be seen by their peers and family.

ALAC Youth Manager, Sarah Helm, says she hopes the resource will be a catalyst for personal change for some young people.

In the resource the young person is asked to consider their social supports, the way they’re perceived by the people they care about, their dreams, and the impact of alcohol on these.

The resource could be filled in by the young person by themselves, or with a trusted professional, adult, family member or friend.

An excerpt from the resource:
My Aspirations and Potential (M.A.P)
This resource is about your identity, your hopes and your aspirations. It can help you to map out who you want to be and what you need to be that person. It might also help you see what impact alcohol has on this.

We know from research and experience that most young people don’t respond to informational resources telling them alcohol is bad for their health. Therefore, in M.A.P we’ve focussed on the things they are motivated by, namely, concern about their identity and reputation, and a desire to realise their aspirations. Health information is still important, but is generally not central to behaviour change in a younger population.

Creating community change
The Catalyst tool is designed to support young people who want to make a difference in their neighbourhoods, schools, communities, or other social groups. The tool is designed to assist a budding young change agent to identify what issues they want to address in the community, and then set about planning a project.

It’s often hard for people to know what they can do about alcohol harm, says ALAC Youth Manager, Sarah Helm.

The Catalyst takes the change agent through 12 steps, which include developing a dream ideal future for their community and then identifying a specific action or project that would help work towards it. In the resource’s project planning section the young person is encouraged to seek information and support, consider unintended consequences, and evaluate their project at its completion.

The Catalyst was designed with young people in mind, but could be used by others designing community action projects. It can be filled in by one person, or a group.

The development of both resources was a joint effort between ALAC and the Wellington Boys’ and Girls’ Institute, and the material builds on knowledge from research and earlier work on strengths-based change.

They may have an idea but haven’t previously organised a health promotion or community action project and don’t know where to start.

1 As yet unpublished ALAC research on youth motivations to moderate their alcohol consumption.
The Trust was one of the groups behind the Student Volunteer Army (SVA) which was organised in response to the February earthquakes. The University of Canterbury’s inaugural Community Engagement Awards recently honoured 50 of the SVA volunteers, including Nathan and Anthony who each received a Certificate of Community Engagement and a share of a $55,000 scholarship.

Nathan says following the earthquakes the Trust is busier than ever, and its focus on fun plus youth leadership development and facilitation even more relevant and necessary.

The Trust was founded on facilitating regular, alcohol-free parties and events for young people, and Nathan says these have become even more important given that post-quake there are fewer venues available and generally less for young people to do. He says this is confirmed in a big jump in the numbers attending White Elephant events.

“Whereas before the earthquakes we’d likely attract around 200 young people, these days with less going on we’re likely to see at least 500 to 600 turn up to events.”

“We’re also finding big interest not only in attending our dance parties, raves and so on, but also in the youth development and facilitation programmes we run.

“For instance, we’ve now got over 150 young people on our ‘WE Mix’ project list, which is where young people help distribute flyers about our parties and other activities in return for getting a free ticket to an event.”

Other Trust initiatives include a DJ school, break dancing and kickboxing workshops, a tree planting project (‘WE Plant’) and the hiring out of sound equipment at discount rates for community events.

The Trust also runs the ‘WE Care’ project where volunteers are trained to assist young people who arrive at Trust events affected by alcohol or drugs. The number of volunteers signing up has risen to around 30 this year, the biggest response ever.

Nathan says the Otautahi Youth Council (OYC), an independent body supported by the Trust, is currently attracting great interest. The OYC intends to represent the views and opinions of Christchurch young people, and help them become more involved in decisions that affect their lives, including taking an active part in the Christchurch rebuild.

The Trust’s pre-quake dream of a venue for Christchurch youth to have fun while contributing positively to the community, was confirmed in a big jump in the numbers attending White Elephant events.

These days, the emphasis is very much on finding ways to give young people reasons to want to stay in the city.

SNAPSHOT of current White Elephant Trust projects and activities:

- Indoor and outdoor parties, including:
  - midterm raves
  - end of term raves
  - M*A*S*S*I*V*E
  - ‘WE Mix’ – a mobile, weekly DJ course

- ‘WE Plant’ – tree planting and awareness around plants and the environment and sustainability issues

- ‘WE Care’ – where young people aged 15-20 who attend youth events receive training to support first aid and security effectiveness at youth parties and events

- ‘WE Plant’ – tree planting and awareness around plants and the environment and sustainability issues

- ReGeneration Canterbury – involves hosting a group of young local change makers as part of the ReGeneration NZ network

- Personal development and leadership programme for volunteers.

