



PEARLS UNLIMITED

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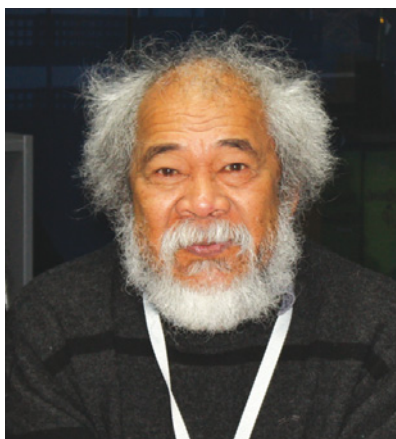
Pacific Peoples and Alcohol
November 2009



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Dr Ieti Lima

Undertaking a review of this kind requires access to a wide range and quantity of material. We would like to thank Oriana Chin of the ALAC Library who was very supportive and collected most of the literature we needed.

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1.0 Foreword

The Alcohol Advisory Council of New Zealand's vision is a New Zealand drinking culture that supports the moderate use of alcohol so that whanau and communities enjoy life, free from alcohol harms. ALAC aims to lead a change in the way we drink through a range of strategies. These include working with Pacific communities to identify, implement and monitor programmes designed to meet the specific needs of Pacific peoples.

Fifty percent of Pacific peoples abstain from alcohol use and for those who do drink, most do so responsibly. However, the impact on Pacific peoples when alcohol is misused is great. Our challenge is to assist those who binge drink to moderate their drinking.

This comprehensive resource allows us to take stock of past and present programmes within the Pacific community and in so doing, contributes towards an evidence-basis for future work.

Pearls Unlimited was first conceived during 2004, when a range of gaps in knowledge regarding the history and the people involved in the delivery of Pacific alcohol-related harm reduction programmes across New Zealand were identified. Valuable learnings were at risk of being lost if something wasn't done to document this significant body of work. Discussions ensued around how the wealth of information available on the subject could best be captured to support and inform future initiatives. Dr Ieti Lima who seeded the idea wrote the first Pacific Profile of past and present history and capture of activities in 2006. Research New Zealand then contributed content in support of his wisdom.

The resource began as a document to be used by ALAC staff in response to queries around alcohol and Pacific peoples. With ongoing requests for information ALAC has now developed this treasure for everyone.

The pearl, the treasure of the Pacific, graces both the cover and pages of this resource. The title, Pearls Unlimited, has been chosen to symbolise the living treasure this resource holds in its programmes, research, people and resources, combined with the infinite power and potential of Pacific communities. This resource celebrates Pacific families and Pacific communities, collectively working together towards Pacific solutions.

The intent is to continue to build on the evidence regularly so that important history and knowledge is not lost.

This resource acknowledges the spirit of Pacific peoples through the words, programmes and people featured within. These people are leading changes in the way Pacific peoples drink through holistic approaches to reducing harm that incorporates heart, emotion and spirituality. The Pacific Reference Group, in particular, has shown continued commitment to the reduction of alcohol-related harm within Pacific communities. I thank them for their contribution,

We hope that you will find inspiration from this resource and the efforts of those that have gone before. We look forward to building on these successes in partnership with you. Leadership is shown by many across the community and everyone is regarded as a leader of change.

O le ala i le pule, o le tautua

The pathway to leadership is through service

Gerard Vaughan

Chief Executive Officer

Alcohol Advisory Council of New Zealand



2.0 Introduction

2.1 Background

This project is being funded by ALAC. ALAC was established in 1976 with the aim of encouraging responsible alcohol use and minimising alcohol misuse with the overarching goal that “New Zealanders experience less harm from alcohol use, their own and others”. In November 2007, ALAC released its strategic direction for 2008–2013 (Alcohol Advisory Council of New Zealand, 2007b). The document *Our Strategic Direction 2008-2013* affirms the way in which ALAC has worked over the last five years and since the inception of its Culture Change Programme in 2005. It also confirms ALAC’s commitment to the three groups who experience disproportionate alcohol-related harm compared with the rest of the population: Pacific peoples, Māori, and young people (aged 12–24).

Given this as a context, ALAC is committed to working with their partners and Pacific communities in New Zealand to achieve positive outcomes and changes for Pacific peoples. Current initiatives expressing this commitment include:

- the *Le Ala* community action research initiative (initiated by ALAC, and jointly funded with the Accident Compensation Corporation under the partnerships programme of the Health Research Council of New Zealand)
- the *Inu Safely Inu Smart* alcohol awareness programme for Pacific Island communities
- the ongoing *Pacific Alcohol and Drugs Outcomes Project* (PADOPT) for service providers.

ALAC is also aware of a range of information about Pacific peoples and alcohol that has been produced by the research community and by government departments and other agencies. However, at present, much of this information is difficult to find and source. Recognising the value (for ALAC and others) of collecting this information together in one document, ALAC commissioned the Research New Zealand Literature Review Team to compile a resource that collates research and information on Pacific peoples and alcohol into a single document that can be used to inform future work with this priority population.

2.2 Resource purpose and objectives

In order to meet the broad objective of providing a single resource document collating the available literature and information on Pacific peoples and alcohol in New Zealand, the project has the following main outcomes.

- A concise literature review that collates and synthesises major research on Pacific peoples and alcohol in New Zealand (including a compendium of major works and their findings).
- A descriptive review of ALAC’s Pacific work (including an overview of Pacific resources produced by ALAC).
- An overview of workforce development (including an overview of Pacific providers).
- Compilation of a systematic list of active plans and strategies (with components relating to alcohol and/or Pacific peoples) produced by other New Zealand government departments and relevant non-government agencies.

2.3 Intended audience

While this resource is intended primarily for internal use within ALAC, in addition it also provides a platform for external stakeholders and others with an interest in reducing alcohol-related harm among Pacific peoples.

2.4 Using the resource

The resource moves logically from one topic to the next, however, most sections of are also designed to stand alone. The resource can therefore either be read in its entirety as a complete document, or individual sections can be used as required.





2.5 Updating the resource

This resource is a ‘work in progress’ or ‘living document’. It is a snapshot of the most significant and current material available at the time it was put together. One of the key features of the resource is its references to documents, websites and other information available online, including current government and non-government strategies and plans. Regular updating will keep it current and relevant. A checklist for updating the resource is set out in Section 8.0

An electronic copy of the document will be available on ALAC’s website. Any updates will also be produced as PDFs and will be available from the ALAC website.



3.0 Methodology

3.1 Search strategy

The initial information collection framework and search strategy developed by Research New Zealand was guided by the background work completed prior to the project's commencement by ALAC's reference librarian. The search for literature was wide-ranging and used internet search engines, bibliographic indices and published content of relevant research and government organisations. To ensure a focus on recent findings, initiatives and strategies, the search primarily covered the years 1998–2008, with the main emphasis on literature published from 2002 onwards.

The search for information involved the following steps.

1. Reviewing the literature search, source documents and resources identified by ALAC prior to the project's commencement.
2. Repeating the literature search to capture information published after October 2007.
3. Identification and retrieval by ALAC's reference librarian of any historical and current information held by ALAC on their work with Pacific peoples.
4. Searching the internet, ALAC's website, Te Puna, research organisations and other relevant sources for:
 - a. background information on Pacific peoples in New Zealand, and for information on ALAC's work with Pacific peoples
 - b. information on workforce development
 - c. further material for the overview of research.
5. Searching the websites of government departments and agencies, and non-government agencies for plans and strategies relating to alcohol (and contacting departments and agencies directly where necessary).
6. The reference lists of items found in the initial literature search were checked to identify any additional references.
7. Secondary sources and reference material were sourced to supplement or reinforce the information available.

The search of websites of key New Zealand research organisations, academic research units, government departments, community-based organisations, non-government organisations (NGOs) and professional associations included (but were not limited to):

- Alcohol and Public Health Research Unit (archived 2002) <http://www.aphru.ac.nz>
- Centre for Social and Health Outcomes Research and Evaluation <http://www.shore.ac.nz/>
- Centre for Applied Cross-cultural Research (CACR) – Victoria University of Wellington <http://www.vuw.ac.nz/cacr/index.aspx>
- Health Research Council <http://www.hrc.govt.nz>
- Health Services Research Centre – Victoria University of Wellington <http://www.vuw.ac.nz/hsrc/>
- Kiwi Research Information Service <http://nzresearch.org.nz/>
- Le Va <http://www.leva.co.nz/>
- Matua Raki National Addiction Treatment Workforce Development Programme (NATWDP) <http://www.matuaraki.org.nz/>
- Mental Health Commission <http://www.mhc.govt.nz>
- Ministry of Health <http://www.moh.govt.nz/>
- New Zealand National Drug Policy <http://www.ndp.govt.nz/>
- Voyages: New Directions in Pacific Health (Ministry of Health) <http://www.voyages.net.nz/>



3.2 Selection criteria

The next step in the search process was a detailed examination of information collected to filter the results from the literature search. The process began by classifying the literature into domains based on the top-level research objectives. Classifying the collected information in this way served as a gap analysis, highlighting domains where information was lacking. For example, several areas were identified where there was a lack of formally published material (such as ALAC's work with Pacific peoples internationally) and it was necessary to rely on personal communications to source further information on some of these topics.

Inclusion/exclusion criteria used to assess the information gathered, included:

- Coverage and relevance: relevance to the topic was ensured by adherence to the research objectives of the review.
- Currency: in order to ensure a focus on recent findings, initiatives and evaluations, the literature search focused on material published in the last ten years (with a primary emphasis on the last 5–6 years). However, older literature was included (particularly for the compendium of major works in Section 4.7) where it was of a seminal nature or where information in that particular area was limited.
- Source: Most relevant material was New Zealand in origin, however internationally published research was sourced where it was identified.
- Authority: the reliability and validity of information were ensured by obtaining material (appropriate to the overall research objectives) from authoritative sources.

3.3 Accessing material

A significant amount of the information acquired is available online, or was accessed through direct communication with organisations. Most material referred to in the report was accessed through the internet, directly from ALAC, or via inter-library loan. The following points may help those attempting to find the material used in the review.

- Most of the journal articles listed in the bibliography were obtained through inter-library loan.
- Articles can sometimes be purchased from publishers' websites.
- Where available, web links to specific reports have been included in the bibliography.

3.4 Limitations

As with any review, there are a number of limitations that need to be considered. The resource is primarily descriptive; it is not a policy document in itself and does not undertake to make policy recommendations.

The literature search primarily restricted attention to literature published in English during the previous ten years with the main focus on material published in the last five to six years. Apart from providing relevant background and context information, the review does not therefore attempt to exhaustively detail all themes and issues represented in the published literature on Pacific peoples and alcohol.

3.5 Terminology

Terms used to describe people living in New Zealand who have migrated from the Pacific Islands or identify with the Pacific Islands because of ancestry or heritage, vary considerably. Since 1994, the Ministry of Pacific Island Affairs has used the term 'Pacific peoples' to describe this group and this is the term used throughout most of this report.

'Pacific peoples' (as opposed to 'Pacific people') is used to accentuate plurality and acknowledge that many Pacific communities who are linguistically, culturally, and geographically distinctive from each other are grouped together when this umbrella term is used. However, while the term 'Pacific peoples' embraces commonalities, the use of this collective term is not intended to negate the individual characteristics, beliefs and behaviours of each specific Pacific community.

4.0 Pacific peoples and alcohol: An overview of the research

This section presents a concise literature review of the major research on Pacific peoples in New Zealand and their alcohol use as well as a brief summary of the demographics of the Pacific population in New Zealand. Also included is a compendium of major works on Pacific peoples and alcohol.

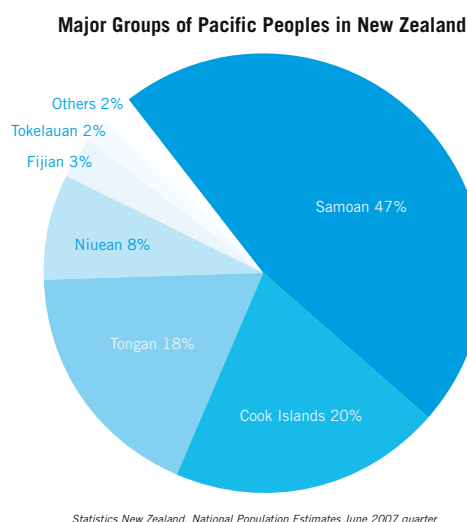
4.1 Demographic profile of Pacific peoples in New Zealand

New Zealand is home to the largest population of Pacific peoples in the world (Collie, 2007). Before World War II, however, the level of migration of Pacific peoples to New Zealand was very low and it was not until the 1950s, when increasing industrialisation created demand for workers in the manufacturing and service industries, that larger numbers of Pacific people migrated to the urban centres of New Zealand. This trend accelerated dramatically with the economic boom of the 1960s and early 1970s (Macpherson, 2006; Spoonley, 2001).

However, in the mid 1970s, an economic downturn resulted in many Pacific people employed in the manufacturing industries either losing their jobs or having their hours of work reduced. This trend continued to characterise the New Zealand economy into the 1980s and early 1990s (Macpherson, 2006; Ministry of Health, 2005b). Moreover, changes to immigration policy linking eligibility for migration to national labour demand, resulted in a reduction in the number of eligible migrants from independent states such as Samoa, Tonga and Fiji (Macpherson, 2006). Indeed, in the early 1980s, the immigration flow even reversed as return migration to the Pacific region and chain migration to Australia taken together exceeded immigration to New Zealand from the Pacific nations. Immigration recovered towards the end of the decade but the continued growth of the Pacific population in New Zealand has come primarily from locally born people. In fact, since the late-1970s, less than one-fifth of the growth has been directly attributable to immigration (Cook, Didham & Khawaja, 1999).

The socio-cultural fabric of New Zealand's Pacific populations today is diverse, complex and heterogeneous, with at least 22 different languages and cultures represented (Ministry of Health, 2005b). The Pacific population in New Zealand is also predominantly youthful with a high percentage of children under the age of 15. According to the *2006 Census of Population and Dwellings* (Statistics New Zealand, 2008), 38% of Pacific peoples are aged under 15 years, compared to 22% of the New Zealand population overall. The median age of Pacific peoples (21.1 years) is also considerably lower than the median age of the New Zealand population overall (35.9 years).

At the time of the 2006 Census, there were 265,974 people of Pacific ethnicity living in New Zealand which is 6.9% of the total New Zealand population (a 15% increase in total population since the 2001 Census and a 59% increase since the 1991 Census).



The major Pacific communities in New Zealand are made up of populations of Samoan (49%), Cook Islands Māori (22%), Tongan (19%), Niuean (8%), Fijian (4%) Tokelauan (3%), and Tuvaluan (1%) people. Six in ten people of Pacific ethnicity living in New Zealand were born here (Statistics New Zealand, 2008). Pacific peoples are located throughout New Zealand but results from the 2006 Census confirm that Auckland continues to be the most common region for people of Pacific ethnicity to live with 67% of Pacific peoples resident in that region. Thirteen percent of Pacific peoples live in Wellington, the next most common region, and 7% in the South Island (Statistics New Zealand, 2008).

While many Pacific migrants retain their own cultures and have close ties with their homeland, both Island-born and New Zealand-born Pacific peoples are, in the main, well integrated into New Zealand society. Through music, food, festivals, entertainment, sport, churches, art and cultural traditions, Pacific cultures have enriched the New Zealand way of life (Ministry of Health, 2005b). However, in spite

of the many positives, Pacific peoples tend to be geographically clustered within lower socioeconomic areas, often living in over-crowded conditions and having low family and household incomes. In comparison to the total New Zealand population, Pacific peoples also have poorer physical and mental health, are more exposed to risk factors for poor health (including being more likely to experience alcohol-related harm), and experience greater barriers to accessing health services (Ministry of Health, 2004c, 2005b).

4.2 Patterns of alcohol consumption among Pacific New Zealanders

4.2.1 Pacific adults

For many Pacific migrants to New Zealand, being introduced to alcohol has been part of the broader migration experience (Ministry of Health Sector Analysis, 1997). Gray (2005) reports that, compared to the Pacific nations, more alcohol is consumed by Pacific peoples in New Zealand, possibly due to it being more readily available and people having more disposable income here. Additionally, along with differences between New Zealand Pacific drinkers and drinkers in the Pacific nations, there are markedly different drinking patterns among Pacific peoples in New Zealand compared to the rest of the New Zealand population.

Most surveys of Pacific peoples' alcohol use indicate that Pacific peoples tend to be polarised as either non- or occasional drinkers, or heavy drinkers. Data from several national surveys shows that fewer Pacific New Zealanders drink alcohol than among the population as a whole, but those who do drink tend to drink higher quantities of alcohol on a typical drinking occasion. For example, results from the latest *ALAC Alcohol Monitor* in 2007/08¹ revealed that only 57% of Pacific respondents identify as drinkers (compared to 83% of Māori adults, and 88% of adults from other ethnic groups). However, Pacific adults who do drink report a higher number of average drinks consumed per occasion and are more likely to have consumed seven or more standard drinks on the last occasion (55%, cf. 44% of Māori and 20% percent of adults from other ethnic groups) (Palmer, Fryer & Kalafatis, 2008).

A national survey carried out in 2003 on the use of alcohol, kava, tobacco and other recreational drugs by Pacific peoples living in New Zealand², also found that 57% of the Pacific respondents had consumed alcohol in the last 12 months (61% of males and 51% of females). It was also reported that, on average, Pacific drinkers drank less than once every three days and men drank more often than women. The average amount consumed on a typical occasion was six drinks for women and nine to ten drinks for men. Most drinking took place at the respondent's own home or at someone else's home (Ministry of Health Public Health Intelligence, 2004).

Comparative analysis of the *Pacific Drugs and Alcohol Consumption Survey* by Huakau and colleagues (2005) confirms that, while the proportion of Pacific drinkers is less than the proportion of drinkers in the general New Zealand population (57% cf. 85%), Pacific drinkers consume larger annual volumes of absolute alcohol (21 litres cf. 11 litres) and higher quantities of absolute alcohol on a typical occasion (8 drinks cf. 4 drinks) than drinkers in the general population. It was also found that, among the Pacific population, those aged 18–34 consumed the most alcohol.

Another survey that examined alcohol use, the *2002/03 New Zealand Health Survey*, reported that 71% of Pacific men and 39% of women aged 15 and over had drunk alcohol in the past year. This compared with 84% of Māori men and 78% of Māori women, and 91% of men and 84% of women of European/non-Asian ethnicities. However, of the Pacific drinkers, a high proportion of males were drinking at hazardous levels (32%) compared to 25% of European/non-Asian male drinkers. Far fewer Pacific women were drinking hazardously (under 9%). This is about the same as for European/non-Asian women and less than half the 21% of Māori women who drank hazardously (Ministry of Health, 2004b).

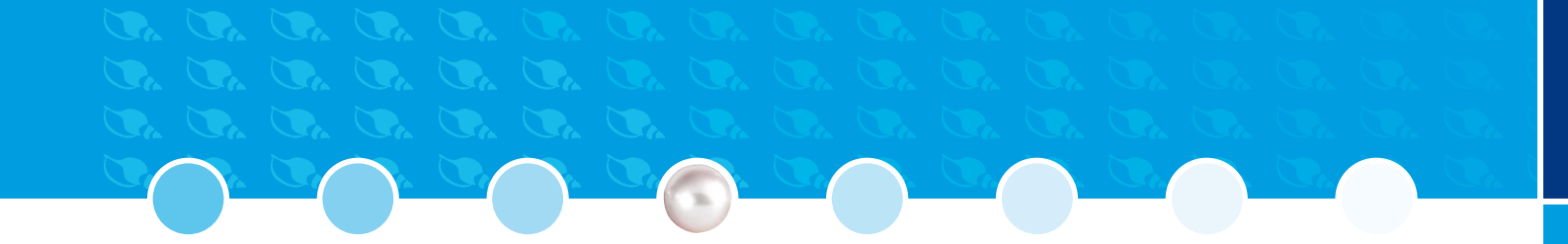
The Ministry of Health's *Pacific Health Chart Book 2004* (a comprehensive stocktake of the health needs of the Pacific population) also reports that Pacific adult males are more likely to have hazardous drinking patterns³ than females while Pacific youth appear to have lower rates of potentially hazardous drinking than the national average, although the differences are not statistically significant for females (Ministry of Health, 2004c).

Huakau and colleagues (2005) confirm that Pacific peoples' drinking patterns are more harmful (both to themselves and others) than those of the general New Zealand population. In particular, greater proportions of Pacific peoples report violence and injury from other peoples' drinking, while greater proportions of Pacific drinkers report problems from violence and serious arguments as a result of their own drinking. These findings are supported by results from the 2007/08 *ALAC Alcohol Monitor* which found that 76% of adult Pacific drinkers reported that they have experienced some kind of harmful or regrettable situation in the last 12 months as a result of their own drinking. This compares to 66% of Māori drinkers and 47% of drinkers from other ethnic groups (Palmer, Fryer & Kalafatis, 2008).

1 A full Pacific peoples profile based on the results from the 2007-08 ALAC Alcohol Monitor can be found in Appendix A. The profile summarises the drinking behaviour and characteristics of Pacific peoples generally, as well as those that can be classified as binge drinkers. Profiles are provided separately for Pacific adults and Pacific youth.

2 The Pacific Drugs and Alcohol Consumption Survey (PDACS) polled, via telephone, 1,103 randomly selected Pacific peoples aged 13-65 years old and living in New Zealand. Those surveyed were from the Samoan, Cook Islands Maori, Tongan, Fijian, Niuean, and Tokelauan communities (Ministry of Health Public Health Intelligence, 2004).

3 As measured by the AUDIT questionnaire.



As much of the harm from alcohol results from heavier drinking occasions, the often risky drinking patterns of Pacific peoples result in Pacific communities experiencing a disproportionate amount of alcohol-related harm compared to the total population (Alcohol Advisory Council of New Zealand, 2007c). Indeed, the Ministry of Health (2008c) argues that, for Pacific drinkers, the higher frequency of episodes of drinking to intoxication increases the risk of acute health effects, in particular unintentional injury, violence and self-harm. Furthermore, the large average volumes of alcohol consumed by some Pacific drinkers is also likely to lead to a higher risk of alcohol-related chronic diseases later in life, such as alcoholic liver cirrhosis.

4.2.2 Pacific young people

Results from the 2007/08 *ALAC Alcohol Monitor* show that Pacific youth (aged 12-17 years), like Pacific adults, tend to be polarised in their consumption of alcohol, with a relatively high proportion of non-drinkers (59% cf. 42% of Māori youth and 48% of youth from other ethnic groups) but also a high number of risky drinkers among those who do drink. For Pacific youth who drink, the average amount consumed per occasion is 6.7 standard drinks, compared with 5.6 for all youth drinkers (Palmer, Fryer & Kalafatis, 2008).

The 2007/08 *Alcohol Monitor* also found that Pacific youth mainly report drinking at friends' or relatives' homes on their last drinking occasion (42% cf. 36% of Māori youth and 35% of youth from other ethnic groups) and were more likely to drink 'out and about' on streets, or in parks or malls (8% cf. 5% of Māori youth and 6% of youth from other ethnic groups). Consequently, Pacific youth are substantially less likely to report drinking at home (26% cf. 39% of Māori youth and 40% of youth from other ethnic groups). Results also showed that 81% of young Pacific drinkers have experienced some kind of harmful or regrettable alcohol-related situation in the last 12 months, compared with 75% of Māori youth and 60% of youth from other ethnic groups.

Similar trends have been noted in other studies. For example, the alcohol-specific findings from the national youth health survey *Youth2000*, revealed that 64% of the Pacific secondary school students surveyed had 'ever' drunk alcohol (compared to 89% of Māori and 85% of Pākehā) (Clark et al., 2004). Like the *ALAC Alcohol Monitor* results, *Youth2000* also found that Pacific students more commonly drink alcohol outside the home (i.e. at parties, at an outdoor place, in a bar or nightclub) and are less likely to report drinking alcohol with their families (41% cf. 53% of Māori and 48% of Pākehā).

An ALAC-funded report based on a 1997/98 survey of 2,500 Auckland high school students (which included 1,025 Pacific students) found a link between frequent and binge drinking and outdoor activities (Schaaf & Harbridge, 2004). The suggestion is that this may indicate a youth culture in public areas away from family surroundings and family monitoring. Schaaf and Harbridge argue this association may also relate to the strong links between outdoor male sports and alcohol that are part of the wider New Zealand culture. The survey results also linked heavier drinking among Pacific students to being male, attendance at a school with a higher socio-economic profile, and being New Zealand-born. Schaaf and Harbridge report that more frequent drinking among Pacific youth born in New Zealand is consistent with findings about drinking by Pacific adults.

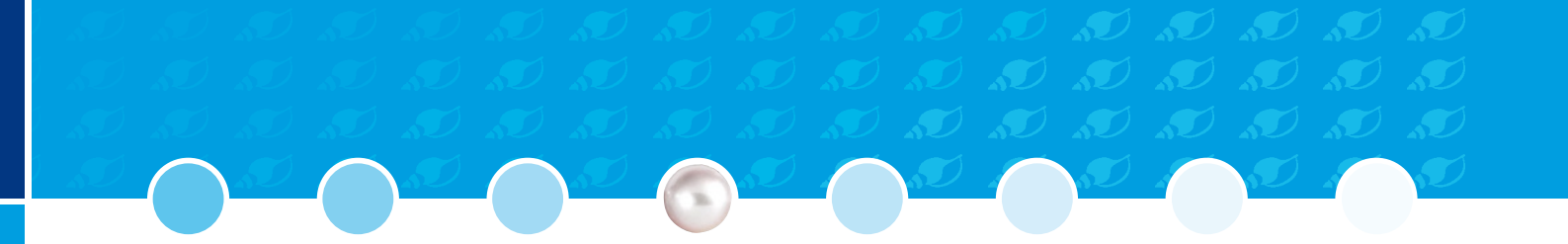
4.2.3 Variance between Pacific communities

As Pacific communities are commonly defined by the collective term 'Pacific' or 'Pacific peoples', outsiders often perceive Pacific peoples as a homogenous group. However, the socio-cultural fabric of New Zealand's Pacific populations is diverse, complex and heterogeneous. Differences exist between and within cultural groups with regard to cultural norms, customs, languages, values and lifestyles. There are also distinctive differences between those Pacific people born in their island of origin and those born in New Zealand (Ministry of Health, 2005b).

Similarly, throughout the various Pacific communities, there are significant differences in alcohol use and views of alcohol. Indeed, even within communities, there is often no one consistent perspective on alcohol with a wide range of views about drinking being represented (Ministry of Health Sector Analysis, 1997). Some caution should therefore be employed when interpreting survey results about Pacific peoples' drinking patterns.

For example, the 2003 *Pacific Drugs and Alcohol Consumption Survey*, which surveyed 1,103 randomly selected Pacific people living in New Zealand from the Samoan, Cook Islands Māori, Tongan, Fijian, Niuean, and Tokelauan communities,





provides findings for all respondents together, along with separate chapters for Samoans, Cook Islands Māori, Tongans and Niueans (Ministry of Health Public Health Intelligence, 2004). Compared to the overall Pacific sample, the survey found the following deviations from average.

- Cook Islands Māori women in each age group were more likely to be drinkers.
- Niuean respondents aged 30–65 years, and in particular Niuean women, were more likely to be drinkers.
- In terms of the average amount consumed on a typical occasion, Cook Islands Māori aged 13–29 and Cook Islands Māori women drank more.
- Samoan women, particularly Samoan women aged 30–65 years, were less likely to drink enough to feel drunk at least once a week.
- Cook Islands Māori women aged 13–29 were more likely to drink enough to feel drunk once per week.
- Samoan women were less likely to drink at sports clubs.
- Cook Islands Māori women were more likely to drink in their own homes and sports clubs.
- Niuean women were more likely to drink at their workplace.
- Niuean women were less likely to be involved in an accident causing injury or major damage.

The *Pacific Drugs and Alcohol Consumption Survey* also published specific findings in separate fact sheets for each of the following communities.

- Samoan: 67% of men drank alcohol in the previous 12 months; 48% of women did. Men drank almost twice as much as women on a typical drinking occasion (8 drinks cf. 5 drinks). The population average was 24 litres of absolute alcohol consumed per annum (Huakau & Asiasiga, 2005c).
- Niuean: Men and women drank at similar rates with 64% of men and 67% of women drinking alcohol in the last 12 months. However, men drank more than three times as much as women over a year. The population average was 17 litres of absolute alcohol consumed per annum (Huakau & Asiasiga, 2005b).
- Cook Islands Māori: Men and women drank at similar rates with 67% of men and 66% of women drinking alcohol in the last 12 months. Men and women also drank similar amounts on typical drinking occasions (approximately 9 drinks). The population average was 17 litres of absolute alcohol consumed per annum (Huakau & Asiasiga, 2005a).
- Tongan: 56% of men drank alcohol in the previous 12 months; 29% of women did. Men drank more than women on a typical drinking occasion (9 drinks cf. 7.5 drinks). The population average was 21 litres of absolute alcohol consumed per annum (Huakau & Asiasiga, 2005d).
- The joint ALAC/Ministry of Health research conducted in 1997 with Pacific peoples from the Tokelauan, Fijian, Niuen, Tongan, Cook Islands and Samoan communities also reported findings specific to each community. These findings included the following.
- Fijian: drinking yaqona (kava) is seen as the traditional Fijian way, while drinking alcohol is seen as the new European way. Fijian drinking was characterised as “noisy, rowdy, argumentative” with events often ending in brawls (Asiasiga et al., 1997c).
- Samoan: Samoan women do drink but some are forced to hide their drinking because of their church affiliations. For some men, getting drunk was seen as the ‘ultimate happiness’. However, it was also linked with competitive drinking and the need to prove they could ‘keep up’ with everybody else (Ah Kuoi et al., 1997).
- Niuean: the importance of being safe when drinking was stressed by Niueans, especially women. Drinking with families and friends was seen as one way to ensure safety (Arapai et al., 1997).
- Tokelauan: like many other Pacific groups, Tokelauan people tend to call themselves either ‘drinkers’ or ‘non-drinkers’ with the latter group including those who may drink two or three glasses in a social situation. ‘Drinkers’, on the other hand, are typically understood to be those who drink to get drunk and consume large amounts of alcohol (Asiasiga et al., 1997b).

- Cook Islands Māori: ritual drinking among Cook Islands men seems to have been carried over from the Cook Islands to New Zealand and is seen by some as a form of controlled drinking and a way to pass on cultural information (Allan-Moetaua et al., 1997).
- Tongan: only some Tongan people felt that moderate drinking was ideal. For some, men especially, the ideal was someone who could drink large amounts of alcohol but still act 'normal' (Asiasiga et al., 1997a).
- Similar variances were also found among Pacific young people in the 1997/98 study of drinking among Pacific secondary school students in Auckland. Schaaf and Harbridge (2004) report that Cook Islands youth had the least favourable drinking patterns among Pacific youth, followed by Niuean youth. Samoan youth of both sexes and Tongan females had the most favourable. Samoan boys and girls and Tongan girls were the least likely to drink while Cook Islands and Niuean young people started drinking at earlier ages than other Pacific groups. Cook Islands youth were also more likely to drink heavily.

4.3 Patterns of consumption in the Pacific Islands and territories

Recent comparative data on the levels of, and trends in, alcohol consumption in Pacific nations is difficult to source with a number of commentators commenting on a lack of reliable and up-to-date statistics (Brown, 2000; McDonald, Elvy & Mielke, 1997). However, Table 2 is an attempt to summarise the information that is available on levels of alcohol consumption and features of alcohol use in several Pacific countries.

Country	Level of consumption	Other features
Cook Islands	Average annual consumption in 2000 was 4.8 litres per person (there is very little information on current patterns of drinking).	Alcohol is readily available and there is a relatively high level of consumption.
Fiji	Total per capital alcohol consumption in 1994 was 2.2 litres. A 1999 survey showed 26% of men were drinkers and 9% of women, with men's drinking increasing with age.	Alcohol is readily available and an accepted part of the culture. Binge drinking is common, especially among men.
Niue	Twenty percent of 16–20 year olds and 30% of 21–30 year olds are estimated to be current drinkers.	Alcohol was not available for sale to the general public before 1973 (although home-brewing was common) but became available to everyone over 18 years in 1974 when Niue became self-governing. Weekly drinking and binge drinking are reported to be common. It is the custom that alcohol is supplied by the host at parties and alcohol is a common gift.
Samoa	Between 1961 and 2000 the adult per capita consumption of pure alcohol has ranged between approximately 0.6 litres in 1961 to a high of 3.1 litres in 1987 down to 1.4 litres in 2000.	The Samoan beer industry is subject to government policies, including price regulation, but there is no regulation for imported alcohol products other than tariffs which are being reduced under World Trade agreements. Since the passage of the 1971 Liquor Amendment Act, alcohol has become widely available with an increasing number of liquor outlets and increased public drinking. While under Government ownership, Western Samoa Breweries was a major earner of foreign exchange.
Tokelau	Three-quarters of the population consume alcohol but the rate is much lower among women.	Alcohol is imported to Tokelau under the control of the Village Authority and is readily available on the market to the public.

Tonga	<p>Overall, 21% of Tongans are current drinkers. However, a 2001 survey reported that 70% of boys (aged 10–20 years) and 28% of girls used alcohol at least weekly.</p> <p>In 1994 the total per capita consumption of absolute alcohol (for people aged 15 years and over) was approximately 1.3 litres. In the same year, beer was the source of approximately 77% of the total absolute alcohol consumed and about half of this beer was imported.</p>	<p>Until 1989 there was a general prohibition on alcohol consumption, with some specific allowances. Anecdotal evidence indicates a steep rise in alcohol consumption since 1989.</p> <p>The most common ages to start drinking are 16 and 17.</p> <p>Among youth, alcohol is most often consumed on weekends, especially on Friday nights. The usual places for alcohol consumption are night clubs, ‘huts’ and secret locations. Binge drinking seems to be the norm.</p>
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Sources: (World Health Organization, 2004) ; (Secretariat of the Pacific Community, 2004a) ; (Global Alcohol Policy Alliance (UK Institute of Alcohol Studies), 2005) ; (Lima, 2005) ; (McDonald, Elvy & Mielke, 1997) ; ALAC's *Alcohol, your community and you* series published 2006/07 ; *The place of alcohol series*, published 1997.

Data collected in the mid-1990s on alcohol consumption in the Cook Islands, Fiji, Kiribati, Samoa, the Solomon Islands, and Tonga indicated that, of the islands studied, the Cook Islands had the highest per capita consumption (9.7 litres) and also the highest ratio of liquor outlets and the lowest alcohol taxation regime. The per capita alcohol consumption in Fiji (2.2 litres), Solomon Islands (0.7 litres), Tonga (1.3 litres), Western Samoa (1.7 litres) and Kiribati (1.0 litres) was considerably lower than that of New Zealand⁴ (McDonald, Elvy & Mielke, 1997).

More recently, in 2004, a joint conference on alcohol and health in the Pacific region was sponsored by the Secretariat of the Pacific Community (SPC) and the World Health Organization (WHO). This was the first Pacific regional meeting on alcohol in 20 years and was supported by New Zealand's Ministry of Health and attended by government officials from 17 Pacific Islands and territories. Discussion at the meeting focused on effective approaches to reducing alcohol-related harm in the Pacific including: price and taxation measures, regulation of availability, modifying the way and locations in which people drink, putting measures in place to counter drink-driving, reducing and regulating promotion of alcohol, and providing adequate support for treatment programmes to those with problem alcohol use (Secretariat of the Pacific Community, 2004b).

The SPC/WHO meeting also examined current knowledge of alcohol use and patterns of change in the Pacific. The meeting report makes the point that, because of the considerable diversity within the Pacific region, a summary of information is difficult to achieve. Nevertheless, the following cluster situations and trends in the Pacific region were identified (Secretariat of the Pacific Community, 2004b).

- Alcohol use has increased in the Pacific, particularly over the last 50 years, and alcohol is now the leading risk factor for disease burden in the Western Pacific Region.
- The percent of alcohol users in populations varies significantly across the region from 20–30% in some low use countries such as the Solomon Islands and Tuvalu, up to 80–90% of the population in the French Polynesia and New Caledonia.
- There is a strong bias to male drinking in a number of countries including the Federated States of Micronesia, Papua New Guinea, Solomon Islands, Tuvalu and, to a large extent, Vanuatu.
- Within most countries, among those who do use alcohol, roughly 20–30% are heavy drinkers who exhibit problem drinking behaviours.
- Many Pacific drinkers drink episodically or binge drink, particularly at weekends.
- There is a widespread and increasing problem of youth drinking at earlier ages in a large number of countries. This was reported in the Cook Islands, Federated States of Micronesia, Fiji, Guam, Kiribati, Marshall Islands, Palau, Tonga and Vanuatu.

In short, although alcohol use is undoubtedly deeply embedded in patterns of contemporary social and economic life in the Pacific, in general, Pacific nations still have lower proportions of drinkers and lower overall consumption figures than

⁴ New Zealand's average per capita consumption for people aged 15 years and over was reported to be 8.7 litres in 1996 and 9.4 litres in 2005 (<http://www.alac.org.nz>).



most Western countries (Global Alcohol Policy Alliance (UK Institute of Alcohol Studies), 2005; McDonald, Elvy & Mielke, 1997). Some of the possible explanations for these differing patterns of alcohol use are now examined in more detail.

4.4 The place of alcohol in the lives of Pacific peoples

4.4.1 Traditional use of alcohol

People of Oceania, along with the Inuit people of Canada, and a number of Native American Indian tribes, share the distinction of being indigenous peoples who had not developed their own alcoholic drinks before the arrival of Europeans (Gamella, 2002; Heath, 1995; Hutt, 1999). According to Gamella (2002, p. xl), there is overwhelming evidence that Micronesians and Polynesians “lacked alcoholic beverages at European contact” and “did not learn to manufacture their own strong drink until foreigners settled among them”.

