



Vol 6 No 2 September 2005

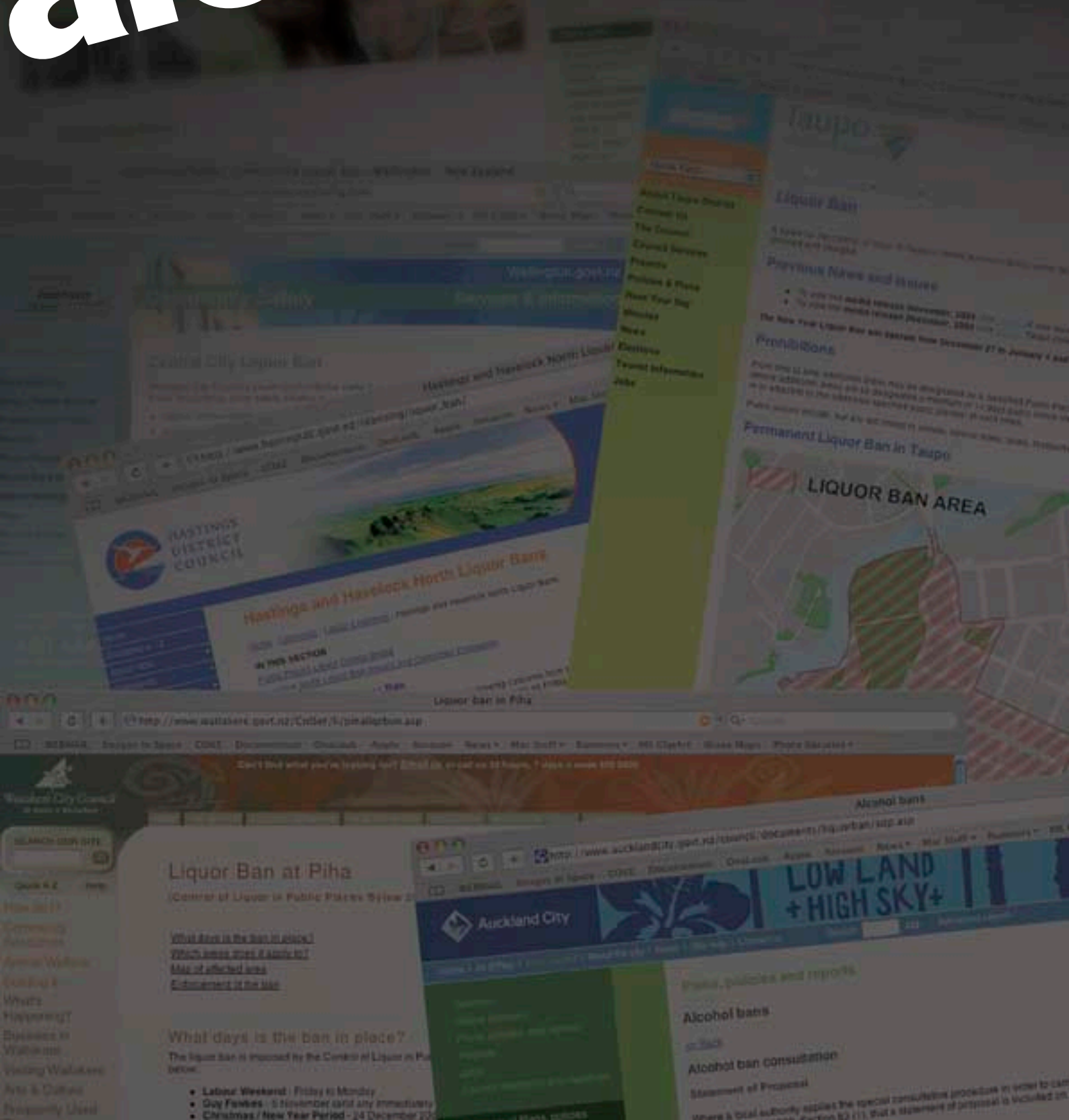
alcohol.org.nz

ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND
Kaunihera Whakaturupato Waipiro o Aotearoa

Features

Planning for Alcohol
in the Community

Liquor Bans



Liquor Ban at Piha

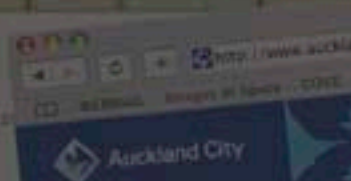
(Control of Liquor in Public Places) Bylaw 2004

- [What days is the ban in place?](#)
- [Which areas does it apply to?](#)
- [Map of affected area](#)
- [Enforcement of the law](#)

What days is the ban in place?

The liquor ban is imposed by the Control of Liquor in Public Places Bylaw 2004.

- Labour Weekend - Friday to Monday
- Guy Fawkes - 5 November (and any immediately preceding or following days)
- Christmas / New Year Period - 24 December 2004 to 1 January 2005



Alcohol bans

Alcohol ban consumption

Statement of Proposal
Where a local authority applies the special consultative procedure in order to carry out a function of its functions (1), that a statement of proposal is included in...

The Alcohol Advisory Council of New Zealand was established by a 1976 Act of Parliament, under the name the Alcoholic Liquor Advisory Council (ALAC), following a report by the Royal Commission of Inquiry into the Sale of Liquor.

The Commission recommended establishing a permanent council whose aim was to encourage responsible alcohol use and minimise misuse.

ALAC's aims are pursued through policy liaison and advocacy, information and communication, research, intersectoral and community initiatives, and treatment development. ALAC is funded by a levy on all liquor imported into, or manufactured in, New Zealand for sale and employs 30 staff. The Council currently has eight members and reports to the Minister of Health.

alcohol.org.nz is published quarterly by the Alcohol Advisory Council of New Zealand / te Kaunihera Whakatupato Waipiro o Aotearoa. An editorial committee oversees the newsletter.

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



Dr Mike MacAvoy
Chief Executive Officer.

WORDS FROM THE CEO

The importance of involving local government, along with other key community stakeholders such as the police, in attempts to reduce the impact of alcohol-related harm on communities is increasingly being recognised.

Indeed, the Local government Act 2004 requires local territorial authorities to 'play a broad role in promoting the social, economic, environmental and cultural well-being of their communities', taking a sustainable development approach.

They are, in effect, lead agencies on local social issues. Alcohol-related harm is one of these issues for many communities. Research shows that people's drinking behaviour is influenced by their local environment and that communities can do a great deal to reduce local alcohol-related harm.

Local territorial authorities are in an excellent position to influence the culture of drinking and to reduce alcohol-related harm in their communities because they are responsible for decisions such as where licensed premises can open and issuing licences.

As well as a legislative mandate to respond to social issues, local councils are increasingly realising that they bear many of the costs of alcohol-related harms. These include coping with violence and disorder in the community, the impact on the local economy and requirements to reassure the community that they are safe in their own cities and towns.

However, to achieve this, councils need a mind set change to move from reactively addressing problems as they arise to proactively anticipating and solving the problems through the planning process.