With that idea now ‘red zoned’, Trust manager Nathan Durkin and his three-person fulltime team including administrator, youth worker and project coordinator, continue to operate from behind a central city café in what is the latest phase of a unique organisation.

ALAC is one of a number of national and local bodies that fund the Trust, which was established in 2009 by University of Canterbury student, Anthony Rohan, with the aim of cultivating leadership and facilitating positive development among Christchurch people aged 15-22.

The Trust is youth-led, includes all faiths, and focuses on finding creative, innovative ways for Christchurch youth to have fun while contributing positively to the community.

LIFE AFTER THE ‘QUAKES’
Along with about 40 other Christchurch young people aged 15-25, seventh-former Hazel Carmichael Holmes has been a ‘WE Care’ volunteer for the last 12 months. So far Hazel has helped out at about eight White Elephant-organised parties, which can attract up to 500 young people at a time. She’s also attended two eight-hour Essential Red Cross first aid courses, and a session on youth work ethics which the Trust requires volunteers to complete before they can assist at events.

Hazel says each event includes a support crew of about 20 volunteers who work in pairs on shifts that last between two and three hours. There’s no payment, although the free food and ‘getting into the parties for nothing’ are a bonus.

Duties include assisting at the coat check centre, helping inside the first aid tent, making sure people get home safely, and keeping in close contact with health and security staff hired for the events.

Most important of all, though, is circulating through the crowd keeping an eye out for problems, particularly any young people in difficulty.

“The moving around is about making sure everyone is all right. If there is any trouble we get hold of the security guys, but usually only if there’s a fight or someone needs to be physically lifted.

“Mostly, we deal with any issues caused by drunkenness or things like the environment getting too hot temperature-wise for people to handle.”

Hazel says even though all White Elephant events are alcohol and drug free, people may ‘pre-load’ on alcohol before leaving home, meaning they can arrive at the parties already drunk.

She says pre-loading has reduced considerably over recent months, with people realising it’s not “cool or acceptable”.

“Basically, security won’t let anyone in who is aggressively drunk, but then we don’t turn drunks back out onto the street either. If they can’t take care of themselves – that’s part of the ‘Save a Mate’ philosophy that the Red Cross course emphasises.”

She says in terms of the White Elephant events, “Save-A-Mate” means that when someone turns up too drunk “we’ll take them to the first aid tent and let them sober up in a safe environment, or call a taxi to take them home.”

Other areas of the Red Cross training have proved invaluable for assisting at events, including when she and another volunteer came across a young woman suffering a seizure after being exposed to the effects of strobe lighting.

As well as increased confidence, which she hopes will stand her in good stead at university next year, being a ‘WE Care’ volunteer has provided increased insight into levels of alcohol abuse among young people.

Hazel says the experience has shown her not only that young people get drunk a lot more than most people realise, but also how terrified young people can become when experiencing the downsides of using alcohol and drugs.

“We see them in the first aid tent and they’re just so scared. It’s mainly the inexperienced ones, the ones who have no idea what they took, or what the effects are, or what the drugs might do to them.

“They’re scared about when it will all stop, and also many times about what will happen when their parents find out.”

‘WE Care’ is a White Elephant Trust project where volunteers work alongside professional health and security services to reduce the harm caused by the misuse of alcohol and drugs at youth events.

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As well as increased confidence, which she hopes will stand her in good stead at university next year, being a ‘WE Care’ volunteer has provided increased insight into levels of alcohol abuse among young people.

Hazel says the experience has shown her not only that young people get drunk a lot more than most people realise, but also how terrified young people can become when experiencing the downsides of using alcohol and drugs.

“We see them in the first aid tent and they’re just so scared. It’s mainly the inexperienced ones, the ones who have no idea what they took, or what the effects are, or what the drugs might do to them.

“They’re scared about when it will all stop, and also many times about what will happen when their parents find out.”

‘WE Care’ is a White Elephant Trust project where volunteers work alongside professional health and security services to reduce the harm caused by the misuse of alcohol and drugs at youth events.