It appears that alcohol was first introduced to the Pacific in the nineteenth century by whalers, traders and sailors. Initially Pacific peoples showed little interest in alcohol but consumption eventually began to increase, particularly by Pacific men, and many colonial governments introduced a permit system restricting or prohibiting alcohol use by indigenous people. The influence of Christian evangelical churches also influenced the widespread prohibition of alcohol among most Pacific Island communities in the 1800s (Gamella, 2002; Ministry of Health Sector Analysis, 1997). In fact, Huakau and colleagues (2005) argue the lower proportion of drinkers among Pacific peoples in the contemporary context may partly be a result of alcohol not existing in the Pacific Islands prior to first contact with Europeans, in addition to the relatively low acceptability of drinking alcohol within Pacific cultures and the associated strong influence of Christian evangelical churches.

An early anthropological account of drinking in the Pacific by Edwin Lemert (1964 in Room & Makela, 2000) compared the “forms and pathologies of drinking in three Polynesian societies”. In Tahiti, Lemert found a pattern of “festive drinking” on periodic festivals and on weekends, in which singing and dancing are accompanied by a “long slow drunk” without peaks of intoxication. On Atiu, he found a pattern of “ritual-discipline drinking” in “bush beer schools” presided over by a sober master of ceremonies. Lemert characterised Samoan drinking as “secular” and described it as occurring away from the public scene in small circles of drinkers. Lemert concluded that drinking in Tahiti seemed “relatively integrated”, while men on Atiu were more hostile and aggressive when intoxicated. However, it was in Samoa, that Lemert characterised drinking as being most commonly associated with disorder, aggression, rape and spousal abuse. Lemert also noted that alcoholism, in a North American sense, was unknown in any of the three cultures.

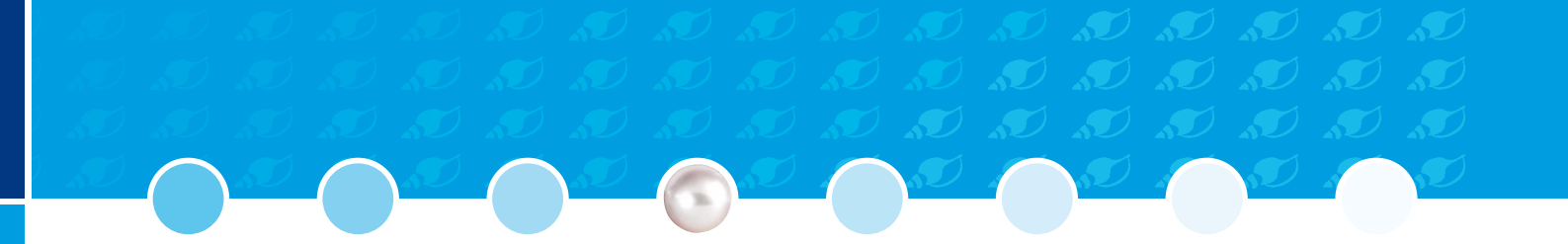
In the contemporary context, for many Pacific Islanders, alcohol has come to symbolise the ‘good life’ and active participation in a modern, sophisticated lifestyle with beer usually being the beverage of choice (HRH Princess Tuita, 1999). The process of urbanisation has also been shown to facilitate alcohol consumption with one study from Tonga revealing that men and women from Nuku’alofa were more likely to drink than those from a rural community on Foa Island (Finau, Stanhope and Prior 1982 in Schaaf & Harbridge, 2004). Tuita (1999) and James (1999) confirm the pattern in Tonga of greater alcohol consumption in urban areas.

Another traditional feature of Pacific peoples’ drinking is that, at least traditionally, it is an activity primarily carried out by men. During the period of alcohol restrictions, home-brewing became relatively widespread and drinking usually took place (by men) in private, away from the village (Ministry of Health Sector Analysis, 1997). Schaaf and Harbridge (2004) report these early gender-related patterns continue to influence contemporary drinking patterns both within the Pacific Islands and within Pacific communities in New Zealand with Pacific males being much more likely to drink than Pacific females.

Lima (2000) reports that another common aspect of Pacific culture, gift-giving, has resulted in the practice of gifting alcohol, especially bottles of spirits, becoming common place in Samoa. It is also reported by some in Samoa that alcohol is commonly used as an incentive for labour, especially to entice young village men to help out on family plantations (although, ironically, drinking alcohol inside the perimeters of some villages is still prohibited). In fact, Gray (2005) suggests that social outcomes of alcohol use such as violence are better controlled in the Islands than in New Zealand Pacific communities due to the more effective social controls and sanctions in village support structures.

Previous research has also concluded that alcohol plays a social role similar to that of food in Pacific societies (Airolupotea, 1994; Alcohol Advisory Council of New Zealand, 2003; Lima, 2000; Ministry of Health Sector Analysis, 1997). Like food,





alcohol brings people together and, accordingly, alcohol is drunk in groups with a generous quantity of alcohol available as the quantity of alcohol represents the generosity of the group towards its members. And just like food, alcohol is usually consumed until a person is full or until it is finished. This cultural emphasis on generosity and reciprocity and its impact on patterns of alcohol use among Pacific peoples are examined in more detail in the following section.

4.4.2 The place of alcohol in New Zealand

In a study of drinking among Pacific high school students in Auckland, Schaaf and Harbridge (2004) report more frequent use of alcohol among Pacific young people born in New Zealand compared to those born in the islands. The SPC/WHO joint conference on alcohol and health in the Pacific region, supports this finding with the observation that Pacific-born people often have slightly lower drinking patterns in their country of migration than those born in New Zealand (Secretariat of the Pacific Community, 2004b).

The literature suggests that when Pacific people arrive in New Zealand they experience an increase in alcohol consumption due to a combination of a number of factors, including easier availability of alcohol, higher disposable incomes, cultural expectations, contemporary New Zealand drinking styles, and acculturation processes (Gray, 2005; Nosa, 2001; Nosa, 2005; Pacific Islands Drug and Alcohol Services, 1998). Additionally, Pacific peoples in New Zealand have often come from small, close-knit communities in the Pacific, where everyone knew everyone else, to large cities where they may know few people (Ministry of Health Sector Analysis, 1997). Schaaf and Harbridge (2004) argue that the process of acculturation contributes to increasing alcohol consumption of Pacific migrants after arriving in New Zealand. One of the earliest studies to document this was the Tokelau Island migrant study which reported higher alcohol intakes by Tokelau people living in New Zealand compared to those who remained in Tokelau (Stanhope & Prior, 1979).

Despite generally higher rates of alcohol consumption among Pacific peoples living in New Zealand, studies have also shown that Pacific peoples in New Zealand use alcohol in many different settings and, depending on the status of individuals, this can mean different approaches and attitudes to alcohol consumption (Collie, 2007). Indeed, the joint Ministry of Health/ALAC research project into the role of alcohol in the lives of six Pacific communities in New Zealand, found no single unified view of alcohol (Ministry of Health Sector Analysis, 1997). However, while the study did not identify a universal perspective on alcohol among the six Pacific communities surveyed, the following common views were documented.

- Not all Pacific peoples recognise the term ‘social drinker’ and for many of the survey participants, the concept of a drinker related to drinking enough to get drunk; there was less appreciation for what ‘moderate drinking’ entailed.
- As with most drinking cultures, it was important for most participants that drinking take place in a group rather than alone.
- Binge drinking is not associated with health effects, indeed few of the participants were aware of the long-term health effects of alcohol (although many were concerned about its social effects, including violent behaviour)⁵.
- As long as people behave appropriately, they can drink as much as they like.
- The style of drinking and never getting drunk is something to emulate, but only having a few drinks is also seen as being mean.

The 1997 research also found that when Pacific people drink, the intention is to drink until the alcohol is finished or until a person can drink no more (Ministry of Health Sector Analysis, 1997). Interviews with Niuean men living in Auckland on their perceptions of alcohol use also suggested that it is ‘the Niuean way’ to consume alcohol with the aim of becoming intoxicated (Nosa, 2005). Nosa concludes that alcohol, particularly heavy drinking, has become integral to the culture of contemporary Niuean men⁶. These findings are supported by the most recent *ALAC Alcohol Monitor* which reports that many Pacific adults are tolerant of drunkenness. For example, 42% of Pacific adult drinkers agree that *It’s OK to get*

⁵ A 1998 study completed by the Pacific Islands Drugs and Alcohol Service (PIDAS) also found that many Pacific peoples have negligible awareness of the negative effects of alcohol. The PIDAS report suggests that before encouraging and promoting concepts such as host responsibility, the Pacific community “needs to be informed not only about the role that alcohol plays in creating social and familial problems, but more particularly its effects on their bodies and their health” (Pacific Islands Drug and Alcohol Services, 1998, p. 28).

⁶ A second thesis on the drinking patterns of Niuean women, found different styles of drinking among Niuean women compared to men, including the important role of supportive friends within women’s drinking circles. It was also found that women (particularly, older women) face more limitations around drunken, disorderly behaviour than men and that women are more aware of cultural boundaries (Gray, 2005).

drunk, as long as it's not every day compared to 34% of Māori adult drinkers and 26% of adults from other ethnic groups (Palmer, Fryer & Kalafatelis, 2008).

As mentioned in the previous section, another commonality between the different Pacific communities is that “[a]cross Pacific cultures generosity is an important concept. The ability to give generously of food and money proves one’s status... Since alcohol is viewed as food, that too must be lavished by the host on the guests” (Ministry of Health Sector Analysis, 1997, p. 11). A ‘good’ host, therefore, is often the one who provides an over-generous amount of alcohol, which can lead to hazardous consumption (Collie, 2007). In this context, promoting drinking in moderation may be seen as promoting stinginess or meanness.

In fact, a pilot project which explored the perceptions and attitudes of Samoan people towards drinking alcohol in moderation found that, although the Samoans surveyed perceived alcohol as a *palagi* ‘ideal’ that has been adopted and accepted into the Samoan practice of hosting and other daily activities, cultural aspects of *fa’asamoa* (Samoan way of life) which emphasise generosity and reciprocity have been adapted to accommodate the drinking of alcohol (Lima, 2000). An early thesis by Aiolupotea (1994), on the attitudes of Samoan drinkers in New Zealand, also emphasised the importance of generosity and reciprocity among Samoan drinkers.

An important aspect of the concept of generosity within the context of *fa’asamoa* is that Samoan people who host guests or visitors impress them with the best they can offer. As alcohol was once perceived as a rare commodity in Samoa it came to be regarded as a symbol of affluence. Subsequently, Lima (2000) argues, alcohol became an accepted part of a host’s preparation when hosting guests and perhaps is now “more of a behavioural rather than a cultural norm” (p. 42). In a later work, Lima (2004) re-iterates that Samoan cultural practices and attitudes to hospitality (where hospitality and generosity translates to providing food and drink in abundance) can frustrate public education initiatives promoting the concepts of drinking in moderation.

There was some also some discussion by participants in *The place of alcohol* research on the influence of kava on alcohol drinking (Ministry of Health Sector Analysis, 1997). When drinking kava, the group of (generally) men sits and drinks until the kava is finished and each cup of kava is sculled in one swig. Some thought this may partly explain why Pacific peoples, and men in particular, drink until the alcohol is finished. Lebot, Merlin and Lindstrom (1997) also suggest that Pacific peoples’ alcohol drinking practices may be influenced by kava drinking practices. James (1999) agrees that a bad match of old and new elements occurs when alcohol is drunk in the same quantity and manner as kava, or when it is drunk together with kava. For example, in Tonga where *faikava* (gathering where kava is drunk) serves as a model for modern drinking, some drink alcohol in the same fashion and quantity as kava resulting in intoxication and the damaging of the very relationships and values that *faikava* is meant to preserve and deepen (James, 1999).

However, the view that there may be a link between kava drinking and the consumption of alcohol is not universal. For example, according to the Tongan participants in the *The place of alcohol* research, kava and alcohol are kept separate and kava is promoted as the traditional culturally accepted drink whereas alcohol is not (Ministry of Health Sector Analysis, 1997). Additionally, examination by Asiasiga and colleagues (1997c) of the place of alcohol within the Fijian community found that, as little is known about how yaqona (kava) and alcohol have influenced one another, the interaction of yaqona and alcohol use needs to be explored further before any firm conclusions can be drawn.

4.5 Preventing and responding to alcohol-related problems among Pacific communities in New Zealand

4.5.1 Engaging with Pacific peoples

Potential issues

Consultation with Pacific AOD service providers and funders for the ALAC-commissioned *Guidelines for clinical process self-evaluation in alcohol and drug treatment agencies* (Deering, Huriwai & Sellman, 1999) identified the following issues and potential barriers in terms of engaging with Pacific communities.

- Language and different social structures, roles and norms can all act as potential barriers for Pacific peoples in seeking assistance for AOD problems.



- There is a different 'frame of reference' in relation to providing a dedicated Pacific AOD service, there are also processes which Pacific providers might do differently or for different reasons than non-Pacific providers.
- There is a need to match often complex health, cultural and other social needs with appropriate cultural input and a mix of health and social services.
- There is a lack of trained Pacific AOD workers from both genders, and a range of ages and cultures.
- There is sometimes client reluctance to provide critical feedback, particularly in written form.
- There is a need for Pacific AOD workers and agencies to have a high profile within the community and to be involved in health promotion and education as well as with direct client work.
- There is a need to develop specific guidelines for working with Pacific clients.

There may also be practical considerations to engaging successfully with Pacific communities. For example, Brittain and Aplin (1999) report Pacific families are less likely than many other segments of the population to have a telephone in the house and computer access, meaning that the use of free telephone lines or the internet may not be as successful in reaching Pacific communities. Evidence also indicates that Pacific peoples are less likely to access the Alcohol Drug Helpline or respond to the promotion of early intervention (Paton, 2007b).

While these potential barriers and issues present ALAC with a number of challenges for reaching and engaging with Pacific communities, these challenges are not unique to the alcohol field; a number of other organisations face similar issues. For example, research undertaken by the New Zealand Fire Service into the best ways to engage with Pacific communities to improve their fire safety knowledge and behaviour, concluded that the complex nature of Pacific communities requires leadership approaches that are multi-faceted and culturally competent (Tiatia et al., 2006). Tiatia and colleagues recommend that messages for these communities should therefore take into account the following.

- Resources (e.g. radio, television, posters, flyers, videos, workshops and other presentations, and Pacific language newspapers) should be provided in the various Pacific languages as well as in English.
- Face-to-face health promotion is important, including workshops, seminars, presentations to youth courses, approaches to church leaders, integration with the face-to-face health promotion work of existing Pacific health organisations, and a presence at events involving large numbers of Pacific peoples (e.g. Pacific youth camps, flea markets, and Pacific festivals).
- Education efforts should work with existing Pacific organisations and networks, such as Pacific health and social service providers, ministers and churches, youth groups and Pacific event organisers.
- Pacific radio stations (e.g. NiuFM, 531PI) and television shows (e.g. *Tagata Pasifika*) should be targeted.

Specifically in terms of promoting safe and healthy drinking, the joint Ministry of Health/ALAC research project into the role of alcohol in the lives of six Pacific communities in New Zealand, made the following points (Ministry of Health Sector Analysis, 1997).

- As genealogy (i.e. the continuation of lines of descent and the passing on of knowledge) is the basis of Pacific families and communities, highlighting the long-term health effects of alcohol on genealogy may provoke thought among Pacific communities.
- Safety for children could also be tied in with genealogical issues. Safety issues could be built on through targeting family/community responsibility (e.g. promoting the need for the home to be a safe place).
- In recent years, the churches have been challenged on their social responsibility role and alcohol awareness could be seen to be part of that role, particularly alcohol education programmes with Pacific young people.

Some of these key points and issues are now explored in more detail in a discussion of potentially effective methods of engaging with Pacific communities.



Utilising familial relationships and responsibilities

As Pacific cultures tend to emphasise the importance of the group over the individual and responsibility also generally falls to the group rather than the individual, part of engaging successfully with Pacific peoples is likely to involve targeting community and family responsibility (Ministry of Health Sector Analysis, 1997).

This approach is emphasised in a U.S. publication examining culture-specific factors that influence prevention programmes and primary health care practices among Asian-American and Pacific communities (Mokuau, 1999). Mokuau argues, although there are vast differences among the various Pacific communities, Pacific peoples share a common belief in the importance of affiliative relationships and the collective units of family, the community, and the environment. As these relationships are a source of strength in Pacific communities, they should also play an important role in facilitating health promotion efforts.

A literature review undertaken to support the ADOPT project (see Section 6.6.2) also found that Pacific peoples' identity and perception of life is formed through the perspective of the collective, not the individual, and it is this value that informs the treatment expectations of both consumers and service providers (Deering et al., 2004). The perception of AOD problems, which is often viewed by Pacific people as a collective concept, can therefore be best understood not simply as a clinical event, but as an experience that is part of the experience of the 'family' (both immediate and extended). Family cannot be separated from 'culture' and 'caring', thus reciprocity and continuous collaboration between the family and the service provider is crucial.

Finau (1999), in a discussion of alcohol use among young Tongans, agrees that the development of family and home-focused prevention and treatment services are an important strategy to address alcohol misuse among Pacific communities. Similarly, Kuramoto and Nakashima (2000) recommend that media prevention campaigns targeting Pacific communities emphasise cultural and family strengths, as well as actively involving parents in campaigns targeted at young people.

The role of the church

Also identified in the joint Ministry of Health/ALAC research project into the role of alcohol in the lives of Pacific communities, was the potential role of the churches in raising alcohol awareness (Ministry of Health Sector Analysis, 1997). More broadly, Mokuau (1998) stresses that prevention and treatment efforts need to recognise that spirituality is an intrinsic part of many Pacific cultures. Indeed, results from the *2006 Census of Population and Dwellings* indicate that 83% of Pacific peoples are affiliated with at least one religion, compared to 61% of the New Zealand population overall (Statistics New Zealand, 2008).

Other research confirms the potential of the church in reaching Pacific communities. A recent survey of 935 New Zealand parents of 12 to 17 year olds (including 119 Pacific parents) found that 23% of Pacific parents named the church as having a key role in helping teenagers deal with alcohol-related decisions. This compared to only 4% of parents overall (Palmer, 2008). Another report commissioned for ALAC, this time into the feasibility of getting messages to parents of teenagers on the issue of alcohol, also found that churches and church groups are a very credible source of information for Pacific people (Dowden et al., 1999). Lima (2004) also notes the crucial role of church leaders in raising awareness of the effects of alcohol, in particular its effects on young people.

Similarly, in a thesis exploring alcohol beliefs and expectancies among Samoan adult drinkers, Brown (2000) concluded that the church remains central in Pacific communities and is a potential ally for community consultation and for individual intervention. Lima (2000) agrees that church and other community leaders (as well as the wider Pacific community) should be widely consulted when initiatives to raise awareness about the effects of alcohol are planned.

However, there are some potential complexities in using the church as a vehicle to raise alcohol awareness among Pacific peoples. While the 1997 research on the place of alcohol in Pacific communities commented that "churches take a variety of stances on alcohol from complete prohibition to allowing some moderate use" (Ministry of Health Sector Analysis, 1997, p. 7), Siataga (2000a) argues that the churches' contemporary response to alcohol continues to be to frown upon 'excessive drinking'. Thus, because drinking is not generally sanctioned by the church, some barriers to promoting awareness about 'controlled or safe drinking' may still exist (Ministry of Health Sector Analysis, 1997; Siataga, 2000a).



Developing effective alcohol resources

In terms of developing alcohol resources specific to Pacific communities, in 1998 ALAC carried out an assessment of the need for such resources (Pacific Islands Drug & Alcohol Services (N.Z.), 1998). The study found a clear need for culturally appropriate alcohol resources with respondents feeling that resources should be relevant to the particular community targeted, either in their own language or in very simple English, should use Pacific imagery and designs, should be visual and not too complex, and should be personally delivered through an education programme. The needs assessment also identified that dissemination through churches, community groups, and Pacific media was the most effective way of reaching Pacific audiences. Accordingly, ALAC has strategies underway to support these tailored approaches (for example, promoting early intervention to Tongan television audiences in Auckland) (Paton, 2007b).

Evaluation of the Pacific Islands Drug and Alcohol Services (PIDAS) *Alcohol affects everybody* pamphlet and poster series⁷ confirmed that personal delivery of resources, particularly within an education programme, is an effective way of reaching Pacific peoples (Wilson, 2000). However, Lima (2004) emphasises that an effective educational approach needs to start with an appropriate set of premises. In other words, Pacific peoples need culturally appropriate services and resources that acknowledge the particular relationships between men and women, youth and older people, church, family and community roles and obligations (Brown, 2000).

Lima (2000) agrees that strategies and resources must take into account the diversity of Pacific contexts in terms of age, gender, church affiliation, and whether individuals are New Zealand or island-born. Similarly, Mokuau (1998) maintains that prevention approaches need to build upon all the values (family, community, nature, spirituality) and norms (the collective nature of people, reciprocity, self-determination) important to Pacific communities to optimise opportunities for success.

4.5.2 Pasifika health models and frameworks

According to Tiatia (2008), within the Pacific health sector, there has been a focus in recent years on merging and developing key areas of Pacific health provider growth, such as infrastructure, workforce, governance, information technology, research and knowledge in health promotion. An overview by DeSouza (2006) of multicultural mental health in New Zealand, identifies two key mechanisms that have been advanced by the Mental Health Commission to improve social and economic outcomes for Pacific peoples:

- improving the responsiveness and accountability of public sector agencies to Pacific health needs and priorities
- building the capacity of Pacific peoples, through provider, workforce and professional development, to deliver health and disability services and to develop their own Pacific solutions to health issues⁸.

In the addiction sector, as a part of the process of targeting Pacific health resources to where they can be most effective, there have been a number of concepts and models developed to assist Pacific and mainstream services to offer a more culturally appropriate response to Pacific peoples presenting with AOD problems (Warren et al., 2006). Indeed, Brown (2000), in a thesis examining alcohol beliefs and expectancies among Samoan people, contends that models of health which incorporate cultural concepts are important tools in assessment and intervention.

Interviews with Pacific healthcare workers in the AOD treatment field have identified a number of commonly applied frameworks for Pacific clients including the timeline, genogram/family tree, and the *Fonofale* model. These models are seen as appropriate as they take into account cultural and family contexts in addition to presenting issues (Robinson et al., 2006).

However, as Pacific peoples are made up of many different groups, it is important to recognise that there is no single model or framework that can accurately represent them as a collective (Collie, 2007). In addition to the issues raised by the range of Pacific cultures that can be found in New Zealand, diversity also results from the length of time people have lived in the country. Each group will face different issues, barriers and motivations in relation to healthy drinking; what works for one group may not necessarily work for another. It is therefore important that this heterogeneity is recognised in the

⁷ The pamphlet and posters were printed in English and translated into Samoan, Cook Islands Maori, Niuean, Fijian and Tongan. The posters only have a few words on them and a 'Pacific flavour' (Wilson, 2000).

⁸ Also see *Pacific mental health services and workforce: Moving on the blueprint* (Mental Health Commission, 2001a).



development of strategies and in the selection of health frameworks. In other words, it is likely that a range of models may need to be adapted as appropriate.

For example, the Samoan **Fonofale**⁹ model is perhaps the most recognised of the Pacific models (although, it should be noted that, as its origins are based on Samoan ideas and thinking, care is required when using it with other groups) (Collie, 2007). Broadly consistent with the Māori *Te Whare Tapa Wha* model, *Fonofale* is a holistic model of health and wellness based on the metaphor of a house (*fale*) to symbolise the wholeness of a Pacific person and the inter-relatedness of the various dimensions of health. The ‘physical’, ‘spiritual’, ‘mental’ and ‘other’ parts of a Pacific person make up the four pillars of the *fale*, while the aspects of ‘culture’ and ‘family’ make up the roof and base. The model includes key concepts such as the relation/connectedness between the individual, family, and community, and the holistic links between the mind, body, environment (social and physical), and spirituality (Robinson et al., 2006).

Another Samoan model is **Lalaga**. *Lalaga* refers to the act of making the fine mats used for ceremonial purposes at special occasions. In this model, Mulitalo-Lauata (2000) suggests the importance of the ‘weaving’ process as a metaphor for working appropriately with Pacific clients and their families. The model offers a continuum in which decisions about how fine to weave the mat depend on the ‘seriousness’ of the case. At one end of the continuum are very serious or complex cases, and at the other end, those that are relatively more straightforward. The practitioner analyses the case and its needs and decides on the strands of culture, science and/or other lessons or practices they should adopt in managing the case and/or ‘treating’ the client.

The Tongan **Kakala** model (Helu-Thaman in Matangi-Karsten et al., 2007) draws on the image of a garland of kakala flowers. Helu-Thaman explains that a kakala garland has cultural significance; not only is the flower special in Tongan culture, but when the flowers are picked, how they are woven together and how, where, when and to whom the garland is presented have deliberate and symbolic meanings. Helu-Thaman applies this as a metaphor for the research process: designing research projects requires deliberate engagement in knowing who the research is with and how, when and where it should be carried out.

Despite the wide range of Pacific models and frameworks that have been developed over the years, a number of commonalities can be identified. For example, research completed for the *Le Ala* project (see Section 5.1.6) emphasises that any community-based intervention model that aims to minimise harm from alcohol misuse among Pacific communities has to connect with these communities in ways that are meaningful to them (Warren et al., 2006). Warren and colleagues therefore recommend that a community-based intervention for *any* Pacific community should:

- be culturally effective, holistic and flexible in design for diverse Pacific population groups
- be controlled by Pacific communities with good governance and social accountability
- have built-in effectiveness evaluations
- be based on the stories and ‘narratives’ that are integral to the life and survival of each Pacific community
- consider the range of harms created by alcohol misuse in the Pacific community
- involve consultation with all sectors of the Pacific community, including church and community leaders and youth
- produce a range of strategies, from primary prevention to treatment, that successfully minimise harm from alcohol misuse.

⁹ The *Fonofale* model was created by Fuimaono Karl Pulotu-Endemann as a Pacific model of health for use in the New Zealand context. Description of the *Fonofale* model first appeared in the Ministry of Health report *Strategic directions for mental health services for Pacific Island people* (1995). However, the *Fonofale* model’s development dated back to 1984 when Pulotu-Endemann was teaching nursing and health studies at Manawatu Polytechnic.





4.6 Gaps in the research

A number of studies on Pacific peoples and alcohol have identified areas where further research is required. A 2001 literature review on Pacific peoples and alcohol commissioned by ALAC, details the following gaps and methodological issues with the current research on Pacific peoples and alcohol (Nosa, 2001).

- Up-to-date, in-depth research on the quantity and frequency of alcohol consumption by Pacific peoples is lacking, particularly research that separates out Pacific ethnic groups and provides information about the drinking behaviours of women from different Pacific groups.
- More health-related information about the effects of alcohol on Pacific communities is needed.
- The reasons why Pacific peoples drink to excess requires further exploration.
- Issues around the history of alcohol within Pacific communities (i.e. identifying how and why alcohol was introduced to provide an understanding of why people consume alcohol and behave in a particular way) should be explored further.
- Information is needed about how much alcohol is consumed within the home and in public venues, and the implications for the amount consumed and associated behaviour.
- Assessment of what treatment models are specifically beneficial for Pacific patients would be helpful.
- The efficacy of developing specific church-based programmes should be explored further.
- More information is needed on the most effective mechanisms for dealing with alcohol abuse and alcohol-related violence in Pacific communities.
- Cultural expectations and obligations of alcohol use within Pacific communities (e.g. generosity, host responsibility and reciprocity) need to be explored further.
- There is also a need to consider broader methodological issues regarding culturally appropriate research methods. For example, if alcohol-screening tests such as the Alcohol Use Identification Test (AUDIT) are to be used they need to be redeveloped in a culturally appropriate way.

In an article on alcohol use among young Tongans, Finau (1999) argues that the scarcity of ethnic-specific research on alcohol use among Pacific peoples, especially young people, results in the root causes of the problems of excessive alcohol use being ill-defined. In terms of alcohol use by young Tongan people in particular, Finau identifies the need for research in the following areas.

- General life challenges (e.g. poverty, marginalisation, unemployment, low educational achievement) that can result in alcohol misuse.
- Protective factors of those who do not experience problems with alcohol.
- Traditional Tongan cultural/social control mechanisms.
- Role of family members and structures.
- Differences between Pacific ethnic groups in their attitudes to and use of alcohol.
- Profiling of collective groupings (in terms of risk and protective factors) rather than a focus on the individual.

Finau (1999) also contends that there is a need for 'insider' researchers rather than research conducted by ethnic and cultural 'outsiders'. A pilot study on the perceptions of host responsibility among New Zealand-born or raised Pacific young people also concluded that further research by Pacific peoples to assess the 'social climate' of respective Pacific communities' capacity and political will to address alcohol-related harm would be beneficial (Siataga, 2000b).

In a study of drinking among Pacific secondary school students in Auckland, Schaaf and Harbridge (2004) conclude that further research is needed on:

- why adolescent drinking varies between Pacific cultures
- resiliency and risk factors in ethnic-specific Pacific populations

- the relationship between sports culture and alcohol consumption in the Pacific youth population
- the link between Pacific family/home environment policies and practice surrounding alcohol consumption and outdoor drinking
- acculturation factors causing increased drinking.

Evaluation of the *Pacific Alcohol Harm Reduction Strategy* pilot by Sheehan (2004) also identified a number of areas that would benefit from further research, including:

- cultural perceptions of alcohol
- gender focused interventions
- the utility of other primary care assessment models
- communication strategies targeting Pacific youth.

Although there are clearly a number of areas that would benefit from further investigation, an examination of the gaps in the current data about Pacific peoples and alcohol by Asiasiga, Kokaua and Lima (2001) emphasises that a single study cannot be expected to provide all the required answers. To broaden the range of the information collected about Pacific peoples and alcohol, Asiasiga, Kokaua and Lima suggest that other government agencies should be approached to include alcohol questions in their surveys or information gathering.

4.7 Compendium of major works and their findings

This compendium lists, chronologically, major works on Pacific peoples and alcohol (by ALAC and other authors), along with a brief summary of their key findings. A full listing of all documents cited in this report can be found in the bibliography. Also see:

- Section 5.4 for a more comprehensive list of ALAC commissioned or published pilots and research projects conducted with and among Pacific communities
- Section 6.9 for a more comprehensive list of workplace development-related resources
- Section 7.0 for New Zealand plans and strategies (government and non-government) related to Pacific peoples and alcohol
- Appendix B for a complete listing of Research New Zealand research on Pacific peoples that has been completed for ALAC.

The place of alcohol in the lives of Cook Islands women living in Auckland	
Author	C. Banwell
Date published	1986
Description	This report is one of a series describing the place of alcohol in New Zealand women's lives. It was funded, in part, by ALAC. The report is based on data collected over a nine month period about the place of alcohol in the lives of Cook Islands women living in Auckland. Information was collected from participants keeping a beverage diary over a period of two weeks, as well as participant observation, group discussion, informal talks, and life history interviews.
Key findings	<p>The report found that the women who kept beverage diaries consumed, on average, slightly over four standard glasses of alcohol per occasion and attended an average of three such occasions during the two week period surveyed.</p> <p>The women participating in the study associated their own and other women's alcohol use with socialising, having fun and being or getting 'happy'.</p>



The place of alcohol in the lives of some Samoan women in Auckland

Author	S. Neich and J.Park
Date published	1988
Description	Like the Banwell (1986) report, this publication is also part of the series, funded, in part, by ALAC, describing the place of alcohol in New Zealand women's lives. The report is based on data collected over an eight month period about the place of alcohol in the lives of Samoan women living in Auckland. Participant observation and individual and group interviews were used to collect information.
Key findings	The report concludes that alcohol does not play an important role in the lives of participants. Those who drink were only light, occasional drinkers while many Samoan women did not drink at all. However, the style of drinking and drunken behaviour practised by many Samoan men did have negative impacts for the women interviewed.

Message in a bottle!: Developing effective alcohol intervention strategies for Samoan drinkers

Author	K.K. Aiolutepa
Date published	1994
Description	Unpublished thesis examining the attitudes held by Samoan drinkers in New Zealand and how they differ from those held in mainstream society. Also examines the mainstream population and individual-based intervention strategies that have traditionally been implemented in New Zealand and their effectiveness with Samoan drinkers. The use of mainstream intervention strategies in the Lavea'i Substance Abuse Programme is also evaluated.
Key findings	The research found that alcohol plays a social role similar to that of food in Pacific societies. Also emphasised is the importance of generosity and reciprocity among Samoan drinkers.

The place of alcohol in the lives of people from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa living in New Zealand

Author	Ministry of Health Sector Analysis
Date published	1997
Description	<p>This series of interviews represents some of the first research to provide an in-depth look at the extent of the effect of alcohol on specific Pacific communities. People from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa living in New Zealand were surveyed by ALAC and the Ministry of Health in 1997. The research reports were prepared by Sector Analysis at the Ministry of Health. The series consists of an overview and one report for each of the six communities studied:</p> <ul style="list-style-type: none"> • Inu Pia: The place of alcohol in the lives of Tokelauan people living in Aotearoa New Zealand • Na tabili kavoro: The place of alcohol in the lives of Fijian people living in Aotearoa New Zealand • Vai Mamali: The place of alcohol in the lives of Niuean people living in Aotearoa New Zealand • Kapau tete to ha fu'u siaine he 'ikai tete ma'u ha talo pe koha 'ufi ko e fu'u siaine pe: The place of alcohol in the lives of Tongan people living in Aotearoa New Zealand • Kaikava me kare Inuinu: The place of alcohol in the lives of Cook Islands people living in Aotearoa New Zealand • O le a'ano o feiloaiga: The place of alcohol in the lives of Samoan people living in Aotearoa New Zealand.

The place of alcohol in the lives of people from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa living in New Zealand (cont.)

Key findings	<p>Key findings include:</p> <ul style="list-style-type: none"> • significant differences in alcohol use across the various Pacific communities with no one unified perspective on alcohol • alcohol plays a social role similar to that of food in Pacific societies with generosity to guests seen as particularly important • when Pacific people drink, the intention is often to drink until the alcohol is finished or until a person can drink no more. <p>While the study did not identify a universal perspective on alcohol among the six Pacific communities surveyed, the following common views were documented.</p> <p>The report overview provides an outline of the main findings of the research while the individual reports document the research findings specific to each participating ethnic group. The reports include socio-historical information concerning the introduction of alcohol in the Pacific, the churches' influence in prohibiting alcohol and Pacific peoples' adaptation to and development of various drinking styles. Significantly, the research was conducted mainly by Pacific researchers and members of Pacific communities.</p> <p>Not all Pacific peoples recognise the term 'social drinker' and for many of the survey participants, the concept of a drinker related to drinking enough to get drunk; there was less appreciation for what 'moderate drinking' entailed.</p> <ul style="list-style-type: none"> • It was important for most participants that drinking take place in a group rather than alone. • Binge drinking is not associated with health effects (few participants were aware of the long-term health effects of alcohol). • As long as people behave appropriately, they can drink as much as they like. • The style of drinking and never getting drunk is something to emulate, but only having a few drinks is also seen as being mean.
Online link	http://www.alac.org.nz/DBTextworks/PDF/RschMonoOverview.pdf

ALAC Alcohol Monitors

Author	Research New Zealand
Date published	1997-ongoing
Description	<p>The ALAC Alcohol Monitors are a well-established research programme currently conducted by Research New Zealand (on behalf of ALAC) on a quarterly basis (in September, December, March and June), with results for the quarters aggregated on an annual basis. The Monitor involves national telephone surveys of randomly selected samples of adults 18+ and youth 12-17, with separate questionnaires administered for each group. The Monitors have been running on an annual basis since 1997 with the regular (quarterly) series of monitoring surveys being established in 2005¹⁰.</p> <p>See Section 5.2 for more information on the Alcohol Monitors. Information on other work on Pacific peoples and alcohol completed for ALAC by Research New Zealand can also be found in Section 5.2 and Appendix B.</p>
Key findings	See Appendix A for a detailed profile of Pacific peoples and their use of alcohol, based on the 2007-08 ALAC Alcohol Monitor annualised data.

¹⁰ The quarterly monitoring format was discontinued following the March 2008 Monitor, in favour of regular monitoring through Research New Zealand's Omnibus surveys, to track the effectiveness of the new "Think" communications launched in April 2008 (the first Omnibus survey was conducted in May 2008). In the 2008-09 year these Omnibus surveys are to be complemented by a large-scale annual survey similar in content to the previous quarterly monitors, and scheduled for November 2008 (Palmer, Fryer & Kalafatis, 2008).

A needs assessment regarding appropriate alcohol resources for Pacific Islands people

Author	Pacific Islands Drug and Alcohol Services
Date published	1998
Description	A needs assessment carried out by the Pacific Islands Drug and Alcohol Services (PIDAS), on behalf of ALAC, to examine the extent of the need for alcohol resources in the Pacific communities as well as the most useful format and content for such resources. The target group for the study was Pacific adults from five ethnic groups (Samoan, Cook Islands Māori, Tongan, Niuean, Fijian) for whom English was a second language. Key informants from the community and key health professionals were also interviewed.
Key findings	The assessment found a clear need for culturally appropriate alcohol resources with the lack of resources currently available being viewed as an impediment to the understanding and awareness of alcohol-related harm amongst Pacific communities.