ALAC is committed to working with local government as can be seen from some of the collaborative work we have been doing with local government which are outlined in this magazine. We hope to continue and both increase the work in this area as we work to eliminate alcohol-related harm.

September 2005

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Planning for Alcohol in the Community

ALAC WORKING WITH LOCAL GOVERNMENT

Under the Local Government Act 2002, councils and communities are working together to identify desired outcomes and develop a Council Community Plan that will shape council decision-making and activities for the next decade. The legislation confirms a wide role for councils in promoting ‘social, economic, environmental and cultural well-being’ of their community. The broad strategic planning and priority setting now required offers the opportunity for a more integrated, more pro-active approach to current Council responsibilities – including the reduction of local alcohol-related harm.

The Context

In 1989, the Government introduced the Sale of Liquor Act to deregulate the industry and increase flexibility in such things as the type of licenses available, hours of trade and numbers and types of licensed premises. Local territorial authorities became responsible not only for where liquor outlets would be able to be opened (through zoning plans in the District Plan) but also for issuing licenses and for ensuring that those with licenses complied with the Sale of Liquor Act requirements of host responsibility.

It appears that the intention for deregulation was to shift the ‘six o’clock swill’ culture to one that more closely resembled the sophisticated ‘European’ culture of cafes and wine bars rather than the “booze barns” that dominated the New Zealand hospitality landscape at that time.

The following provides a snapshot of some of the changes that have taken place since 1989.

1989 - there were 1085 licensed premises excluding off-licenses. By 1995 this number was 2272 - it currently stands at 15,475 broken down into 8054 on-licenses, 4643 off-licenses and 2278 club licenses – this is a total of approximately one licensed premise per 207 people over the age of 18.

1992 - broadcast advertising introduced resulting in a 42% increase in advertising expenditure and a four-fold increase in televised alcohol advertising in the first three years

1995 - the type of licensed premises changes from traditional pub to licensed cafes, café bars and nightclubs. Ready-to-drinks and light spirits were introduced with 2.5million litres sold, increasing to 20million litres by 1999 and 32million litres in 2002. Light spirits is the cheapest alcohol on the market

1999 – minimum purchase age dropped to 18 years. Beer introduced into supermarkets. No mandatory requirement on licensees to ask for ID.

Although New Zealand has experienced a steady downward trend in total alcohol consumption since the late 1970s there has been a small, but steady increase in total consumption since 2000.

ALAC WORKING WITH

There has been a significant increase in the amount of alcohol consumed on a per occasion basis. Evidence-based research in New Zealand and overseas confirms that the worldwide trend towards binge drinking, particularly among at risk groups such as young people, requires a completely different line of attack. Growing public concern about drinking in New Zealand supports this assessment.

ALAC research confirms that the New Zealand population sees itself as part of a culture that tolerates intoxication therefore they accept risky per occasion drinking as a social norm for New Zealand with 49 percent of all people believing that it is okay to get drunk. Although not every occasion of intoxication leads to harm the probability of harm rises with each risky drinking occasion. By reducing the number of risky drinking occasions it follows that the incidence of harm will reduce.

The cost of alcohol-related harm

Devlin et al (1997) estimated that in 1991 social costs to New Zealand of alcohol consumption ranged from \$1 billion to \$4 billion. In 2003, Australian economists David Collins and Helen Lapsley assessed the costs to Australia of alcohol misuse are borne by business (39 percent), the individual (37 percent) and Government (24 percent) – this includes local government.

Local government bears these costs in terms of coping with violence and disorder in the community, the impact on local businesses and taking steps to reassure the community that they are safe in their own cities and towns. Up to 60 percent of crime is related to alcohol use in the community.

The toolkit for planners and policy makers

ALAC and Local Government New Zealand have collaborated to encourage greater strategic thinking by councils, planners, policy makers and communities about alcohol issues. Together we have produced a toolkit to enable communities to include reducing local alcohol-related harm as a desirable outcome in their planning. It encourages councils and communities to think about alcohol as a local social issue, not just a local statutory responsibility – and to seize opportunities for a more proactive approach to current council responsibilities.

“Planning for Alcohol in the Community” provides a suite of best practices and resources that can be of use to local territorial authorities in different areas of regulatory, operational and leadership work that relate directly to alcohol or in some way touch on alcohol issues.

This is not a step-by-step manual on how to do planning, liquor licensing or community development. Councils already have well-established systems for these.

The toolkit is about sharing ideas and how proactive practices developed by some territorial authorities have helped them raise their game on alcohol issues. The tools offered here can be used by people working in the different areas of council responsibility or councils can choose to follow the overall best practice of several innovative territorial authorities and use this toolkit to develop a Local Alcohol Strategy for their community.

Local Government New Zealand recommends that, in order to be most effective on alcohol issues, Council Community Plans will need to establish clear linkages with and between the purposes of the different legislative frameworks that councils work under in addressing alcohol issues for their community.

Under the umbrella of Council Community Plans, a second level of thinking and policy development will be useful. This involves working out how activities and services can be lined up to achieve the desired outcomes in the Council Community Plan. Local territorial authorities need to think about how their various areas of activity and responsibility fit together under the broad umbrella of the Council Community Plan.

This toolkit is a resource for second level of thinking about alcohol issues, that is, under the new Council Community Plan, how can planning, liquor licensing, Council policies and other activities all work together to achieve the best outcomes for the community?

Many local territorial authorities do not have comprehensive information at their disposal to assist them in completing these tasks.

The toolkit covers planning for alcohol in the community and includes a variety of strategies including:

- Using the district plan process more effectively as a tool to plan for alcohol availability in the community

LOCAL GOVERNMENT

- Licensing and enforcement
- Approaches to developing youth strategies
- Model by-laws and policy frameworks
- Monitoring and evaluation techniques

The Toolkit also provides information regarding the cost of alcohol-related harm for communities, particularly those costs related to social disorder.

“*Planning for Alcohol in the Community*” is available from ALAC. If you would like to receive a copy please call freephone 0508 258 258.

Working with territorial authorities

ALAC has supported Dunedin City Council in updating the popular resource, *The Manager's Guide*. Now into its third edition, this resource is widely accepted as a one-stop shop reference tool on the Sale of Liquor Act and other relevant legislation for those managing licensed premises.

Originally developed by local stakeholders in Dunedin, *The Manager's Guide* is a resource that is now found in many licensed premises throughout New Zealand. It covers all aspects of the Sale of Liquor Act from applying for a liquor licence through to visits from regulatory agencies and the offence provisions under the Act. It's a resource that is well-known and has received a lot of support from those people, particularly managers, working in licensed premises.

“We are always surprised at how many people around the country know about the resource. The momentum and support for *The Manager's Guide* has been amazing,” says Kevin Mechen, Liquor Licensing Coordinator from Dunedin City Council.