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Duties include assisting at the coat check centre, helping inside the first aid tent, making sure people get home safely, and keeping in close contact with health and security staff hired for the events.
In June 2010, the number of people aged 65 years and over in New Zealand was 569,200, significantly more than in 1951 when fewer than 220,000 New Zealanders were in their mid-60s and over.

According to Statistics New Zealand, by the late 2020s there’ll be more than 1 million people aged over 65 years in this country, a situation offering many possibilities for those in that age group, and reinforcing the personal need to ensure we enjoy as good a health profile as possible in our later years.

However, the continued or increased drinking of alcohol among older people is an area yet to be fully canvassed in New Zealand health circles, even as we face an aging population; and if a recent Welsh study is anything to go by, harmful drinking among the aged could be a significant health issue in waiting.

Although people tend to drink less as they age, a 2009 Welsh Health Survey of older drinkers highlighted serious and often overlooked alcohol-related problems among some older people.

The survey found 34 percent of men and 17 percent of women aged 65 or older, reported having drunk more than the recommended maximum amount of alcohol in the week before the survey.

Evidence that the proportion of older people drinking more than the recommended amount was on the rise was confirmed when figures from earlier Welsh Health Surveys were compared.

In 2003-04, for example, 22 percent of men and 7 percent of women aged 65 and older had drunk more than the guideline amounts; in 2009 those figures were 34 percent and 17 percent respectively.

While the very public binge drinking of young people in town and city centres makes for an easy story for the media, issues associated with the consumption of alcohol among older people can be hidden. This is because they are often solitary home drinkers, as discreet about their drinking issues as they are about their personal problems in general.

It’s a situation underlined in a 2010 report by Alcohol Concern UK, following consultation with alcohol services and older people’s services in Wales. The report identified a number of reasons why older people’s drinking may be overlooked. These included:

- lack of identification by healthcare professionals, for example failure to assess for alcohol problems when people attend Accident and Emergency Departments with falls
- poor liaison between the National Health Service and local alcohol services
- ageist attitudes among professionals, with excessive drinking not seen as a problem beyond a certain age
- attitudes among members of some older persons’ families who viewed alcohol misuse as a pleasure and comfort for those with little else in life.

These views are supported by Royal College of Physicians’ findings, which suggest up to 60 percent of older people admitted to hospital for confusion, falls at home, chest infections and heart failure may have unrecognised alcohol problems.

Alcohol Concern’s consultation also highlighted a number of reasons older people may not wish, or feel able, to access alcohol treatment services, including:

- the shame and stigma attached to admitting an alcohol problem
- negative images of substance misuse services and a perception such services cater mostly for younger clients and users of illegal drugs
- a lack of older staff in some alcohol services, with older clients perhaps less likely to relate to younger staff
- the increasing normalisation of drinking in older people’s social circles
- denial of any problem, supported to some extent by the wider society’s denial of older people’s drinking as an issue
- contradictory information about the benefits and harms of alcohol use, with persistent media suggestions that small amounts of alcohol (particularly wine) may promote good health
- the belief alcohol can be a positive pain management choice
- poor transport.

A HIDDEN EPIDEMIC

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- poor transport.
Other research has raised questions about the effectiveness of alcohol services older people can access, and whether existing guidelines on daily and weekly maximum numbers of units of alcohol are appropriate for those aged 65 and over.

Despite these factors, research has also indicated that older people are likely to respond to treatment for alcohol misuse as well as, or even better than, younger people. Alcohol Concern recommends that professionals working with older people, including healthcare and social work professionals, housing and other care staff, be aware alcohol misuse could be an issue with the older people they deal with, and recognise that problems traditionally attributed to the aging process may instead be indicators of alcohol misuse.

Falls, loss of memory, confusion, and shaking limbs, often written off as 'old age', may instead be signs of a drinking problem.

Alcohol use often declines with age, but older people can be at risk of developing problem drinking, alcohol abuse or dependency. As people grow older, they may continue to drink as they always have without realising the effect alcohol has on them has changed, and that less alcohol is needed to become drunk.