Host responsibility and Pacific Island people. A proposal to address host responsibility and drinking in moderation among Pacific Island people

Author	I. Lima
Date published	1999
Description	Scoping paper commissioned by ALAC to explore Pacific peoples' understanding of host responsibility and drinking in moderation. The report provides a step-by-step project overview.
Key findings	<p>The report commented:</p> <ul style="list-style-type: none"> • on the need for a pilot study to identify and assess the level of Pacific peoples' understanding and awareness of the adverse effects of alcohol and of host responsibility • that the objectives of the proposal requested by ALAC could best be achieved by promoting alcohol education programmes and initiatives that target all groups of the Pacific population • that mass media as well as Pacific traditional media have crucial roles in informing Pacific communities of the harmful effects of alcohol on health and wellbeing • that members of Pacific communities should be proactive and work collaboratively with organisations such as ALAC and other key stakeholders to address drinking in moderation and host responsibility among Pacific peoples.

A pilot study on the perceptions of host responsibility and alcohol related harm among young Pacific peoples

Author	P. Siataga
Date published	2000
Description	This report emerged from Lima's 1999 scoping paper <i>Host responsibility and Pacific Island people</i> . It provided an overview of attitudes towards host responsibility and alcohol use among young Pacific people in Dunedin.
Key findings	<p>The report found a commonality of viewpoints on alcohol consumption among New Zealand born or raised Pacific young people from which a national framework for host responsibility might be progressed.</p> <p>It was also concluded that further research by Pacific peoples to assess the 'social climate' of respective Pacific communities' capacity and political will to address alcohol-related harm could be beneficial</p>

Exploring drinking behaviours and awareness of the effect of alcohol among some Samoan people in Auckland: A pilot project

Author	I. Lima
Date published	2000
Description	This study of Samoan people's perception of and attitudes towards drinking alcohol in moderation also emerged from the 1999 scoping paper <i>Host responsibility and Pacific Island people</i> .
Key findings	<p>Although the Samoans surveyed for this study perceived alcohol as a <i>palagi</i> 'ideal' that has been adopted and accepted into the Samoan practice of hosting and other daily activities, cultural aspects of <i>fa'asamoa</i> (Samoan way of life) which emphasise generosity and reciprocity have been adapted to accommodate the drinking of alcohol.</p> <p>The study also found that many of the participants had very little knowledge of the effects of alcohol on health and wellbeing. Opinions were divided across generational and, to a lesser degree, gender lines. While older participants, mostly born and socialised in Samoa, expressed concerns that younger people are not adequately informed of the effects of excessive alcohol consumption, younger participants argued they are more aware and, indeed, better informed than older people.</p>

The church and alcohol related harm: A discussion document

Author	P. Siataga
Date published	2000
Description	Provides background information for an ALAC-sponsored workshop for Pacific church leaders and others working in alcohol-related areas. The paper explores the churches' attitudes towards alcohol consumption, the role of the church in alcohol-related harm, the role of spirituality in reducing alcohol-related harm, and ways the churches and community health organisations can work together to reduce alcohol-related harm.
Key findings	<p>Suggestions are provided to help church ministers, youth pastors and other youth workers gain confidence and skills in recognising, assessing, treating and referring people with alcohol problems to other specialist services. These suggestions are based around the need for:</p> <ul style="list-style-type: none"> • education and training • consultations and inter-agency collaboration • destigmatising problem drinking • development of a Pacific clinical model.

Conducting research within a Samoan community: Alcohol beliefs and expectancies

Author	T. Brown
Date published	2000
Description	Thesis that uses the Alcohol Identification Disorder Test and the Alcohol Effects Questionnaire to explore the alcohol beliefs and expectancies among a group of Samoan adult drinkers. The goals of the research were to provide information on culturally appropriate methodology for research for and with Samoan communities, to obtain information about Samoan beliefs about the effects of drinking alcohol, and to explore and identify potential issues for Samoan people regarding the administration and interpretation of psychological tests.
Key findings	<p>Models of health which incorporate cultural concepts are important tools in assessment of and intervention with Pacific peoples.</p> <p>Pacific peoples need culturally appropriate services and resources that acknowledge the particular relationships between men and women, youth and older people, church, family and community roles and obligations.</p> <p>As the church remains central in Pacific communities, it is a potential ally for community consultation and for individual intervention.</p>

Pacific Island people and alcohol: A literature review

Author	V. Nosa
Date published	2001
Description	Brief literature review on Pacific peoples and alcohol, commissioned by ALAC. Summarises the information available on the drinking patterns of Pacific peoples, the influence of culture on drinking patterns, alcohol-related harm, the influence of the church, and gaps in current knowledge.
Key findings	<ul style="list-style-type: none"> Alcohol consumption increased among Pacific peoples when they migrated to New Zealand. This is due to the availability of alcohol and its use as a means of coping with the stresses of living in a new country. Pacific peoples often define drinking as either drinking to get drunk or drinking until the alcohol is finished. Pacific peoples like to drink in groups rather than on their own and consume more alcohol at one sitting than European drinkers do. Pacific men are the main consumers of alcohol. They are also most commonly involved in alcohol-related violence and the most at risk group to be admitted to psychiatric institutions within Pacific communities. Within Pacific cultures drinking has become an accepted practice. Alcohol is seen as a necessity for the success of social and cultural functions. It is also part of gift exchange and a means of payment. Injuries caused by motor vehicles are the main cause of death for Pacific peoples, many of which may be alcohol-related. Pacific men are at particularly high risk for alcohol-related accidents. A large part of the literature focuses on the Samoan community in New Zealand. The church has a potentially important role in reducing alcohol related harm and problems.

Alcohol research needs of Pacific peoples of Aotearoa: A discussion paper

Author	L. Asiasiga, J. Kokaua and I. Lima
Date published	2001
Description	Examines the gaps in the current data available about Pacific peoples and alcohol. Also discusses possible options for gathering good quantitative data, possible research partners or co-funders, and recommendations for future research.
Key findings	It is concluded that a single study cannot provide all the required answers about Pacific peoples and alcohol. To broaden the range of information collected, it is therefore recommended that other government agencies are approached to include alcohol questions in their surveys or information gathering.

Practitioner competencies for Pacific alcohol and drug workers working with Pacific clients in Aotearoa-New Zealand

Author	Pacific Competencies Working Party
Date published	2002
Description	In 2001, consultation with Pacific AOD workers resulted in unanimous support for developing workplace competencies specifically for Pacific AOD workers working with Pacific peoples. The resulting competencies were developed by the Pacific Competencies Working Party (with contributions from ALAC's Pacific Reference Group) and published in this document. These were the first Pacific cultural competencies developed for Pacific workers in the AOD field.

Practitioner competencies for Pacific alcohol and drug workers working with Pacific clients in Aotearoa-New Zealand (cont.)

Description (cont.)	The competencies include generic Pacific competencies (establishing and maintaining relationships with Pacific clients; setting and managing Pacific cultural and professional boundaries and expectations) and Pacific vocational competencies (assessing, matching and referring Pacific clients; service provisions, following up and reviewing services for Pacific clients).
Key findings	<p>The work that underpinned the development of the competencies found that there is a lack of accurate information on Pacific models of practice and an absence of evidence-based Pacific conceptual frameworks that could inform the further development of Pacific AOD practitioner competencies.</p> <p>It is recommended that Pacific AOD workers pursue a holistic approach by bringing their 'whole self' to the client relationship. It is also stipulated that there needs to be an awareness among AOD workers of their own personal limitations and a recognition of the impact of a holistic approach and how it is applied among different Pacific groups.</p>

Tafesilafa'i: Exploring Samoan alcohol use and health within the framework of fa'asamoa

Author	I. Lima
Date published	2004
Description	Thesis which seeks to establish how cultural change is transforming Samoan perceptions of alcohol and its role in social life by comparing understandings of, attitudes to, and patterns of alcohol use in successive generations of Samoans. It examines the complex relationships between alcohol and culture, and how such relationships interact to influence health. As well, it explores how Samoan culture, fa'asamoa, has changed since contact with Europeans, how these changes have influenced Samoan people's perceptions and use of alcohol, and the role alcohol now plays in Samoan social life.
Key findings	The study found that alcohol and the drinking of it has secured a place in the social life of Samoans in the islands and in migrant communities such as those in Auckland, and to a lesser extent, Christchurch. It also found that while older women's and men's experiences and attitudes to alcohol differ significantly, particularly those born and raised in the islands, some similarities in the attitudes and practices of younger people towards alcohol, especially those born- and raised in New Zealand have emerged.
Online link	http://hdl.handle.net/2292/2171



Pacific Drugs and Alcohol Consumption Survey

Author	Ministry of Health, Public Health Intelligence
Date published	2004
Description	<p>ALAC was involved in commissioning this research which was contracted to Pacific Research and Development Services Limited and SHORE/Whariki of Massey University in 2002-2003. The <i>Pacific Drugs and Alcohol Consumption Survey</i> (PDACS) surveyed, via telephone, 1,103 randomly selected Pacific people aged 13-65 years old and living in New Zealand. Participants from the Samoan, Cook Islands Māori, Tongan, Fijian, Niuean, and Tokelauan communities were asked about their patterns of alcohol and drug use, including tobacco, kava, marijuana and other drugs, gambling and related harm.</p> <p>The full report provides findings for all respondents together, along with separate chapters for Samoans, Cook Islands Māori, Tongans and Niueans. There are also specific fact sheets for each of these four groups authored by Huakau and Asiasiga and published in 2005.</p> <p>As the first nationally representative survey of the alcohol consumption patterns of Pacific peoples living in New Zealand, the survey provided the most comprehensive picture to date of the use of alcohol and other drugs among Pacific peoples living in New Zealand (Huakau et al., 2005; Lima, 2006; Ministry of Health Public Health Intelligence, 2004).</p>
Key findings	<ul style="list-style-type: none"> • The alcohol-specific findings of the survey included the following. • Over half (57%) of the Pacific respondents were drinkers. Sixty one percent of males and 51% of females were drinkers. • On average, Pacific drinkers drank less than once every three days. Men drank more often than women: just over once every two days while women drank just under once every four days. Men drank more frequently than women except in the 13-17, 18-20 and 30-34 age groups. • The average amount consumed on a typical occasion was six drinks for women and nine to ten drinks for men. Men drank more than women except in the 13-17, 35-44 and 45-54 year old age groups. • In the last 12 months, 40% of Pacific male drinkers aged 13-29 and 18% of Pacific male drinkers aged 30-65 had drunk six or more drinks at least once per week. In the last 12 months 27% of Pacific female drinkers aged 13-29 and 3% of Pacific female drinkers aged 30-65 had drunk four or more drinks at least once per week. • A third of Pacific drinkers drank enough to feel drunk at least once a week in 2003. Forty-one percent of men and a quarter of women reported doing so. • Most drinking took place at the respondent's own home or at someone else's home. • Men were more likely to report having been physically assaulted in the last 12 months by someone who had been drinking (18%, compared with 10% of women). • Special events and nightclubs were the main licensed drinking locations for drinking by Pacific drinkers aged 13-17 years. • Just under a third of 13-17 year old drinkers (32%) bought takeaway alcohol in the last 12 months. Wholesalers and wineshops were the most common sites. • The most frequent suppliers of alcohol to 13-17 year old drinkers were friends (67%) and parents (10%).
Online link	http://www.shore.ac.nz/projects/Website-Pacific%20A&D%20Final%20Report2.pdf

Alcohol consumption and associated risk factors in Auckland Pacific Island students

Author	D. Schaaf and B. Harbridge
Date published	2004
Description	ALAC funded this report to add to the information available about the alcohol drinking behaviour of Pacific students living in New Zealand. The report is based on data collected in a cross-sectional survey of over 2,500 students at high schools in Auckland, who were interviewed during 1997–1998 as part of the <i>Auckland High School Heart Survey</i> . It allowed, for the first time, an examination of the alcohol drinking patterns of students among the separate Pacific groups within New Zealand.
Key findings	<p>The study found that Cook Islands youth had the least favourable drinking patterns among Pacific youth, followed by Niuean youth. Samoan youth of both sexes and Tongan females had the most favourable patterns. Samoan boys and girls and Tongan girls were the least likely to drink while Cook Islands and Niuean young people started drinking at earlier ages than other Pacific groups. Cook Islands youth were also more likely to drink heavily.</p> <p>Heavier drinking among Pacific students was linked to being male, attendance at a school with a higher socio-economic profile, and being New Zealand-born.</p> <p>A link was also found between frequent and binge drinking and outdoor activities, possibly suggesting a youth culture in public areas away from family surroundings and family monitoring.</p>

A portrait of health: Key results of the 2002/03 New Zealand Health Survey

Author	Ministry of Health
Date published	2004
Description	<p>Presents key findings from the <i>2002/03 New Zealand Health Survey</i>, including information on the prevalence of chronic diseases, the prevalence of health risk and protective factors, the use of a wide range of health services, and self-reported health status. The survey involved face-to-face interviews with approximately 13,000 adults and included more Māori, Pacific and Asian participants than ever before.</p> <p>The survey results specific to Pacific peoples (including Pacific peoples and alcohol) are also reported in the Pacific health chart book (Ministry of Health, 2004).</p>
Key findings	<p>Seventy-one percent of Pacific men and 39% of women aged 15 and over had drunk alcohol in the past year. This compared with 84% of Māori men and 78% of Māori women, and 91% of men and 84% of women of European/non-Asian ethnicities.</p> <p>Of the Pacific drinkers, a high proportion of males were drinking at hazardous levels (32%) compared to 25% of European/non-Asian male drinkers. Far fewer Pacific women were drinking hazarously (under 9%). This is about the same as for European/non-Asian women and less than half the 21% of Māori women who drank hazarously.</p>
Online link	http://www.moh.govt.nz/moh.nsf/pagesmh/3333?Open

Tupu Ola Moui: Pacific health chart book

Author	Ministry of Health
Date published	2004
Description	<i>Tupu Ola Moui</i> was the first comprehensive review of Pacific health since 1996. It used an indicator approach to focus on issues of particular importance to Pacific peoples, and also provided a stocktake of Pacific population health needs. Its development also highlighted the comparative inaccessibility of quality information about Pacific health (Ministry of Health, 2008b).
Key findings	Hazardous drinking patterns for Pacific peoples are similar to the population as a whole, although Pacific adult males aged 25–64 years may have above average rates of potentially hazardous drinking patterns (over one-third compared with a national benchmark of approximately one-quarter).
Online link	http://www.moh.govt.nz/moh.nsf/pagesmh/3419

Te Orau Ora: Pacific mental health profile

Author	Ministry of Health
Date published	2005
Description	<i>Te Orau Ora</i> was developed to provide information on the mental health status of Pacific peoples in New Zealand. The information in <i>Te Orau Ora</i> attempts to better represent Pacific numbers within the Mental Health Information National Collection (MHINC) data and is intended to assist in the planning of service provision.
Key findings	<ul style="list-style-type: none"> • Pacific peoples are less likely to use mental health services than any other group in New Zealand, despite rates of mental illness being generally higher when compared to the total population, particularly among Pacific males and Pacific older people. • Alcohol and drug-use disorders are expected to affect approximately 11,000 Pacific peoples over a given six-month period. Men (particularly young men) have high rates of disorders associated with alcohol and drug use. • More than 20% of Pacific clients of mental health services have used an AOD service. Pacific young people aged 15–19 appear to use these services more than other Pacific peoples. However, overall Pacific peoples are 27% less likely than the total population to use one of these services.
Online link	http://www.moh.govt.nz/moh.nsf/pagesmh/4064

Guidelines on Pacific health research

Author	Health Research Council
Date published	2005
Description	The Guidelines are intended to assist health research with Pacific peoples living in New Zealand that is funded by the Health Research Council of New Zealand. The ethical principles of Pacific health research set out in the Guidelines include: relationships, respect, cultural competency, meaningful engagement, reciprocity, utility, rights, balance, protection, capacity building, and participation.
Key findings	<p>Ten principles are identified as being essential in guiding ethical research relationships with Pacific peoples:</p> <ul style="list-style-type: none"> • respect • cultural competency • meaningful engagement • reciprocity • utility • rights • balance • protection • capacity building • participation.
Online link	http://www.hrc.govt.nz/assets/pdfs/publications/May%202005%20Pac%20Guidelines.pdf

The perceptions and use of alcohol among Niuean men living in Auckland

Author	V.H. Nosa
Date published	2005
Description	Thesis on Niuean men's drinking patterns and perceptions of alcohol use, based on interviews with Niuean men living in Auckland.
Key findings	<p>It appears to be 'the Niuean way' to consume alcohol with the aim of becoming intoxicated. The research found distinctive styles and places of drinking among Niuean men, including 'boot drinking' (drinking outside, beside or inside cars) and 'garage drinking' (where the main purpose is to drink alcohol, often heavily).</p> <p>Nosa concludes that alcohol, particularly heavy drinking, has become integral to the culture of contemporary Niuean men.</p>

The drinking behaviour of Niuean women living in Auckland: Tau fifine fiafia

Author	J.L. Gray
Date published	2005
Description	Thesis on Niuean women's drinking patterns, based on interviews with Niuean women living in Auckland.
Key findings	The research found different styles of drinking among Niuean women compared to men, including the important role of supportive friends within women's drinking circles. It was also found that women (particularly, older women) face more limitations around drunken, disorderly behaviour than men and that women are more aware of cultural boundaries.

Alcohol in Samoa: A social history

Author	I. Lima
Date published	2005
Description	Working paper based on data collected as part of Lima's 2004 PhD thesis <i>Tafesilafa'i: Exploring Samoan alcohol use and health within the framework of fa'asamoa</i> . This paper provides an overview of the history of alcohol in Samoa, Samoan government policy towards alcohol, the role of the government and churches in social change, and contemporary attitudes to alcohol within Samoa.
Key findings	See entry for <i>Tafesilafa'i: Exploring Samoan alcohol use and health within the framework of fa'asamoa</i> (2004).

Pacific healthcare workers and their treatment interventions for Pacific clients with alcohol and drug issues in New Zealand, New Zealand Medical Journal, 119 (1228), 1-11

Author	G. Robinson, H. Warren, K. Samu, A. Wheeler, H. Matangi-Karsten and F. Agnew
Date published	2006
Description	<p>This article provides an overview of interventions with Pacific clients with AOD issues and an attempt to define best practices by Pacific workers for Pacific clients in a treatment setting.</p> <p>The authors interviewed Pacific staff members from 13 AOD services to collect information on assessment techniques, intervention strategies and outcome measures.</p>
Key findings	<p>A 'Pacific way' of working with Pasifika clients is identified. Specifically, the most effective AOD treatment assessments for Pacific clients are those conducted by skilled Pacific staff with sound knowledge of AOD, Pacific cultures and processes, and the ability to integrate both palangi and Pacific knowledge to help the client.</p> <p>An holistic model, such as <i>fonofale</i>, is also identified as the best approach to working with Pacific clients.</p>
Online link	http://www.nzma.org.nz

Pasefika profile: ALAC, Pacific people and alcohol (DRAFT)

Author	I. Lima
Date published	2006
Description	<p>This report, written by Lima in 2006, was never progressed beyond the draft stage. However, it acts as an internal resource for ALAC and a platform for external stakeholders with an interest in reducing alcohol-related harm in relation to Pacific peoples. The report amalgamates a historical and demographic profile of Pacific peoples and alcohol, and identifies key milestones in the history of ALAC's responsiveness to Pacific peoples in New Zealand, including its Pacific Programmes portfolio.</p> <p>As well as an examination of the literature related to Pacific peoples' alcohol use, a review of ALAC publications and specific resources related to alcohol and Pacific people was carried out to provide background information for the profile. The profile was developed and compiled in consultation with some of the key people who have made significant contributions to ALAC's work with and among Pacific communities in New Zealand.</p>
Key findings	<p>Key milestones in achieving positive outcomes for ALAC's work with Pacific peoples in New Zealand include:</p> <ul style="list-style-type: none"> • the appointment of the first and subsequent Pacific persons to the ALAC Council • sponsorship of inaugural and successive Pacific Spirit Conferences • the creation and appointment of the first and subsequent Pacific Programmes Manager • the establishment of the Pacific Reference Group. <p>Recent activities involving Pacific communities that have been promoted and funded by ALAC include:</p> <ul style="list-style-type: none"> • community action initiatives • Pacific youth and alcohol forums (Auckland and Christchurch) • workshops on alcohol and violence, and the role of Pacific church.

Alcohol community interventions and services for Pacific peoples: A literature review for Le Ala

Author	H. Warren, R. Kirk, I. Lima and P. Siataga
Date published	2006
Description	<p>Literature review conducted as part of the Le Ala project. Its findings and recommendations are intended to guide the development of a community intervention(s) aimed at reducing alcohol-related harm among Pacific peoples in New Zealand.</p> <p>The review involved a systematic and critical analysis of international and local, published and unpublished literature relevant and/or transferable to Pacific peoples – specifically interventions related to alcohol, alcohol-associated behaviours and other related risk-taking behaviours. It also covered the effectiveness of different interventions and services among high-risk populations.</p>
Key findings	<p>Community-based interventions for Pacific communities should:</p> <ul style="list-style-type: none"> • be culturally effective, holistic and flexible in design for diverse Pacific population groups • be controlled by Pacific communities with good governance and social accountability • have built-in effectiveness evaluations • be based on the stories and 'narratives' that are integral to the life and survival of each Pacific community • consider the range of harms created by alcohol misuse in the Pacific community • involve consultation with all sectors of the Pacific community, including church and community leaders and youth • produce a range of strategies, from primary prevention to treatment, that successfully minimise harm from alcohol misuse.

The Pacific Alcohol and Drug Outcomes Project

Author	H. Matangi-Karsten, H. Warren, G. Robinson, A. Wheeler, K. Seataoai Samu, T. Suaalii-Sauni
Date published	2007
Description	<p>This report presents the results and recommendations of two earlier studies on AOD treatment services for Pacific peoples, completed for Phase I and Phase II of the Pacific Alcohol and Drug Outcomes Project (PADOPT):</p> <ul style="list-style-type: none"> • <i>An overview of Pacific workers' treatment interventions with Pacific clients with alcohol and drug issues in Aotearoa-New Zealand. A report prepared for the Alcohol Advisory Council of New Zealand</i> (Matangi-Karsten & Warren, 2003). • <i>A study of the delivery of alcohol and drug services to Pacific peoples: the perceptions of clients, families and service managers</i> (Samu et al., 2004). <p>Phase I of PADOPT, completed in May 2003, explored Pacific AOD clinicians' perceptions about service delivery practices and treatment approaches for Pacific people. Phase II, completed in October 2004, involved interviews with Pacific clients and families on their experiences with Pacific AOD services, as well as with service managers and team leaders within those services.</p> <p>More information on PADOPT can be found in Section 6.6.3.</p>
Key findings	<p>The key findings identified by Phase I of the PADOPT project included the following.</p> <ul style="list-style-type: none"> • The current assessment and treatment tools and processes endorse either a Pacific or a combined Pacific/Palangi approach that encompasses a holistic framework of service delivery. • Current clinical AOD treatment models lack Pacific-specific markers and/or rapport-building techniques. • New Zealand-born Pacific youth clients require an approach consistent with the approach to New Zealand youth in general, rather than one appropriate for Pacific adults or their island-born counterparts. • There is no significant difference between Pacific interventions offered by NGO and DHB providers, but there are differences in resourcing and service structure. • It is important to include family in the treatment process. • Treatment interventions offered by Pacific services need to reflect Pacific processes and be delivered consistently across Pacific services. • Phase II of the study reached the following conclusions. • Clients and families perceive the treatment interventions as, in the main, effective and culturally appropriate. • The issue of workforce development needs addressing, including the up-skilling of staff and developing clinical and cultural competencies. • Staff supervision is a core requirement across all services. • Education packages for Pacific AOD clients and families need to incorporate Pacific concepts, languages and processes that are culturally appropriate and clinically relevant. • Respondents are unclear on what an outcome measure is. There is a need for a specific outcome measurement tool capable of addressing the cultural components of Pacific services. • Differences in electronic data collection types and processes will make it difficult to make any comparisons that contribute to informing national standards of service delivery.

Pacific peoples and mental health: A paper for the Pacific Health and Disability Action Plan Review

Author	Ministry of Health
Date published	2008
Description	Part of a series of papers put together for the Pacific Health and Disability Plan Review, this paper brings together available information and evidence about Pacific peoples' mental health. It provides background about Pacific perspectives on mental health; profiles the prevalence of disorders and patterns of service use; describes issues facing migrants, children and youth; discusses suicidal behaviours and addictions; and describes the resources currently available for Pacific peoples' mental health.
Key findings	<p>Pacific peoples carry a higher burden of mental disorder than New Zealanders in general, with a 12-month prevalence of 25.0% compared with 20.7% of the total New Zealand population. However, even if their disorder is serious, Pacific peoples are much less likely to access mental health services (25.0% compared with 58.0% of New Zealanders overall).</p> <p>Pacific peoples also have higher rates of substance-related mental health disorders than the New Zealand population overall. There is particular concern at the prevalence of binge drinking behaviour, which is higher than for the general population. As seen for other services, use of drug and alcohol services by Pacific people is very low (27% less than the national average).</p> <p>Although the evidence base relating to the mental health of Pacific peoples is growing, there are still pressing information and research needs, particularly in relation to the mental health of Pacific children.</p>
Online link	http://www.moh.govt.nz/moh.nsf/indexmh/pacific-peoples-and-mental-health?Open

Attributes for effective management of Pacific health services in New Zealand

Author	K. Mariner
Date published	2008
Description	This study identifies and explores key attributes that are considered to be desirable by Pacific health managers for the effective management of Pacific health services in New Zealand. It replicates Phase I of a study undertaken by Boldy, Chen and Jain <i>Attributes of Effective Managers and Implications for Health Care Management Education in the Asia-Pacific Region</i> (1994) (the Boldy study).
Key findings	<p>An essential component of who Pacific health managers are and how they manage Pacific health services is the recognition that Pacific values and models are incorporated into Pacific health care management education and practice in the workplace. Strong participant support was identified for the development of a Pacific focused health care management training and education programme.</p> <p>The broad implications arising out of this study, include:</p> <ul style="list-style-type: none"> • providing the basis for ongoing research in this area of Pacific health management • contributing to developmental work on cultural management approaches • encouraging Pacific people to undertake management health studies • developing a framework to support potential managers and current managers of Pacific health services within New Zealand • assisting organisations to understand key attributes for managerial effectiveness within Pacific health services and Pacific non-health services.
Online link	http://www.leva.co.nz/file/PDFs/FINAL-Kirks-Dissertation-Report-VERSION-TWO.pdf

Pacific cultural competencies: A literature review

Author	J. Tiatia
Date published	2008
Description	An overview of the literature on Pacific cultural competence in health care including definitions of Pacific cultural competence, rationale for and benefits of cultural competence, competence measures and mechanisms, role of Pacific cultural competence in service quality, and recommendations for the New Zealand health and disability sector.
Key findings	<p>The following are some of the report's provisional recommendations (subject to empirical evaluation).</p> <ul style="list-style-type: none"> • Pacific cultural competency must be a core institutional value. • Increasing cultural competency is a shared responsibility, requiring intersectoral partnerships across health, social services, education, justice and research sectors, using systematic and sustainable approaches. • The co-existence of traditional and Western methods needs to be successfully co-ordinated to ensure continuity of care for the patient. • Successful programmes of cultural competence address the following: a broadened definition of culture; valuing clients' cultural beliefs; recognising complexity in language interpretation; involving the community in defining and addressing service needs; collaboration with other agencies; professionalised staff hiring and training; and institutionalised cultural competence. • Training in cultural competence cannot be achieved in a one-off course or workshop, but necessitates a lifelong process. • Cultural competence presumes that difference and diversity between and within groups are valued and acknowledged. Failure to do so will mask differences that significantly influence access, utilisation and quality; for instance, Pacific NZ-born or -raised, and those who identify with more than one ethnic group.
Online link	http://www.moh.govt.nz/moh.nsf/indexmh/pacific-cultural-competencies-literature-review?Open



5.0 ALAC and its work with Pacific peoples

This section contains a descriptive review of ALAC's work for and with Pacific peoples, including an overview of Pacific resources produced by ALAC.

5.1 ALAC's work with Pacific peoples in New Zealand

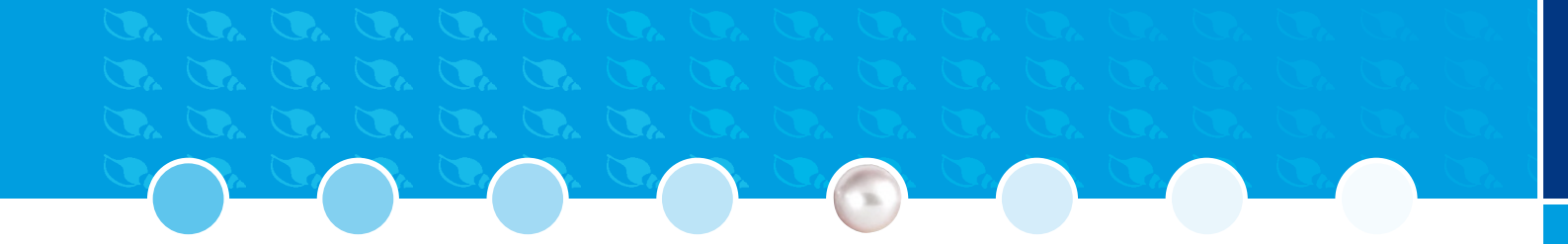
A decade ago, relatively little was known about Pacific peoples' relationships with and use of alcohol in New Zealand. However, research commissioned by ALAC and organisations such as the Ministry of Health over the last decade has resulted in a growing database of information on Pacific peoples' levels of alcohol consumption and patterns of use, resulting in a better understanding of the drinking cultures of Pacific peoples in New Zealand (Alcohol Advisory Council of New Zealand, 2002a; Lima, 2006). An overview of the major findings from research on Pacific peoples and alcohol can be found in the previous section of this report.

ALAC's work with Pacific peoples has also developed steadily over time. In the late-1990s/early-2000s, ALAC initiated a number of research projects and initiatives to address the general lack of information on New Zealand Pacific peoples and alcohol-related harm. For example, in 1999, ALAC funded a scoping study to explore Pacific peoples' understanding of issues around host responsibility (Lima, 1999a). This was followed by two pilot studies: one on attitudes towards host responsibility among young Pacific people in Dunedin (Siataga, 2000b); the other an assessment of the level of awareness and understanding about the effect of alcohol use, and attitudes and behaviours of Samoan people in Auckland towards alcohol (Lima, 2000). As a result of these and other research projects¹¹, promotion strategies for moderate drinking and host responsibility have been modified to reflect research findings about effective ways of communicating with Pacific communities (Ministry of Health, 2008c).

According to ALAC's *Pacific Programmes Action Plan 2002-2005* (Alcohol Advisory Council of New Zealand, 2002a), ALAC's responsiveness to the needs of Pacific peoples has resulted in the following milestones being achieved.

- The appointment of the first Pacific member of ALAC's council (see Section 5.1.2).
- The establishment of a Pacific Reference Group (see Section 5.1.3).
- The development of alcohol awareness resources in six Pacific languages (see Section 5.4).
- Sponsorship of national Pacific conferences and workshops (see Section 5.1.5).
- Commissioning of Pacific-related pilot studies on topics such as host responsibility (see Section 5.4).
- Availability of research grants, tertiary scholarships and workforce development awards.
- TaPasefika / Waitemata DHB Primary Care Training AOD workers

¹¹ See Section 5.4 for a list of projects and reports commissioned or authored by ALAC.



Other recent activities involving Pacific communities that have been promoted and funded by ALAC include the following (Lima, 2006).

- Community action initiatives. For example, the Youth Access to Alcohol (YATA) project includes the initiative “Project Respect” in Waitakere which aims to reduce levels of alcohol-related violence and raise awareness within the Pacific (and Māori) communities over the implications of supply of alcohol to the youth population (Alcohol Advisory Council of New Zealand, 2007d).
- Pacific youth and alcohol forums (Auckland and Christchurch).
- Workshops on alcohol and violence, and the role of Pacific church.
- Development of the draft Pacific strategy (see Section 5.1.4).

According to ALAC’s *Pacific Programmes Action Plan 2002-2005* (Alcohol Advisory Council of New Zealand, 2002a, p. 2), a strategic direction that reflects the Government’s commitment to meeting the needs of Pacific peoples “is crucial to the effective development and implementation of ALAC’s Pacific programmes”. Discussed now are the strategic frameworks that ALAC’s Pacific programmes work under, followed by an overview of the most important initiatives that ALAC has implemented for and with Pacific communities. Information on ALAC’s involvement specifically in the workforce development field can be found in Section 6.5.

5.1.1 The strategic framework

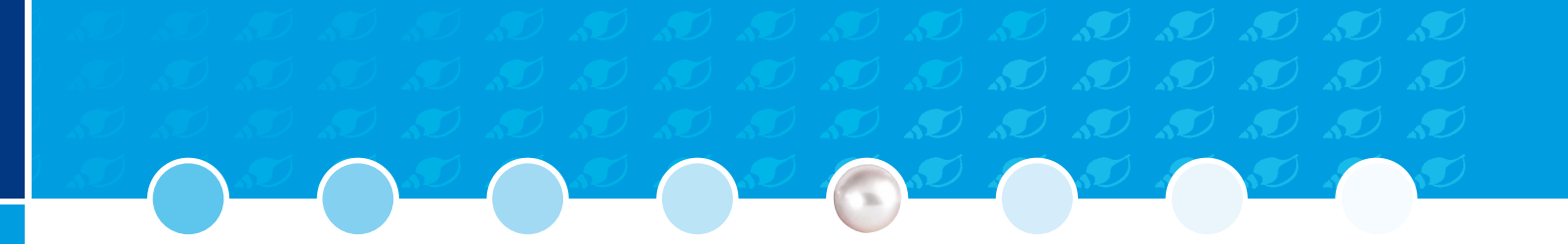
National Drug Policy and National Alcohol Strategy

The Government’s commitment to preventing and reducing the health, social and economic harms that are linked to legal and illegal drugs is encapsulated in the *National Drug Policy 2007-2012* (Ministerial Committee on Drug Policy, 2007). The *National Drug Policy* has a strong intersectoral focus, is based on the principle of harm minimisation, and seeks to “prevent or delay the uptake of tobacco, alcohol, illegal and other drug use, particularly in Māori, Pacific peoples and young people” (p. 4).

Complementing and extending the *National Drug Policy*, is the *National Alcohol Strategy* (Alcohol Advisory Council of New Zealand and Ministry of Health, 2001)¹². The *National Alcohol Strategy* focuses on minimising alcohol-related harm to individuals, families/whanau and society. It recognises Pacific peoples as a ‘group at risk’ and identifies the reduction of alcohol-related harm as its major objective for Pacific communities. Strategies to assist in the achievement of this objective include the following.

- Supporting policy-relevant research on the place of alcohol in the lives of Pacific peoples in order to establish accurate baseline data.
- Resourcing the development and implementation of alcohol-related programmes by Pacific peoples for Pacific peoples.
- Developing alcohol-related information resources in different Pacific languages.
- Ensuring all initiatives for age-related alcohol health promotion, especially those targeting youth (e.g. school-based drug education programmes), also address the needs of Pacific peoples.
- Exploring and utilising existing cultural structures, mechanisms and channels of communication to promote responsible use of alcohol amongst Pacific peoples.
- Ensuring Pacific peoples are involved in developing policies on alcohol, including control and regulation, education, treatment and research.
- Improving linkages between Pacific communities and statutory and non-statutory agencies (e.g. churches), to ensure co-ordinated and integrated planning for minimising alcohol-related harm.

¹² The *National Alcohol Strategy* was reviewed in 2007 to identify the extent to which it provides an effective and collaborative framework to minimise alcohol-related harm in New Zealand, and the extent to which it informs the development of a new *Alcohol Action Plan*. The review is available at <http://www.ndp.govt.nz>.



The draft *National Alcohol Action Plan* (Ministry of Health, 2008a)¹³ reaffirms the need to develop specific strategies for population groups such as Pacific peoples that experience disproportionate levels of alcohol-related harm. Key issues identified by the Pacific Peoples Advisory Group, consulted as part of the development of the draft Action Plan, were:

- connectedness, communication, and collaboration – agency to agency and agency to community
- monitoring and evaluation – Pacific input needed to ensure Pacific frames of reference are used
- workforce development – services need to use Pacific frames of reference
- collective rather than individual approaches – whole of family, wellbeing and strengths-based approaches are needed
- early intervention and the role of parents and family wellbeing
- young people as leaders.

ALAC's strategic direction

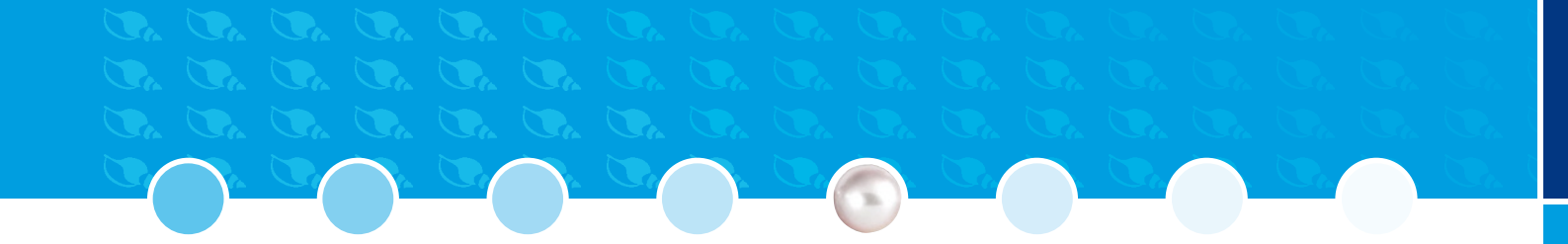
According to Lima (2006), the launch in 2002 of ALAC's *Strategic Plan 2002-2007* (Alcohol Advisory Council of New Zealand, 2002c), with its emphasis on the needs of particular populations, signalled a shift to focus further on the needs of Pacific peoples alongside Māori and young people aged 12-24. The outcomes sought through the *Strategic Plan's* Pacific peoples strategy (which are broadly consistent with the *National Alcohol Strategy*) were that Pacific peoples, families and communities experience less alcohol-related harm, and Pacific communities prevent and reduce alcohol-related harm. To achieve these outcomes, it was considered necessary to work towards (Alcohol Advisory Council of New Zealand, 2002c):

- identifying Pacific peoples' drinking patterns and levels of resulting harm
- effective, evidence-based, culturally appropriate interventions that promote moderation as a healthy and culturally appropriate choice
- alcohol and drug services recognising and responding more effectively to the needs of Pacific peoples
- utilising existing cultural structures and channels of communication within Pacific communities to promote the responsible use of alcohol
- Pacific communities promoting the responsible use of alcohol, recognising that the Pacific community will want both moderation and abstinence messages.