“Over the last few years, we have taken orders from District Licensing Agencies, Police and Public Health around the country who all use the resource to support their work with licensed premises. We are encouraged and proud of the fact that something which started as a local Dunedin project has now turned into something of national value.”

In recognising the value of local community initiatives, ALAC approached lead agency Dunedin City Council with an offer of supporting an update of *The Manager's Guide*.

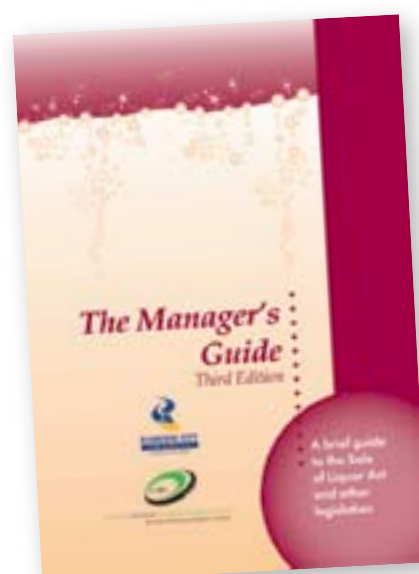
“ALAC is always looking to support and celebrate community solutions in reducing alcohol-related harm,” says Shannon Hanrahan Project Manager Liquor Licensing.

“ALAC sees *The Manager's Guide* as an excellent resource that provides clear and concise information on the responsibilities of the manager under the Sale of Liquor Act. It is also an opportunity to engage Managers of licensed premises on a range of issues that can encourage the creation of safer drinking environments through Host Responsibility.”

So what is new in the latest edition of *The Manager's Guide*? Apart from the stunning new colour, it has a strong issues focus says Kevin Mechen.

“This edition has a lot more information on the big concerns we know that manager's face; minors and intoxication. It also provides updates on legislation that has been amended since the publication of the last edition. The issues are current, relevant and important. This is a must-read for all of those working in licensed premises.”

The Manager's Guide will be available from ALAC free-of-charge at the end of October 2005. If you would like to receive a copy call freephone 0508 258 258.



Quick Answers

Category - [Bylaws, Licensing & Compliance](#)

Where are the Christchurch liquor ban areas?

Drinking in public or havinn...

[Liquor Ban Areas](#)

http://www.saktofc.govt.nz/services/licensing/liquor_ban_areas.asp

Local Government New Zealand

Library

LIQUOR BAN NEW PLYMOUTH

The Council has been asked by the Police to order procedure and take advantage of the new Business District.

Author: [New Plymouth District Council](#)

South Waikato District Council

The Council - Our People - Our District - Council Services - News - Links - Home



Liquor Ban Areas

Taupo District Council

Liquor Ban

A bylaw for the control of liquor in Taupo's central business district is passed and charged.

Previous News and Issues

- To view the media release November, 2004 click [HERE](#).
- To view the media release December, 2004 click [HERE](#).

The New Year Liquor Ban will operate from December 27 to January 1.

Prohibitions

From time to time additional areas may be designated as a Specially Protected Area (SPA). Where additional areas are so designated a maximum of 14 days public places (in or adjacent to the additional specified public places) at such times. Public places include, but are not limited to streets, service lanes, bridges, etc.

Permanent Liquor Ban in Taupo



Community Safety - Central City Liquor Ban - Wellington - New Zealand

<http://www.wellington.govt.nz/services/commsafety/centralliq/centralliq.html>

Wellington City Council

Central City Liquor Ban

Wellington City Council's Liquor Control Bylaw came into effect on 1 December 2004. It was designed as a city safety initiative to:

- reduce alcohol-related crime and disorder
- improve public safety
- improve the quality of life in the central city

Hastings District Council

Hastings and Havelock North Liquor Bans

Home - Licensing - Liquor Licensing - Hastings and Havelock North Liquor Bans

Public Places Liquor Control Bylaw

South Island Liquor Ban Impact and Outcomes Evaluation

Waitakere City Council

Liquor ban in Piha

Can't find what you're looking for? Email us or call us 24 hours, 7 days a week 820 0400

Waitakere City Council

Liquor Ban at Piha

(Control of Liquor in Public Places Bylaw 2004)

What days is the ban in place?
Which areas does it apply to?
Map of affected area
Enforcement of the ban

What days is the ban in place?

The liquor ban is imposed by the Control of Liquor in Public Places Bylaw 2004. The ban is in place on the following days:

- Labour Weekend - Friday to Monday
- Guy Fawkes - 5 November (and any immediately preceding or following days)
- Christmas / New Year Period - 24 December 2004 to 1 January 2005

Auckland City Council

LOW LAND + HIGH SKY+

Plans, policies and reports

Alcohol bans

Alcohol ban consultation

Statement of Proposal

Where a local authority applies the special consultative procedure in order to make a bylaw under Section 83 (1), that a statement of proposal is required.

Liquor Bans

Alcohol-related crime, disorder and anti-social behaviour causes concern in many New Zealand communities. The growing incidence of drinking in public places, particularly by young people, has been a source of anxiety, as are reports of alcohol-fuelled street violence.

With the decriminalisation of public drinking in the 1980s some observers pointed to a lack of tools that frontline Police could use to ‘nip trouble in the bud’. This led to calls for local councils to pass by-laws banning alcohol in defined public places. Liquor bans have now been imposed in a large number of areas. Indeed, a majority of New Zealand’s 72 district or city councils now have either permanent, year-round bans or seasonal bans at holiday spots or for particular festivals.

A report on liquor bans in New Zealand commissioned by ALAC includes a literature review of existing material on liquor bans; a collation of liquor ban evaluations and a media analysis.

The report highlights the complexity of liquor bans. It is clear that, far from being a simple strategy, the potential impacts, causes for concern and measures of success are open to debate. The report concludes that, from the evidence analysed, it cannot be said that liquor bans are being implemented as part of a wider strategy to reduce alcohol-related harm.

The report suggests that implementing liquor bans, as a proactive strategy to improve public spaces in terms of safety, nuisance, litter and noise as well as reducing criminal offending is justifiable and reasonable. But it also poses the question of whether liquor bans could develop into valuable tools for reducing wider alcohol-related harms over the medium to long term.

What is a liquor ban?

Liquor bans are commonly in the central area of a town or city, but also include other popular gathering places, such as beaches or parks. Initially most liquor bans focused on peak times of the week. Increasingly ‘blanket’ liquor bans are being applied ‘24/7’, that is for every hour of every day, but numerous ‘weekend’ bans with widely differing applicable time periods remain in operation.

The actual procedures followed to implement liquor bans appear to be largely similar across the country. These procedures reflect the basic requirements to have a functional bylaw, and frequently included:

- Formation of a partnership or stakeholder group to develop the content
- Publicity and awareness raising exercises
- Signage
- Various levels of agreement by the police to enforce the ban (implied, expected and formal)

Rationale

The rationale for liquor bans is largely consistent across the country and includes addressing issues of inappropriate, annoying and offensive behaviour, noise, vandalism, and littering as well as reducing disorder, property damage, assaults and other crime, and being seen to take measurable steps to improve safety.