With older people less able to tolerate the effects of alcohol, there is increased risk of falls and injury. Physiological changes in older people mean that alcohol is not broken down as efficiently. The ratio of water to fat in the body also decreases, which results in alcohol acting more quickly on the brain. As well, the body's ability to signal thirst deteriorates with age and, when combined with a diuretic like alcohol, the risk of dehydration is increased. Changes in personal circumstances which may be related to aging can prompt increased alcohol use, including:

- Disruption to lifestyle following retirement
- Loneliness and increased social isolation
- Bereavement
- Adjusting to change and loss
- Long-term ill health, disability or pain
- Disrupted sleep patterns
- Financial worries
- Caring for another person over a long period of time
- Family conflict
- Elder abuse.

Alcohol overuse in older people can also be linked to, or exacerbate, a range of mental and physical health problems, some of which may be age related. For example:

- Anxiety
- Depression
- Insomnia
- Incontinence
- Liver and kidney problems
- Self-neglect and/or malnutrition
- Memory problems and confusion
- Hypertension
- Poor balance and falls.

Alcohol and Older People in New Zealand initiatives

ALCOHOL AND DRUG INTERACTIONS

Older people are generally high users of prescription medicines compared with people in younger age groups and, like younger drinkers, need to be aware that alcohol interacts with many prescribed, over-the-counter and herbal medicines, as well as illegal drugs. Alcohol can react with medicines and drugs in different ways, including increasing the sedating effect of sleeping tablets and opiate-based pain relief, raising the potential for aspirin to irritate the stomach and for paracetamol to damage the liver.

Chronic and/or heavy episodic drinking activates liver enzymes involved in the breakdown of prescription medicines. This can lead to these medicines being metabolised faster than usual and becoming less effective. Examples of prescription drugs which interact with alcohol include:

- Benzodiazepines
- Opiates
- Paracetamol
- Anti-depressants
- Antibiotics
- Antihistamines
- Anti-inflammatory drugs
- Hypoglycaemic agents
- Warfarin
- Barbiturates
- Some heart medicines.

People driving a motor vehicle or operating heavy machinery must take particular care when starting on a new medicine which has the potential to interact with alcohol.

For some older people, particularly those with health problems or those taking medicines, it may be best not to drink at all.

When combined with illegal drugs, alcohol can have a variety of effects, depending on the type of illegal drug. When alcohol is taken with cannabis, driving ability is significantly impaired, even more than when alcohol is drunk alone.1


For some older people, particularly those with health problems or those taking medicines, it may be best not to drink at all.

Older drinkers in New Zealand initiatives

ALAC is involved in supporting a number of initiatives concerning alcohol and older people. These include producing a social perspective report on alcohol and older New Zealanders, supporting the inclusion of alcohol and older people in the Kapiti Coast District Council’s alcohol action plan, and assisting the organisers of a Tauranga ‘Alcohol and Older People’ workshop to identify areas for action.

In December, the Kapiti Safer Community Trust, part of Kapiti Coast Health Services, will publish a book produced with the support of ALAC, Age Concern, the Kapiti Coast District Council and Voices against Violence. Written and illustrated by Kapiti Coast elder community members attending locally facilitated art and writing workshops, the book highlights ways alcohol misuse has impacted on their lives and those of their families and friends. See www.safercommunity.org.nz


For some older people, particularly those with health problems or those taking medicines, it may be best not to drink at all.
While “She’ll be right” and “Awesome” are part of the lexicon of New Zealand sayings, also increasingly familiar is the tagline from ALAC’s ‘Ease up on the drink’ national marketing campaign.

The research found that while most New Zealanders agreed they had a role to play in taking action to prevent someone they cared for from drinking excessively, many lacked confidence about what to do or say, and when or how to have such a conversation. Many people also feared damaging their relationship with the drinker.

In contrast with the ‘It’s not the drinking’ ads, where the primary focus was on the drinker, the focus of ‘Ease Up’ is on their potential influencers. This particularly includes those with the opportunity and motivation to do positive things that would help themselves and the people they care about.

Along with friends and partners, the ads also aim to reach people hosting drinking occasions at home and in other private settings like workplaces.

The ads use a personal approach to emphasise how friends and families can take the initiative when issues arise, by reflecting back to the problem drinker how their behaviour impacts on those around them. Also stressed is the importance of picking the right time and place to raise the issue. Consequently, conversations in the ads take place after and before a drinking session – in a sober moment – rather than when the person is drunk.