Supporting the *Strategic Plan's* Pacific peoples strategy, the *2002-2005 Pacific Programmes Action Plan* (Alcohol Advisory Council of New Zealand, 2002a) was intended to set the foundation for ALAC's Pacific programmes and guide their future development by recommending a range of prioritised strategies for implementation over the 2002-2005 period. The vision of the plan was: "An Aotearoa New Zealand in which Pacific peoples' health and wellbeing is supported and alcohol-related harm is prevented or substantially reduced" (p. 5). It was intended that this vision would be achieved by "increasing the adequacy and effectiveness of policy, research, information, communication, education, training, intersectoral and treatment development initiatives" (p. 5).

More recently, ALAC's *Strategic Direction 2008-2013* (Alcohol Advisory Council of New Zealand, 2007b) and *Statement of Intent for 2008-2011* (Alcohol Advisory Council of New Zealand, 2008f) affirm the way in which ALAC has worked over the last five years and since the inception of its Culture Change Programme in 2005. They also confirm ALAC's commitment to its three priority populations, including Pacific peoples. Additionally, ALAC's *Statement of Intent for the year ending 30 June 2008* affirms that research into Pacific-based solutions will continue to be provided through the *Pacific Outcomes* study and *Le Ala: Searching for Pacific Solutions* (see Section 5.1.6 for more information on Le Ala) while the *Statement of Intent for 2008-2011* emphasises the need to focus on responsible and safe Pacific drinking in the home setting, and increase engagement and commitment with DHBs, PHOs and other Pacific providers to reduce alcohol-related harm. In the 2007/08 year, ALAC also intends to work with Pacific radio stations to promote its messages (Alcohol Advisory Council of New Zealand, 2007c).

¹³ The draft *National Alcohol Action Plan* consultation document, published on 12 August 2008, is available at <http://www.ndp.govt.nz>. Submissions on the draft action plan are due by 7 November 2008. An independent analysis of submissions will then be undertaken and a report produced. The *National Alcohol Action Plan* will then be finalised and a process for implementation put in place.



In addition, ALAC's Southern Region's 2006–2011 *Pacific Strategic Plan* (Siataga, 2006?) emphasises the overall strategic vision for Pacific peoples of community ownership and personal responsibility for changing risky drinking behaviours through focusing on harm reduction and early intervention. As part of this strategic vision, ALAC has explored developing a framework for a community-based project that meets ALAC's strategic aims for Pacific communities, specifically to “use existing cultural structures and channels of communication within Pacific communities to promote the responsible use of alcohol” (Alcohol Advisory Council of New Zealand, 2002c, p. 12).

To assist in achieving this, a scoping report was commissioned by ALAC in 2005 to review the community action strategies and initiatives implemented, to date, by ALAC with Pacific peoples (Sheehan, 2005). The scoping report concluded that ALAC should first define filters for a community action initiative (e.g. regional or national emphasis, pan-Pacific or ethnic specific) before exploring the possibility of working in a collaborative partnership with other agencies operating community-based initiatives with Pacific communities.

5.1.2 Pacific representation on ALAC's Council

According to Lima (2006), one of the most significant milestones to reflect ALAC's commitment to issues relating to alcohol and Pacific peoples, was the appointment of a Pacific person to the ALAC Council. In 2000, Edward Tanoi, a Community Psychologist and founding Manager of Pacific Islands Drug and Alcohol Services (PIDAS), was the first person of Pacific ethnicity to be appointed to the ALAC Council.

In 2002, Fuimaono Karl Pulotu-Endemann, a registered comprehensive nurse and, more recently, an independent consultant in policy development for the mental health and alcohol and drug sector, succeeded Tanoi as the Pacific member on the ALAC Council. At the time of his appointment to the ALAC Council, Fuimaono was also a member of the Pacific Reference Group. Fuimaono's term with the Council was completed in August 2008 and he was replaced by Dr Kim Ma'ia'i. Dr Ma'ia'i is the Director of Student Health Services at the University of Otago, and chair of the Dunedin Urgent Doctors and Accident Centre. He has also had a leadership role in the development of after hours primary care services to metropolitan Dunedin. Dr Ma'ia'i is also a representative on ALAC's Pacific Reference Group.

5.1.3 Pacific Reference Group

The Pacific Reference Group (PRG) was established in October 2000 following the appointment of ALAC's first Manager of Pacific Programmes. The PRG acts as an advisory body to ALAC on matters related to the development and implementation of ALAC's Pacific programmes. The group was set up with the following objectives in mind (Lima, 2006).

- Provide leadership and advice to ALAC through the Manager Pacific Programmes on the development and implementation of its Pacific projects and programmes.
- Assist and support ALAC to achieve its key result areas in relation to its work with Pacific communities, as defined by ALAC's Business Plan.
- Assist ALAC to facilitate the flow of information to Pacific communities in New Zealand.
- Monitor and advise ALAC on its responsiveness to the diverse cultural and ethnic needs of Pacific communities.
- Provide advice and support to the Pacific member of the ALAC Council.

The PRG is comprised of Pacific peoples from a range of professional backgrounds related to the alcohol and drug field, including: mental health, Pacific health research, Pacific AOD service/treatment provision, dual diagnosis, public health/health promotion, health policy development, health funding/purchasing, education and training, Pacific policy development, youth/youth-at-risk, and community service/development. Members of the PRG utilise their experience and links with Pacific communities to provide advice, information, contacts and leadership, enabling ALAC to successfully develop, advance and implement strategies to promote safe alcohol consumption among Pacific peoples (Personal communication, Bella Bartley, ALAC, 12.09.08).

There are currently twelve members of the PRG, including ALAC's Manager Pacific Programmes, Metua Faasisila, and the Pacific representative on ALAC's Council, Dr Kim Ma'ia'i. Other current members are (Personal communication, Bella

Bartley, ALAC, 12.09.08):

- Ned (Neti) Cook (chair)
- Halo Asekona (deputy chair)
- Philip Siataga
- Anne Allan-Moetaua
- Mike (Maikali) Kilioni
- Kalolo Fihaki
- Josephine Jackson-Gray
- Allan Va'a
- Alepano Savelio
- Tai Richard
- Elsie Taimalieutu-Freeman



Dr Francis Agnew -
Former Chair



Ned Cook -
Chair since 2006

Former members of the PRG include (Personal communication, Bella Bartley, ALAC, 12.09.08):

- Dr Francis Agnew (former chair)
- Fuimaono Karl Pulotu-Endemann
- Ika Tameifuna
- Audrey Aumua
- Su'a Leituposa Kevin Thomsen
- Lanuola Asiasiga
- Edward Tanoi
- Tina McNicholas
- Terri Siataga-Ta'ase.



Dr Kim Ma'ia'i -
2008- Council Member



Fuimaono Karl Pulotu-Endemann
2002-08 Council Member

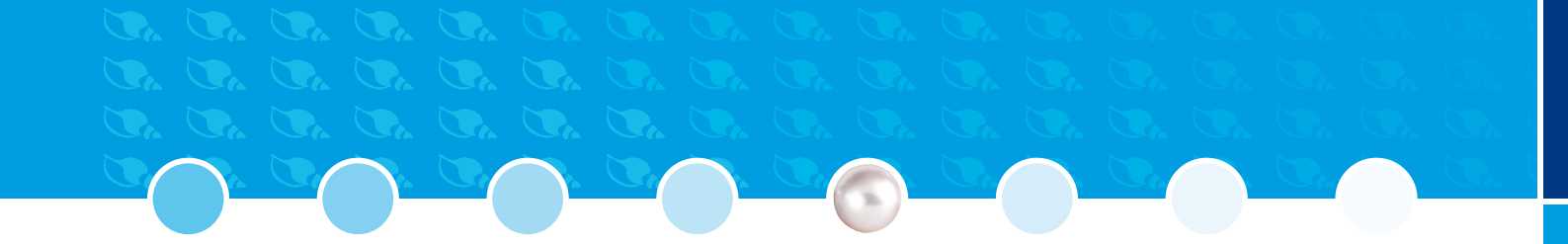
5.1.4 ALAC's staff

Before the appointment of ALAC's first Manager Pacific Programmes, and the subsequent establishment of the PRG in 2000, other activities relevant to Pacific peoples were also taking place within ALAC. For example, Edward Tanoi was the first Pacific person appointed to the ALAC Council while ALAC-sponsored Pacific Spirit Conferences on the place of alcohol in the lives of Pacific peoples were also held in Auckland in 1998 and 1999 (Lima, 2006).

However, since 2000, ALAC's work with Pacific peoples in New Zealand has gained momentum, especially in terms of data gathering resources and workforce development within the alcohol and drug sector. As detailed above, a major contributing factor to these developments was the establishment of the PRG. The establishment of the PRG followed the appointment of the first Manager Pacific Programmes in 2000, Tina McNicholas, a Fijian, who brought a strong public health background in public policy to the job (Lima, 2006).

However, even before McNicholas took up the position of Manager Pacific Programmes, Lima notes (2006) there was already considerable goodwill and momentum built around relationships with other people and organisations. In particular, Ron Tustin, ALAC's Northern Regional Manager (who retired in 2004), established relationships with the Health Funding Authority (HFA) and Pacific peoples in the alcohol and drug treatment field. However, while important and beneficial work had been done in establishing these relationships and networks, on her appointment, McNicholas reported that much of this work had an Auckland focus (attributed to the fact that Tustin's position was based in Auckland) (Lima, 2006).

Metua Faasisila, succeeded Tina McNicholas in October of 2004 as Manager Pacific Programmes, based in Wellington. In



April 2007 she relocated to Auckland which made sense given almost 70% of the Pacific population reside in that part of the country.

Current work being completed by ALAC includes development of the *Pacific Strategy*. As part of this development, three consultation meetings took place in Wellington, Auckland and Christchurch between 13 and 17 October 2008. The primary purpose of this engagement was to gather feedback from key Pacific stakeholders on (Personal communication, Margaret Chartres, Senior Research Advisor, ALAC, 4.11.08):

- what ALAC's priority focus areas and priority actions should be
- the appropriateness of ALAC's strategic focus areas for Pacific peoples
- ALAC's role and function in relation to other agency work on alcohol-related issues
- outcomes for reducing alcohol-related harm for Pacific peoples.

5.1.5 Pacific Spirit conferences

Following the publication and dissemination of *The place of alcohol* series¹⁴, the inaugural ALAC-sponsored Pacific Spirit Conference was held in 1998. The conference provides a forum for Pacific peoples in New Zealand and the Pacific region, who work in the alcohol and drug sector, to network and share experiences about working with Pacific peoples on alcohol and other public health-related issues (Lima, 2006). For example, a recommendation from *Pacific Spirit 2006* was that "ALAC develop and utilise a Pasifika Communications Strategy that utilises the biannual Pacific Spirit Conference as a vehicle to affirm the key Pasifika messages and themes identified in the Communications Strategy" (Alcohol Advisory Council of New Zealand, 2006, p. 4).

Pacific Spirit conferences to date (all of which have been in Auckland) include:

- Pacific Spirit 1998: Action on Alcohol in the Pacific (Alcohol Advisory Council of New Zealand, 1998)
- Pacific Spirit 1999: The Place of Alcohol in Pacific Peoples Lives (Lima, 1999b)
- Pacific Spirit 2001: Turning Tides (Alcohol Advisory Council of New Zealand, 2001)
- Pacific Spirit 2004: Rising Pacific Waves (Alcohol Advisory Council of New Zealand, 2004)
- Pacific Spirit 2006: We are the Change (Alcohol Advisory Council of New Zealand, 2006)
- Pacific Spirit 2008: Winds of Change (Alcohol Advisory Council of New Zealand, 2008d).

In addition, following a call from the youth caucus at the 1999 Pacific Spirit conference to hold a regional fono for Pacific young peoples, the *Pacific Spirit 2000: Canterbury Youth Fono* was held in Christchurch in May 2000 (Alcohol Advisory Council of New Zealand, 2000). A Canterbury Pacific Youth and Alcohol Awareness Fono was also held in Christchurch in 2004 (Siataga, 2006?) and a one day youth symposium was held the day before the 2008 Pacific Spirit conference in Auckland (Alcohol Advisory Council of New Zealand, 2008d).

Since their inception in 1998, the Pacific Spirit conferences have brought together Pacific AOD practitioners, researchers, health service providers, community leaders and people from both government and non-government agencies to share and discuss public health-related, particularly alcohol-related, issues that concern Pacific peoples. Approximately 200 people attended the most recent Pacific Spirit conference in May 2008, including young people, delegates from Oceania Pacific and representatives from Pacific churches, communities and providers throughout New Zealand, as well as representatives from NGOs, Police, Ministry of Justice, Department of Corrections, Ministry of Youth Development, and DHBs (Alcohol Advisory Council of New Zealand, 2008d).

¹⁴ A joint ALAC and Ministry of Health project, *The Place of Alcohol* series, published in 1997, represented some of the earliest research into the extent of the effect of alcohol on specific New Zealand Pacific communities (Tokelauan, Fijian, Niuen, Tongan, Cook Islands and Samoan). More information on the key findings from this research can be found in Section 4.0.



5.1.6 Le Ala: Searching for Pacific Solutions¹⁵

Initiated in 2005 and co-funded by ALAC and ACC under the Health Research Council's partnership programme, *Le Ala: Searching for Pacific Solutions* is a Pacific-led, three-year community-based action research project that works with Pacific communities to develop practical, evidence-based approaches to reduce alcohol problems in those communities (Alcohol Advisory Council of New Zealand, 2007a).

The Le Ala research was conducted by a national consortium of researchers and communicators blending expertise in health, social sciences and communications. The goal of the research is to develop skills and knowledge using a community participatory approach within Pacific communities to enable those communities to reduce the harm from misuse of alcohol and to achieve optimum health and well-being (Alcohol Advisory Council of New Zealand, 2008c).

Stage one of the research comprised a literature review to identify those most at risk among Pacific communities and the effectiveness of different types of interventions and services carried out with high-risk populations locally and overseas (Warren et al., 2006). The review identified the need for prevention strategies to address the growing problem of alcohol misuse (and its concomitant problems) among some Pacific communities in New Zealand. A narrative story-telling approach was identified as having the potential to successfully address issues that are culturally important to Pacific peoples (Alcohol Advisory Council of New Zealand, 2008c).

Stage two of the research involved a nationwide stocktake of services and interventions to Pacific peoples. Findings from this stocktake revealed that alcohol and drug services were focused on treatment rather than prevention mainly due to current health funding streams. Evaluation of services was also identified as an area where there was a lack of activity to demonstrate the effectiveness of services for Pacific clients (Alcohol Advisory Council of New Zealand, 2008c).

Stage three of the research combined a research approach with trialling a community-based intervention using the narrative approach. Key features have been the incorporation of Pacific values and practices; establishment of relationships, trust and respect between researchers and the Pacific participants; and researchers' personal commitment and involvement in the project. Participants were recruited from Samoa, Cook Islands, Tokelau and a pan-Pacific group.

In sum, achievements demonstrated in Le Ala include the following (Alcohol Advisory Council of New Zealand, 2008c).

- Development of a useful model of engagement with Pacific communities.
- Successful awareness-raising of alcohol issues affecting Pacific communities.
- Opportunities for the participating groups and communities to begin to take some ownership around alcohol issues.
- Functioning as a primary prevention intervention.
- Revelation of gaps in current public health promotions about safe drinking, in respect of their relevance to Pacific communities.
- Opening up of new ways to generate new understandings between generations.
- Contributing to some participants changing, or at least questioning, their behaviours in relation to alcohol.

Key learnings identified as being necessary for the sustainability of a community-based initiative such as Le Ala are (Alcohol Advisory Council of New Zealand, 2008c):

- the use of existing groups or community networks such as Pacific churches to ensure initial momentum and eventual sustainability
- effective leadership to establish groups and ensure their sustainability.

¹⁵ Unless otherwise noted, the information in this section was taken from the website <http://www.leala.co.nz/>.

5.1.7 Inu Safely Inu Smart

A joint initiative by ACC and ALAC, *Inu Safely Inu Smart* is a community-based alcohol awareness programme for the Tongan community in Auckland which seeks to change the behaviour of the community and reduce alcohol-related harm by engaging people in action and reflection about the cultural values which influence their use of alcohol (Alcohol Advisory Council of New Zealand, 2008b).

The *Inu Safely Inu Smart* programme is designed specifically for, and with, the involvement of the Pacific communities that are being targeted. The programme seeks to motivate people from within through engaging in dramatic exploration of the impact of high-risk drinking on their communities and by empowering participants and the communities they belong to, to generate and support sustainable alternatives to high-risk drinking. To achieve this, the programme involves socio-drama, process drama, shared reflection on relevant cultural values and cultural change through migration, and up-to-date information on alcohol. The programme also has a 'train the trainers' focus and provides workshops which train community group and youth leaders to facilitate the programme for the whole community.

The pilot *Inu Safely Inu Smart* programme began 30 May 2008 and is expected to conclude 31 March 2009. Evaluation of the programme is expected to conclude 31 May 2009 (Alcohol Advisory Council of New Zealand, 2008e).

5.1.8 Pacific Effective Interventions

ALAC is involved with the Ministry of Justice in a specific collaborative youth project in Otago. This project is part of the justice sector's *Effective Interventions* work plan. The Ministry of Justice, Police, Department of Corrections, Child, Youth and Family and Ministry of Pacific Island Affairs have formed a collaboration to develop recommendations for a Pacific Crime Reduction Strategy. Given that one of the major contributing factors in offending is the role of alcohol, there is significant overlap with the work being undertaken by ALAC in the early intervention field (Paton, 2007a).

The Otago Project aims to develop an intensive youth development programme, including alcohol and other drug interventions, for young offenders so that they will take responsibility for their actions and their own destiny to prevent further offending. It also aims to deal appropriately with issues for victims of their offending, and to provide assistance to the youth and their families. This project, while targeted at youth and their families, is expected to have a significant impact on reducing harm in the Otago community (Paton, 2007a).

5.1.9 National Pacific Treatment Forum

The National Pacific Treatment Forum is funded by ALAC and was established in 2005 with the purpose of being the Pacific conduit agent within the addiction treatment sector (Siataga, 2006?). The Forum's functions are to:

- identify and discuss key addiction treatment issues for Pacific peoples and formulate strategic responses such as workforce development programmes
- provide a mechanism of co-ordination and dissemination of information for the Pacific addiction treatment sector
- link with the Drug and Alcohol Practitioners' Association of New Zealand (DAPAANZ).

In addition to ALAC, membership of the Forum includes Pacific service providers, DAPAANZ, the Mental Health Commission, Ministry of Health, Matua Raki/National Addiction Treatment Workforce Development Programme, and the National Committee of Addiction Treatment (NCAT).

More information on ALAC's involvement in workforce development can be found in Section 6.5.



5.2 Research New Zealand's work for ALAC on Pacific peoples and alcohol

The *ALAC Alcohol Monitors* are a well-established research programme currently conducted by Research New Zealand (on behalf of ALAC) on a quarterly basis (in September, December, March and June), with results for the quarters aggregated on an annual basis. Data is collected on New Zealander's drinking habits and the progress of ALAC's Culture Change Programme. The Alcohol Monitors have been running on an annual basis since 1997 (initially focusing on youth but including adult drinkers since 2003) with the quarterly series of monitoring surveys being established in 2005 (when ALAC's Culture Change programme commenced)¹⁶.

The Monitor involves national telephone surveys of randomly selected samples of adults 18+ and youth 12-17, with separate questionnaires administered for each of these groups. To ensure a sufficient number of Māori and Pacific peoples are interviewed to allow for their results to be examined with a reasonable degree of confidence, both groups are deliberately over-sampled in the youth and adult surveys. Results are then weighted to reflect gender, age and ethnicity Census population benchmarks, for adults and youth respectively. For example, in the 2007-08 year, interviews were completed with a total n=1353 adults 18+, including n=305 Pacific adults, n=443 Māori adults, and n=605 adults from other ethnic groups. In addition, interviews were completed with a total n=913 youth aged 12-17, including n=204 Pacific youth, n=305 Māori youth, and n=404 youth from other ethnic groups.

A detailed profile of Pacific peoples and their use of alcohol, based on the 2007-08 *ALAC Alcohol Monitor* annualised data, can be found in Appendix A. The profile focuses on the drinking behaviour and characteristics of Pacific peoples generally, and those that can be classified as binge drinkers specifically. Profiles are provided separately for Pacific adults (aged 18+ years) and Pacific youth (aged 12-17 years).

Research New Zealand has also completed a range of other research involving Pacific peoples for ALAC, including evaluations of the effectiveness of programme initiatives and advertising campaigns, surveys on attitudes and behaviours to alcohol, focus group testing, surveys on New Zealanders' understanding of the 'standard drink' concept, and evaluation of parental attitudes to youth drinking. A comprehensive bibliography of this research can be found in Appendix B.

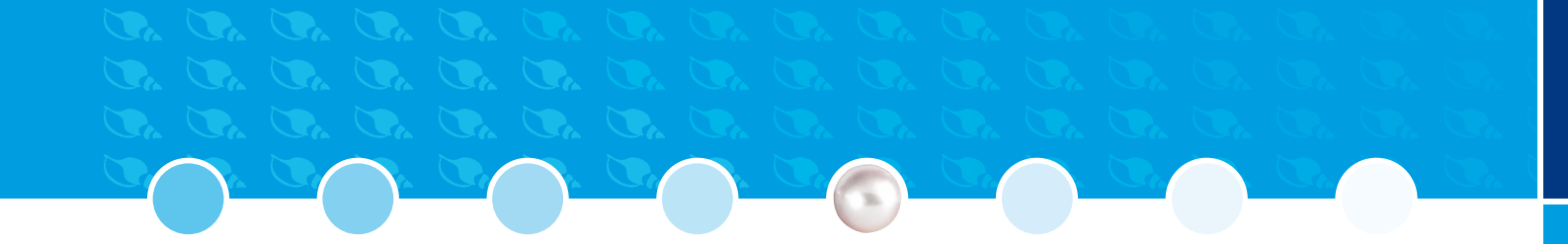
5.3 ALAC's work with Pacific peoples internationally

ALAC states in its *Strategic Direction 2008-2013* (Alcohol Advisory Council of New Zealand, 2007b) that it recognises the importance of establishing and maintaining relationships with the Pacific region, in particular Samoa, the Cook Islands, Tonga, Niue, Fiji, Tokelau and Tuvalu. It is intended that relationships with these nations will also support ALAC's work with Pacific communities in New Zealand. *The Statement of Intent for 2008-2011* (Alcohol Advisory Council of New Zealand, 2008f) also emphasises the importance of growing international connections and learning from them, particularly in the Pacific region.

An example of ALAC's relationships with the Pacific region is a visit by ALAC's Project Manager Supply Control (Andrew Galloway) to Niue in June 2008. Galloway's visit followed a proposal from Niue's Chief of Police for a representative of ALAC to visit and provide advice and support to the Niue Combined Task Force on Alcohol Education on Niue's current alcohol project. The objective of the project is to highlight the results of excessive alcohol consumption and to promote alcohol harm reduction initiatives through an education process (Alcohol Advisory Council of New Zealand, 2008a; Galloway, 2008).

While in Niue, Galloway assisted with policy development, attended and presented at meetings of the Niue Combined Task Force on Alcohol Education, introduced the concept of, and provided training in Host Responsibility at a meeting of Niue licensees, and shared best practice methods for the effective enforcement of liquor legislation with the Niue Police Sergeant with responsibility for training. Galloway also assisted with the development of a draft Niue Alcohol Policy (introducing the harm minimisation framework of supply control, demand reduction and problem limitation) and completed a draft paper suggesting a number of changes to Niue's Liquor Act 1975. Both the draft Alcohol Policy and suggested changes to the Liquor Act were left with the taskforce team to be circulated for comment and adoption (Alcohol Advisory Council of New Zealand, 2008a; Galloway, 2008).

¹⁶ The quarterly monitoring format was discontinued following the March 2008 Monitor, in favour of regular monitoring through Research New Zealand's Omnibus surveys, to track the effectiveness of the new "Think" communications launched in April 2008 (the first Omnibus survey was conducted in May 2008). In the 2008-09 year these Omnibus surveys are to be complemented by a large-scale annual survey similar in content to the previous quarterly monitors, and scheduled for November 2008 (Palmer, Fryer & Kalafatis, 2008).



It is suggested by Galloway that ALAC might continue to support Niue in developing greater capacity in the area of problem limitation, including the potential upskilling of church leaders in the area of extended brief interventions and Police staff in the use of simple brief interventions. Galloway also notes the potential to provide further advice, where required, in the area of demand reduction as the Combined Task Force examines social marketing options and other associated tools. ALAC also intends to investigate broader options including involvement from other agencies (e.g. Ministry of Health, Ministry of Pacific Island Affairs) (Alcohol Advisory Council of New Zealand, 2008a; Galloway, 2008).

In addition to its direct relationships with Pacific nations, ALAC also works closely with the World Health Organization (WHO) and affiliated international bodies to share experiences and create programmes (Alcohol Advisory Council of New Zealand, 2007b). For example, New Zealand has taken an active role in the development and implementation of WHO's Regional Office for the Western Pacific's (WPRO) *Regional strategy to reduce alcohol-related harm* (World Health Organization Regional Committee for the Western Pacific, 2006). New Zealand also collaborates with the Secretariat of the Pacific Community (SPC)¹⁷ to address alcohol-related harm in the Pacific region and in 2004 a joint SPC/WHO meeting of senior government officials from 17 Pacific countries and territories on the topic of "Alcohol and Health in the Pacific" was held in Noumea, New Caledonia. Information on findings from the meeting can be found in Section 4.3.

The Centre for Health Outcomes Research and Evaluation (SHORE) also carries out work on behalf of the SPC, with the support of the New Zealand Ministry of Health (Faasisila, 2008). For example, SHORE has assisted in the development of a framework to reduce the harm from alcohol in the Pacific region, developed resources and a 'train the trainer' programme for regional Pacific NGOs, and facilitated workshops assessing the social impact of the Pacific Islands Trade Agreement, including the implications for alcohol-related harm. SHORE has also been contracted by WHO WPRO to prepare three reports on key aspects of alcohol policy (*Alcohol marketing in the Western Pacific Region*, *Alcohol taxation in the Western Pacific Region*, *Economic treaties and alcohol in the Western Pacific Region*)¹⁸.

5.4 Pacific resources produced by ALAC

In 1998, a needs assessment was carried out by the Pacific Islands Drug and Alcohol Services (PIDAS), on behalf of ALAC, to examine the extent of the need for alcohol resources in the Pacific communities as well as the most useful format and content for such resources. The target group for the study was Pacific adults from five ethnic groups (Samoan, Cook Islands, Tongan, Niuean, Fijian) for whom English was a second language. Key informants from the community and key health professionals were also interviewed. The assessment found a clear need for culturally appropriate alcohol resources with the lack of resources currently available being viewed as an impediment to the understanding and awareness of alcohol-related harm amongst Pacific communities (Pacific Islands Drug & Alcohol Services (N.Z.), 1998).

In view of these findings, an important aspect of ALAC's work with Pacific peoples over the last decade, has been the development of alcohol information and resources in the six major Pacific languages represented in New Zealand (Samoan, Tongan, Fijian, Cook Islands Māori, Niuean and Tokelauan) (Lima, 2006).

Table 1 provides a list of resources developed specifically for Pacific people under ALAC sponsorship which have been identified in the course of this project. A list of ALAC-commissioned scoping reports, pilots and research projects follows. In addition, Section 4.7 provides a compendium of major works on Pacific people and alcohol (by ALAC and other authors) while Section 6.9 lists the workplace development-related resources produced or commissioned by ALAC.

¹⁷ The Secretariat of the Pacific Community is an international organisation that works in partnership with its members, other organisations and donors to deliver priority work programmes to member countries and territories. New Zealand is a founding country. More information can be found on their website at <http://www.spc.int>.

¹⁸ These reports, along with more information on the work SHORE has completed as a WHO Collaborating Centre for Research and Training in Alcohol and Drug Abuse, can be found at <http://www.shore.ac.nz/who.html>.



Table 1: Pacific resources produced by ALAC

Name of resource	Description/purpose of resource
Alcohol, Your Community and You Cook Islands guidelines = Kai kava tau Fijian guidelines = A i dusidusi ni veituberi ni kena vakayagataki vakavuku na yaqona ni vavalagi Niuean guidelines = Inu kava Samoan guidelines = Faasinoala mo le saogalemu o le faaaogaina o le ava malosi Tokelauan guidelines = Takiala mo te haogalemu o te fakaaogagia o te akaholo Tongan guidelines = Ngaahi fale'i ki hono ma'u fakapotopoto 'o e kava malohi	Series produced for Fijian, Samoan, Tongan, Cook Islands, Niuean and Tokelauan audiences over 2006/07. Designed to support Pacific peoples in adopting safer practices when consuming alcohol. The guidelines include approaches that individuals can take when deciding on their options around alcohol (such as not drinking, planning ahead, having food available, role-modelling, using taxis, and sleepovers). Also includes a brief history of the use of alcohol specific to each Pacific group.
Alcohol Handbook Aka'ari'anga tau : no te kai kava i niu tireni nei [Cook Islands alcohol handbook] Ko e talatalaifale : ki he kava malohi mo e kakai Tonga [Tongan alcohol handbook] Na talo vaka vuku : e veisautaka na noda i vakarau ni bula na i taukei na yaqona ni vavalagi [Fijian alcohol handbook] O le sulu mo faatasiga : taiala mo le saogalemu o le faaaogaina o le ava malosi (alcohol) [Samoan alcohol handbook] Puhala tonu : ko e puhala inu kava mafola i niu silani nei [Niuean alcohol handbook] Te koa a tokelau na mafuli : takiala mo te haogalemu o te fakaaugagia o te akaholo [Tokelauan alcohol handbook]	Series produced for Fijian, Samoan, Tongan, Cook Islands, Niuean and Tokelauan audiences and published 2005-07. Provides information in each of the six Pacific languages about the safe consumption of alcohol and encourages communities to drink safely.
Drinking and Your Baby Fetima mo e inu kava-malohi [Drinking and your baby, Tongan] Inu kava mo e tama muke haau [Drinking and your baby, Niuean] O le 'ava malosi ma lau pepe [Drinking and your baby, Samoan] O luvemu kei na nomu gunuyaqona tiko ni vavalagi [Drinking and your baby, Fijian] O luvemu kei na nomu gunuyaqona tiko ni vavalagi [Drinking and your baby, Tokelauan]	Pamphlet published in 2003 in Samoan, Tongan, Fijian, Niuean and Tokelauan languages for pregnant women. Provides information about drinking when breastfeeding or pregnant.
Alcohol, Pregnancy and Fetal Alcohol Syndrome O le 'ava malosi ma lau pepe (Samoan) Inu kava e taau pepe (Cook Islands Māori) O luvemu kei na nomu gunuyaqona tiko ni vavalagi (Fijian) Inu kava mo e tama muke haau (Niuean) Inukava ma tau pepe (Tokelauan) Feitama mo e inu kava-malohi (Tongan)	Leaflet published in 2003 in Samoan, Cook Islands Māori, Tongan, Fijian, Niuean and Tokelauan languages that briefly talks about alcohol, pregnancy and fetal alcohol syndrome disorder.
Say When	Leaflet on impact of alcohol produced in Cook Islands Māori, Tongan, Niuean.
Alcohol Affects Everybody	Brochure on impact of alcohol produced in Cook Islands Māori, Tongan, Niuean.
Pacific Safe Use Guidelines	Available in Samoan, Tongan and Cook Islands Māori. To be used by providers to support community education.

Several other ALAC-commissioned or ALAC-published pilots and research projects have been conducted with and among various Pacific communities. The following are some which have been identified in the course of this project. See the bibliography at the end of this report for a comprehensive listing and Section 6.9 for a list of the workplace development-related resources produced or commissioned by ALAC.

- *The place of alcohol in the lives of people from Tokelau, Fiji, Niue, Tonga, Cook Islands and Samoa living in New Zealand: An overview* (Ministry of Health Sector Analysis, 1997). (Separate reports are also available for each of the six Pacific groups surveyed).
- *A needs assessment regarding appropriate alcohol resources for Pacific Islands people* (Pacific Islands Drug & Alcohol Services (N.Z.), 1998)
- *Host responsibility and Pacific Island people. A proposal to address host responsibility and drinking in moderation among Pacific Island people* (Lima, 1999a)
- *Exploring drinking behaviours and awareness of the effects of alcohol among some Samoan people living in Auckland: A pilot project* (Lima, 2000)
- *A pilot study on the perceptions of host responsibility and alcohol related harm among young Pacific peoples* (Siataga, 2000b)
- *The church and alcohol related harm: A discussion document* (Siataga, 2000a)
- *Pacific Island people and alcohol: A literature review* (Nosa, 2001)
- *Alcohol research needs of Pacific peoples of Aotearoa: A discussion paper* (Asiasiga, Kokaua & Lima, 2001)
- *Alcohol consumption and associated risk factors in Auckland Pacific Island students* (Schaaf & Harbridge, 2004)
- *Evaluation report for Pacific alcohol harm reduction strategy* (Sheehan, 2004)
- *Pacific Directions: Community Action Initiative Scoping Project Report* (Sheehan, 2005)
- *Pasefika Profile: ALAC, Pacific people and alcohol (draft report)* (Lima, 2006)
- *Alcohol community interventions and services for Pacific peoples: A literature review for Le Ala* (Warren et al., 2006).

5.5 Relationships with other organisations

Accident Compensation Corporation

<http://www.acc.co.nz>

The excessive alcohol consumption, particularly binge drinking, common in some Pacific communities contributes to a range of serious accidents. ACC have therefore identified that Pacific groups need targeted injury prevention awareness programmes. ACC's Alcohol and Other Drugs Operational Plan undertakes to identify and support new intervention opportunities, including culturally appropriate interventions and resource development.

ALAC and ACC have a Memorandum of Understanding to work together to ensure that programmes reflect the diversity of the New Zealand population. Both organisations are interested in identifying solutions to lower the rates of binge drinking and alcohol-related harm experienced by the Pacific population and have therefore undertaken to develop initiatives that target Pacific peoples (Alcohol Advisory Council of New Zealand, 2008b). *Inu Safely Inu Smart* and *Le Ala* are current projects that ALAC and ACC are working on together.

Drug and Alcohol Practitioners' Association of Aotearoa-New Zealand

<http://www.dapaanz.org.nz>

The Drug and Alcohol Practitioners' Association Aotearoa-New Zealand (DAPAANZ) is a society incorporated in 2003 to represent the professional interests of its members: the practitioners and clinicians working in addiction treatment. DAPAANZ works to support and assist in the development of cultural competencies and of clinicians working with people from an ethnic base, particularly Māori and Pacific peoples.





Health Research Council

<http://www.hrc.govt.nz>

The Health Research Council of New Zealand (HRC) is the Crown agency responsible for the management of the Government's investment in public health research. Ownership of the HRC resides with the Minister of Health. The Pacific Health Research Committee guides and advises the HRC Secretariat strategically to improve Pacific health outcomes through promoting and funding health research. The Pacific Peoples Expert Panel (which is made up of Pacific people who have significant health research expertise) is one of five Expert Panels that inform the HRC policy making process. The Expert Panel ensures that Pacific perspectives and issues are incorporated into policy development and makes annual Pacific recommendations to the Research Policy Advisory Committee. There is also Pacific representation at both the Research Policy Advisory Committee level and on the HRC Board.

Pacific health research and health workforce capacity building is a key focus of the HRC. The HRC focuses strongly on capacity building and administering Pacific Career Awards (scholarships) to build the Pacific health research workforce as well as the Pacific health and mental health provider workforce. Along with ALAC (and a number of other organisations), the HRC has also sponsored a Pacific Health Research Fono in 2005 and a Pacific Health Research Forum in 2007.

As part of its responsibility to promote Pacific health research policy development and Pacific health research activities, the HRC has developed a Pacific research framework which sets out criteria to assess and measure research proposals that aim to advance the health of Pacific people. The framework classifies Pacific health research projects under the following categories.

- **Pacific Relevance:** research that is significant to the Pacific community and aims to improve Pacific health outcomes and add to the general body of Pacific health research knowledge. Pacific relevance research will usually be led by non-Pacific researchers, although there may be junior Pacific health researchers on the team. While it will involve research that addresses a priority Pacific health area, in terms of ownership of the research, Relevance research cannot be classified as 'by Pacific for Pacific'.
- **Pacific Governance:** research that is Pacific-led (i.e. owned, driven and directed by Pacific peoples). Governance research requires the active participation of Pacific peoples as agents of research. Pacific people are not limited to the role of research participants and/or potential end-users.
- **Pacific Partnership:** research that goes beyond meeting the minimum responsiveness required for Relevance research by engaging the Pacific community and sharing leadership of research projects. However, because it is not 'by Pacific for Pacific', it cannot theoretically be classified as Governance research. Pacific Partnership research therefore sits between Relevance and Governance research on the HRC's research classification spectrum.