While liquor bans are touted as a strategy that applies to everyone, the report suggests liquor bans are primarily interested in eliminating public drinking where it contributes to 'trouble'.

Notwithstanding that most public drinking is carried out by young people, numerous press articles indicate that liquor bans are being used to disperse groups of young people congregating in public, regardless of whether or not they are consuming alcohol in public.

Structure and operation

Liquor bans are a partnership between territorial authorities and police, with involvement from various other parties that differs from location to location. Territorial authorities enact the legislation, and in some areas liquor bans are part of a structured initiative to improve community safety. This may include community watches, liquor policies and safety strategies. Probably related to the high profile of police at the operational level, liquor bans are commonly seen as a policing strategy.

Reduced crime and improved perspectives of safety

Liquor bans have been shown to reduce criminal activity and to increase perceptions of safety. In several places offences such as disorderly behaviour, theft and violence are shown to have reduced following the introduction of a liquor ban. It is, however, difficult to separate the impact of an increased police presence and that of targeted police operations, from the implementation of the liquor ban itself. As well, in one location, a survey showed that simply enacting a liquor ban was enough to improve perceptions of safety amongst some people.

Role of police

The style of enforcement of liquor bans appears to differ markedly throughout the country. Issues raised include different enforcement procedures used in different areas, such as a zero tolerance approach in one area and a warning system in another; police use of discretion, potentially turning a 'blind eye' to the wine and beer at a family picnic but not to the same beverages being consumed by a group of young people. While actual numbers vary across the country, the majority of liquor ban breaches appear to be resolved without arrest.

Displacement

Displacement, that is moving the problem from within the liquor ban area to another area outside the liquor ban area, is acknowledged in each of the evaluations, as well as reported in several locations across the country. Issues of displacement were key reasons in applying to extend liquor ban boundaries, although the effectiveness was also questioned in some areas.

Induction into the legal system

Liquor bans are acknowledged by police to have been responsible for the induction of otherwise law-abiding people into the formal justice system. The number of convictions more than tripled between 2000 and 2002 and by 2002 more than half of these were first convictions.

Sustainability

The sustainability of concentrating police resources in liquor ban areas is uncertain. There is already evidence of a lack of sustainability in areas that provide support for others that are considered a higher priority. It is not uncommon for police from adjacent areas to help enforce liquor bans and this can only be expected

to increase in line with the increasing scope and number of bans.

Support

Police are vocal supporters of liquor bans, crediting them as a significant tool in ongoing efforts to prevent and reduce alcohol related problems. From a police perspective, liquor bans have a number of positive aspects:

- Liquor bans provide police with the power to intervene in a situation before there is trouble
- Police also see liquor bans as introducing a sense of fairness regardless of age. Previously a person aged 17 or younger consuming alcohol in a public place could be issued with an infringement notice, whereas an 18 year old engaged in exactly the same behaviour could not be.
- Proactively enforcing liquor ban by-laws gives police a useful way to minimise the serious impact of alcohol related co-offending, and can disrupt settings where would-be offenders converge together, spend time and identify possible co-offenders.

Reasons for support for liquor bans in other sectors of communities include the ideal of a safer community at night, reinforcement of a moral message that drunken behaviour in public is not tolerated, keeping underage drinkers off the street, less alcohol related disorderly behaviour and noise, less loitering outside liquor outlets and pubs, less vandalism and reduced litter.

When surveyed, young people tend not to support liquor bans and also reported feeling no safer once a ban is in place than before.

Fetal Alcohol Spectrum Disorder AWARENESS DAY

Friday September 9 was International Fetal Alcohol Spectrum Disorder (FASD) Awareness Day. To mark the occasion Alcohol Health Watch sponsored a visit to New Zealand by Elizabeth Russell from Queensland, who is a recovering alcoholic and the biological mother of two children who suffer from FASD. ALAC supported her to present at this year's Cutting Edge Conference, where we caught up with her.

When Elizabeth Russell achieved her goal of sobriety after years of drinking she asked her family how her drinking had affected them.

“They told me it hadn't and I was naive enough to believe them. I thought I had been the greatest alcoholic on earth. I had come through without damaging my family.”

That, however, was far from the truth. In fact, both her sons have been affected permanently by her drinking while she was pregnant. She had given them a life sentence.

Her eldest son Mick who is now 24 had many of the earlier symptoms associated with babies affected by alcohol. He had a low birth weight, cried almost non-stop for months, failed to thrive, had a poor sucking reflex and didn't meet any of his milestones on time. He now has temporal lobe epilepsy but he is able to live a relatively normal life. He was the luckier of the two boys. He has been diagnosed as being at the very low end of the FASD spectrum.

By contrast, her younger son Seth, now 20 years old, has a number of developmental and behavioural problems associated with the more severe end of the spectrum.

“As a toddler he was hyperactive, screaming and stamping his feet and that sort of behaviour escalated into behaviour problems. He was sexually active at 13, had problems in school, problems with

alcohol and drugs, and was diagnosed with ADHD. But, of course, that wasn't really the problem.

“He suffers from schizophrenia and substance abuse and has been in trouble with the police. In his teenage years he was bullied and was a bully. He was suspended from school and never completed his schooling. Now a young adult he can't hold down a job and can't manage his finances. He has been suicidal.”

Elizabeth says she doubts he'll ever be able to live independently.

Elizabeth began drinking when she was 13 and continued drinking for the next 30 years. She drank while pregnant with both boys, not regularly with Mick but four years later when Seth was conceived her drinking had increased and she drank almost daily.

She says she was never told of the danger to the unborn baby of drinking while pregnant.

“I thought I was doing everything right when I was pregnant. I stopped smoking, I took folic acid, and I took iron tablets. I thought I'd done everything I could to have happy, healthy babies but I didn't realise that alcohol was a problem.”

Her younger son's problems helped motivate her to finally give up drinking.

“Seth was about 13 and he had all these problems that I could not understand. At that time I was at a crossroads. I thought

I either had to leave my family if I wanted to keep drinking, or stay and give up drinking and try and sort my son's life out. I chose the latter and although I had relapse after relapse eventually achieved my goal."

While trying to make some sense of what her son was going through, she searched the Internet and that is when she learnt about FASD.

"Seth's behaviours and ideas finally made some sense. I was distraught by the diagnosis and Seth was delighted. He now knew he wasn't a loser because now with a diagnosis there also came a prognosis. We now knew that he was unable, not unwilling, to do what was expected of him.

"At last he could see a reason for the way he acted.

"My children are living proof that alcohol can and does damage the brain forever," she says. "My family has paid a huge price. If we had diagnosis earlier, some of the potentially life-threatening issues my son Seth faced might have been avoided."

She says she feels immense guilt and remorse because of the effect her drinking had on her children. "I have huge regrets for their lost potential. We will never know the people they could have been."