Eighteen months into the campaign results from ALAC surveys, combined with feedback from national and community level stakeholders and partners, show the impact of the ‘Ease Up’ campaign has been positive.

For example, since the ads first appeared 18 months ago, around 40 percent of the approximately 12,000 people calling the Alcohol Drug Helpline have mentioned the ads. As well, in the two months following the ads’ launch calls to the Helpline increased 27 percent, compared with the same period in the previous year.

In terms of Internet traffic, hits on the ‘Ease up on the drink’ website leapt 244 percent (3038 people) in the three months after the launch, with visitor numbers to pages targeting drinkers reaching 1970 within four months. In the same period, pages aimed at influencers were viewed by 2355 visitors, meaning 20 percent more people accessed the influencers pages than the drinkers pages.
A phone survey of 728 people in February this year aimed at gauging the impact of the ‘Ease Up’ campaign revealed:

- 95 percent of respondents were aware of the ‘Ease up on the drink’ advertising
- 72 percent could recall the ‘Ease up on the drink’ message
- 73 percent remembered the ads: ‘“However you do it, tell them to ease up on the drink,” wording
- 96 percent of drinkers agreed it was ok for their friends and family to talk to them about their drinking
- 83 percent agreed there were actions they could take to help people they cared about from drinking too much
- 91 percent of people agreed there were things they could do for the people they cared about to keep them from harm if they drank too much
- 64 percent agreed their friends and family would listen to them if they suggested they cut back on their drinking.

Among those surveyed, 37 percent had used the ads to discuss the dangers of drinking, while 20 percent reported using the ads as an ice breaker or in a light-hearted way to broach issues around friends’ or family members’ drinking.

In addition, 58 percent of those aware of the advertising reported it had encouraged or supported them to take action, either for their own or friends’ and family members’ drinking.

Twenty-four percent of people in hosting situations reported stopping friends and family from drinking too much, while 41 percent reported keeping people from harm if they had drunk too much.

On a personal level, 22 percent of those surveyed stated the ads had either helped or encouraged them to start drinking less.

In 2008, the ALAC ‘It’s not the drinking, it’s how we’re thinking areas (no thinking=drunk) campaign also won a Gold EFFIE in the Social Marketing/Public Service category, and Silver in the Hardest Challenge and Best Strategic Thinking areas (no EFFIE Gold was awarded in these sections this year).

The ‘Ease up on the drink’ campaign had top honours for the year in three categories at the Communication Agencies Association of New Zealand (CAANZ) EFFIE Awards, held in Auckland in October.

ALAC’s ‘Ease up on the drink’ campaign has been recognised as one of New Zealand’s best.

The campaign took top honours for the year in three categories at the Communication Agencies Association of New Zealand (CAANZ) EFFIE Awards, held in Auckland in October.

Marketing is one of a set of tools ALAC uses in its work to reduce alcohol-related harm.

ALAC’s national marketing campaign aims to support and encourage people to look after each other around alcohol, and since 2004 has focused on taking New Zealanders on a journey to highlight harms and costs associated with alcohol misuse.

Since approximately 25 percent of drinkers in New Zealand ‘binge drink’, that is they consume more than five standard drinks in a four-hour period, the emphasis has been on prompting people to consider the contribution of their own drinking, or the drinking of people they care about, to those harms and costs.

ALAC’s national marketing campaign supports the organisation’s policy and legislative work, its numerous community activities and its relationships with other agencies.

‘EASE UP’ 
FACTS AND FIGURES

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CAANZ CEO Paul Head says the EFFIE Awards showcase the country’s most effective marketing and communications campaigns, and annually represent a pinnacle event for the industry.

This year more than 150 judges drawn from advertising, marketing and research backgrounds spent almost 1000 hours reviewing 307 entries to the Awards.

Judges placed particular emphasis on finding clear proof campaigns had produced positive results for clients. Entries which didn’t make that case, “didn’t make the cut”, according to Mr Head.

“It’s getting harder to win an EFFIE – and that’s a good thing,” he says.

The 91 creative, media, digital and marketing communication agencies within the CAANZ organisation have a combined turnover of approximately $1 billion, and represent about 95 percent of all New Zealand agency billings.

The EFFIE awards are run in conjunction with the Association of New Zealand Advertisers (ANZA) and Television New Zealand.