More information on the Pacific research frameworks can be found on the HRC's website and in *Guidelines on Pacific health research* (Health Research Council, 2005). Also see Section 5.1.6 for information on *Le Ala*, a project undertaken by ALAC and ACC under the HRC's partnership programme.

The Mental Health Commission

<http://www.mhc.govt.nz>

The Mental Health Commission and ALAC have formed a collaborative strategic partnership underpinned by a Memorandum of Understanding. The goal of the partnership is to provide leadership and guidance to the mental health and addiction sector in order to make a positive difference to people in need of support for mental health problems and/or addiction.

Achievements that have resulted from the partnership include providing support for the establishment of the National Committee for Addiction Treatment (NCAT) formed in July 2005 and the establishment of quarterly Addiction Treatment Leadership Days. The aim of both these initiatives is to develop the addiction treatment sector at both strategic and service-provision levels.

The current focus of the partnership is the preparation of a report on the barriers that prevent the delivery of integrated treatment and care for people with co-occurring mental health and substance use disorders. The aim of the report is to facilitate constructive discussion across the mental health and addiction sectors about how best to provide integrated treatment for people with co-existing disorders and to build commitment for change across both sectors.



Ministry of Health

<http://www.moh.govt.nz>

The Ministry of Health is the secretariat for the Inter-Agency Committee on Drugs, and works with ALAC (as well as other agencies) on a range of initiatives to reduce alcohol-related harm in various contexts, including a national Alcohol Action Plan.

Ministry of Pacific Island Affairs

<http://www.minpac.govt.nz>

Reducing alcohol-related harm in New Zealand involves action across a variety of government departments and agencies. The Ministry of Pacific Island Affairs has a surveillance role that involves monitoring the responsiveness of government agencies to the needs of Pacific peoples across a number of sectors. As such, it maintains an interest in ensuring that ALAC's work with Pacific communities is consistent with other relevant agencies (Alcohol Advisory Council of New Zealand, 2002a).

New Zealand Drug Foundation

<http://www.nzdf.org.nz>

The New Zealand Drug Foundation (NZDF) is committed to reducing and preventing the harm caused by drugs in New Zealand. This includes the social and health harm caused by legal drugs such as tobacco and alcohol, as well as the harm caused by illegal drugs such as cannabis.

ALAC and the NZDF have worked together on a number of projects, including the development of a fact sheet for employers who are interested in developing an alcohol and drug workplace policy.

South Island Pacific Health Provider Network

The South Island Pacific Health Provider Network is a South Island-wide grouping of key Pacific NGOs. Membership of the South Island Pacific Umbrella Group (SIPUG) includes Pacific providers who are providing public and primary health services, mental health services and some social services to Pacific peoples in the South Island.

According to ALAC's *Southern Region Strategic Plan* (Siataga, 2006?), establishing a relationship between ALAC's Pacific Reference Group and the South Island Pacific Health Provider Network will provide community action initiatives with a regular forum for discussing progress, enabling consistency and continuity of alcohol-related key messages across the regions.





6.0 Workforce development

This section provides information on workforce development and cultural competency in the addictions and mental health sectors, as well as an overview of Pacific providers in the sector, including a summary of directories and stocktakes of providers.

6.1 Overview

According to Tiatia (2008), in a recent review of Pacific cultural competencies literature, a fundamental part of providing effective health care for Pacific peoples is a well-trained, competent and capable workforce which is directed and supported by the development of Pacific cultural competencies and best practice guidelines.

New Zealand's legislative framework reflects this requirement. *The Health and Disability Commissioner Act 1994* and its accompanying regulation, *Code of Health and Disability Services Consumers' Rights 1996*, require that services acknowledge the needs of people from a range of cultures and provide for those needs while also protecting culturally diverse people from coercion, discrimination and exploitation. A culturally sensitive approach and acknowledgement of a person's cultural and ethnic identity, language, and religious or ethical beliefs is also advocated in the *Mental Health (Compulsory Assessment and Treatment) Act 1992* and its amendments while a 2001 Mental Health Commission paper on recovery competencies requires that a competent mental health worker acknowledges the different cultures in New Zealand and knows how to provide a service in partnership with them (Mental Health Commission, 2001b).

In terms of addiction services for Pacific peoples, the *National Drug Policy 2007-2012* (Ministerial Committee on Drug Policy, 2007) highlights the need to improve the access and quality of alcohol and drug treatment services for Pacific peoples. Additionally, the Ministry of Health's (2004a) *Pacific Health and Disability Workforce Development Plan* points out that, as overseas practitioners play an increasing role in the New Zealand workforce, Pacific cultural competence among these practitioners needs to be particularly emphasised.

6.2 The Pacific health and AOD sector workforce

The Ministry of Health (2004a, p. 6) reports that “[r]obust and comprehensive data on the characteristics, numbers, locations and occupations of the Pacific health and disability workforce is scarce – in some cases, nonexistent”. Many health occupations are unregistered, including community and voluntary sector health workers and disability support workers, resulting in a scarcity of reliable data. This is compounded by poor recording and inconsistent definitions of ethnicity, which means little comparative ethnic-specific data exists.

Given these limitations, it is difficult to fully characterise the Pacific health and disability workforce or compare it with the mainstream workforce. Nevertheless, it is known that the Pacific health promotion workforce is largely unregulated and is mostly from the voluntary sector which has clear implications for training and resourcing. It is also known that the main employers of the mental health and addiction workforce are DHBs and a range of NGOs (Ministry of Health, 2004a, 2006a).

The information that is available about the number of Pacific people working in mental health and addiction services is currently gathered from a range of sources, mostly one-off surveys (Ministry of Health, 2005a). For example, a 2004 survey by Matua Raki (the National Addiction Treatment Workforce Development Programme) found that there were 950 addiction practitioners currently registered in New Zealand (850 AOD workers and 100 problem gambling practitioners). Of these, 22% were Māori and only 4% Pacific peoples (Matua Raki, 2005). Surveys such as these show certain population groups (particularly Pacific and Asian ethnicities) continue to be relatively under-represented in the mental health and addiction workforce (Ministry of Health, 2005a).

Interviews by Robinson and colleagues (2006) of Pacific staff members from 13 services registered with the *Alcohol Advisory Council of New Zealand National Directory*, also provide some recent information on the treatment interventions and practices of Pacific AOD services in New Zealand. Results from the survey indicate that, overall, the practices in DHBs and non-

government Pacific services are similar. However, the clinical concepts of assessment, treatment, and outcome measures were often not clearly understood by Pacific workers, due to a lack of attention to specific Pacific concepts, practices and values.

According to Robinson and colleagues, a holistic model, such as *Fonofale*¹⁹, is the best approach to working with Pacific clients. Similarly, the Ministry of Health (2006a) maintains that adopting a holistic approach to health that is consistent with a Pacific worldview is critical to the successful training and development of a Pacific health promotion workforce. In fact, the Pacific Competencies Working Party (2002), in developing Pacific cultural competencies for Pacific workers in the AOD field, found that most, if not all, Pacific providers in the AOD field do provide a service that acknowledges the ‘whole’ person. The Working Party recommended that Pacific AOD workers meet this holistic approach by bringing their ‘whole self’ to the client relationship. It is also stipulated that there needs to be an awareness among AOD workers of their own personal limitations and a recognition of the impact of a holistic approach and how it is applied among different Pacific groups.

Robinson and colleagues also identified a ‘Pacific way’ of working with Pasifika clients. Specifically, the authors contend that the most effective worker for Pacific peoples is someone who has sound knowledge of AOD, Pacific cultures and processes, and the ability to integrate both *palangi* and Pacific knowledge to help the client. These findings are endorsed by Ministry of Health documents (1995; 1997; 1998; 2002; 2005a; 2005c) on Pacific health and workforce development which recommend that services designed for Pacific peoples should be responsive to their needs (based on consultation with Pacific communities) and, where possible, involve Pacific staff in delivery and the wider family and community in treatment.

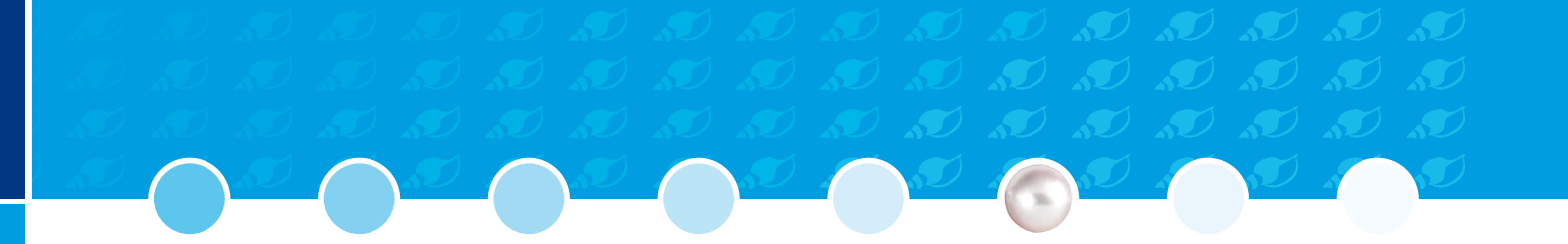
6.3 Pacific providers in the AOD sector: Stocktakes and directories

Two of the first Pacific-specific providers of AOD services to be established in New Zealand were: the Pacific Islands Drug and Alcohol Services (PIDAS) (established in 1995) and Tupu: Pacific Island Mental Health Alcohol and Drug Services (Lima, 2006). Other Pacific providers providing AOD services (alongside other health and social services) for Pacific people include the following²⁰.

- Folau Alofa Trust (Wellington)
- Isalei Pacific Island Mental Health Unit (West Auckland)
- Lavea’i Trust, based at Pacificare Trust (Auckland)
- Lotofale Pacific Island Mental Health Unit (West Auckland)
- Manukau Pacific Islands Trust (South Auckland)
- Na’a’o Felelenite Alcohol Rehab Support Club (Waikato)
- Otago Pacific People’s Health Trust (Otago)
- Pacific Health Unit (Counties Manukau DHB)
- Pacific Island Advisory and Cultural Trust Inc. (Southland)
- Pacific Island Evaluation Inc. (Christchurch)
- Pacific Peoples’ Addiction Services Inc. (PPAS) (Hamilton)
- Pacific Trust Canterbury (Christchurch)
- Pacificare Trust (South Auckland)
- Taeamanino Trust Alcohol and Drug Service (Wellington)
- Tanumafili Trust (Wellington)
- Toutupu Tonga Youth Trust (South Auckland)
- Vakaola (Porirua).

¹⁹ The holistic *Fonofale* model of health care utilises the metaphor of a house (*fale*) to symbolise the wholeness of a Pacific person. The ‘physical’, ‘spiritual’, ‘mental’ and ‘other’ parts of a Pacific person make up the four pillars of the *fale*, while the aspects of ‘culture’ and ‘family’ make up the roof and base. More information on Pacific health models and frameworks can be found in Section 4.5.2.

²⁰ This list of providers is consolidated from information in: *Pasifika Profile: ALAC, Pacific people and alcohol* (Lima, 2006); *Pacific mental health services and workforce: moving on the blueprint* (Mental Health Commission, 2001a); *ALAC’s Alcohol Handbook series* (published over 2005-2007); and *ALAC’s Alcohol, Your Community and You series of guidelines* (published over 2006/07). Additional information was also provided by Metua Faasisila (Manager Pacific Programmes, ALAC).



As well as specific Pacific service providers, some mainstream AOD providers also provide specialised services for Pacific people, including (Lima, 2006; Personal communication, Metua Faasisila, Manager Pacific Programmes, 8.10.08):

- Care NZ
- Community Alcohol and Drug Services Auckland (CADS)
- Odyssey House
- Salvation Army
- Moana House
- Q-nique (Lower Hutt).

The Alcohol Drug Association of New Zealand's (ADANZ) *Addictions Treatment Directory*²¹ contains a regionalised database of all the addiction treatment and advice services available in New Zealand. As at 15 September 2008, the following providers were listed in the directory under the 'Pacific' service category:

- Addiction Advocacy Service
- Addiction and Mental Health (Gisborne)
- Addiction Resource Centre / Te Utuhina Manaakitanga Trust
- Alcohol Advisory Council of New Zealand
- Alcohol and Other Drugs Service (Whanganui DHB)
- Ashburton Community Alcohol and Drug Service
- Auckland Community Alcohol and Drug Services (CADS)
- Best Care (Whakapai Hauora) Charitable Trust (Palmerston North)
- Community Alcohol and Drug Services Southland (formerly Rhanna Clinic)
- Gambling Helpline
- Harbour House (Care NZ)
- Hinetitama Alcohol and Other Drug Service (Lower Hutt)
- Moana House / Downie Stewart Foundation
- North Otago Budget Advisory Service Inc.
- Odyssey House (Auckland)
- Pacific Island Alcohol and Drug Service (PIDAS)
- Pacific Island Evaluation Inc
- Pacific Peoples' Addiction Service
- Pacific Trust Canterbury - Alcohol and Other Drugs Service
- Pacificare Hospital / Rest Homes and Mental Health Services
- Piritahi Hau Ora
- Problem Gambling Foundation
- Raukawa Trust Board
- Raukura Hauora O Tainui Alcohol and Other Drug and Mental Health Service
- Salvation Army Bridge Programme

21 Available at <http://www.addictionshelp.org.nz/Services/Home>.

- Te Korowai Hauora O Hauraki (Thames)
- Te Rapuora O Te Waiharakeke Trust (Te Rapuora Health Service) (Blenheim)
- Te Utuhina Manaakitanga Trust , Alcohol and other Drug Counselling
- Te Whare Hauoro O Te Awhina Marae (Motueka)
- Tranx Drug & Alcohol Services Incorporated
- TUPU Pacific Mental Health Alcohol and Drug Service – CADS
- Waipareira Hauora
- Wairoa District Society on Alcohol & Drugs Misuse Inc. (Manaaki House)
- Wings Trust 1986 Inc.
- Women's Refuge
- Woodlands Centre Charitable Trust Inc.

ALAC's *National directory of alcohol and drug services for Pacific peoples* (2002b) lists organisations offering alcohol and drug services for Pacific people as well as mainstream organisations that employ designated staff to work with Pacific peoples²². The directory is arranged by city and includes contact details and information about the services, interventions and programmes offered by the following providers.

- **Auckland:**
 - Lavea'i
 - Lotofale (Pacific Island Mental Health Service)
 - Pacific Care Trust
 - Pacific Island Drug and Alcohol Service (PIDAS)
 - Pacific Motu Trust
 - Pasifika Healthcare
 - Tupu Services (mainstream Regional Alcohol and Drug Service)
- **Hamilton:**
 - Pacific Peoples Addiction Services Inc.
 - Te Runanga o Kirikiriroa Rongo Atea – Alcohol and Drug Residential Treatment Service
- **Wellington:**
 - Taeaomanino Trust
 - Tanumafili Trust
- **Christchurch:**
 - Pacific Island Evaluation
 - Odyssey House Trust Christchurch (mainstream).

Additionally, as a part of the *Le Ala* research project, a nationwide stocktake of Pacific AOD services and interventions was conducted²³. Dialogue was carried out with a diverse range of AOD and other social service providers, DHB funders and planners, alcohol and other drug clinicians and practitioners, service users and others. Over 100 people participated in fono, face-to-face meetings and interviews (Alcohol Advisory Council of New Zealand, 2007a).

²² ALAC has also contracted ADANZ to provide a *Pacific Directory of Services* which is expected to be available later in 2008 (Personal communication, Metua Faasisila, Manager Pacific Programmes, 6.8.08).

²³ A report on the *Le Ala* stocktake is under development and due to be released later in 2009.



6.4 Pacific primary care providers

- **Auckland:**
 - Pasifika Integrated Healthcare Limited
 - West Fono Health Trust
 - TaPasefika Health Trust
 - Health Pacifica Doctors
 - South Seas Healthcare
- **AuckPac Trust**
 - Avondale Family Health Centre
 - Eastbay & Glen Innes Medical Centre
 - Health Star Pacific Trust
 - Mt Wellington Accident & Family Health Centre
 - Otahuhu Family Practice
 - Mt Roskill Medical Centre
 - Hong Kong Surgery
 - Tongan Health Society
 - Pacific Horizon Healthcare
- **Waikato:**
 - Te Rapakau Health
 - Ka'ute Pasifika Services
 - South Waikato Pasifika Health Committee Inc.
- **Wellington:**
 - Pacific Health Service Wellington
 - Pacific Health Service Porirua
 - Pacific Health Service Hutt Valley
- **Canterbury:**
 - Pacific Trust Canterbury
- **Otago:**
 - Otago Pacific Peoples Health Trust
- **Invercargill:**
 - Pacific Islands Advisory and Cultural Trust

6.5 ALAC's involvement in workforce development

A comprehensive listing of ALAC's publications in the area of workforce development for Pacific health care workers can be found in Section 6.9.

An important area of ALAC's work with Pacific communities has been supporting Pacific AOD services. Over the years, ALAC has supported the development of the Pacific AOD workforce by way of scholarships, summer studentships, and conference attendance sponsorship (Lima, 2006). ALAC initiatives to support Pacific health workers and communities to work with Pacific families to reduce alcohol-related harm include: developing the capacity and capability of the health workforce to identify and address alcohol-related harm through ALAC-sponsored workshops; the provision of resourcing for Pacific health workers to deliver programmes within communities; and monitoring and identifying effective interventions (Ministry of Health, 2008c).

An early ALAC-sponsored research project related to Pacific AOD workforce development (*Workforce development for Pacific people working in alcohol-related areas*) was conducted by Target Education and Management Consultants and published in 1999. The research examined the training and education needs of Pacific peoples in alcohol-related areas and identified a lack of coordinated strategies put in place by mainstream tertiary providers to deal specifically with Pacific practitioners. The report highlighted the need for training that provides application methods and techniques appropriate to the work of Pacific practitioners and their Pacific clients in the AOD field (Target Education and Management Consultants, 1999). According to Lima, this report was the precursor of Pacific peoples being more deeply involved in ALAC's workforce development of Pacific competencies and other Pacific workforce-related issues (Lima, 2006).

Another ALAC initiative in developing the Pacific AOD sector was evaluation of the effectiveness of AOD education and training for Māori and Pacific community members in community settings. The evaluation report, conducted by the Goodfellow Unit of the University of Auckland, recommended that ALAC should promote and implement appropriate education and training of priority groups, including Pacific peoples and Māori, as an effective strategy to increase the level of early and brief intervention for alcohol and other drugs (McLachlan-Smith et al., 1999). The report also recommended that culturally appropriate education and training for Pacific community members should "continue to be supported by funding agencies, as it is making a real difference to the knowledge, skills, attitudes and behaviours of first contact workers in communities" (p. 67).

In 2001, consultation with Pacific AOD workers resulted in unanimous support for developing workplace competencies specifically for Pacific AOD workers working with Pacific peoples. The resulting competencies were developed by the Pacific Competencies Working Party (with contributions from ALAC's Pacific Reference Group) and published in *Practitioner competencies for Pacific alcohol and drug workers working with Pacific clients in Aotearoa-New Zealand*. These were the first Pacific cultural competencies developed for Pacific workers in the AOD field (Pacific Competencies Working Party, 2002). See the following section for more detail on cultural competencies and ALAC's work in developing cultural competencies through the Pacific Alcohol and Drug Outcomes (PADOPT) project.

In early 2004, the pilot of the Pacific Alcohol Harm Reduction Strategy (commissioned by ALAC) commenced. The strategy's overall aim was to reduce the incidence of alcohol-related harm in Pacific families and communities in Counties-Manukau. The strategy covered issues of workforce development, resource development and delivery to the community. The purpose of the strategy was essentially to raise awareness of AOD issues within Pacific communities in the Counties-Manukau DHB region. TaPasefika (a Primary Health Organisation servicing South and West Auckland Pacific populations) was contracted to deliver the Pacific Alcohol Harm Reduction Strategy in Counties-Manukau (Sheehan, 2004).

The formative/process evaluation of the project identified, among a range of issues, the need for specific Pacific entry-level training in the AOD sector, and the need for better sector collaboration and commitment to sharing current experience. A number of problem areas and limitations in organisational capacity and workforce development were also identified and it was recommended that ALAC support the development of an entry-level Pacific AOD training programme and structure strong accountability into future provider contracts (Sheehan, 2004).

Sheehan (2005) describes how the second iteration of the Pacific Alcohol Harm Reduction Strategy has built on the findings from the formative/process evaluation and has seen the contract move to the Clinical Research and Resource Centre (CRRC) and the closer engagement of two Pacific primary care providers (South Seas Healthcare and Pasifika Healthcare).



6.6 Cultural competency in the workforce

‘Cultural competence’ is defined by the Australian Government National Health and Medical Research Council (2005, p. 7) as the “capacity of a health system to improve health and wellbeing by integrating culture into the delivery of health services”. Most definitions of cultural competency in the workplace have a common element: an adjustment or acknowledgement of one’s own culture in order to recognise, respect and understand the culture of clients, patients, working colleagues or communities (Tiatia, 2008). In terms of Pacific peoples, a pertinent definition includes the ability to integrate or acknowledge Pacific values, principles, structures, attitudes and practices in the care and delivery of service to Pacific clients, their families and communities (Tiatia, 2008).

There is a growing awareness that cultural competence is a key tool in making health services more responsive to Pacific peoples, Māori and other groups. Indeed, *The Health Professional Competency Assurance Act 2003* requires practitioners to demonstrate cultural competence while Objective 2.1 of the Ministry of Health’s *Pacific Health and Disability Workforce Development Plan* (‘Define and develop cultural competence’) notes the importance of cultural competence in the delivery of health and disability services to Pacific peoples by Pacific and mainstream providers (Ministry of Health, 2004a).

An ALAC project that piloted a training package to assist Pacific primary health providers to enhance their knowledge and responsiveness to the needs of Pacific clients with AOD problems, found a clear need for training in addictions within Pacific primary health services (Robinson et al., 1999). Further, and as was discussed in the previous section, consultation in 2001 with Pacific AOD workers in New Zealand’s main centres resulted in unanimous support for developing workplace competencies specifically for Pacific AOD workers dealing with Pacific communities (Pacific Competencies Working Party, 2002).

The competencies subsequently developed in *Practitioner competencies for Pacific alcohol and drug workers working with Pacific clients in Aotearoa-New Zealand* were based on the beliefs, knowledge and skills used by Pacific AOD workers dealing with Pacific clients, with a focus on generic and common understandings across Pacific cultures. They were written in broad terms to allow for the diversity of Pacific models of practice. It was also noted that, although the term ‘Pacific’ was used to describe ‘pan-Pacific’ attributes, the competencies can be interpreted and applied by individual AOD workers within their own ethnic contexts.

However, while many organisations (including DHBs and other regulatory bodies) have already begun thinking about what Pacific cultural competence means and some Pacific health services have already interpreted and implemented culturally competent Pacific practice in their workplaces, Tiatia (2008) maintains that Pacific cultural competence is still a relatively recent concept with very little development, resulting in few clear definitions and sometimes limited buy-in.


Nevertheless, progress is being made in the development of cultural competencies. Discussed now are some of the recent developments in cultural competency and outcome measurement in the AOD treatment field and, more specifically, in the Pacific AOD field.

6.6.1 Early work in outcome measurement

In 1997, the New Zealand Health Funding Authority established the Mental Health Research and Development Strategy (MHRDS), administered by the Health Research Council of New Zealand and supported by the Ministry of Health and the Mental Health Commission²⁴. One of the four priority areas of the MHRDS was to develop and assess measures of mental health outcome for consumers of mental health services (Deering et al., 2004).

A 2005 literature review completed for Te Pou (New Zealand’s National Centre of Mental Health Research, Information and Workforce Development) found that, at an international level, there is a paucity of literature exploring mental health outcome measurement for ethnic minorities, immigrants or indigenous peoples (Niumata-Faleafa & Lui, 2005). Similarly, published documents specifically aimed at Pacific peoples’ mental health outcomes and outcome measurements were found to be sparse. Indeed, the review identified only one Pacific consumer mental health outcome measure, developed as part of the **Lotofale Study**.

²⁴ The functions of the MHRDS are now covered by Te Pou’s research programme. See Section 6.7.4 for more information on Te Pou.



In 1998, key Pacific people working in mental health and related fields identified that the mental health outcome tools currently available did not meet the mental health needs of Pacific consumers and their families. As a result, the Lotofale Study (based in Auckland) was initiated to develop an outcome tool suitable for Pacific peoples. In 1999, a draft Pacific Mental Health Outcome Measure (PMHOM) with items that would map onto the six principal components of the *Fonofale* model (cultural, family, spiritual, physical, mental, and other) was developed. The draft PMHOM was developed in English and then translated into Samoan, Tongan, Cook Islands Māori and Niuean (Su'a-Huirua 2003 in Niumata-Faleafa & Lui, 2005).

A series of *fono* were held over the next two years to consult and gain feedback from key stakeholders on the tool. The final draft of the PMHOM was pilot tested by 49 consumers of Lotofale (Su'a-Huirua 2003 in Niumata-Faleafa & Lui, 2005). In November 2002, results from the trial were made available to the Mental Health Commission for statistical analysis. However, the report on the processes and findings of the Lotofale Study was never completed and it was not until Te Pou commissioned a report on outcome measures for Pacific peoples in early 2005 that 'lost' information from the Lotofale Study was sought and collated. The Te Pou report concluded that, despite some positive aspects, the PMHOM, in its current state, did not meet the needs of measuring Pacific mental health outcomes as defined by the objectives of the MH-SMART²⁵ initiative (Niumata-Faleafa & Lui, 2005).

6.6.2 ADOPT

The Alcohol and Drug Outcome Project (ADOPT) was funded at the end of 2002 to specifically lay the groundwork for defining a psychometrically sound outcome measurement system that is suitable for use within the AOD sector and that will be one of the suite of outcome measures implemented by Te Pou (see Section 6.7.4 for more information on Te Pou). The ADOPT project team is a national collaborative team supported by a Primary Reference Group, comprising Māori, Pacific, consumer, university, AOD sector and clinician/worker representatives. Information for the project was also provided to and by ALAC's Pacific Reference Group (Deering et al., 2004).

The ADOPT project comprised several overlapping phases, including a literature review and an extensive national consultation process. The first phase of ADOPT presented findings and recommendations in both the outcome measure design and its development towards validation as a psychometrically sound instrument for measuring outcomes for users of AOD services. The consultation process and literature review came to the conclusion that the unique needs of other cultures, in particular Pacific peoples, and age groups, especially youth and older persons, need to be independently considered in the development of routine outcome measurement (Deering et al., 2004).

See <http://www.matuaraki.org.nz> and <http://www.tepou.co.nz> for more information on the ADOPT project.

6.6.3 PADOPT

In order to meet the identified need to investigate cultural competency and outcome measurement in the Pacific AOD treatment sector, ALAC contracted the Clinical Research and Resource Centre (CRRC) to undertake a three-phased project aimed at exploring the current service delivery practices of Pacific AOD services in New Zealand and improving the effectiveness of these services. Launched in 2002, the Pacific Alcohol and Drugs Outcome Project (PADOPT) investigates issues pertinent to the Pacific population from various perspectives of service delivery (Samu et al., 2005).

Phase I of PADOPT, completed in May 2003, explored Pacific AOD clinicians' perceptions about service delivery practices and treatment approaches for Pacific people (Matangi-Karsten & Warren, 2003). Thirty-one staff from 13 services were included in the research and initial recommendations on ways of improving AOD treatment for Pacific consumers were made. The key findings identified by the study included (Matangi-Karsten & Warren, 2003; Matangi-Karsten et al., 2007; Robinson et al., 2006):

- there is a 'Pacific' way of working with Pacific AOD clients
- elements of Pacific and *palangi* understandings of AOD issues are applied by Pacific AOD workers

²⁵ MH-SMART (Mental Health Standard Measures of Assessment and Recovery) is one of the primary initiatives of Te Pou. The MH-SMART initiative endeavours to support recovery by promoting and facilitating the development of an outcomes-focussed culture in the mental health sector. A principle means of achieving this is through the implementation of a suite of standard measures of outcome to quantify change in the mental health of consumers using mental health services. The initiative is ongoing and Te Pou's website (<http://www.tepou.co.nz>) should be checked for current information.



- there is no significant difference between Pacific interventions offered by NGO and DHB providers, but there are differences in resourcing and service structure
- it is important to include family in the treatment process
- an effective AOD worker is described as being Pacific, understanding AOD issues, knowing the Pacific culture and having the skills to integrate this knowledge.

Recommendations specific to workforce development include the need for ongoing clinical and cultural training for Pacific AOD workers nationwide to enhance workers' skills and abilities (Matangi-Karsten & Warren, 2003). Matangi-Karsten and Warren emphasise that, wherever possible, this training should be delivered by Pacific workers and clinicians while suitable environments need to be developed for Pacific AOD workers to obtain supervision and training skills.

Building on the Phase I research, Phase II, completed in October 2004, involved interviews with Pacific clients and families on their experiences with Pacific AOD services, as well as with service managers and team leaders within those services (Samu et al., 2004). The issues raised in this phase of the study included: being culturally responsive; issues related to young clients' assessment and treatment interventions; family involvement; service users being adequately informed; workforce development; supervision requirements; database issues; outcome measures; and inter-sectoral collaboration. Several of these areas are being addressed by Phase III of PADOPT (Matangi-Karsten et al., 2007; Samu et al., 2004).

The aim of Phase III is to develop and pilot an evaluation framework that will allow Pacific peoples to measure and evaluate their service provision and responsiveness to the needs of Pacific AOD clients. It specifically aims to provide a tool that can be used to assess a range of service models of care, tools and/or processes used by Pacific providers (Samu et al., 2005). In 2005, Pacific AOD services participated in the PADOPT III study to develop an evaluation framework for Pacific AOD services. The resulting framework proposes a structure, process and tool for service self-assessment (Alcohol Advisory Council of New Zealand, 2006).

According to Sheehan (2005), the PADOPT project has had many indirect benefits for the sector including sector consolidation and opportunities for researchers, clinicians and service management to better appreciate the scale of the sector and its needs and has been able to give impetus to further research work to support the Pacific AOD sector.

6.7 The mental health sector

6.7.1 Pacific mental health written resources

Following publication of *Tupu Ola Moui: The Pacific Health Chart Book* in 2004 (Ministry of Health, 2004c), more information specific to Pacific peoples' mental health has become available with the release of *Te Orau Ora: Pacific mental health profile* (Ministry of Health, 2005b) and *Te Rau Hinengaro: The New Zealand mental health survey* (Oakley Browne, Wells & Scott, 2006)²⁶.

Te Orau Ora was developed to provide information on the mental health status of Pacific peoples in New Zealand. The information in *Te Orau Ora* attempts to better represent Pacific numbers within the Mental Health Information National Collection (MHINC) data and is intended to assist in the planning of service provision. *Te Rau Hinengaro* (which surveyed over 13,000 New Zealanders, more than 2,500 of whom were Pacific peoples) provides information about the prevalence of mental disorders, patterns of onset and the impact for adults in New Zealand, and patterns of health service use by people with mental health problems. The companion report *Substance use disorders in Te Rau Hinengaro: The New Zealand mental health survey* (Wells, Baxter & Schaaf, 2006) was prepared for ALAC to provide information on substance use disorders specifically.

Additionally, the Ministry of Health's recently published *Pacific peoples and mental health: A paper for the Pacific Health and Disability Action Plan Review* (Ministry of Health, 2008b) brings together available information and evidence about Pacific peoples' mental health. It provides background about Pacific perspectives on mental health; profiles the prevalence of

²⁶ *Te Rau Hinengaro* was undertaken as part of meeting New Zealand's commitments as a member of the WHO World Mental Health Survey Consortium. The survey results provide detailed information for the first time on mental illness prevalence for Maori and Pacific peoples, as well as for the general New Zealand population (Ministry of Health, 2008b).



disorders and patterns of service use; describes issues facing migrants, children and youth; discusses suicidal behaviours and addictions; and describes the resources currently available for Pacific peoples' mental health.

6.7.2 Mental health among Pacific peoples

According to *Te Orau Ora* (Ministry of Health, 2005b), Pacific peoples are less likely to use mental health services than any other group in New Zealand, despite rates of mental illness being generally higher when compared to the total population, particularly among Pacific males and Pacific older people. However, *Te Orau Ora* also reports an increasing number of Pacific peoples accessing mental health services and attributes this to factors such as unemployment, low income, poor housing, breakdown of extended family networks, cultural fragmentation, and rising alcohol and drug problems that are having an increasing impact on the mental health of Pacific peoples.

The findings reported in *Te Orau Ora* were confirmed by the publication in 2006 of *Te Rau Hinengaro: The New Zealand mental health survey* (Oakley Browne, Wells & Scott, 2006). Findings from *Te Rau Hinengaro* indicate that Pacific people carry a higher burden of mental disorder than New Zealanders in general, with a 12 month prevalence of 24.4% compared with 20.7% in the total New Zealand population. *Te Rau Hinengaro* also confirmed that Pacific peoples are low users of mental health services (25.4% of those who had experienced a serious mental disorder in the last 12 months had visited a healthcare service, compared with 58.0% of New Zealanders overall).

In terms of substance disorders, *Te Rau Hinengaro* reports that Pacific peoples experience higher levels of these disorders, in particular in relation to alcohol, than the general population (4.2% for alcohol abuse or dependence compared to 7.4% for Māori and 2.2% for 'others'). Comorbidity of substance disorders was also common, particularly in the overlap of alcohol and drug dependence. Thirty-four percent of Pacific people experiencing alcohol dependence also reported drug abuse symptoms in the past 12 months while 54% of Pacific peoples with drug dependence also reported alcohol abuse symptoms in the past 12 months (Oakley Browne, Wells & Scott, 2006).

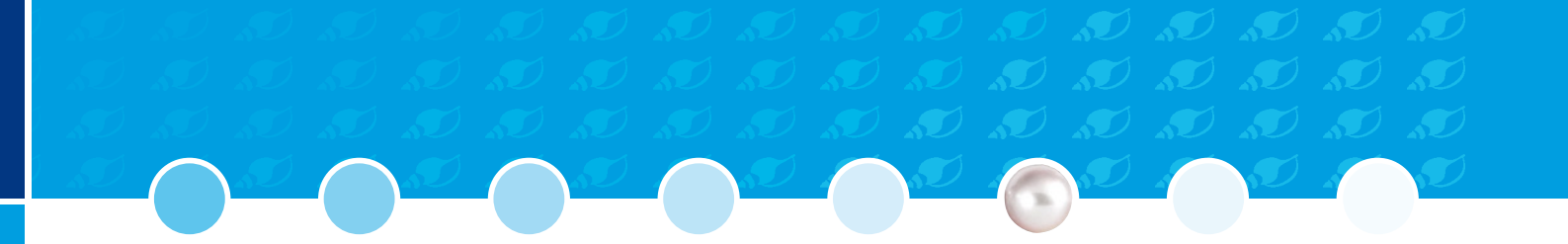
Te Orau Ora (Ministry of Health, 2005b) reports that, of all Pacific peoples seen by mental health services, 14% were also seen by an AOD service (a similar rate of dual diagnosis as for the general population). However, *Tupu Ola Moui* (the Pacific health chart book) contends that, after adjusting for age and deprivation, Pacific peoples are 17% less likely than the national average to use AOD services (Ministry of Health, 2004c). Utilisation is reported to be particularly low for Pacific women and older age groups, possibly reflecting access barriers and/or cultural discomfort with the available services. However, while Pacific peoples appear to be less likely than the total population to use AOD services, figures from *Te Rau Hinengaro* also indicate that Pacific young people aged 15-19 appear to use these services as much as other New Zealanders of the same age (Oakley Browne, Wells & Scott, 2006).

6.7.3 The strategic framework

The Ministry of Health's work to address the needs of New Zealanders who experience mental illness, as well as the mental health and addiction workforce's development needs, is guided by several strategic documents and action plans, including *Te Tahuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan* (Ministry of Health, 2005c). Additionally, an action plan to implement *Te Tahuhu*, *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015* (Ministry of Health, 2006b), was released in August 2006.

Te Tahuhu – Improving Mental Health 2005–2015 sets out ten leading challenges or action priorities for the development of mental health and addiction services. All the leading challenges have significant workforce development aspects, but there is one specific workforce challenge: 'Workforce and Culture for Recovery'. The challenge is to: "Build a mental health and addiction workforce – and foster a culture amongst providers – that supports recovery, is person centred, culturally capable, and delivers an on-going commitment to assure and improve the quality of services for people" (Ministry of Health, 2005c, p. 12).





In December 2005, the Ministry of Health also published *Tauawhitia te wero – embracing the challenge: National Mental Health and Addiction Workforce Development Plan 2006–2009* (Ministry of Health, 2005a), which provides a framework for the development of the mental health and addiction workforce over the next four years framed around five strategic imperatives:

- workforce development infrastructure
- organisational development
- recruitment and retention
- training and development
- research and evaluation.

Te Awhiti: National Mental Health and Addictions Workforce Development Plan for, and in support of, non-government organisations 2006–2009 (Mental Health Workforce Development Programme, 2006) takes the framework and strategic imperatives set out in *Tauawhitia te wero* and explores the practical requirements and implications for the NGO sector. *Te Awhiti* provides a comprehensive overview of current workforce development strategies within mental health and addiction NGO services and offers a workforce development plan based on the needs and capabilities of the sector, aimed at strengthening the NGO mental health and addictions workforce.

In terms of Pacific peoples' health, the Ministry of Health's *Pacific Health and Disability Action Plan* (Ministry of Health, 2002) (which sits within the context of the New Zealand Health Strategy and New Zealand Disability Strategy) sets out the strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific peoples²⁷. Complementing the Action Plan is the *Pacific Health and Disability Workforce Development Plan* (Ministry of Health, 2004a). The Development Plan completes one of the Action Plan's action points under the 'Pacific provider development and workforce development' priority area by providing a framework for health and education organisations to positively influence the pathways for Pacific peoples' participation in the health workforce.