Elisabeth is now the Queensland branch co-ordinator for the national organisation for fetal alcohol spectrum disorder, working to publicise the effects alcohol can have on the unborn baby. She has also written a book on her experiences titled *Alcohol and Pregnancy: A Mother's Responsible Disturbance*.

"There is a lot of misinformation out there. Some think it is only in the first trimester that alcohol can damage the fetus but brain injury can still occur over the full life of the pregnancy, if you drink at any time during the pregnancy.

"There can be injury at any time because the fetus is growing throughout that nine months and the blood alcohol level of the baby is the same as the blood alcohol level of the mother but it's with the baby longer because the baby has an unformed liver and so it can't metabolise that alcohol as quickly as the mother."

And she wants to make it clear that it is not just alcoholics who are having children affected by FASD. "In Canada it's been found that 96 percent of women who have given birth to children with FASD are social drinkers; only four percent are alcoholic women."

She supports labels on alcohol warning of the dangers of drinking while pregnant. The labels may not be enough for alcoholic women but for social drinkers they certainly may be enough to avoid a child having to go through the horrors of FASD.



FASD is a world wide problem; it is a problem here in New Zealand, and all women need to be given a sharp warning and a clear and consistent message that they should not drink during pregnancy," says ALAC Deputy Chief Executive Officer Sandra Kirby.

"Drinking alcohol during pregnancy exposes the unborn child to the risk of fetal alcohol spectrum disorder which can result in a variety of disorders ranging from central nervous problems, low birth weight, abnormal facial features to mental retardation and behavioural and learning problems throughout their life. Many people don't even understand what FASD is.

"There's only one piece of advice. Don't drink while pregnant or if you are intending to become pregnant."

ALAC and the Ministry of Health are currently undertaking research to assess the awareness of New Zealand women of childbearing age on the effects of alcohol consumption during pregnancy. The research should be completed early next year.

Ms Kirby says the prevalence of FASD in New Zealand was unknown. International figures suggest about two to three babies in every 1000 have FASD. Three to four times as many are estimated to suffer partial effects. This can be compared with Cystic Fibrosis at one per 3000 live births, Down's Syndrome at one per 1000 and Cerebral Palsy at one-2.6 per 1000. These estimates are conservative but, in the absence of New Zealand data, it is difficult to be more specific. The potential impact of FASD on New Zealand's population and its services is disturbing.

ALAC is also managing an application for the labeling of alcohol beverages with a health advisory notice advising of the dangers of drinking while pregnant.

"However, labels on their own are not enough. A hard message must come from the medical profession on the dangers of drinking while pregnant."

Taeaomanino Trust – Pacific Business Awards Winner

Taeaomanino Trust, a social service and mental health provider based in Porirua, has won the inaugural Community Enterprise Award at an awards ceremony held in Auckland recently.

The Pacific Business Awards are a biennial event organised by the Auckland-based Pacific Business Trust. The awards began in 1993 and are designed to recognise the achievements of Pacific people in business.

The Taeaomanino Trust is the largest Pacific social service and mental health provider in the Wellington region. It has been in operation since 1993 and provides holistic services to improve the social and economic development of Pacific Island people. Services include alcohol and drugs, social workers in schools, PAFT (Parents As First Teachers), Family Start, youth, home-based support, family violence, counselling and therapy, and child and adolescent mental health services.

In 2004, the Trust won a Wellington Regional Award in the Educational and Child/Youth Development Category.

Taeaomanino won the category despite a strong pool of finalists from Waikato, Christchurch and Auckland.

“The organisation started in 1993 with one voluntary worker. Today we employ 28 staff and provide services to a large number of individuals and families in our community. We have worked hard to develop excellent management and accountability systems and strong relationships with stakeholders,” says Gerardine Clifford, General Manager.

“Our alcohol and other drugs service has been running for nearly five years. Our Alcohol and Other Drugs Co-ordinator is Thomas Isaako and counselling staff include Augafa Petelo and Ifopo So’o.

“While we work with Pacific women and families the main demand for our AOD services comes from Pacific men. We are therefore lucky to have three Pacific male counsellors that all speak at least one Pacific language. This is very unusual because there is a general workforce gap in relation to AOD counsellors and social workers.

“While we have had a number of successful interventions with people and families, we continue to see the need for AOD preventative education and counselling services, particularly with the increasing demand being generated by younger and younger Pacific populations.”

Rod Jeffries

The relationship between historical trauma and indigenous peoples' alcohol and drug abuse was highlighted at this year's Cutting Edge Conference by one of the keynote speakers, Rod Jeffries.

Rod Jeffries is a Mohawk First Nation person from Ontario, Canada and is currently the chairperson of the International Indigenous Council for Healing Our Spirit Worldwide.

He is a single parent raising two nephews. For the past 21 years, he has worked in the fields of substance abuse, healing and wellness, and treatment as manager, workshop trainer/facilitator, programme developer and evaluator. He was instrumental in the development of community programme manuals on family systems, sexual abuse, inhalant abuse, community development, and youth wellness. For the past 10 years his efforts have focused on the development of programmes and staff for working with survivors of trauma, cultural oppression, historic trauma, sexual abuse and residential/boarding schools.

In 1993 he was the recipient of the First Nations Addictions Achievement Award for Treatment. In 2002, Rod was recognised in Albuquerque, New Mexico for his international efforts in healing and wellness. He is also a past President of the National Association for Native American Children of Alcoholics (NANACOA).

Rod currently works with Ancestral Visions, a First Nations group providing wellness and development services across North America. Recent work includes the development of an alcohol and drug programme for Aboriginal offenders; development, delivery and/or evaluation of Aboriginal healing programmes; advisor to Colorado State's Tri Ethnic Center for Prevention Research on inhalant abuse and HIV/AIDS; and facilitator for the International Forum on Solvent Abuse.

In his address he spoke of the way children of many indigenous peoples throughout the world were removed from their families and culture and placed in the mainstream culture.

He likened the traditional structure of an indigenous community to a series of circles. In the inner circle were the children, and the adults' roles flowed from protecting the children. Surrounding the children was the circle of women who nurtured the children; the men, the protectors and providers, circled the women, and the elders who passed on the traditional ways of their people formed the outer circle.

On a personal level, he spoke of his parents who were removed from their families and culture and placed in the mainstream culture. "My parents were torn from their family and sent to residential school - an experience that was pure hell. There they were taught to hate the colour of their skin and the ways of their people.

"That is what they passed down to me and my siblings. They loved us but passed on the teachings they had in those schools and that created a lot of issues for us as individuals and as a family."

Rod says he, like members of other indigenous peoples round the world, had to work through that sense of shame for who they were.

In his working life he became a workaholic. Although the head of a national organisation for alcohol and drug abuse, he found he was not satisfied with his life. "I had achieved a lot of wonderful things but I was not proud of it."

He began working through the shame and began to feel proud of who he is. "This is when I began to do trauma work and several people guided me and pushed me in the direction doing healing type work.