EASING THE WORD OUT

Ease up on the drink’ messaging and resources are a common sight in the community, with posters, brochures and other collateral frequently displayed in hospital emergency departments, general practice, police stations and watch-houses, and local government offices. Examples of the campaign have also been used in conjunction with family violence and drink-drive campaigns.

A number of community initiatives around the country have incorporated the ‘Ease Up’ message into their existing programmes, including:

- Whanganui Primary Health Organisation, which has introduced ‘Ease up on the drink’ Fridays during which general practice staff are shown the ‘Ease Up’ ads to demonstrate how conversations about alcohol could begin with patients.
- Posters featuring the ads are also commonly displayed in surgeries to prompt patients to be open about discussing alcohol issues when seeing health professionals.
- Wellington City Council, where people arriving for the International Rugby Sevens at Wellington Airport last February were greeted with an ‘It’s the greater ‘Ease up on the drink’ promotion.
- Streetwalkers wearing ‘Ease Up’ messaging also gave out ‘Ease Up’ postcards to people attending the Sevens Parade through the city’s centre.

- The New Zealand Rugby League, which has added ‘Ease up on the drink – not the tackle’ branding to their ‘League 4 Life Foundation’ publications and to tackle bags.
- New Zealand Police have featured ‘Ease Up’ messaging at Operation Unite, a combined New Zealand/Australian Police jurisdiction campaign focused on alcohol-related incidents.

BEHIND THE MESSAGE

Marketing is one of a set of tools ALAC uses in its work to reduce alcohol-related harm.
BRIEFS

EUROPE

1 Heavy beer drinking, genetics may raise cancer risk
Heavy beer drinkers with a gene mutation related to metabolising alcohol may have an increased risk of developing stomach cancer. A recent European study found having the gene variant and drinking roughy three to nine pints (approx 320ml) cans or more of beer a day, appeared to markedly increase the risk of non-cardiac gastric cancer, the second greatest cause of cancer death.

2 Spain targets binge drinkers
A CP, nurse ’double hander’ approach has produced positive outcomes for Spanish binge drinkers. An extended brief intervention study showed a CP offering initial screening and brief advice plus a follow-up visit from a nurse led to risky drinking, primary care patients reducing their drinking.

3 Tax versus taste
A recent 50 percent cut in duty on low alcohol beer plus research showing many UK drinkers would happily switch breeds if low alcohol beers tasted like their usual pint, has breweries experimenting with lowering alcohol counts to meet expected demand.

UK

4 Younger, sober?
New Alcohol Information Centre data from an annual survey of 2796 secondary school pupils from 226 schools shows fewer young people are drinking alcohol, taking drugs or smoking. Forty-five percent of pupils said they had drunk alcohol or smoked cigarettes at least once in 2013. Continuing a downward trend began in 2009. At that time 61 percent of pupils said they had drunk alcohol, markedly lower than the equivalent 71 percent in 2009.

5 Survey links divorce and teen binge drinking
UK Think Tank Demos, which has analysed the drinking habits of almost 52,000 people over three decades has found children whose parents divorce are more likely to have problematic drinking behaviours. The study also found that 16-year-olds with disengaged parents are over eight times more likely to drink excessively than children with more engaged parents.

USA

6 Silly versus sad
A University of Chicago study published in Archives of General Psychiatry suggests a genetic component determines whether people become silly or serious, merry or morose when they drink. It also suggests those who get high from alcohol are more likely to become addicted.

7 California bans caffeinated kick
Producing and selling caffeine-infused beer will be banned in California after January 2015. The move follows the hospitalisation of several young drinkers who overdosed on alcohol by drinking the caffeinated beer.

Australia

8 Alcohol labels ‘too soft’
Australia’s Federal Government has begun consultations on placing voluntary versus mandatory health warnings on alcohol bottles and cans, with health professionals calling the industry’s approach too soft and the industry responding that alternatives were ‘alarmist’.

9 New York State cracks down
The Chair of the Senate Alcohol and Drug Committee has introduced two important pieces of legislation that will restrict the access of minors to alcopops/RTDs and ban caffeinated alcoholic beverages. Recent undercover sting and survey results showed that the retail high-alcohol products and their caffeinated counterparts continued to be easily accessed by young drinkers. The first bill would restrict the sale of the flavoured malt beverages to liquor stores and the second would make the sale of caffeinated alcoholic beverages illegal.