In addition, the Mental Health Commission's 2001 publication *Pacific mental health services and workforce: Moving on the blueprint* (Mental Health Commission, 2001a) builds on the Pacific sections of the Commission's 1998 blueprint²⁸.

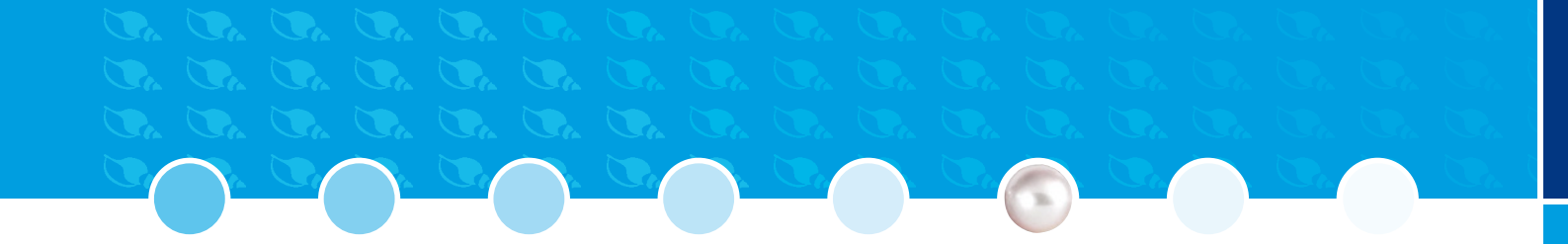
6.7.4 Developing the Pacific mental health and addiction workforce

In 2003, the Ministry of Pacific Island Affairs, in consultation with the Ministry of Health and other agencies, developed a *Pacific Workforce Development Strategy* (Ministry of Pacific Island Affairs, 2003). The strategy's vision is "to improve the social and economic status of Pacific people, through developing and increasing a Pacific workforce that builds on existing skills, talents and innovation, to meet existing challenges and the future demands of a modern economy" (Ministry of Pacific Island Affairs, 2003). It was envisaged that, within this strategy, existing and future government strategies that contributed to Pacific workforce development outcomes could be aligned, co-ordinated and monitored (Ministry of Health, 2004a).

According to the Mental Health Workforce Development Programme (2006), the greatest impact on Pacific mental health and addiction service provision in the future is expected to be in the 10–30 years age group. Given the youthful profile of the Pacific population, this will necessitate concentrated effort on workforce development to address the future health needs of Pacific peoples (Mental Health Workforce Development Programme, 2006). In addition, Kirk and colleagues (2007), in a discussion of the options available for the establishment of a Pacific Mental Health Workforce Development Organisation, argue there is a clear need for such an organisation that can focus on building the capacity and capability of the Pacific mental health workforce.

27 The Action Plan builds on policy developments from two earlier Ministry of Health publications, *Making a Pacific difference in health policy* (1998) and *Making a Pacific difference: Strategic initiatives for the health of Pacific peoples* (1997). The latter document introduced the Pacific People's Health Charter.

28 The Blueprint for mental health services in New Zealand: How things need to be (Mental Health Commission, 1998) details the resources the Mental Health Commission considers necessary to implement the developments presented in *Moving forward: The national mental health plan for more and better services* (Mental Health Commission, 1997).



Te Orau Ora (Ministry of Health, 2005b) also emphasises the need to increase the Pacific mental health workforce while *Te Tāhuhu* (Ministry of Health, 2005c, p. 11) challenges the mental health and addiction sector to respond to the “unique needs of specific population groups”, including Pacific peoples. *Te Kōkiri* (Ministry of Health, 2006b) confirms the Government’s commitment to building responsive services for people who are severely affected by mental illness and/or addiction, including via building a Pacific research agenda and developing initiatives to increase the Pacific mental health workforce. It is in this context that Te Pou has been commissioned by the Ministry of Health to develop a national research agenda for implementation in the next five to ten years.

Te Pou²⁹

Funded by the Ministry of Health, Te Pou o te Whakaaro Nui is New Zealand’s National Centre of Mental Health Research, Information and Workforce Development. Te Pou’s key objectives are: to build a strong and enduring workforce to deliver mental health services to all people; and to develop a culture of continuous quality improvement in which information and knowledge is welcomed and used to enhance recovery and service development.

As discussed above, research has identified differences in the prevalence of mental illness and service use in groups such as Pacific peoples. Moreover, reducing health inequalities between population groups is a key Government objective. In order to specifically develop an Asian, refugee and migrant mental health and addiction research agenda, Te Pou works with relevant key stakeholders, including the Ministry of Health, DHBs, NGOs, ALAC, Asian and other ethnic peoples with experience of mental illness, communities, networks, service users, tangata whaiora (mental health consumers), families, and national workforce and research centres and programmes.

Te Pou is also currently developing an action-focused strategic plan for Pacific workforce development. This is likely to include a stocktake of Pacific mental health workforce numbers, work on leadership and management, and developing a Pacific core competency framework. Te Pou is also responsible for developing an online resource of mental health service development initiatives. This project will collect and present snapshots of innovative and effective initiatives with the intention of sharing and developing new and best practice in mental health service provision (Ministry of Health, 2008b).

In terms of the mental health workforce development needs of specific populations, **Te Rau Matatini** is currently contracted by the Ministry of Health to develop a research agenda for Māori while **Le Va** is developing a research agenda for Pacific peoples.

Le Va

Le Va is the Pacific programme within Te Pou and was officially launched by the Minister of Pacific Island Affairs, Hon Luamanuvao Winnie Laban, at the Ministry of Health’s Akirata Pacific Health Providers Fono on 29 February 2008.

Le Va’s vision is “Vibrant leadership and well Pacific families.” Its core function is to create space to support the mental well being of Pasifika people and their families in New Zealand. Le Va’s focus is also to create opportunities for Pacific leadership and develop the capacity and capability of the Pacific workforce whilst infusing Pasifika throughout Te Pou and the wider sector.

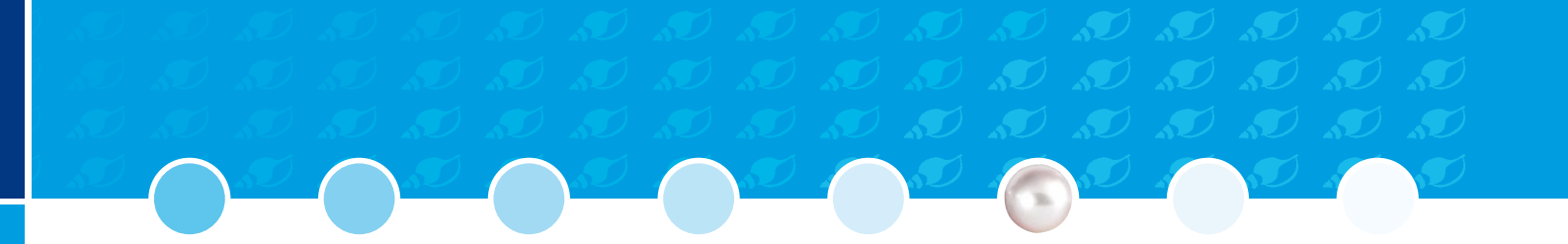
Le Va currently has a core national team of six people based primarily in Auckland. It is headed by clinical psychologist Dr Monique Faleafa as the National Manager. Dr Faleafa is supported by Talita Fitikeyu (Pacific Administrator), Shana Malio (Project Coordinator), Hone Fowler (Youth Advisor), Vito Nonumalo (Project Development based in Wellington) and Manase Lua (Project Development).

The following multi-faceted but inter-related initiatives represent the component parts of a programme or whole of systems approach which includes:

Research – Le Va has developed *Kato Fetu: Pacific Mental Health and Addictions Research Agenda* for the Ministry of Health. Le Va has also sponsored and published an entire edition of the Pacific Health Dialog Journal (February 2009, Volume 15, Number 1) dedicated to Mental Health and Addictions.

²⁹ Unless otherwise noted, the information in this section is taken from the website <http://www.tepou.co.nz/>.





Akaputuputu – A national stock take to gather information on the Pacific Mental Health and Addictions workforce to:

- reliably identify where the gaps are for the workforce;
- inform what areas require priority investment for the future; and
- provide baseline data for comparison, evaluation and measurement in the future.

Le Va Scholarships – Le Va is managing and administering the Ministry of Health’s Mental Health and Addictions Workforce Scholarships and Awards. The purpose of the Scholarships is to:

- develop a more skilled Pacific mental health workforce
- have a supported and sustainable Pacific mental health workforce
- increase the number of Pacific peoples' mental health workers.

Le Tautua – This project has three key strands focussing on fostering leadership for the sector:

- Emerging Leaders Programme (ELP) aimed at developing effective Pacific Managers for the sector. – A cohort has already successfully completed the ELP and now a second intake is proceeding.
- International Initiative for Mental Health Leadership (IIMHL). – Le Va is facilitating the hosting of the Pacific region representatives for the IIMHL visiting Pacific services here in New Zealand.
- Mentoring Matchmakers programme. – The Le Va Mentoring Matchmakers programme is linked with the Le Va Scholarships.

Seitapu – Coordinating and developing the best method of incorporating *Seitapu: Pacific Mental Health and Addiction Cultural and Clinical Competencies* Framework into the “Let’s Get Real” framework.

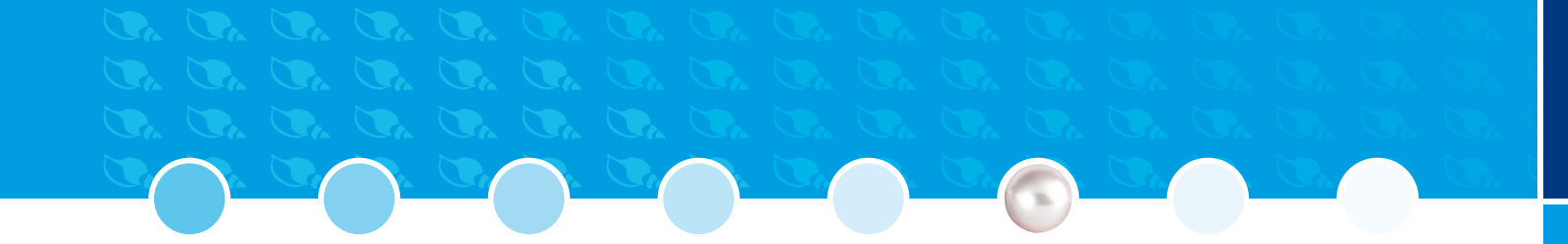
Matutaki – This project is about engaging with Pacific young people and communities to promote mental health and addictions as a career option. Matutaki will eventually feed into a number of key projects particularly the Le Va Scholarships, Drua and Teuane.

Drua – Three regional Pacific workforce incubation fono (forums) were held recently in Wellington, Auckland and Christchurch to discuss issues and solutions going forward. A report is being compiled for release on the Le Va website with planning underway for the next round.

Fakatu’amelie – Three innovative projects were funded out of the twenty one applications received from all over the country in the inaugural round of the Fakatu’amelie Innovation Fund. These projects are currently underway:

- Publication of the Popao (Pacific Recovery and Strengths-based) Model by Malologa Trust based in Auckland.
- Development of the “I Am” (individual journeys and storytelling focus) training manual by Waipuna Trust in Christchurch.
- Organising the first National Pacific Consumer Conference by the Pacific Mental Health and Addictions Service of the Waitemata DHB.

Teuane – This project focuses on supporting the increase in numbers of Pacific Nurses working in the mental health and addictions sector. This project is closely linked to other work within Te Pou and out in the sector.



Le Leo o Le Va (National Pacific Reference Group) - Le Va is fortunate to have a group of highly experienced and knowledgeable people to draw on their advice to keep Le Va relevant and anchored in the community it serves.

(Please visit the Le Va Website for further information - www.leva.co.nz)

6.8 Future directions in cultural competence and workforce development

In 2002, the Pacific Competencies Working Party developed the first Pacific cultural competencies for Pacific workers in the AOD field. The work that underpinned the development of these competencies noted that there is a lack of accurate information on Pacific models of practice and therefore an absence of evidence-based Pacific conceptual frameworks that could inform the further development of Pacific AOD practitioner competencies. The working party also identified a need for more forums for Pacific AOD workers in which Pacific models of good practice could be shared (Pacific Competencies Working Party, 2002).

In a more recent overview of literature on Pacific cultural competence in health care, Tiatia (2008) found that there is still a lack of suitable cultural competency measures and an absence of rigorous evaluation. Tiatia identifies the following areas as needing further research or investigation.

- An evidence base needs to be built of culturally competent Pacific research that can inform policy, planning, education and capacity building, and evaluation.
- A major implication for Pacific peoples is that cultural competencies lack rigorous evaluation, which means it is uncertain what actually works to improve outcomes.
- Acculturation is an important component in Pacific cultural competence. For instance, NZ-born or raised, Island-born or raised and multi-ethnic marriages have contributed to further diversity in Pacific communities. Therefore, it is important that health professionals assess the level of acculturation.
- There need to be more forums in which Pacific peoples develop and amass Pacific models of good practice.
- There needs to be ongoing monitoring and modifying of existing programmes on Pacific cultural competencies.

The Ministry of Health's (2008b) recently published *Pacific peoples and mental health: A paper for the Pacific Health and Disability Action Plan Review* recommends that the following areas are included in the mental health research agenda currently being developed by Le Va.

- Further investigation and analysis in those areas of mental health, including service use, where Pacific peoples' profiles and patterns of use are sufficiently different to those of other New Zealanders.
- Exploration of Pacific family and community attitudes towards mental health, and the influence of traditional beliefs and attitudes
- Profiling the impact of Pacific peoples' demographic characteristics on mental health service use patterns.

The Ministry of Health (2008b) also recommends that Te Pou include examples from Pacific-specific service providers in their development of an online resource about mental health service development initiatives. They also identify the need for:

- development of resources outlining what services and resources are available for Pacific consumers in various regions
- health promotion activities within the Pacific community to include information about drug, alcohol and gambling services, the dangers of addictions, and services available
- the needs of Pacific families and communities to be considered and addressed in order to help provide a safe environment for discussion, information sharing and mutual support
- further information about mental disorders experienced by all children, including Pacific children.



Additionally, in the second half of 2008, Matua Raki (the National Addiction Treatment Workforce Development Programme) will start the process of systematic data collection for the addiction sector to provide baseline data on the numbers and demographics of the workforce. It is intended that this stocktake will form a baseline for both future workforce development, as well as regional and national workforce development activities³⁰.

6.9 Workforce development publications

Below is a list of recent key publications relevant to workforce development in the Pacific mental health and addiction fields. A list of ALAC publications in the workforce development field follows.

- *Pacific Health and Disability Action Plan* (Ministry of Health, 2002).
 - Focuses specifically on Pacific health and disability workforce development as part of the Government strategy to improve health outcomes for Pacific peoples.
- *Pacific Health and Disability Workforce Development Plan* (Ministry of Health, 2004a).
 - Completes one of the *Pacific Health and Disability Action Plan*'s action points under priority four 'provider and workforce development'. The workforce development plan provides a framework for health and education organisations to positively influence the pathways for Pacific peoples' participation in the health workforce.
- *Pacific models of mental health service delivery in New Zealand* ("PMMHSD") project (Agnew et al., 2004).
- *Tupu Ola Moui: The Pacific health chart book* (Ministry of Health, 2004c).
- *Te Orau Ora: Pacific mental health profile* (Ministry of Health, 2005b).
- *Te Tahuhi: Improving mental health 2005–2015. The second New Zealand Mental Health and Addiction Plan* (Ministry of Health, 2005c).
- *Tauawhitia te wero: Embracing the challenge, National Mental Health and Addiction Workforce Development Plan 2006-2009* (Ministry of Health, 2005a).
- *Guidelines on Pacific health research* (Health Research Council, 2005).
- *A preliminary report on outcome measures for Pacific Islands people: A report prepared for MH-SMART Te Pou research programme* (Niumata-Faleafa & Lui, 2005).
 - A preliminary report on mental health outcome measures for Pacific people with the dual aims of reviewing existing work, and developing recommendations regarding a mental health outcomes measure for Pacific people.
- *Te Rau Hinengaro: The New Zealand mental health survey* (Oakley Browne, Wells & Scott, 2006).
- *Te Awhiti – National Mental Health and Addictions Workforce Development Plan for, and in support of, Non-Government Organisations 2006-2009* (Mental Health Workforce Development Programme, 2006).
- *Strategic Plan for Pacific Health Research 2006-2010* (Health Research Council, 2006).
 - Outlines Pacific health research goals, objectives and performance measures. The plan provides direction for Pacific health research and capacity building initiatives at the Health Research Council but is also designed to be broadly relevant to the Pacific health research sector in general.
- *Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015* (Ministry of Health, 2006b).
- *Seitapu Pacific Mental Health and Addiction Cultural and Clinical Framework* (Pulotu-Endemann et al., 2007).
- *Feasibility study into the establishment of a Pacific mental health workforce development organisation* (Kirk et al., 2007).
- *Improving recruitment and retention for the Pacific mental health workforce: Feasibility study* (Southwick & Solomona, 2007).

³⁰ See <http://www.matuaraki.org.nz> for the current status of this stocktake project.

- *Pacific mental health workforce development infrastructure and organisational development: Feasibility study* (Annandale & Richard, 2007).
- *Pacific mental health workforce training needs analysis: Research report* (Suaalii-Sauni et al., 2007).
- *Brief intervention training: Pacific P.H.O.s* (Community Alcohol and Drug Services, 2007?).
- *Pacific peoples and mental health: A paper for the Pacific Health and Disability Action Plan Review* (Ministry of Health, 2008b).
- *Attributes for effective management of Pacific health services in New Zealand* (Mariner, 2008).
- *Pacific cultural competencies: A literature review* (Tiatia, 2008).

The following is a list of ALAC commissioned or published reports in the area of workforce development for Pacific healthcare workers.

- *The development of an alcohol and other drug training package for Pacific primary health workers* (Robinson et al., 1999).
 - Objectives were to develop and pilot a training package to assist Pacific primary health providers to enhance their knowledge and responsiveness to the needs of Pacific clients with AOD problems as well as to undertake an evaluation to assess the applicability and usefulness of the training package for Pacific primary health providers.
- *Workforce development for Pacific people working in alcohol-related areas* (Target Education and Management Consultants, 1999).
- *Alcohol and drug education and training: An evaluation of early intervention training in Māori and Pacific community settings. A report prepared for the Alcohol Advisory Council of New Zealand* (McLachlan-Smith et al., 1999).
- *Guidelines for clinical process self-evaluation in alcohol and drug treatment agencies* (Deering, Huriwai & Sellman, 1999).
 - Commissioned by ALAC to provide guidelines for workers in AOD agencies to evaluate their own treatment practices in order to improve service quality. Includes a section on responsiveness to Pacific peoples.
- *Practitioner competencies for Pacific alcohol and drug workers working with Pacific clients in Aotearoa-New Zealand* (Pacific Competencies Working Party, 2002).
- *Alcohol and other drugs: The mental health support worker. A training resource for educators of mental health support workers* (Alcohol Advisory Council of New Zealand, 2003).
 - Developed by ALAC to assist educators in training mental health support workers on AOD use and harm. Includes a section specifically on AOD use among Pacific peoples in New Zealand.
- *The Pacific Alcohol and Drug Outcomes Project: A report on Phase I (A study of current treatment approaches for Pacific peoples with alcohol and drug issues) and Phase II (A study of the delivery of alcohol and drug services to Pacific peoples – the perceptions of clients, families and service managers)* (Matangi-Karsten et al., 2007). This report presents the results and recommendations of two earlier research reports completed for Phase I and Phase II of the PADOPT project:
 - *An overview of Pacific workers' treatment interventions with Pacific clients with alcohol and drug issues in Aotearoa-New Zealand. A report prepared for the Alcohol Advisory Council of New Zealand* (Matangi-Karsten & Warren, 2003).
 - *A study of the delivery of alcohol and drug services to Pacific peoples: the perceptions of clients, families and service managers* (Samu et al., 2004).



7.0 Plans and strategies relating to alcohol and Pacific peoples

This section contains a systematic list of active plans and strategies (with components relating to alcohol) produced by New Zealand government departments and agencies (including local government and District Health Boards). Strategies and plans included either have a focus on alcohol/addictions (with information specific to Pacific peoples), or a focus on Pacific peoples (with relevant references to alcohol)³¹. Where these documents include information on workforce development related to Pacific peoples and alcohol/addictions, this is also detailed. The following tables provide a guide to the relevant content of strategies and plans. The documents themselves should be referred to for the full context.

Alcohol Advisory Council of New Zealand (ALAC)

Our Strategic Direction 2008-2013

Background	<p>This strategic direction is based on the vision of “a New Zealand drinking culture that supports the moderate use of alcohol so that whānau and communities enjoy life, free from alcohol harms”.</p> <p>The mission of ALAC is “to lead a change in New Zealand’s drinking culture”. This document describes a continued strong commitment to three groups who experience disproportionate alcohol-related harm compared with the rest of the population: Māori; Young people (aged 12-24); and Pacific peoples.</p>
Pacific peoples and alcohol	<p>One strand to accomplishing the ALAC mission is working to identify, implement and monitor programmes to meet the specific needs of Māori, Pacific peoples and young people.</p> <p>“We will use a participatory approach with these communities and with our partners over the next five years. Our participatory approach will involve work with these groups to quantify and measure whether we are achieving the outcomes and changes that we all want” (p.9).</p> <p>Among other things, ALAC notes:</p> <ul style="list-style-type: none"> • the need to ensure that their messages are “inclusive of, and resonate with, the world view of Māori, Pacific and young people” (p. 15). • that in their research within Pacific communities they “will draw on research guidelines for Pacific people, including those developed by the Health Research Council” (p. 16).
Reference and access information	<p>Alcohol Advisory Council of New Zealand (2007). <i>Our Strategic Direction 2008-2013</i>. Wellington: Alcohol Advisory Council of New Zealand.</p> <p>http://www.alac.org.nz/CorporateReports.aspx</p> <p>Contact: Communications Advisor, Alcohol Advisory Council of New Zealand, phone (04) 917 0060.</p>

³¹ The Pacific Peoples Water Safety Strategy 2008-2012 does not include direct references to alcohol. However, it is included here at the request of ALAC because of the depth of detail it has on Pacific engagement and, in particular, on utilising regional and national Pacific church networks.

Alcohol Advisory Council of New Zealand (ALAC)

Statement of Intent 2008-2011

Background	<p>This <i>Statement of Intent</i> (2008 – 2011) describes how ALAC will be working over the three years covered by the document to carry out a staged and planned programme of actions guided by key principles laid out in its Strategic Direction 2008 – 2013.</p> <p>ALAC services and products (outputs) will be delivered to implement the following five strategic priorities and three-year objectives as below:</p> <ul style="list-style-type: none"> • Policy and advocacy: Advocate for effective policy and programmes to support changing the drinking culture. • Skills, knowledge and information: Provide information to enable stakeholders and the public to make informed decisions. • Community action and community programmes: Work with communities to find local solutions for local issues that will achieve change in their environments. • Drinking environments: Promote the moderate use of alcohol in both licensed and non-licensed drinking environments and situations. • Services and settings: Influence services and settings so people receive the help they need at an early stage to treat what may become problematic drinking.
Pacific peoples and alcohol	<p>ALAC aims to influence two outcomes for the community. This statement of intent describes these outcomes, why they are important, and what impacts / results ALAC will be working towards in the medium-term that will contribute to the outcomes.</p> <p><i>Outcome 1: Reduced Alcohol Abuse</i></p> <p>Impacts:</p> <ul style="list-style-type: none"> • Improvements in the drinking culture and attitudes. • Improved health, justice and welfare status indicators. • Māori and Pacific communities and young people are informed to take effective action to reduce alcohol-related harms. <p><i>Outcome 2: Reduced Alcohol-Related Harm</i></p> <p>Impacts:</p> <ul style="list-style-type: none"> • Appropriate support and treatment available for people with problems. • Industry supports and implements better promotional and supply practices. • Improved health, justice and welfare status indicators. • Innovative programmes and events supported. <p>In the statement of performance, ALAC describes intermediate outcomes sought; outputs and measures. Pacific peoples are referred to in the following outcomes:</p> <p><i>Drinking environments / Moderate use of alcohol in both licensed and non licensed environments and situations is normalised.</i></p> <p>Outputs include: a focus on Pacific drinking, including young Pacific people, in the home setting – how to do it responsibly and safely.</p> <p>Measures: a survey of priority populations is undertaken to establish baseline information on their level of knowledge of information and tools available to promote moderate alcohol consumption; Research completed on drinking environments for priority populations including assessment of needs in terms of information tools and support.</p> <p><i>Services and settings / People can and do receive the help they need at an early stage to treat problematic drinking in a range of settings.</i></p> <p>Outputs include: increase engagement and commitment with DHBs, PHOs and iwi/Māori and Pacific providers to reduce alcohol-related harm.</p>

Alcohol Advisory Council of New Zealand (ALAC)

Statement of Intent 2008-2011 (cont.)

Pacific peoples and alcohol (cont.)	<p>Measures include: a baseline established of the numbers of services / settings delivering early intervention with hazardous drinkers.</p> <p>Outputs include: increase awareness and access to early help with emphasis on priority populations – be a catalyst for innovation in help-seeking solutions with a particular focus on help seeking for Māori, Pacific and young people.</p> <p>Measures include:</p> <ul style="list-style-type: none"> • at least two DHBs or two Māori and/or Pacific PHOs or two other PHOs offer early intervention services appropriate for Māori, Pacific and young people • at least two other settings are equipped to respond early to alcohol-related issues • at least two promising initiatives targeted for priority populations are evaluated.
Reference and access information	<p>Alcohol Advisory Council of New Zealand (2008). <i>Statement of Intent 2008-2011</i>. Wellington: Alcohol Advisory Council of New Zealand.</p> <p>http://www.alac.org.nz/CorporateReports.aspx</p> <p>Contact: Communications Advisor, Alcohol Advisory Council of New Zealand, phone (04) 917 0060.</p>

Alcohol Advisory Council of New Zealand / Ministry of Health

National Alcohol Strategy 2000-2003

Background	<p>The <i>National Alcohol Strategy</i> develops a set of strategies by which to achieve the alcohol-related targets listed in the <i>National Drug Policy</i>. The overall goal of the <i>National Alcohol Strategy</i> is to help minimise alcohol-related harm to individuals, family/whānau, the community, and New Zealand society. The strategies outlined are of three kinds:</p> <p>Supply control – strategies that control the availability of alcohol (for example, regulation and enforcement).</p> <ul style="list-style-type: none"> • Demand reduction – strategies that encourage reduced and responsible use of alcohol (for example, education campaigns and the provision of information). • Problem limitation – strategies that are aimed at reducing the problems stemming from the use of alcohol (for example, provision of treatment services, and initiatives designed to reduce alcohol-related road crashes and fatalities).
Pacific peoples and alcohol	<p>Demand reduction strategies:</p> <p>Objective 11 – Reduce the level and likelihood of alcohol-related harm amongst young women. Strategies include:</p> <ul style="list-style-type: none"> • 11.4 – Develop and actively disseminate information about alcohol and pregnancy to young women, including culturally appropriate information for young Māori and Pacific women.

Alcohol Advisory Council of New Zealand / Ministry of Health

National Alcohol Strategy 2000-2003 (cont.)

Pacific peoples and alcohol (cont.)

Objective 14 – Reduce the likelihood and level of alcohol-related harm amongst Pacific peoples. Strategies include:

- 14.1 Support policy-relevant research on the place of alcohol in the lives of Pacific peoples in order to establish accurate baseline data.
- 14.2 Resource the development and implementation of alcohol-related programmes by Pacific peoples for Pacific peoples.
- 14.3 Develop alcohol-related information resources in different Pacific languages.
- 14.4 Ensure all initiatives for age-related alcohol health promotion, especially those targeting youth (e.g. school-based drug education programmes), also address the needs of Pacific peoples.
- 14.5 Explore and utilise existing cultural structures, mechanisms and channels of communication to promote responsible use of alcohol amongst Pacific peoples.
- 14.6 Ensure Pacific peoples are involved in developing policies on alcohol, including control and regulation, education, treatment and research.
- 14.7 Improve linkages between Pacific communities and statutory and non-statutory agencies (e.g. churches), to ensure co-ordinated and integrated planning for minimising alcohol-related harm.

Problem limitation strategies:

Objective 35: Ensure that treatment services are responsive to unmet and emerging needs. Strategies include:

- 35.3 Provide services that better meet the needs of Pacific peoples.

Workforce development:

Objective 36: Ensure that a wide range of groups are able to respond to people with early stage drinking problems, and provide appropriate interventions including referral for those with more serious problems. Strategies include:

- 36.1 Promote and support the integration of alcohol education and training into the vocational training programmes of groups likely to encounter people with drinking problems, especially: primary health care workers (including general practitioners, practice nurses, Māori and Pacific community health workers); social service workers (including social workers, corrections officers and youth workers); mental health workers (including psychiatrists, mental health nurses and mental health support workers).

Objective 37: Ensure that effective treatments are provided to people with moderate to severe drinking problems. Strategies include:

- 37.2 Support the development of kaupapa Māori education and training programmes, as well as programmes providing education and training from a Pacific perspective.
- Objective 38: Ensure the effective implementation of strategies to prevent and reduce alcohol harm. Strategies include:
- 38.2 Support the development of training in kaupapa Māori and Pacific-based alcohol health promotion.

Alcohol Advisory Council of New Zealand / Ministry of Health

National Alcohol Strategy 2000-2003 (cont.)

Additional information	<p>The Ministry of Health contracted a review of the <i>National Alcohol Strategy</i> in July 2007 to identify the extent to which it provides an effective and collaborative framework to minimise alcohol-related harm in New Zealand, and to inform the development of a new Alcohol Action Plan.</p> <p>The final report makes a number of recommendations regarding leadership and governance, accountability and monitoring, collaboration and communication, priority setting and strategic considerations, and implementation and resourcing.</p> <p>Allen & Clarke Ltd (2007). <i>Review of the National Alcohol Strategy 2000-2003: Final Report</i>. Wellington: Allen & Clarke. Retrieved 22 August, 2008 from http://www.ndp.govt.nz/moh.nsf/indexcm/ndp-publications-nas20002003review</p> <p>A National Alcohol Action Plan is currently being finalised</p>
Reference and access information	<p>Alcohol Advisory Council of New Zealand and the Ministry of Health (2001). <i>National Alcohol Strategy 2000-2003</i>. Wellington: Alcohol Advisory Council of New Zealand and the Ministry of Health.</p> <p>http://www.moh.govt.nz/publications/nationalalcoholstrategy</p> <p>Contact: Team Leader, National Drug Policy, Ministry of Health, phone (04) 496 2000.</p>

Counties Manukau District Health Board

Tupu Ola Moui: Counties-Manukau District Health Board: Pacific Health and Disability Action Plan 2006-2010

Background	<p><i>Tupu Ola Moui</i> outlines how the Counties Manukau District Health Board (CMDHB) Strategic Plan will be implemented for Pacific people who reside in the Counties Manukau district. The purpose of <i>Tupu Ola Moui</i> is to:</p> <ul style="list-style-type: none"> • within the outcomes framework set out in the District Strategic Plan, identify the priority areas for Pacific health in CMDHB • describe the actions that will be undertaken to progress those priority areas. <p>This plan aims to support CMDHB's work to reduce the health inequalities present between Pacific populations and other groups. Outcomes have the following structure: Goals: what the Action Plan aims to achieve; and Actions: the activities, programmes and/or developments that CMDHB will undertake.</p> <p>The <i>Action Plan</i> includes a discussion of Pacific perspectives of health.</p>
Pacific peoples and alcohol	<p>Outcome one: Improve Pacific community health and wellbeing / Goal 1.2 Healthier Pacific Family Environments for Patients with High Health Needs.</p> <p>Objective 1.2.4 Families with youth at risk – Many Pacific families still struggle to cope with the changes in lifestyles and expectations among New Zealand born and raised populations. In addition, young people may manifest the complexities of their identity journeys in high risk activities and require health services as a consequence (e.g. alcohol & drug). The opportunities to intervene and work with the Youth Health Plan will be identified for implementation.</p> <p>Outcome three: Improve the management of priority conditions for Pacific people / Goal 3.6 Implement the Regional Pacific Mental Health & Addictions Implementation Plan in CMDHB.</p> <p>Objective 3.8.3 Improve access to Alcohol & Drug service provision in line with CMDHB AOD service developments.</p>

Counties Manukau District Health Board

Tupu Ola Moui: Counties-Manukau District Health Board: Pacific Health and Disability Action Plan 2006-2010 (cont.)

Reference and access information	<p>Counties-Manukau District Health Board [2006]. <i>Tupu Ola Moui: Counties-Manukau District Health Board: Pacific Health and Disability Action Plan 2006-2010</i>. Manukau City: Counties Manukau District Health Board.</p> <p>http://www.cmdhb.org.nz/About_CMDHB/Planning/Planning-documents.htm#Pacifichealth</p> <p>Contact: Pacific Health Division, Counties-Manukau District Health Board, phone (09) 262 9500.</p>
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Counties Manukau District Health Board

Pasefika LotuMoui Health Programme - Operations Plan 2006 - 2010

Background	<p>The Pasefika LotuMoui Health Programme is an initiative of the Counties Manukau District Health Board (CMDHB) in partnership with Pacific churches in the Counties Manukau District. This operations plan demonstrates how the CMDHB Pacific team in partnership with the Pacific churches in CMDHB, intends to achieve Health outcome 1.1 of Tupu Ola Moui: To implement LotuMoui to build healthier church environments.</p> <p>The objectives of the plan are:</p> <ol style="list-style-type: none"> 1. Improve food and nutrition practices. 2. Increase physical activity levels. 3. Promote healthier weight. 4. Reduce smoking prevalence. 5. Improve engagement with health systems. 6. Implement community education modules. <p>This work has occurred within the District Health Board environment with particular guidance from the <i>Primary Health Care Strategy</i> and also the <i>Pacific Health and Disability Action Plan</i>. It is also related to <i>Tupu Ola Moui: Counties-Manukau District Health Board: Pacific Health and Disability Action Plan 2006-2010</i>.</p>
Pacific peoples and alcohol	<p>Outcome Six: Implement Community Education Modules / Goal: LotuMoui churches will have increased knowledge and awareness relating to mental health priorities and services including other cross-sectoral issues that impact on health.</p> <p>Commitments:</p> <ul style="list-style-type: none"> • By 31st December 2008, CMDHB will hold a forum with LotuMoui churches to discuss issues, and disseminate information on the harmful effects of alcohol, drugs and other addictions (including gambling). • By 31st December 2008, LotuMoui churches will participate in health education workshops aimed at increasing community knowledge about alcohol, drugs and addictions.
Reference and access information	<p>Counties Manukau District Health Board [2006]. <i>Pasefika LotuMoui Health Programme - Operations Plan 2006 - 2010</i>. Manukau City: Counties Manukau District Health Board.</p> <p>http://www.cmdhb.org.nz/About_CMDHB/Planning/Planning-documents.htm#Pacifichealth</p> <p>Contact: Pacific Health Division, Counties-Manukau District Health Board, phone (09) 262 9500.</p>

Counties Manukau District Health Board

The Northern Regional Pacific Mental Health and Addictions Plan 2003/05

Northern Regional Pacific Mental Health and Addictions Plan 2003/05: Implementation Plan

Background	<p>The four northern district health boards sponsored the development of the original plan (<i>The Northern Regional Pacific Mental Health and Addictions Plan 2003/05</i>). It identifies the key directions and focus areas for Pacific mental health developments in the Northern region for 3–5 years.</p> <p>The purpose of the <i>Implementation Plan</i> is to describe the actions that will take place over five years to fulfil the goals and objectives in the original plan.</p>
Pacific peoples and alcohol	<p>The six goals that guide implementation and prioritisation from the <i>Implementation Plan</i> are listed below with the objectives that relate to each of these areas.</p> <p>Goal One: Improve access for Pacific peoples to mental health services.</p> <ul style="list-style-type: none">• Ensure active participation of Pacific peoples in all areas of mental health and addictions services.• To expand and develop “by Pacific for Pacific” mental health services in the region for Pacific youth.• To support the growth and development of Pacific mental health and addiction service providers with an emphasis on: information systems; business processes.• To ensure that mainstream mental health and addiction providers who provide services to significant Pacific populations are responsive and culturally competent, including awareness of family structure and dynamics.• Continue the development of “by Pacific for Pacific” services to ensure that Pacific people have a greater choice of services.• Improve current client care pathways to ensure seamless transition along the continuum of care. <p>Goal two: Workforce development – develop a competent and qualified Pacific mental health workforce to improve the quality of mental health services around competencies.</p> <ul style="list-style-type: none">• Ensure that robust, relevant and uniformly defined data is collected across the Pacific mental health and addictions sector to allow better workforce development planning, service quality improvement and forecasting.• To develop a Northern Regional Pacific Mental Health and Addictions Workforce Development Plan.• To build leadership capacity within the Pacific mental health and addictions sector.• To build capacity within NGOs in the area of governance and management.• To support the professional development of the Pacific addictions workforce.• Support and promote Pacific people to pursue professional qualifications in the areas of mental health and/ or addictions. <p>Goal three: To develop Pacific primary mental health services.</p> <ul style="list-style-type: none">• To develop a model for Pacific primary mental health services.• Implement a pilot for Pacific primary mental health services.• To develop the mental health expertise for Pacific primary care staff. <p>Goal four: Information systems – underpins all four priority goals.</p> <ul style="list-style-type: none">• To collect, collate and analyse relevant ethnic specific information to inform workforce and service development.• To develop Pacific mental health research capacity which will focus on the effectiveness of Pacific and mainstream mental health models.