I think shame is one of the things that impacts on indigenous peoples through the world because there has been so much oppression. Indigenous peoples suffered the loss of their land, their culture and their spirituality. With the removal of children into the dominant culture, the traditional roles were upset.

When the children returned they were different. They no longer knew the ways and customs of the community. This is when the problems of alcohol and drug abuse surfaced.”

Rod says treatment programmes for indigenous peoples must come from within “the circle”.

These programmes need to be based on the indigenous peoples’ culture; they need to be based on the peoples’ needs not the needs of the funders.”

Tena koutou katoa

Te Kaunihera Whakatupato Waipiro O Aotearoa (ALAC) is facilitating the formation of an Aotearoa rangatahi planning roopu to help plan and participate in a youth stream at the Healing Our Spirits Worldwide Conference in Edmonton, Canada from August 6 to 11 2006. (www.hosw.com).

ALAC has a long-term commitment to supporting the Healing Our Spirit Worldwide movement in Aotearoa and internationally. ALAC is committed to supporting the formation of the rangatahi planning roopu and has allocated funding to assist members of the rangatahi planning roopu to attend the conference.

The International Indigenous Council for Healing Our Spirit Worldwide (HOSW Council) is holding an autonomous youth stream during the HOSW conference in which themes, speakers and workshops will be youth orientated and youth led. The HOSW Council wants the youth stream to be planned and organised by youth from participating countries such as Aotearoa, Canada, United States of America, Australia and others. The Council aims to provide a platform for youth, by adding value to our ‘leaders of the future’ by giving them the opportunity to stand on the international stage and showcase youth focussed healing programmes.

ALAC is looking for four candidates, two wahine and two tane, to become part of the Aotearoa rangatahi planning committee for this conference. Over twelve months this will involve:

- Attendance and participation at the following;
 - Healing Our Spirit Worldwide Conference in Edmonton, Canada
 - Attend wananga (four days each) to be held in Aotearoa prior to conference
 - Monthly international teleconferences and video link ups with indigenous rangatahi from Canada, United States of America and Australia to plan the Youth Track of HOSW Conference
- Presentations
 - You will be required to present at the Healing Our Spirit Conference in Edmonton, Canada
 - You will be required to present back to your whanau, hapu, iwi and organisations once the group returns

from Canada on your experiences and learnings from the conference and trip.

Criteria

- Must have a commitment to Healing Our Spirit philosophy and be willing to present knowledge gained and experiences to whanau, hapu and iwi
- Māori descent
- Aged 18 – 30 years
- Must be willing, have the aptitude and ability to present with full confidence in front of an audience
- Must be supported by whanau, hapu, iwi or Māori communities
- Commitment to healthy wellbeing
- Commitment to attend wananga plus teleconferences / videoconferences during this process
- No criminal convictions that will hinder travel to Canada
- Drug Free
- Commitment from an organisation to support the candidate
- Financial support to cover remaining costs

If you meet the criteria then please send the following information:

- Brief biography on yourself (250 to 500 words)
- Supporting letter from the person(s) and / or organisations supporting you
- Answer the three following questions
 - What does healing the spirit mean to you?
 - What three things do you identify with Te Ao Māori?
 - What can be done today to heal the spirit?
- Please add any additional information you think will support your application, whether it is artwork, waiata or other forms of expression, which reflect who you are and will help get your message across.

Cut off Date: 5pm Rātū 1st Whiringa A Nuku 2005

Send to: Te Rina Moke - Kaiwhakarite
Māori Whanau Programmes
ALAC - P O BOX 5023, Wellington

If you have any questions please contact
Te Rina on (04) 917 0708, (021) 530 239 or
by email on t.moke@alac.org.nz

New ALAC Intervention Resources

ALAC has developed two new self-help intervention resources for adults concerned about either their own or someone else's alcohol and or drug use.

The new resources replace the *Drinking and Your Health* booklets, first produced in 1993 and rewritten in 1998. They incorporate many of the booklets' components but have been updated to incorporate latest best practice, and refreshed to give them a more contemporary look and feel.



Both have a distinctly New Zealand flavour and incorporate the Whare Tapa Wha model of health.

The first resource, *The User Guide*, is aimed at those with risky drinking habits. It is based on the Guided Self-Change model and can be used by people who want to cut down, stop or make changes to unsafe or unhelpful behaviours around their drinking/ drug use. It also incorporates a relapse prevention or maintaining change component.

The aim of this resource is to provide an evidence-based intervention in the form of a user-friendly workbook that problem drinkers/drug users can use to explore the impact of their alcohol and other drug use, set their own goals and create an action plan that includes identifying and planning for risky situations. Specific objectives of *The User Guide* are to:

- reach adult alcohol and other drug users who are engaging in hazardous alcohol/drug use who are not accessing traditional treatment
- provide an evidence-based intervention that is distinctly New Zealand
- focus on engaging the end-user in a process of positive change and address their need for a personalised process
- improve safety and quality of life
- provide an intervention tool that will support the work of the treatment field (particularly for wait-listed clients).

The User Guide directs people to the Alcohol and Drug Helpline to access further help or information on alcohol and other drug treatment services in their area.

The second resource is for people who are concerned about a person in their life who is abusing alcohol or other drugs. *Concerned? Time for Change* helps those affected by someone else's drinking, recognise the impact the other person's drinking may have on their own health and wellbeing. This resource aims to allow the individual to;

- understand the effect that a person abusing alcohol or other drugs can have on their life
- make decisions to create the kind of life they want
- identify and use their own strengths and skills to make positive changes in their life

ALAC Manager Early Intervention Sue Paton says the development of the resources followed a rigorous process involving consultation every step of the way.

Drug Foundation Chief Executive Ross Bell agrees. "The process used was comprehensive and robust, says Ross. "Often people come up with an idea and just run with it. Sue went about the development of the resources in a measured way with a huge amount of consultation and good feedback based on best evidence.

"This resulted in the production of resources that people should find valuable."

Copies of these resources can be obtained by phoning ALAC on free phone 0508 258 258 or via the ALAC website www.alac.org.nz

Conference on Drugs and Young people

By Geoff Munro,
Programme Director,
Australian Drug
Foundation.

Following its enormous success in Wellington in 2003, the Fifth International Conference on Drugs and Young People (ICDYP) will be held from 24 to 26 May 2006 at the AJC Convention Centre, Randwick, New South Wales, Australia.

It is the only drug conference in the world to focus exclusively on young people and address the use of all drugs, alcohol and tobacco, prescription drugs and illegal drugs.

The theme for the conference is the culture and context of young people's drug use across various settings. Some of these settings are bars and clubs, workplaces, schools, public spaces, juvenile justice settings and sports settings.

The Australian Drug Foundation is hosting the conference in partnership with the Ted Noffs Foundation. The Conference Convenors are also pleased to have the support of the Alcohol Advisory Council of New Zealand, New Zealand Drug Foundation and Turning Point Alcohol and Drug Centre.