Counties Manukau District Health Board

The Northern Regional Pacific Mental Health and Addictions Plan 2003/05

Northern Regional Pacific Mental Health and Addictions Plan 2003/05: Implementation Plan (cont.)

Pacific peoples and alcohol (cont.)	<ul style="list-style-type: none"> To disseminate information to Pacific communities, service users and families on mental health issues to promote healthy lifestyles. <p>Goal five: Partnerships – develop partnerships with organisations, communities, families and service users, which will maximise opportunities for Pacific people involved in mental health, alcohol and other drug services.</p> <ul style="list-style-type: none"> Develop inclusive 2006/07 communities that enhance mental health outcomes for Pacific peoples. <p>Goal six: Improve the quality of mental health services.</p> <ul style="list-style-type: none"> To ensure Pacific providers reflect “best practice” and have the systems in place to ensure continuous quality improvement. To develop information for service users, their families and communities in which they reside. Implement monitoring and evaluation systems for all Pacific mental health and addiction providers. Implement a Northern Regional Quality and Audit Framework.
Reference and access information	<p>Counties Manukau District Health Board (2003). <i>The Northern Regional Pacific Mental Health and Addictions Plan 2003/05</i>. Manukau City: Counties Manukau District Health Board.</p> <p>Northern DHB Support Agency (2005). <i>Northern Regional Pacific Mental Health and Addictions Plan 2003/05: Implementation Plan</i>. [Auckland]: Northern DHB Support Agency</p> <p>http://www.healthpoint.co.nz</p> <p>Contact: Pacific Health Division, Counties-Manukau District Health Board, phone (09) 262 9500.</p>

Counties Manukau District Health Board

Pacific Mental Health and Addictions Implementation Plan 2008-2012

Background	<p>The Pacific Mental Health and Addictions Implementation Plan 2008-2012 signals the Counties Manukau District Health Board's (CMDHB) intention to provide accessible, responsive and holistic mental health and addiction services for the Pacific population in the Counties Manukau District. The Plan provides CMDHB, NGOs and the community with a framework to further develop and enhance Pacific mental health and addiction services.</p> <p>This Implementation Plan outlines a series of goals, objectives and key deliverables that will guide the planning, funding and delivery of mental health and addictions services and programmes for the Pacific population in Counties Manukau from 2008-2012.</p> <p>This Plan builds on, and is aligned to the following plans:</p> <ul style="list-style-type: none"> <i>Te Kokiri: The Mental Health and Addiction Plan</i> <i>Northern Regional Pacific Mental Health and Addictions Plan</i> <i>CMDHB – Mental Health and Addiction Action Plan</i> <i>CMDHB – Tupu Ola Moui, Pacific Health and Disability Action Plan</i>
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Counties Manukau District Health Board

Pacific Mental Health and Addictions Implementation Plan 2008-2012 (cont.)

Pacific peoples and alcohol	<p>The implementation framework outlined in this Plan has the following goals:</p> <ol style="list-style-type: none"> 1. Well Pacific families and communities in Counties Manukau. 2. High quality mental health and addictions primary health care services to Pacific people in Counties Manukau. 3. Responsive mental health and addiction services for Pacific people (Adult, youth, child, infant) and their families in Counties Manukau who are affected by mental illness and/or addiction. 4. Pacific children and young people in Counties Manukau who are affected by mental health, alcohol, drugs and gambling problems access quality and appropriate services. 5. Pacific people and their families in Counties Manukau are able to access effective and appropriate addictions services. 6. Older Pacific people and their families in Counties Manukau are able to access effective and appropriate addictions services. 7. Competent mental health and addiction workforce supporting Pacific people in Counties Manukau who are affected by mental illness and addictions. 8. Mental health and addictions services for Pacific peoples in Counties Manukau are based on the best available evidence. 9. Better quality of healthcare for Pacific people In Counties Manukau through working to deliver better care for our patients, whilst getting value from our resources. 10. Objectives and key deliverables are outlined in the Plan.
Reference and access information	<p>Counties Manukau District Health Board (2008). <i>Pacific Mental Health and Addictions Implementation Plan 2008-2012</i>. Manukau City: Counties Manukau District Health Board.</p> <p>http://www.cmdhb.org.nz/About_CMDHB/Planning/Planning-documents.htm#Pacifichealth</p> <p>Contact: Project Manager, Mental Health and Addiction, Pacific Health Division, Counties Manukau District Health Board, phone (09) 262 9531.</p>

Department of Corrections

Strategy to Reduce Drug and Alcohol Use by Offenders 2005 – 2008

Background	<p>The goal of this strategy is to reduce re-offending by reducing offender drug [including alcohol] use in prison and post-release. This goal is consistent with wider justice sector and Government goals relating to providing strong social services and building safe communities. It is also consistent with the <i>National Drug Policy</i>.</p> <p>The <i>Strategy</i> has three key objectives that will guide the Department's work over three years:</p> <ol style="list-style-type: none"> 1. Enhance efforts at reducing the supply of drugs to offenders. 2. Strengthen efforts at reducing offenders' demand for drugs. 3. Increase attention on reducing the harm caused by drugs.
Pacific peoples and alcohol	<p>A set of five principles guided the development of initiatives in this Strategy, including the following:</p> <ul style="list-style-type: none"> • Community involvement and being responsive to the different needs of Māori, Pacific Peoples, youth and women offenders is important to achieving positive outcomes in drug reduction.
Reference and access information	<p>Department of Corrections (2004). <i>Strategy to Reduce Drug and Alcohol Use by Offenders 2005-2008</i>. Wellington: Department of Corrections.</p> <p>http://www.corrections.govt.nz/news-and-publications/strategic-documents.html</p> <p>Contact: Policy Development, Department of Corrections, phone (04) 460 3000.</p>

Manukau City Council

Alcohol Strategy - Reducing Alcohol-related Problems in Manukau City

Background	<p>The aim of this strategy is to minimise alcohol-related problems in Manukau. Five key tools, or policies are provided that can be used individually or together to achieve this aim:</p> <p>TOOL ONE: liquor licensing.</p> <p>TOOL TWO: education.</p> <p>TOOL THREE: bans and bylaws.</p> <p>TOOL FOUR: working with other stakeholders involved in reducing alcohol-related harm.</p> <p>TOOL FIVE: advertising and sponsorship on Council property.</p> <p>These tools are intended to help solve the following alcohol-related problems:</p> <p>Drinking in public places.</p> <p>Under-age drinking.</p> <p>Siting of liquor outlets near schools.</p> <p>Offensive behaviour associated with excessive alcohol consumption.</p> <p>The strategy introduces each tool, how it will operate (i.e. what the Council's role will be) and which problem/s it is best applied to.</p>
Pacific peoples and alcohol	<p>The <i>Strategy</i> identifies Pacific peoples as one of the “emerging groups at risk” of alcohol-related problems in New Zealand. It also notes that Manukau-based education programmes and projects will support ALAC strategies directed at priority audiences (Māori, young people, Pacific peoples).</p> <p>Although aspects of the <i>Strategy</i> are not specific to Pacific peoples, among suggestions for educational initiatives is workforce development: training community and youth workers, as well as health, education and law enforcement professionals to help people and communities with drinking problems by educating about:</p> <p>Ways to prevent and minimise alcohol-related harm.</p> <p>Law enforcement and licensing regulations.</p> <p>Regular forums for stakeholders to discuss problems and best practice in community-based alcohol harm-reduction projects.</p> <p>Recommendation 3: That workforce development programmes for community and youth workers in Manukau be commissioned to the value of \$30,000.</p>
Additional information	<p>This strategy is not a regulatory document. The council suggests that its weight will depend on effective consultation as part of its development, implementation and evaluation.</p> <p>Council has commenced a review of the current <i>Alcohol Strategy</i>. This is in response to concerns expressed by the public and elected members that alcohol abuse is becoming too wide spread in Manukau and also to keep the <i>Strategy</i> effective.</p> <p>The Pacific Islands Advisory Committee (PIAC) was established in October 1991 and has since continued to serve as a formal link between Council and the Pacific communities of Manukau City. Alcohol strategy has been an area that the PIAC has focused on.</p>
Reference and access information	<p>Manukau City Council (2002). <i>Alcohol Strategy: Reducing Alcohol-Related Problems in Manukau City</i>. Manukau City: Manukau City Council.</p> <p>http://www.manukau.govt.nz/default.aspx?id=364</p> <p>Contact: Team Leader, District Liquor Licensing Agency, Manukau City Council, phone (09) 262 5221.</p>

Ministerial Committee on Drug Policy

National Drug Policy 2007-2012

Background	<p>The overarching goal of the <i>National Drug Policy</i> is to prevent and reduce the health, social and economic harms that are linked to tobacco, alcohol, illegal and other drug use. It does this through a balance of measures that: control or limit the availability of drugs (supply control); limit the use of drugs by individuals, including abstinence (demand reduction); and reduce harm from existing drug use (problem limitation).</p> <p>Among its six objectives is the following: to prevent or delay the uptake of tobacco, alcohol, illegal and other drug use, particularly in Māori, Pacific peoples and young people.</p>
Pacific peoples and alcohol	The <i>Policy</i> identifies two areas for development to "... further meet the needs of Pacific peoples: improved data collection and improved service utilisation" (p. 21).
Additional information	Action plans will be developed under the Policy. These plans may be substance-based or related to a particular target group or setting, or may be generic. Action plans that have already been developed include the <i>National Alcohol Strategy 2000-2003</i> (Ministry of Health and the Alcohol Advisory Council, 2001) and the Action Plan on Alcohol and Illicit Drugs (Ministry of Justice, 2003).
Reference and access information	<p>Ministerial Committee on Drug Policy. (2007). <i>National Drug Policy 2007-2012</i>. Wellington: Ministry of Health.</p> <p>http://www.ndp.govt.nz/</p> <p>Contact: Team Leader, National Drug Policy, Ministry of Health, phone (04) 496 2000.</p>

Ministry of Health

The Pacific Health and Disability Action Plan

Background	<p>The <i>Pacific Health and Disability Action Plan</i> builds on the <i>New Zealand Health Strategy</i> and the <i>New Zealand Disability Strategy</i> and sets out the strategic direction and actions for improving health outcomes for Pacific peoples and reducing inequalities between Pacific and non-Pacific peoples. It is directed at the health and disability service sectors and Pacific communities.</p> <p>The <i>Action Plan</i> highlights six priority areas where improvements can be made to health and disability support services for Pacific peoples: Child and youth health; Promoting healthy lifestyles and wellbeing; Primary health care and preventive services; Provider and workforce development; Promoting participation of disabled Pacific peoples; Health and disability information and research. For each of the priority areas, a number of objectives and action items have been identified.</p>
Pacific peoples and alcohol	<p>Among the objectives and action items are the following:</p> <p>Objective 2.1 To develop a Pacific Health Youth Strategy</p> <ul style="list-style-type: none"> Investigate appropriate service models that will provide more effective services to Pacific youth in areas such as alcohol, drugs, sexual and reproductive health, and mental health (p.7)³². <p>Objective 3.3 To minimise the harm caused by alcohol, tobacco, drugs and gambling</p> <ul style="list-style-type: none"> Explore and utilise existing cultural structures, mechanisms and channels of communication to promote responsible use of alcohol among Pacific peoples. Improve linkages between Pacific communities and statutory and non-statutory agencies (e.g. churches), to ensure co-ordinated and integrated planning for minimising alcohol- and drug-related harm. Investigate the feasibility of working with Pacific communities to better define their needs and to identify strategies that are culturally responsive to promoting responsible gambling and minimising harm. Improve the availability and delivery of services in the areas of gambling, smoking, alcohol and drugs (p.10).

Ministry of Health

The Pacific Health and Disability Action Plan (cont.)

Additional information	<p>The following papers were part of a series prepared for the review of the <i>Pacific Health and Disability Action Plan</i>.</p> <ul style="list-style-type: none"> Ministry of Health (2008) <i>Pacific youth health: A paper for the Pacific Health and Disability Action Plan Review</i>. Retrieved 18 June 2008 http://www.moh.govt.nz/moh.nsf/indexmh/pacific-youth-health Includes discussion of alcohol as a risk factor for Pacific youth, and of interventions to reduce alcohol harm. Ministry of Health (2008) <i>Pacific peoples and mental health: A paper for the Pacific Health and Disability Action Plan Review</i>. Retrieved 20 October 2008 http://www.moh.govt.nz/moh.nsf/indexmh/pacific-peoples-and-mental-health <p>Includes a section on alcohol and other drugs that looks at patterns of substance use; prevalence of substance disorders; and service use patterns.</p>
Reference and access information	<p>Ministry of Health (2002). <i>The Pacific Health and Disability Action Plan</i>. Wellington: Ministry of Health.</p> <p>http://www.moh.govt.nz/publications/pacificactionplan</p> <p>Contact: Pacific Health Policy Team, Health and Disability Systems Strategy Directorate, Ministry of Health, phone (04) 496 2000.</p>

32. The PHDAP objective to improve and protect the health of Pacific youth included the development of a Pacific health youth strategy. This was subsumed by the Youth Development Strategy Aotearoa (Ministry of Youth Affairs, 2002) and the Ministry of Health's (Ministry of Health, 2002c) *Youth Health: A Guide to Action*.

Ministry of Health

Pacific Health and Disability Workforce Development Plan

Background	<p>This <i>Development Plan</i> aims to progress key priority areas on workforce development from the <i>Pacific Health and Disability Action Plan</i>. It provides a framework for health and education organisations to positively influence the pathways for Pacific peoples' participation in the health workforce. It focuses specifically on Pacific health and disability workforce development as part of the Government's strategy to improve health outcomes for Pacific peoples.</p> <p>This plan has been developed within the broader context of the <i>Pacific Workforce Development Strategy</i> (2003).</p>
Pacific peoples and alcohol	<p>The following four goals are designed to contribute to a competent and qualified Pacific health and disability workforce that will meet the needs of Pacific peoples:</p> <ol style="list-style-type: none"> 1. Increase the capacity and capability of the Pacific health and disability workforce. 2. Promote Pacific models of care and cultural competence. 3. Advance opportunities in the Pacific health and disability workforce. 4. Improve information about the Pacific health and disability workforce. <p>These goals are broken down into 14 objectives with an associated action plan.</p> <p>Alcohol is specifically mentioned in <i>Objective 1.2: Extend the range of Pacific health and disability professionals (capacity)</i>.</p> <p>"To develop a comprehensive Pacific health and disability workforce, an increased range of Pacific health professionals is required across many areas of health and disability support service delivery. An immediate priority is to increase the primary health workforce (including GPs). Other areas requiring an increase in the number and range of Pacific health professionals are: paediatrics and child and youth health; psychiatry and mental health; drug and alcohol services ...; and public health (health promoters, public health physicians, epidemiologists and health protection officers)" (p.14).</p>

Ministry of Health

Pacific Health and Disability Workforce Development Plan (cont.)

Reference and access information	<p>Ministry of Health (2004). <i>Pacific Health and Disability Workforce Development Plan</i>. Wellington: Ministry of Health.</p> <p>http://www.moh.govt.nz/moh.nsf/pagesmh/3681?Open</p> <p>Contact: Pacific Health Policy Team, Health and Disability Systems Strategy Directorate, Ministry of Health, phone (04) 496 2000.</p>
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Ministry of Health

Te Tāhuhu: Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan

Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015

Background	<p><i>Te Tāhuhu</i> sets out the outcomes (results) that the Government wants to achieve for people who experience mental illness and/or have addictions; their families/whānau and friends; and all New Zealanders.</p> <p><i>Te Tāhuhu</i> also identifies ten leading challenges that need to be met if the mental health and addiction sector is to grow and thrive: Promotion and prevention; Building mental health services; Responsiveness; Workforce and culture for recovery; Māori mental health; Primary health care; Addiction; Funding mechanisms for recovery; Transparency and trust; and Working together.</p> <p><i>Te Kōkiri</i> outlines the steps to progress the 10 leading challenges over the next 10 years. It identifies specific actions, key stakeholders and organisations responsible, outlines milestones/measures, and sets timeframes for achieving actions.</p>
Pacific peoples and alcohol	<p>One of the ten challenges identified by <i>Te Tāhuhu</i> is Responsiveness (build responsive services for people who are severely affected by mental illness and/or addiction) – with immediate emphasis on improving the responsiveness of services for a range of groups including Pacific peoples.</p> <p>In particular, <i>Te Tāhuhu</i> notes that “Pacific peoples generally enter mental health services at a later stage of illness with more severe symptoms. Responsive services understand and implement Pacific models of care based on Pacific understandings of health and wellbeing” (p.11).</p> <p>In <i>Te Kōkiri</i>, the actions specific to Pacific peoples for this Responsiveness challenge are:</p> <ul style="list-style-type: none"> • Develop effective partnerships with Pacific communities to support active participation across all levels. • Provide services that are based on Pacific frameworks/models of health that promote clinical and cultural competence. • Provide access to services based on Pacific population need. • Implement the <i>Pacific Health and Disability Action Plan</i>. • Develop initiatives to increase the Pacific mental health workforce. • Develop a Pacific mental health and addiction research agenda.

Ministry of Health

Te Tāhuhu: Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan

Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015 (cont.)

Pacific peoples and alcohol (cont.)	<p>Another of the ten challenges posed by <i>Te Tāhuhu</i> is Workforce and culture for recovery (build a mental health and addiction workforce – and foster a culture amongst providers – that supports recovery, is person centred, is culturally capable and delivers an ongoing commitment to assure and improve the quality of services for people) – with immediate emphasis on a number of issues, including: building a workforce to deliver services for children and young people, Māori, Pacific peoples, Asian peoples, and people with addiction.</p> <p>In <i>Te Kōkiri</i>, the actions specific to Pacific peoples for this challenge include:</p> <ul style="list-style-type: none">• Finalise and implement mental health and addiction workforce development plans for: children and youth; Māori; Pacific peoples; Asian peoples; NGOs; AoD (Matua Raki); service users, tangata whaiora; family/whānau.• Strengthen the cultural capability of workers in mainstream services to work effectively with Māori, Pacific, Asian, refugee and migrant populations.
Reference and access information	<p>Minister of Health (2005). <i>Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan</i>. Wellington: Ministry of Health.</p> <p>Minister of Health (2006). <i>Te Kōkiri: The Mental Health and Addiction Action Plan 2006–2015</i>. Wellington: Ministry of Health.</p> <p>http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-strategicdirection</p> <p>Contact: Group Manager, Mental Health Group, Ministry of Health, phone (04) 496 2000.</p>

Ministry of Health

Tauawhitia te Wero - Embracing the Challenge: National Mental Health and Addiction Workforce Development Plan 2006-2009

Background	<p>This plan supports the leading challenge of ‘Workforce and culture for recovery’ in <i>Te Tāhuhu</i>. It aims to provide a framework for the future by setting out key directions and actions that need to be led or contracted by the Mental Health Directorate, Ministry of Health, over the next four years. It is also intended as a high-level ‘umbrella’ plan providing national direction on key issues for all other workforce planning in the mental health and addiction sector.</p> <p>The plan does not replace the more detailed workforce development and planning activities of the national mental health and addiction programmes and centres, District Health Boards (DHBs), non-governmental organisations (NGOs), and the regional mental health and addiction workforce co-ordinators. It links to and supports broader health workforce development plans, including the <i>Pacific Health and Disability Workforce Development Plan</i>.</p> <p>This plan is structured in five sections: Workforce development infrastructure; Organisational development; Recruitment and retention; Training and development; Research and evaluation.</p>
Pacific peoples and alcohol	<p>Issues related to Pacific peoples are discussed in all five sections of the Plan, and objectives and actions appear specifically within the following goals:</p> <ul style="list-style-type: none">• <i>Workforce development infrastructure</i> / Goal 1: To ensure that national and regional infrastructure supports the ability of DHBs and NGOs to progress workforce development. Objective 1.2 is “To further develop and co-ordinate a set of national indicators for mental health and addiction workforce development, including specific indicators for the Māori, Pacific, child and adolescent, and addiction workforces”.

Ministry of Health

Tauawhitia te Wero - Embracing the Challenge: National Mental Health and Addiction Workforce Development Plan 2006-2009 (cont.)

Pacific peoples and alcohol (cont.)	<ul style="list-style-type: none"> • <i>Recruitment and retention</i> / Goal 3: To develop a nationally co-ordinated response to issues of recruitment and retention. Objective 3.2 is “To ensure nationally co-ordinated recruitment to all mental health and addiction services, including locums and other temporary staff, which includes targeting under-represented groups such as Māori and Pacific workers”. Objective 3.1 To build the capacity of all mental health and addiction services and related organisations to attract and retain staff / Action b. Ensure all services have in place policies and management practices that attract and retain Pacific staff, especially in mainstream services where there are significant Pacific populations. • <i>Research and evaluation</i> / Objective 7.3 To utilise the current workforce in innovative ways to address staff shortages / Action a. Set up pilot workforce redesign projects, including kaupapa Māori, Pacific, and child and adolescent pilots.
Reference and access information	<p>Ministry of Health (2005). <i>Tauawhitia te Wero - Embracing the Challenge: National Mental Health and Addiction Workforce Development Plan 2006-2009</i>. Wellington: Ministry of Health.</p> <p>http://www.moh.govt.nz/moh.nsf/by+unid/907133A014195387CC2570DC00121236?Open</p> <p>Contact: Group Manager, Mental Health Group, Ministry of Health, phone (04) 496 2000.</p>

Te Awhiti: National Mental Health and Addictions Workforce Development Plan For, and in Support of, Non-Government Organisations 2006-2009

Background	<p>The Blueprint Centre for Learning was commissioned by the Mental Health Workforce Development Programme, to take the framework and strategic imperatives set out in <i>Tauawhitia te Wero – Embracing the Challenge</i> (Ministry of Health), and to explore in a practical way what the requirements and implications are for the workforce of non-government organisations (NGOs).</p> <p>This document provides a comprehensive overview of current workforce development strategies within this sector and offers a workforce development plan based on the needs and capabilities of the sector. The aim is to strengthen the NGO mental health and addictions workforce, inclusive of the consumer, non-professional, support and professional workforce.</p>
Pacific peoples and alcohol	<p>The key aims for NGO workforce development described within this plan have been developed to align with the five strategic imperatives identified in <i>Tauawhitia te Wero – Embracing the Challenge</i>. Specific objectives are described to put into operation these aims. These include the following objectives referring directly to Pacific peoples:</p> <p><i>Workforce development infrastructure:</i></p> <ul style="list-style-type: none"> • Strengthen cross-sector collaboration, i.e. across all of mental health and addictions, including all ages, Māori, Pacific Islands, Asian and other cultures, as well as with DHBs, primary health organisations and general practice, and related non-health sectors. <p><i>Retention and recruitment:</i></p> <ul style="list-style-type: none"> • Engage with nationally coordinated recruitment programmes, ensuring the NGO sector is represented, including under-represented groups such as service user, Māori and Pacific Islands workers. • Implement strategies to attract and retain an appropriate level of service user, Māori, Pacific Islands, Asian, refugee and migrant women workers in the NGO sector. • Engage with nationally coordinated recruitment programmes, ensuring the NGO sector is represented, including targeting under-represented groups such as Māori and Pacific Islands workers. • Implement strategies to attract and retain an appropriate level of Māori, Pacific Islands, Asian, refugee and migrant, and women workers in the NGO sector.

Te Awhiti: National Mental Health and Addictions Workforce Development Plan For, and in Support of, Non-Government Organisations 2006-2009 (cont.)

Pacific peoples and alcohol (cont.)	<p><i>Training and development:</i></p> <ul style="list-style-type: none"> Promote the practice that all NGO workers supporting Pacific Islands tangata whaiora/ consumers are familiar with Pacific Islands models of care.
Reference and access information	<p>Blueprint Centre for Learning (2006). <i>Te Awhiti: National Mental Health and Addictions Workforce Development Plan For, and in Support of, Non-Government Organisations 2006-2009</i>. Auckland: Mental Health Programmes Limited.</p> <p>http://www.tepou.co.nz/page/120-Publications</p> <p>Contact: Group Manager, Mental Health Group, Ministry of Health, phone (04) 496 2000.</p>

Ministry of Health, Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB Keeping Well 2008-2012: Wellington Region Strategic Plan for Population Health

Background	<p><i>Keeping Well 2008-2012: Wellington Region Strategic Plan for Population Health</i> is the result of a collaborative approach by the Ministry of Health, Capital & Coast DHB, Hutt Valley DHB, and the Wairarapa DHB. The plan was developed through a consultation process throughout the region in late 2007 and early 2008. The purpose of the strategy is to guide collaborative DHB/ Ministry of Health leadership for population health issues, and provide direction for organisations working in the public health sector in the Wellington region.</p> <p><i>Keeping Well</i> is a plan for the Wellington region to lift population health, and especially Māori and Pacific wellbeing, by improving the performance of the population health sector.</p> <p>The goals of <i>Keeping Well</i> are:</p> <ol style="list-style-type: none"> 1. Reduce health inequalities for the population groups most at risk. 2. Support the development of healthy communities. 3. Reduce the incidence and impact of chronic conditions. <p><i>Strategic objectives</i></p> <p>To make measurable improvements to regional health outcomes in the following eight population health priority areas:</p> <ol style="list-style-type: none"> 1. Equal opportunity to good health. 2. Smokefree living. 3. Mental wellbeing. 4. Healthy Eating Healthy Action. 5. Lives free from harm due to drugs and alcohol. 6. Control of infectious diseases. 7. Living conditions that nurture human health. 8. Families enjoying violence free lives.
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Ministry of Health, Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB

Keeping Well 2008-2012: Wellington Region Strategic Plan for Population Health (cont.)

Pacific peoples and alcohol	<p>There is an emphasis in this document on acknowledging the world views of high need communities (Māori, Pacific, refugees, low socio-economic), with a focus on a whānau/family approach.</p> <p>Alcohol and drugs are identified as one of the five major public health issues in all three DHBs and, as described above, are one of the eight population health priority areas.</p> <p>A key action for 2008-2012 is to develop localised interagency plans for lives free from drug and alcohol-related harm in high needs areas. This links to one of the long-term outcomes: health services that are more appropriate for high needs groups.</p> <p>It is noted that implementing Keeping Well has implications for many organisations involved in the funding/planning and delivery of the plan.</p> <p>“... Pacific providers have developed significantly in recent years and have achieved success with innovative models that combine public health and personal health services... Pacific providers will be challenged to take further leadership; firstly, to develop strategies and skills to influence the determinants of health for their communities, and secondly, to work with other non-Pacific organisations to develop new models of integrated programmes for high needs populations... Pacific providers should ensure there are clear lines of communication with the MOH/DHB funder/planners so issues such as workforce development and programme evaluation receive timely support” (p. 44).</p>
Reference and access information	<p>Stephenson, P., Lane, L. & Field, A. (2008). <i>Keeping Well 2008-2012: Wellington Region Strategic Plan for Population Health</i>.</p> <p>http://www.huttvalleydhb.org.nz/Article.aspx?ID=1242#K</p> <p>Contact: Portfolio Manager, Public Health Operations, Health and Disability National Service Directorate, Ministry of Health, phone (04) 496 2000.</p>

Ministry of Justice

Safer Communities: Action Plan to Reduce Community Violence & Sexual Violence

Background	<p>This plan has been developed, in the context of the <i>Crime Reduction Strategy</i>, to address identified gaps in efforts to reduce sexual violence and community violence in New Zealand. Four priority areas for action have been selected from those identified by stakeholders during the consultation process:</p> <ul style="list-style-type: none"> • Attitudes to violence. • Alcohol-related violence. • Violence in public places. • Sexual violence. <p>It is noted in the <i>Plan</i> that “partnerships with Māori, Pacific peoples, other ethnic groups, children and young people, and non-government organisations will be crucial to its effective implementation.</p> <p>The <i>Action Plan</i> sets out goals, areas for action, key objectives and a series of actions that aim to achieve the objectives.</p>
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Ministry of Justice

Safer Communities: Action Plan to Reduce Community Violence & Sexual Violence (cont.)

Pacific peoples and alcohol	<p>Among the new actions outlined here:</p> <p><i>Attitudes to Violence / Develop a coordinated public education and communication programme for the purpose of reducing violence</i> (this programme aims to support all of the other initiatives in the Plan, as well as the Government's other violence reduction activities).</p> <p>This action includes an education and enforcement package that will develop key new messages for the public, relating to sexual violence and violence in public places, particularly related to the use of alcohol and drugs. And (among other things):</p> <ul style="list-style-type: none"> • Messages will be communicated to a range of audiences (general, rural, urban, youth, Māori and Pacific communities), at both the national and local level, by a variety of means including: print (newspapers, magazines); radio and television (including Māori and Pacific Island networks) in the form of advertisements, programme storylines/edutainment, documentaries, and chat shows; posters (in unexpected sites); community-based programmes; and Internet websites. • In addition to using media, it is necessary to work with local government and local crime prevention partnerships, central government service agencies and community organisations, and Māori and Pacific service providers, across the health, education and justice sectors, to deliver and reinforce the messages with their staff and service users. <p>An Interagency Programme Management Group (IPMG) will develop and implement the programme described above in collaboration with a professional company that specialises in communications and advertising. The IPMG will include ALAC, Child, Youth & Family, Education, Health, Justice, Ministry of Pacific Island Affairs, Ministry of Social Development, New Zealand Police, Te Puni Kōkiri, the Hospitality Association, Rape Crisis and Women's Refuge. Timeline: 2004-2010.</p> <p>The Ministry of Pacific Island Affairs is also named as a key agency for coordinating a number of the other actions in this plan.</p>
Reference and access information	<p>Ministry of Justice (2004). <i>Safer Communities: Action Plan to Reduce Community Violence & Sexual Violence</i>. Wellington: Ministry of Justice.</p> <p>http://www.justice.govt.nz/pubs/reports/2004/action-plan-community-sexual-violence/index.htm</p> <p>Contact: Crime Prevention Unit, Ministry of Justice, phone (04) 496 3352.</p>

Ministry of Justice

Youth Offending Strategy: Preventing and Reducing Offending and Re-offending by Children and Young People: Te Haonga

Background	<p>The objective of the <i>Youth Offending Strategy</i> is to prevent and reduce offending and re-offending by children and young people. It guides Government about where to focus its effort in youth justice policy, and helps coordinate the local delivery of youth justice services.</p> <p>Key focus areas for the <i>Youth Offending Strategy</i> have been developed:</p> <ul style="list-style-type: none"> • Supporting the system. • Prevention before offending. • Response after offending.
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Ministry of Justice

Youth Offending Strategy: Preventing and Reducing Offending and Re-offending by Children and Young People: Te Haonga (cont.)

Pacific peoples and alcohol	<p>The <i>Strategy</i> notes the “over-representation of young Pacific people in violence statistics. Demographic trends indicate that young Pacific people will comprise a greater proportion of the youth population, with potential for increased representation in youth offending statistics, particularly violent offences. There are not enough effective interventions, based on a Pacific framework, and there is little development of service providers to increase effectiveness” (p.14). “Wider social issues, including drug and/or alcohol abuse, literacy or numeracy issues, or problems within the family/whānau (e.g. child abuse), often need to be addressed as part of the response to offending” (p.9).</p> <p>However, the strategy notes that “there are ... gaps in the specialist services required by serious offenders, for example, mental health, drug and alcohol services, and forensic services” (p.39).</p> <p>Officials have developed an action plan for Ministers. This sets out a process for implementing the <i>Strategy’s</i> recommendations, including the identification of agency responsibilities (where these are not already identified in the <i>Strategy</i>) and proposed timeframes. Of particular interest are the following:</p> <p><i>Prevention before offending / Children and young people at risk</i></p> <ul style="list-style-type: none"> • The social services sector (including the Ministries of Health, Education and Social Development, and Child, Youth and Family), in conjunction with the Ministry of Pacific Affairs, provide and support Pacific-designed and delivered services for Pacific children and young people at risk, and their families. <p>This could involve: researching, piloting and evaluating Pacific programmes for Pacific children and youth at risk and their families; and ongoing funding being secured for Pacific community-based programmes that have already demonstrated effectiveness with Pacific children and youth at risk.</p>
Reference and access information	<p>Ministry of Justice / Ministry of Social Development (2002). <i>Youth Offending Strategy: Preventing and Reducing Offending and Re-offending by Children and Young People: Te Haonga</i>. Wellington: Ministry of Justice / Ministry of Social Development.</p> <p>http://justice.org.nz/pubs/reports/2002/youth-offending-strategy/youth-strategy/index-strategy.html</p> <p>Contact: Policy Manager, Youth Justice, Ministry of Justice, phone (04) 494 9793.</p>

Ministry of Social Development

Pacific Youth Development Strategy [Auckland]

Background	<p>“The Auckland Pacific Youth Development Strategy draws together three elements of a young Pacific person’s life, family, Church and the youth themselves” (p.1).</p> <p>The Ministry of Social Development has taken the lead in the development of this <i>Pacific Youth Development Strategy</i> for Auckland. It has the following goals:</p> <ul style="list-style-type: none"> • Improve social well-being of Pacific youth – Increasing educational attainment will increase economic development and achieve positive health outcomes. • Ensure a collaborative approach and process – Effective holistic collaboration between government organisations in partnership with community and Pacific youth will result in an effective strategy.
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Ministry of Social Development

Pacific Youth Development Strategy [Auckland] (cont.)

Background (cont.)	<p>Based on terms of reference derived from these goals, a set of objectives for the strategy were developed:</p> <ul style="list-style-type: none"> • Support the Ministry of Social Development and other government agencies to meet the needs of Pacific youth. • Analyse information and identify issues in relation to the Pacific youth population. • Formulate an appropriate cultural consultation process. • Lead collaborative strategies between government and Pacific communities to increase the capacity of Pacific youth. • Mobilise and empower Pacific communities to become involved in community initiatives. <p>The strategic framework has three key underpinning strategies:</p> <ul style="list-style-type: none"> • Parents – first role models. • Education – empowering Pacific youth. • Church – enhancing community and family.
Pacific peoples and alcohol	<p>Phase Three of the Auckland <i>Pacific Youth Development Strategy</i> will be the implementation of the action projects. These projects are directly aligned with the underpinning strategies. Through the consultation process, youth identified the outcomes they would most like to see. Under the parenting strategy this included drug and alcohol-free families.</p>
Reference and access information	<p>Ministry of Social Development (2005). <i>Pacific Youth Development Strategy: Deliver positive life-change and affirmation for all Pacific youth in Auckland</i>. Auckland: Ministry of Social Development.</p> <p>http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/publications-index-p.html</p> <p>Contact: Pacific Youth Development Strategy Manager, Ministry of Social Development, phone (09) 916 1789.</p>

New Zealand Police

Pacific Peoples Responsiveness Strategy 2002-2006

Background	<p>The New Zealand Police <i>Pacific Peoples Responsiveness Strategy</i> (PPRS) aims to ensure that policing initiatives and activities work towards reducing Pacific peoples' offending, re-offending, victimisation and road trauma, and that the Police organisation is capable of delivering responsive outcomes for and with Pacific peoples.</p> <p>The PPRS is set within the context of the Police strategic direction. The strategy and its implementation are guided by the following principles:</p> <ul style="list-style-type: none"> • Police supporting Pacific communities to recognise issues and develop their own solutions. • Police engaging Pacific communities to participate with us to achieve responsive outcomes. • Co-ordination at all levels of the Police organisation to enable the most efficient and effective means of achieving the goals of the PPRS. • Demonstrable commitment to achieving the outcome and objectives for the strategy will be evidenced throughout all levels of the Police organisation. <p>Responsiveness to Pacific peoples will be reflected in the delivery of all policing outputs including policy advice.</p>
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New Zealand Police

Pacific Peoples Responsiveness Strategy 2002-2006 (cont.)

Pacific peoples and alcohol	<p>Alcohol is referred to within the following:</p> <p><i>Goal 1 - Implement effective and targeted initiatives for Pacific peoples within a Policing context.</i> Objective 2.4: "To minimise harm caused by tobacco, alcohol, illicit and other drug use to both Pacific individuals and community".</p> <p>Actions include: "Develop strategies in response to the National Drug Policy 1998-2003 such as... [identifying] ways where enforcement of Sale of Liquor 1989 and Transport Act 1962 can be strengthened. e.g. training, public awareness sessions".</p>
Reference and access information	<p>New Zealand Police (2006). <i>Pacific Peoples Responsiveness Strategy 2002-2006</i>. [Wellington: New Zealand Police].</p> <p>http://www.police.govt.nz/resources/2002/pacific-peoples-responsiveness-strategy-2002-2006/</p> <p>Contact: Strategic Pacific Advisor, Māori, Pacific and Ethnic Services, New Zealand Police, phone (04) 474 9499.</p>

Water Safety New Zealand

Pacific Peoples Water Safety Strategy 2008-2012

Background	<p>The aim of the <i>Pacific Peoples Water Safety Strategy</i> is to raise awareness of water safety issues with Pacific communities. It provides a specific and targeted approach to addressing Pacific peoples' water safety education needs in a manner that, Water Safety New Zealand believes, is likely to be effective, responsive and culturally appropriate.</p> <p>Key goals and objectives:</p> <ul style="list-style-type: none"> • Pacific engagement – To raise the awareness of water safety issues to Pacific communities utilising regional and national Pacific media. • Objectives – information sharing; community dialogue; resource development; communications plan. • Church roadshows – To raise the awareness of water safety issues to Pacific communities utilising regional and national Pacific churches networks. • Objectives: identify church networks; develop roadshow package; deliver roadshows nationally; evaluate the effectiveness of the church roadshow. • Community roadshows – To raise the awareness of water safety issues to Pacific communities utilising regional and national community networks. <p>Objectives: identify relevant community networks; customise community roadshow packages; deliver local community roadshows nationally; evaluate effectiveness of community roadshows.</p>
Pacific peoples and alcohol	<p>While alcohol is not referred to in the strategy itself, brochures developed as part of the strategy emphasise the importance of no / low alcohol consumption when swimming, fishing and boating (see references below).</p>
Reference and access information	<p>Water Safety New Zealand (2008). <i>Pacific Peoples Water Safety Strategy 2008-2012</i>. [Wellington: Water Safety New Zealand].</p> <p>Water Safety New Zealand (n.d.). <i>Fishing & boating: "Our families, our future"</i>. [Wellington: Water Safety New Zealand].</p> <p>Water Safety New Zealand (n.d.). <i>Swimming: "Our families, our future"</i>. [Wellington: Water Safety New Zealand].</p> <p>http://www.watersafety.org.nz</p> <p>Contact: Water Safety Strategy Project Manager, Water Safety New Zealand, phone (04) 801 9600.</p>

8.0 Checklist for updating the resource

Section 3.0 Methodology

3.1	Update dates searched in the search strategy (i.e. alter the 'years searched' references)
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Section 4.0 Pacific peoples and alcohol: An overview of the research

4.1	Update statistics on Pacific peoples' demographics if any more recent Census figures have become available.
4.2	Update statistics on patterns of alcohol consumption among Pacific peoples (adults and youth) with any recently published data, including the latest figures from the <i>ALAC Alcohol Monitor's</i> annualised data.
4.3	Update statistics on patterns of alcohol consumption in the Pacific islands and territories with any recently published data.
4.7	Add any recently published key or important works to the 'Compendium of major works'.