The strong support for this conference from Australia, New Zealand and other countries highlights the need for a continuing forum in which youth drug issues can be explored and in which key community stakeholders can share their experiences and learning. The conference always has been, and continues to be focused on, best practice.

A special aspect of this meeting will be an exploration of drug use and its implications in the Asia-Pacific region.

Nationally and internationally, drug use and the harms associated with its use continue to be a major concern

Globalisation exports drug cultures along with the drugs themselves and an

increasing array of substances are joining alcohol and tobacco as preferred drugs for young people.

Key questions for the conference include: What do we know about young people and drug use? What do we know about the resulting harms and consequences? What have we learnt from the past? What is research telling us? What should our priorities be? What action should we be taking?

Several keynote speakers have been confirmed including;

- Emeritus Professor Howard Parker from Manchester University, United Kingdom. He also works as a freelance consultant, researcher and trainer in the social care and alcohol and drugs misuse fields.
- Ms Franca Beccaria, a noted researcher into alcohol issues at the University of Torino, Italy.
- Dr Simon Lenton, Deputy Director and Senior Research Fellow at the National Drug Research Institute, Curtin University of Technology, Western Australia (WA).
- Ms Jennifer Johnston, a Research Fellow with Turning Point Alcohol and Drug Centre, Melbourne,
- Associate Professor Richard Midford from the National Drug Research Institute at Curtin University of Technology, Western Australia (WA). Associate Professor Midford will deliver the third Dame Elisabeth Murdoch Oration which honors the contribution of Dame Elisabeth over many years, in promoting the welfare of young people and in particular her encouragement to those working to reduce drug problems. The Oration is a permanent feature of the International Conference on Drugs and Young People.

For further information on the conference please visit www.adf.org.au; email DYP@adf.org.au or telephone +61 3 9278 8137.

Arrest Referral Scheme

Details of a pilot programme in Christchurch where drug and alcohol workers providing offenders with advice immediately after their arrest on where to get help with their addictions were displayed in a poster representation at this year's Cutting Edge conference.

Under the police funded scheme Arrest Referral Scheme - the first of its kind in New Zealand - the workers visit the cells at Christchurch central police station, being alerted by the charge sheets as to which prisoners may have drug and alcohol addictions -- those admitted while intoxicated or with related offending.

The scheme, which started in February and is funded until July next year, is being run by LifeLinks, a not-for-profit organisation.

Co-ordinator Tessa Watson said it so far had a 23 per cent uptake, with 96 of the 430 prisoners seen requesting information about where to get advice on dealing with addiction. "We're hoping that will increase up to 50%, which is what some of the overseas schemes are claiming they're achieving."

The scheme is being overseen by a multi-agency advisory group and being evaluated by Victoria University in Wellington.

A new alcohol and other drug questionnaire for young people

The SACS project team, a collaboration between Waitemata DHB and the University of Auckland, funded by a grant from ALAC, have developed a new substance use screening and outcome measurement questionnaire called the Substances and Choices Scale (or SACS.) The SACS questionnaire has been designed to effectively:

- Screen young people experiencing and/or at serious risk of substance use harm to assist in referral to appropriate agency
- Measure change in outcome(s) during and at the end of a treatment process
- Work for young people in New Zealand - including Māori, Pacific and Pakeha young people

Introduction

Although alcohol and other drug (AOD) problems are a significant health issue for young people in New Zealand¹ treatment services meet their needs poorly, says Principal Investigator Dr Grant Christie, Child and Adolescent Psychiatrist, Community Alcohol and Drug Youth Service, Waitemata DHB.²

“One way to improve the delivery of substance use treatment is via the use of screening and outcome measurement instruments.³ Regular use of such instruments is likely to raise awareness of substance use problems and increase the focus on AOD interventions.⁴

“A number of AOD instruments have been designed for use in adolescent populations however these are mostly unsuitable for reasons such as length, cost and content. Our project involves developing a new and better adolescent AOD screening and outcome measurement instrument, which will be free-of-charge and readily available for use by services around New Zealand, Australia and the world.”

This instrument, the Substances and Choices Scale or SACS will be a self completed, youth-appropriate, reliable and valid questionnaire that will have a similar format to the Strengths and Difficulties Questionnaire (SDQ)⁵ with the intention that they are used

together, says Grant. Together the SDQ and the SACS will assist in identifying young people at risk and assessing their needs at first presentation in order to determine best treatment options. Most importantly the combination of tools will measure outcomes as these young people progress through the treatment process.

Method

A literature review was undertaken to inform the design of the items for the SACS. Thirty items were created in the format of the SDQ and assembled in a preliminary questionnaire. Consultation around these items was undertaken via email with youth workers in the mental health, youth health and substance use treatment field.

Consultation was also undertaken with seven young people (including Māori and Pacific Nation youth) attending substance use services via a researcher administered questionnaire which assessed the understandability, acceptability and face validity of each item.

A similar process was also undertaken with a focus group of seven young people not in treatment. Following this the questionnaire was further modified and items removed. The new modified instrument was then piloted in a sample of 61 secondary school pupils and young people who attended AOD services. An analysis (using discriminant analysis) of their responses was carried out. The results from this pilot were combined with the findings from the literature review and this led to the final selection of items for the SACS.

Results

“Throughout the consultation process, feedback about the SACS (the individual items and the instrument as a whole) overwhelmingly confirmed its general acceptability and relevance. Feedback from young people included that completing the questionnaire made them think more deeply about their substance use. The pilot testing showed that the individual SACS items correlated highly with the total score. Correlation between the total scores of the SACS and an established youth instrument the CRAFFT was high,” says Grant.

Results

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Conclusions

“The SACS appears to be highly acceptable and relevant to New Zealand clinicians and young people. The individual items in the SACS discriminate well and preliminary testing suggests that SACS will be valid. The development of the SACS is complete and Stage two of the project (validity and reliability testing) is now going ahead.

“Our vision is that the SACS will become an integral part of youth AOD and mental health service delivery. Its routine use will raise awareness of substance use problems in services and in the community and improve the delivery of AOD services to youth. In the future it may be used in other parts of the health sector and community including primary health care services and schools,” he says.

References

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Co-Investigators:

Reginald Marsh - Psychometrician/Statistician, South Auckland Clinical School of Medicine, University of Auckland; **Janie Sheridan** - Associate Professor of Pharmacy Practice, School of Pharmacy, Faculty of Medical and Health Sciences, University of Auckland; **Amanda Wheeler**, Co-Director, Clinical Research and Resource Centre, Waitemata DHB; **Tamasailau Suaalii-Sauni**, Pacific Researcher, Clinical Research and Resource Centre, Waitemata DHB; **Christel Le Brun**, Clinical Researcher, Clinical Research and Resource Centre, Waitemata DHB; **Kathleen Samu**, Pacific Researcher, Clinical Research and Resource Centre, Waitemata DHB.

New Staff

Sara Bennett



Sara is ALAC's new Group Manager Population Strategies. Prior to coming to ALAC, Sara worked in a range of roles focused on population health issues, with particular emphasis on reducing alcohol-related harms, strategic planning, public health research and evaluation. Most recently, Sara was Population Health Manager at Auckland District Health Board, focusing on providing evidence-based strategic and operational support to guide the development of population health strategies. Sara has also been a member of a number of advisory groups supporting the development of central government strategies.

Sara previously worked at a strategic policy level with local government and Police Districts across the Auckland region to develop intersectoral responses to alcohol-related crime and safety issues. Sara was also employed for eight years at the Injury Prevention Research Centre, three of these as Associate Director, at the School of Population Health, Auckland University.

Sara's research and policy interests and expertise include: injury prevention; reducing harms associated with the misuse of alcohol and other drugs; injury prevention; the role of alcohol in suicide and self-harming behaviours; local government policy; health promotion and intersectoral collaboration. Her PhD thesis focused on risks and resilience for young people following a suicide attempt, and included interviews exploring the roles of alcohol in suicidal behaviour.

Sera McNeill



Sera has joined ALAC's communications team as a Communications Advisor. Sera's background is in marketing. She has an honours degree in marketing from Victoria University in Wellington. Prior to joining ALAC, Sera was marketing coordinator with RockGas in Petone and also spent 18 months working as a marketing executive for Manchester Unity.

Sera says joining ALAC has given her the opportunity to work in an area she is interested in. "It is totally different from working in the private sector; it's more about promoting a social message."

A keen indoor netball player, Sera is actively campaigning for ALAC to enter a social team in the competition.

Nicky Katsanos



Nicky is ALAC's new accountant. Prior to joining ALAC she worked for Mobil Oil as a process specialist identifying best practice credit processes for Mobil Oil for the Pacific zone, and before that was an auditor for boutique accountancy firm Martin Jarvie PKE. Nicky says she moved to ALAC to further develop her accounting career.

She says she loves the work, the people and the team atmosphere.

Nicky is a qualified chartered accountant. She graduated from Victoria University with a Bachelor of Commerce in Accountancy and has a postgraduate Certificate in Management Studies from Victoria's Management School.

Cutting Edge 2005

The power of P, the role of poverty in creating alcohol and drug problems, gambling addictions combined with alcohol and drug dependencies and the treatment of women with alcohol and drug problems were up for discussion at the annual 2005 Cutting Edge conference.

The 10th annual treatment conference on alcohol, drug and addictive disorders, was held at the Dunedin Centre from September 8 to 10 where in keeping with the reputation of Dunedin as the Edinburgh of the south, the haggis was blended with waiata.

ALAC has been the conference sponsor since its inception. The National Addiction Centre in conjunction with the Treatment Research Interest Group (Alcohol, Drugs & Addiction) hosted the conference.

The conference brought together New Zealand and the world's foremost drug treatment providers, researchers and policy advocates for three days. The theme was *Looking Back to Move Forward: Ten Years of Cutting Edge*. Cutting Edge is the forum for the presentation of new international concepts in treatment, supported by local practice experience and research findings.

Every year the conference invites a speaker from a field other than the addiction treatment sector. This year Charles Waldegrave, psychologist, family therapist, Anglican priest and social policy researcher presented a retrospective look at New Zealand society over the last 10 years.

Keynote speakers included Nancy Petry, a world authority on the treatment of pathological gambling who examined progress in this field over the past ten years and how we can use our experience to strengthen our practice. Other keynotes included Rod Jeffries a Mohawk First Nation person from Ontario, Canada, and

an international speaker and trainer who has worked for many years in the field of substance abuse, healing and wellness and Paraire Huata, Ngati Kahungunu, who works in the mentoring and training of Maori mental health and alcohol and other drug practitioners.

One of the most moving presentations was from Moana House which presented in rhyme, song and dialogue.

ALAC Chief Executive Officer Dr Mike MacAvoy says congratulations must be given to the organising committee for such a well run and interesting conference.

"I would also like to recognise the contribution of NAC director Doug Sellman and DAPAANZ's Ian MacEwan for their 10-year contributions to the conference's organisation.

"The conference has grown from its original focus on alcohol and drug treatment to cover a raft of addictive behaviours such as smoking, gambling and opioids.

"ALAC is committed to continued support and welcomes moves to include other sponsors."

Next year's Cutting Edge Conference will be held in Wellington.

Regional Partnership

Working together Conferences 2006

It's time to start thinking about conferences for next year! Following on from this year's very successful national Working Together conference, ALAC will be hosting two regional conferences with different themes in 2006.

Napier, March 30-31 2006

Collaborating, partnering or working together to achieve shared outcomes is a great idea, but with any great idea there are always challenges. For those agencies charged with ensuring compliance with the Sale of Liquor Act, finding time to engage in shared projects can be difficult. This conference will explore solutions that focus on 'working smarter' through collaboration to enhance compliance under the Sale of Liquor Act.

This conference is primarily for the statutory agencies such as the district licensing authorities, Police and public health representatives. Researchers, injury prevention people, safer communities coordinators might also be interested.

Queenstown, April 6- 7 2006

'Vibrant' and 'dynamic' are two words often used when talking about building town areas that are attractive to visitors and local community members. But what about community well-being? How can local authorities reduce the adverse impacts of alcohol whilst also building attractive town areas? With local government playing such an integral role in reducing alcohol-related harm, this conference will feature a range of local authorities working to reduce harm in policy and planning settings.

This conference is designed for people working in local government policy or planning and elected members, in short anyone wanting to work with local government around liquor licensing and land use issues.

ALAC is always looking for opportunities for local communities to share new and innovative ideas. If your community has something that they might like to present at either of the conferences, please contact Shannon Hanrahan, Project Manager, Liquor Licensing (09) 916 0332 or s.hanrahan@alac.org.nz

Registration forms will be out in the next edition of alcohol.org.nz

Electronic mailing lists for the alcohol and drug field

Two electronic mailing lists have been set up to enable individuals to communicate via email with other alcohol and drug professionals in New Zealand.

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

SUBSCRIBE NOW

Contact other alcohol and drug professionals:

1. If you have access to the web, subscribe by going to <http://lists.iconz.co.nz/mailman/listinfo/aandd>

You will find a form to fill out. You will need to choose a password.

2. If you don't have access to the web, send an email message to aandd-request@lists.iconz.co.nz leaving the subject line blank.

In the body of the message type:

Subscribe ***** (where ***** is an alphanumeric password of your choice between 4 and 8 characters).

If you have any problems with the above, or for further information, please contact Susan McBride.

Email: s.mcbride@alac.org.nz

Phone: 04 917 0060

Join a network of Māori alcohol and drug workers:

1. If you have access to the web, subscribe by going to http://lists.iconz.co.nz/mailman/listinfo/te_kupenga_hauora

You will find a form to fill out. You will need to choose a password.

2. If you don't have access to the web, send an email message to s.mcbride@alac.org.nz

Phone: 04 917 0060

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