Section 5.0 ALAC and its work with Pacific peoples

5.1	Add a section for any recently initiated ALAC projects or programmes with Pacific peoples that are not covered in the current report.
5.1.1	Check for any updates to the <i>National Drug Strategy</i> , <i>National Alcohol Strategy</i> , and <i>National Alcohol Action Plan</i> .
	Update 'ALAC's Strategic Direction' section with any changed information from the most up-to-date strategic and annual plans, statements of intent, etc.
5.1.2	Check same Pacific representative person is still on ALAC's Council.
5.1.3	Check list of Pacific Reference Group members is correct.
5.1.5	Add any recent Pacific Spirit conferences to the list of conferences held to date.
5.1.6	Check progress of <i>Le Ala</i> and update if necessary.
5.1.7	Check recent progress of <i>Inu Safely Inu Smart</i> and update section with any current information on the project.
5.2	Update <i>ALAC Alcohol Monitor</i> statistics with the most recent annualised data (also see Appendix A).
	Update bibliography with any recent RNZ reports published for ALAC.
5.3	Check for any recent work ALAC has undertaken with Pacific peoples internationally and update as necessary.
5.4	Update 'Table 1: Pacific resources produced by ALAC' with any recently published resources.
	Update list of ALAC-commissioned or ALAC-published pilots and research projects with any recently published reports.
5.5	Add any organisations that ALAC has recently established collaborative relationships with or organisations where the current relationship has changed.

Section 6.0 Workforce development

	6.3	Check Addictions Treatment Directory website (http://www.addictionshelp.org.nz/Services/Home) and the latest edition of the <i>Pasifika Community Services Directory</i> for any changes to the list of Pacific addiction treatment and advice services available in New Zealand.
		Check for any updates to ALAC's <i>National directory of alcohol and drug services for Pacific peoples</i> . Update list of Pacific providers as necessary.
	6.6.2 and 6.6.3	Check progress of ADOPT and PADOPT and update sections with most current information on the projects.
	6.7.1	Search internet for any recent mental health publications relevant to Pacific peoples. Specifically any updates to or replacements for <i>Tupu Ola Moui: The Pacific health chart book</i> , <i>Te Rau Hinengaro: The New Zealand mental health survey</i> , and <i>Te Orau Ora: Pacific mental health profile</i> .
	6.7.2	Update statistics in this section on mental health and addictions among Pacific peoples if any updated publications were found in the previous section's search.
	6.7.3	Check for any recent publications from the Ministry of Health, Health Research Council, Te Pou and the Mental Health Commission on mental health and addiction workforce development (specifically strategic framework documents and any recently published action or development plans).
		Carry out the same search for recent publications on Pacific peoples' mental health and addiction workforce development specifically.
	6.7.4	Search the Te Pou and Le Va websites for any relevant developments in the programmes and update the sections on each of these as necessary.
	6.9	Update list of key publications relevant to workforce development in the Pacific mental health and addiction fields.
		Update list of ALAC commissioned or published reports in the area of workforce development for Pacific healthcare workers.

Section 7.0 Plans and strategies relating to alcohol and Pacific peoples

		Check plans/strategies listed are still current and search websites of key departments and agencies for recently published plans/strategies.
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Appendices

	Appendix A	Update with annualised data from most recent ALAC Alcohol Monitor.
	Appendix B	Check for any recently published RNZ reports involving Pacific peoples.

Glossary

Many of the terms used in the alcohol and harm minimisation field are used differently by different authors and within various jurisdictions. The glossary below defines how this resource uses a number of these terms and also includes commonly used acronyms and Pacific terms used throughout the report.

Alcohol consumption	The frequency with which alcohol is consumed and/or quantity consumed over a given time.
Alcohol-related harm	A variety of negative life events (e.g. social, legal, physical and medical) that are the direct result of alcohol consumption. Also includes harm to society (e.g. disease, crime, drink driving).
AOD	Alcohol and other drugs.
At-risk drinking/drinkers	See <i>Hazardous drinking/drinkers</i> .
Binge drinking	Consumption of large quantities of alcohol during a single drinking occasion or 'session'.
Cultural competency	Describes the ability of systems to provide services to clients with diverse values, beliefs and behaviours, including tailoring delivery to meet a patient's social, cultural and linguistic needs.
Culture	In anthropological terms, the sum total of ways of living built by a group of human beings and transmitted from one generation to another. Can include the behaviours and beliefs characteristic of a particular social, ethnic, or age group.
Fono	A Samoan term used generically in this resource to refer to a 'meeting of peoples'.
Fonofale model	A model of health based on Pacific (Samoan) views of health and encompassing physical, spiritual, and cultural beliefs. The model recognises that people's health is best nurtured within the social context, and that health is intrinsically bound to the holistic view of health within a culture for that person/family/community.
Harmful drinking/drinkers	A pattern of alcohol consumption that increases the likelihood of physical or social harm. Defined in the International Classification of Diseases (ICD-10) as a pattern of drinking that causes damage to physical or mental health. See also <i>Hazardous drinking/drinkers</i> .
Hazardous drinking/drinkers	Alcohol consumption that is causing one or more physical, mental or social problems for the drinker or others, but does not meet the criteria for dependence. See also <i>Harmful drinking/drinkers</i> .
Harm minimisation or harm reduction	An approach to alcohol policy, interventions, programmes and treatment that uses strategies to reduce the amount of drinking and therefore its harm, without necessarily requiring abstinence.
Holistic approach	Health approach that acknowledges all aspects of health and well-being for a Pacific person. For example, many people of the Pacific believe that spiritual well-being is equally essential to health as physical.
Intervention	A generic term that covers interventions in the AOD field such as educational, clinical, community and public health. Ranges from early intervention to treatment.



Kava	Beverage with narcotic, hypnotic, diuretic and muscle-relaxant effects derived from the stumps and roots of the plant <i>Piper methysticum</i> . Kava has traditional significance to many of the peoples of the Pacific and is employed ritualistically for purposes such as strengthening kinship ties. See (McDonald & Jowitt, 2000) and (James, 1999) for an overview of both traditional and contemporary use of kava in the Pacific.
Low-risk alcohol use	Drinking that is within the legal and medical guidelines and is not likely to result in alcohol-related problems.
Moderate/moderation	Not drinking too much or too often. Moderate drinking is generally defined as drinking in a way which does not cause problems for an individual or for society.
NGO	Non-government organisation. A non-government structure that is funded to provide specific services such as Pacific AOD and Pacific mental health services.
Palangi	A Tongan word widely understood by other Pacific cultures that refers to the Western body of knowledge, contexts or culture. It also refers to white-skinned people from Western societies. Different Pacific ethnic groups have their own words or variations of this spelling (e.g. in Samoa it is spelled 'palagi').
Problem drinking drinkers	See Hazardous drinking/drinkers.
Young people	'Young people' is a relative rather than an absolute term but in the context of this report, unless noted otherwise, it is used to refer to individuals in terms of ALAC's definition of young people as a priority population (i.e. those aged 12-24 years).



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Appendix A: Pacific profile based on 2007-08 ALAC Alcohol Monitor

This Appendix provides an overview of alcohol statistics relating to the Pacific population, primarily drawn from Research New Zealand's 2007-08 monitoring of ALAC's Culture Change programme through the *ALAC Alcohol Monitor*³³. The profile focuses on the drinking behaviour and characteristics of Pacific peoples generally, and those that can be classified as binge drinkers specifically. Profiles are provided separately for Pacific adults (aged 18+ years) and youth (aged 12-17 years), and comparisons are made where applicable to both Māori and the New Zealand population overall. Some information about New Zealand's Pacific population from the 2006 New Zealand Census is also provided for additional context.

Pacific population in context

Based on the *2006 Census of Population and Dwellings*, Pacific people together comprise 265,974 people, or 7 percent of New Zealand's population. The Pacific population has grown rapidly, with the 2006 population being 15 percent higher than in 2001, 32 percent higher than in 1996, and 59 percent higher than in 1991.

- The seven largest Pacific ethnic groups in New Zealand include Samoans (49 percent of the Pacific population); Cook Islands Māori (22 percent); Tongans (19 percent); Niueans (8 percent); Fijians (4 percent); Tokelauans (3 percent); and Tuvaluans (1 percent).
- The Pacific population is highly concentrated geographically. The majority of Pacific peoples live in the North Island (93 percent), and more specifically in the Auckland region (two-thirds, or 67 percent). A further 13 percent live in the Wellington region.
- The Pacific population is also relatively youthful, compared to other ethnic groups. In 2006, the Pacific ethnic group overall had the highest proportion of children aged under 15 years (38 percent). The median age of Pacific peoples was 21 years, substantially lower than the New Zealand population overall (36 years).

Profile of Pacific adults – drinking behaviour

Based on the ALAC Alcohol Monitor of Adults for the 2007-08 year:

- In contrast to other ethnic groups, Pacific adults are polarised in terms of their drinking behaviour. While representing only 4 percent of New Zealand's adult drinkers, over half (57 percent) identify as drinkers (compared to 83 percent of Māori adults, and 88 percent of adults from other ethnic groups), with two-fifths (43 percent) of Pacific adults classifying themselves as non-drinkers (significantly higher than 17 percent of Māori adults, and 12 percent of adults from other ethnic groups).
- In addition, one-quarter (24 percent) of Pacific adults can be classified as **moderate drinkers**³⁴ (significantly lower than 30 percent of Māori adults, and 66 percent of adults from other ethnic groups). Also, one-third (33 percent) can be classified as **binge drinkers**³⁵ – while this is significantly lower than for Māori (43 percent), Pacific adults are significantly more likely to be binge drinkers than are adults of other ethnic groups (22 percent). As such, Pacific adults represent 7 percent of all adult Binge Drinkers.

However, compared to people of other ethnic backgrounds, both Pacific and Māori adults:

- Have fewer drinking days per month (5.6, 5.2, and 9.3 days per month respectively).
- Have higher average drinks consumed per occasion (10.6, 8.7, and 5.4 drinks per occasion respectively).
- More likely to have consumed seven or more standard drinks on the **last occasion** (55 percent, 44 percent and 20 percent respectively).

³³ As a part of the latest ALAC Alcohol Monitor (for the 2007-08 year) interviews were completed with a total n=1353 adults 18+, including n=305 Pacific adults, n=443 Māori adults, and n=605 adults from other ethnic groups. In addition, interviews were completed with a total n=913 youth 12-17, including n=204 Pacific youth, n=305 Māori youth, and n=404 youth from other ethnic groups (Palmer, Fryer & Kalafatis, 2008).

³⁴ Defined as adults 18+ who drank less than seven standard drinks on the last occasion and on all occasions within the last two weeks.

³⁵ Defined as adults 18+ who drank seven or more standard drinks on the last occasion or on any occasion within the last two weeks.

- More likely to have consumed seven or more drinks on any drinking occasion in the **last 2 weeks** (38 percent, 28 percent and 14 percent respectively).
- While Pacific drinkers are more likely to drink beer than other alcoholic beverages (40 percent), they are more likely than Māori drinkers and drinkers from other ethnic groups to report drinking spirits (23 percent, 16 percent, and 13 percent, respectively) and RTDs (19 percent, 11 percent, and 6 percent, respectively) on their last drinking occasion. Pacific drinkers are less likely to report drinking wine (17 percent, compared to 26 percent of Māori, and 47 percent of drinkers from other ethnic groups).
- Pacific drinkers primarily drink at home (42 percent, similar to 46 percent of Māori, and 52 percent of drinkers from other ethnic groups), or at a friend's/relative's house (27 percent, compared to 16 percent of Māori, and 17 percent of drinkers from other ethnic groups). As with other drinkers, relatively few Pacific drinkers report drinking in pubs (8 percent, compared to 10 percent of Māori, and 7 percent of drinkers from other ethnic groups) or nightclubs (7 percent, compared to 3 percent of Māori, and 2 percent of drinkers from other ethnic groups) on their last drinking occasion.
- Over half (57 percent) of Pacific drinkers report that they are now drinking less alcohol than they were a year ago. While similar to 53 percent of Māori drinkers who also report this, Pacific drinkers are more likely than those from other ethnic groups (32 percent) to report this.

Table 3: ALAC Monitor key indicators – Pacific adults drinking behaviours

	Adult Drinkers			
	2007-08 All Drinkers	Pacific Drinkers	Moderate Drinkers	Binge Drinkers
	n=1070	n=175	n=74	n=101
	%	%	%	%
Drinking days per month (mean)	8.8	5.6	3.9	6.8
Standard drinks consumed last occasion				
Average drinks consumed (mean)	5.9	10.6	3.9	21.0
7+ drinks last occasion	24	55	0	95
Ever consumed 7+ drinks	67	72	45	91
Consumed 7+ drinks in last two weeks	16	38	0	66
Got drunk on last drinking occasion	12	27	1	45
Planned to get drunk [^]	9	17	0	25
Drinking more than last year	10	13	3	19
Drinking less than last year	35	57	66	50
Drinking less for specific reason [★]	62	65	50	78
Drink types consumed last occasion				
Beer	34	40	43	38
Wine	43	17	28	9
Spirits	14	23	11	31
RTDs	7	19	14	23



Drinking location last occasion#				
At home	51	42	47	37
Friend / relative's home	17	27	21	31
Café / restaurant	10	5	9	2
Pubs	8	8	6	10

^ Asked in March 08 survey only.

* Based on drinkers who reported drinking less than last year.

Based on drinkers in December 07 and March 08 Monitors only.

Demographic characteristics of adult Pacific drinkers

Compared to Pacific adults who identify as non-drinkers, Pacific drinkers are:

- More likely to be male (54 percent, compared to 39 percent of non-drinkers).
- More likely to be younger (43 percent aged less than 30 years, compared to 25 percent of non-drinkers). In contrast, 57 percent of drinkers are aged 30 or older, compared to 75 percent of non-drinkers.
- Slightly less likely to live in a household with children aged 15 or younger (51 percent, compared to 58 percent of non-drinkers).
- Slightly more likely to live in a large town or city (30,000 or more population) (71 percent, compared to 68 percent of non-drinkers), and less likely to live in a rural area or small town (less than 10,000 population) (7 percent, compared to 13 percent of non-drinkers).
- Have higher incomes (54 percent have a combined household income of \$50,000 or more, compared to 25 percent of non-drinkers).

Demographic characteristics of adult Pacific binge drinkers

- Pacific binge drinkers can be characterised as follows (with comparisons where relevant to Māori binge drinkers and binge drinkers from other ethnic groups):
- Like Pacific drinkers overall, just over half of Pacific binge drinkers are male (54 percent, compared to 52 percent of Māori binge drinkers and 61 percent of binge drinkers from other ethnic groups).
- Half of Pacific binge drinkers are aged less than 30 years (52 percent, compared to 45 percent of Māori binge drinkers, and significantly more than 34 percent of binge drinkers from other ethnic groups). In addition, three-quarters (75 percent) of Pacific binge drinkers are aged less than 40 years, compared to 66 percent of Māori binge drinkers and 60 percent of binge drinkers from other ethnic groups).
- Half of all Pacific binge drinkers live in a household with children aged 15 or younger (50 percent, compared to 51 percent of Māori binge drinkers, and 38 percent of binge drinkers from other ethnic groups).
- Four-fifths of Pacific binge drinkers live in a large town or city (30,000 or more population) (79 percent, significantly higher than 42 percent of Māori binge drinkers and 63 percent of binge drinkers from other ethnic groups). In contrast, only 4 percent live in a rural area or small town (less than 10,000 population) (significantly less than 36 percent of Māori binge drinkers and 23 percent of binge drinkers from other ethnic groups).
- Over half (61 percent) have a combined household income of \$50,000 or more, slightly higher than 55 percent of Māori binge drinkers, but slightly lower than 66 percent of binge drinkers from other ethnic groups.



Table 4: ALAC Monitor key indicators – Demographic characteristics of adult Pacific drinkers

	Adult Drinkers			
	2007-08 All Drinkers	Pacific Drinkers	Moderate Drinkers	Binge Drinkers
	n=1070	n=175	n=74	n=101
	%	%	%	%
Gender				
Male	48	54	53	54
Female	52	46	47	46
Age				
18-39	41	67	53	75
40 or older	59	33	47	25
Families with children				
Children aged 15 or younger	35	51	53	50
No children aged 15 or younger	65	49	47	50
Household Income				
Less than \$50,000	30	32	27	28
\$50,000 or more	62	54	53	61
Area Type				
Rural (pop. under 1,000)	11	2	6	0
Small town (pop. 1,000 – 9,999)	13	5	6	4
Medium-sized town (pop. 10,000 – 29,999)	11	19	24	17
Large town/city (pop. 30,000+)	63	71	65	79

Profile of Pacific adults – attitudes to alcohol and drinking

Consistent with their drinking behaviours (as profiled above), many Pacific adults are tolerant of drunkenness, and while many acknowledge that the way they drink could be harmful to them, they are less likely than others to believe that alcohol might cause serious harm to themselves or other people they know. In contrast to these attitudes, Pacific adults are actually more likely than adults from other ethnic groups to report experiencing a range of alcohol-related harms.

Based on adult Pacific drinkers in 2007-08 specifically (and compared to Māori drinkers and drinkers from other ethnic groups):

- Two-fifths (42 percent) of Pacific drinkers agree that *it's OK to get drunk, as long as it's not every day* (compared to 34 percent of Māori drinkers, and significantly more than 26 percent of adults from other ethnic groups).
- In contrast, one-third (33 percent) of Pacific drinkers agree that *it's never OK to get drunk* (compared to 29 percent of Māori drinkers, and significantly less than 44 percent of adults from other ethnic groups).
- Nevertheless, Pacific drinkers are less likely than those from other ethnic groups to agree that *drinking a small amount of alcohol everyday is OK* (29 percent, compared to 34 percent of Māori, and 50 percent of drinkers from other ethnic groups).
- In terms of the harms they believe their drinking could cause:
 - In the last 12 months, two-thirds (67 percent) of Pacific drinkers report that they have *thought about the negative or harmful effects their drinking might have on themselves and/or others* (compared to 73 percent of Māori drinkers, and 65 percent of drinkers from other ethnic groups).



- Half (50 percent) of all Pacific drinkers agree that *the way I drink could be harmful to me* (compared to 38 percent of Māori drinkers, and significantly more than 31 percent of drinkers from other ethnic groups).
- A similar proportion (52 percent) agree that they are more likely to cause serious harm to themselves and/or other people if they get drunk. While similar to 59 percent of Māori drinkers, this is significantly less than 69 percent of drinkers from other ethnic groups.
- In light of the above results, three-quarters (76 percent) of adult Pacific drinkers report that they have experienced some kind of harmful or regrettable situation in the last 12 months, as a result of their drinking (compared to 66 percent of Māori drinkers, and significantly more than 47 percent of drinkers from other ethnic groups). The harms most frequently reported by Pacific drinkers include the following:
 - *Short-term effects of drinking* (e.g. loss of memory, hangovers, vomiting, etc.) (55 percent, compared to 47 percent of Māori drinkers, and significantly more likely than 30 percent of drinkers from other ethnic groups).
 - *Spending too much on alcohol* (46 percent, compared to 35 percent of Māori drinkers, and significantly more likely than 21 percent of drinkers from other ethnic groups).
 - *Having an argument I later regretted* (38 percent, compared to 27 percent of Māori drinkers, and significantly more likely than 13 percent of drinkers from other ethnic groups).
 - *Doing something embarrassing or humiliating that I later regretted* (38 percent, compared to 25 percent of Māori drinkers, and significantly more likely than 16 percent of drinkers from other ethnic groups).
 - *Negative effects on family relationships or children* (30 percent, significantly more likely compared to 14 percent of Māori drinkers and 5 percent of drinkers from other ethnic groups).
- Pacific drinkers were also more likely than other drinkers to report being involved in a range of more serious or violent harms, including:
 - *Accidental harm* (e.g. tripping, falling, hurting myself) (22 percent, compared to 18 percent of Māori and 8 percent of drinkers from other ethnic groups).
 - *Drink driving* (19 percent, compared to 11 percent of Māori and 4 percent of drinkers from other ethnic groups).
 - *Violent or aggressive situations* (16 percent, compared to 12 percent of Māori and 4 percent of drinkers from other ethnic groups).
 - *Getting into a regrettable sexual encounter* (16 percent, compared to 8 percent of Māori and 3 percent of drinkers from other ethnic groups).



Table 5: ALAC Monitor key indicators – Attitudes of adult Pacific drinkers

	Adult Drinkers			
	2007-08 All Drinkers	Pacific Drinkers	Moderate Drinkers	Binge Drinkers
	n=1070	n=175	n=74	n=101
	%	%	%	%
General attitudes: It's never OK to get drunk				
Agree	42	33	44	25
Disagree	38	39	35	43
It's OK to get drunk, as long as it's not every day				
Agree	27	42	29	52
Disagree	59	36	51	24
The way I drink could be harmful to me				
Agree	32	50	44	53
Disagree	52	36	47	29
Net thought about harmful effects getting drunk might have on self and/or others (<i>agreed with at least one of the statements below</i>)	66	67	67	67
Thought about harmful effects getting drunk might have on self	58	60	64	58
Thought about harmful effects getting drunk might have on others	41	60	56	63
Net agree more likely to cause serious harm if drunk (<i>agreed with at least one of the statements below</i>)	67	52	58	47
Agree more likely to cause serious harm to self if drunk	57	44	54	36
Agree more likely to cause serious harm to others if drunk	51	34	40	29
Have thought about cutting back how much you drink (in last 12 months)	28	51	37	60

Profile of Pacific youth – drinking behaviour

Based on the ALAC Alcohol Monitor of Youth aged 12-17 years for the 2007-08 year:

- Over half (58 percent) of Pacific youth report that they have ever tried alcohol (even just a sip). This is significantly less than both Māori youth and youth of other ethnic groups (82 percent and 87 percent, respectively).
- While representing 13 percent of all youth non-drinkers, Pacific youth as a group are more likely than other youth to identify as non-drinkers. In fact, over half (59 percent) identify as non-drinkers (significantly more than 42 percent of Māori youth, and 48 percent of youth from other ethnic groups). In contrast, two-fifths (41 percent) of Pacific youth identify as drinkers (significantly less than 58 percent of Māori youth, and 52 percent of youth from other ethnic groups).



- In addition, one-fifth (22 percent) of Pacific youth can be classified as moderate drinkers³⁶ (compared to 24 percent of Māori youth, and significantly lower than 30 percent of adults from other ethnic groups). A similar proportion (19 percent) can be classified as binge drinkers³⁷ (significantly lower than for Māori youth (34 percent), but comparable to 22 percent of youth from other ethnic groups). As such, Pacific youth represent 9 percent of all youth Binge Drinkers.

In terms of their drinking behaviour, Pacific youth:

- Like other youth, drink relatively infrequently (2.9 days per month on average, compared to 3.1 days for Māori and 2.8 days for youth of other ethnic groups).
- Tend to drink more than five standard drinks on average per occasion (6.7 on average, slightly less than 7.7 standard drinks among Māori, but slightly more than 4.8 standard drinks among youth of other ethnic groups).
- Many consumed five or more standard drinks on the **last occasion** (44 percent, compared to 55 percent of Māori youth and 41 percent of youth from other ethnic groups).
- Are less likely than Māori youth to have consumed five or more drinks on any drinking occasion in the **last 2 weeks** (18 percent, compared to 35 percent of Māori and 25 percent of youth from other ethnic groups).
- More likely to drink RTDs than other alcoholic beverages (36 percent, compared to 41 percent of Māori and 33 percent of youth from other ethnic groups), although one-quarter mainly drank beer on their last drinking occasion (28 percent, compared to 34 percent of Māori and 39 percent youth of other ethnic groups). One-in-five (20 percent) drank spirits (compared to 14 percent Māori, 12 percent youth of other ethnic groups), although only one-in-ten (9 percent) reported mainly drinking wine (compared to 9 percent Māori, 13 percent youth of other ethnic groups).
- Pacific youth mainly report drinking at friends' or relatives' homes on their last drinking occasion (42 percent, compared to 36 percent Māori, 35 percent youth from other ethnic groups). Substantially fewer report drinking at home (26 percent, compared to 39 percent of Māori, 40 percent youth from other ethnic groups), while 13 percent last drank at a social or family event (compared to 9 percent of Māori, and 8 percent of drinkers from other ethnic groups), and 8 percent "out and about" on streets, or in parks or malls (compared to 5 percent of Māori, and 6 percent youth from other ethnic groups).
- Pacific youth more frequently report obtaining their alcohol from friends aged 18 and older than from any other source (27 percent, compared to 32 percent Māori drinkers and 25 percent youth from other ethnic groups). A similar proportion (25 percent) of Pacific youth report family/whānau (other than their parents or siblings) as their usual source of alcohol, and are significantly more likely than Māori and youth of other ethnic groups (10 percent and 3 percent respectively) to report this. While one-in-five (21 percent) report that their parents supply them with alcohol, they are significantly less likely than Māori and youth of other ethnic groups to mention this (57 percent and 69 percent, respectively).
- In addition, more than one-in-ten Pacific youth drinkers (13 percent) report that they ever buy alcohol themselves (compared to 16 percent Māori youth, 6 percent youth of other ethnic groups).
- One-in-three (38 percent) of Pacific youth drinkers report that they are now drinking less alcohol than they were a year ago (similar to 29 percent of Māori drinkers, but significantly more likely than 17 percent of drinkers from other ethnic groups). One-quarter (28 percent) report drinking more now, significantly less than both Māori and youth of other ethnic groups (43 percent and 50 percent, respectively).

³⁶ Defined as youth 12-17 who drank less than five standard drinks on the last occasion and on all occasions within the last two weeks.

³⁷ Defined as youth 12-17 who drank five or more standard drinks on the last occasion or on any occasion within the last two weeks.

Table 6: ALAC Monitor key indicators – Pacific youth drinking behaviours

	2007-08	Pacific
	All Youth Drinkers	Youth Drinkers
	n=913	n=93
	%	%
Drinking days per month (mean)	2.9	3.0
Standard drinks consumed last occasion		
Average drinks consumed (mean)	5.6	6.7
5+ drinks last occasion	44	44
Ever consumed 5+ drinks	53	53
Consumed 5+ drinks in last two weeks	23	18
Got drunk on last drinking occasion	19	23
Planned to get drunk [^]	17	13
Drinking more than last year	47	28
Drinking less than last year	21	38
Drinking less for specific reason [*]	21	47
Drink types consumed last occasion		
Beer	37	28
Wine	12	9
Spirits	13	20
RTDs	35	36
Drinking location last occasion[#]		
At home	39	26
Friend / relative's home	35	42
Parties	9	7
Social / family events	8	13

[^] Asked in March 08 survey only.

^{*} Based on drinkers who reported drinking less than last year.

[#] Based on drinkers in December 07 and March 08 Monitors only.

Demographic characteristics of young Pacific drinkers

Compared to Pacific youth who identify as non-drinkers, Pacific youth drinkers are:

- Slightly less likely to be male (49 percent, compared to 56 percent of non-drinkers).
- More likely to be older (73 percent aged 15-17 years, compared to 33 percent of non-drinkers). In contrast, 28 percent of drinkers are aged 12-14 years, compared to 67 percent of non-drinkers.
- Slightly less likely to live with two parents or guardians (73 percent, compared to 81 percent of non-drinkers), and slightly more likely to live mostly with one parent or guardian (23 percent, compared to 14 percent of non-drinkers).
- Significantly more likely to report living in a household with at least one parent or guardian who drinks alcohol (63 percent, compared to 47 percent of non-drinking youth). And also more likely to report that **both** parents/guardians drink alcohol (39 percent, compared to 17 percent of non-drinking youth).



- Slightly more likely to live in a large town or city (30,000 or more population) (53 percent, compared to 45 percent of non-drinkers), but also more likely to live in a rural area or small town (less than 10,000 population) (28 percent, compared to 22 percent of non-drinkers), while less likely to live in a medium-sized town (10,000 to 29,999 population) (18 percent, compared to 31 percent of non-drinkers).
- Less likely to report currently being at school (77 percent, compared to 96 percent of non-drinkers), and more likely to report working full-time (10 percent cf. 1 percent), or at a tertiary education/training establishment (7 percent cf. 1 percent).

Demographic characteristics of young Pacific binge drinkers

Young Pacific binge drinkers can be characterised as follows (with comparisons where relevant to Pacific moderate drinkers, Māori binge drinkers, and binge drinkers from other ethnic groups):

- Just over half of Pacific binge drinkers are male (53 percent, compared to 56 percent of Māori binge drinkers and 55 percent of binge drinkers from other ethnic groups).
- The majority of Pacific binge drinkers are aged 15 to 17 years (90 percent, significantly more than 52 percent of Pacific moderate drinkers, and compared to 83 percent of Māori binge drinkers, and 92 percent of binge drinkers from other ethnic groups).
- Pacific binge drinkers are less likely than moderate drinkers to report living with two parents or guardians (65 percent compared to 81 percent, and compared to 62 percent of Māori binge drinkers and 76 percent of binge drinkers from other ethnic groups). One-quarter (25 percent) report living mostly with one parent/guardian (compared to 19 percent of Pacific moderate drinkers, 29 percent of Māori binge drinkers and 19 percent of binge drinkers from other ethnic groups).
- Two-thirds (68 percent) of Pacific binge drinkers report living in a household with at least one parent or guardian who drinks alcohol (compared to 62 percent of Pacific moderate drinkers), but are less likely than Māori and binge drinkers of other ethnic groups to report this (81 percent and 85 percent, respectively). While they are slightly more likely than Pacific moderate drinkers to report that both parents/guardians drink alcohol (42 percent compared to 35 percent), Pacific binge drinkers are less likely than Māori and binge drinkers of other ethnic groups to report this (54 percent and 69 percent, respectively).
- Pacific binge drinkers are significantly less likely than Pacific moderate drinkers to report being at school currently (63 percent compared to 90 percent), and also less likely to report this than Māori binge drinkers and binge drinkers of other ethnic groups (79 percent and 84 percent, respectively). Pacific binge drinkers are more likely than Māori and binge drinkers of other ethnic groups to report working full-time (17 percent, 9 percent, and 7 percent, respectively), or training at a tertiary education/training establishment (14 percent, 6 percent, and 3 percent, respectively).



Table 7: ALAC Monitor key indicators – Demographic characteristics of Pacific youth drinkers

	2007-08 All Youth Drinkers	Pacific Youth Drinkers
	n=913	n=93
	%	%
Gender		
Male	55	49
Female	45	51
Age		
12-14	29	28
15-17	71	73
Household type		
Live with two parents/guardians	80	73
Live with one parent/guardian	15	23
Parental drinking		
At least one parent drinks	81	63
Both parents drink	62	39
Educational/employment status		
At school	88	77
In tertiary training	3	7
Working full-time	3	10
Working part-time	20	9

Profile of Pacific youth – attitudes to alcohol and drinking

In contrast to Pacific adult drinkers, Pacific youth drinkers are less tolerant of drinking and alcohol, relative to other young drinkers. However, they are also less likely than other youth to accept the serious harm that drinking can cause, while more likely to experience drinking-related harm.

Based on young Pacific **drinkers** in 2007-08 (and compared to young Māori drinkers and drinkers from other ethnic groups):

- Under half (46 percent) of Pacific drinkers agree that *it's OK to get drunk, as long as it's not every day*, significantly less than 62 percent of Māori drinkers, and compared to 53 percent of drinkers from other ethnic groups.
- In contrast, one-third (36 percent) of Pacific drinkers agree that *it's never OK to get drunk*, and are significantly more likely than both Māori drinkers and drinkers from other ethnic groups (19 percent and 19 percent, respectively) to agree with this.
- They are also significantly less likely than other youth to agree that *drinking a small amount of alcohol everyday is OK* (15 percent, compared to 30 percent of Māori, and 28 percent of drinkers from other ethnic groups).
- In terms of the **harms** they believe their drinking could cause:
 - Three-quarters (77 percent) of young Pacific drinkers report that, in the last 12 months, *they have thought about the negative or harmful effects their drinking might have on themselves and/or others* (compared to 68 percent of Māori drinkers, and 70 percent of drinkers from other ethnic groups).
 - Contributing to this result, Pacific drinkers are significantly more likely than Māori drinkers and drinkers from other ethnic groups to report that they have *thought about the negative or harmful effects their drinking might have on others specifically* (69 percent, 54 percent, and 47 percent, respectively).



- Half (50 percent) of all young Pacific drinkers agree that *the way I drink could be harmful to me* (similar to 50 percent of Māori drinkers, and 43 percent of drinkers from other ethnic groups).
- However, two-thirds (65 percent) agree that they are *more likely to cause serious harm to themselves and/or other people if they get drunk*. While similar to 66 percent of young Māori drinkers, this is significantly less than 78 percent of drinkers from other ethnic groups.
- In light of the above results, the majority (81 percent) of young Pacific drinkers report that they have experienced some kind of harmful or regrettable alcohol-related situation in the last 12 months. Although similar to 75 percent of young Māori drinkers, this is significantly higher than the 60 percent of drinkers from other ethnic groups who report this. The harms most frequently reported by young Pacific drinkers include the following:
 - *Doing something embarrassing or humiliating that I later regretted* (48 percent, compared to 42 percent of Māori drinkers, and significantly more than 34 percent of drinkers from other ethnic groups).
 - *Short-term effects of drinking (e.g. loss of memory, hangovers, vomiting, etc.)* (45 percent, compared to 52 percent of Māori drinkers, and 37 percent of drinkers from other ethnic groups).
 - *Having an argument I later regretted* (38 percent, compared to 30 percent of Māori drinkers, and significantly more than 15 percent of drinkers from other ethnic groups).
 - *Not being able to meet family responsibilities* (30 percent, compared to 21 percent of Māori drinkers, and significantly more than 9 percent of drinkers from other ethnic groups).
 - *Feeling unsafe when out drinking or partying* (29 percent, compared to 18 percent of Māori drinkers, and significantly more than 9 percent of drinkers from other ethnic groups).
 - Young Pacific drinkers are more likely than adult Pacific drinkers, and many other young drinkers, to report being involved in a range of more serious or violent harms, including:
 - *Accidental harm (e.g. tripping, falling, hurting myself)* (38 percent, compared to 22 percent of adult Pacific drinkers, 44 percent of young Māori drinkers, and 31 percent of drinkers from other ethnic groups).
 - *Violent or aggressive situations* (35 percent, compared to 16 percent of adult Pacific drinkers, 23 percent of young Māori drinkers, and significantly more than 11 percent of drinkers from other ethnic groups).
 - *Getting into a regrettable sexual encounter* (20 percent, compared to 16 percent of adult Pacific drinkers, 15 percent of young Māori drinkers, and significantly more than 8 percent of drinkers from other ethnic groups).
 - *Drink driving* (10 percent, compared to 19 percent of adult Pacific drinkers, 4 percent of young Māori drinkers and 4 percent of drinkers from other ethnic groups).



Table 8: ALAC Monitor key indicators – Attitudes of Pacific youth drinkers

	2007-08	Pacific
	All Youth Drinkers	Youth Drinkers
	n=913	n=93
	%	%
General attitudes		
It's never OK to get drunk		
Agree	20	36
Disagree	50	32
It's OK to get drunk, as long as it's not every day		
Agree	55	46
Disagree	25	29
The way I drink could be harmful to me		
Agree	46	56
Disagree	46	25
Net thought about harmful effects getting drunk might have on self and/or others (agreed with at least one of the statements below)		
Thought about harmful effects getting drunk might have on self	64	59
Thought about harmful effects getting drunk might have on others	50	69
Net agree more likely to cause serious harm if drunk (agreed with at least one of the statements below)		
Net agree more likely to cause serious harm to self if drunk	63	49
Net agree more likely to cause serious harm to others if drunk	54	52
Have thought about cutting back how much you drink (in last 12 months)		
	27	48



Appendix B: Bibliography of Research New Zealand Pacific research undertaken for ALAC³⁸

1. Title: ALAC Youth Campaign: What Are Parents Looking For?

Date: September 1999

RNZ ref #: 1883

Methodology:

Approach: Qualitative one-on-one interviews and small group discussions

Interviewing dates: June – July 1999

Total sample: n=26 parents of 13-18 year olds; n=4 key informants

Pacific sub-sample: n=10 parents of 13-18 year olds

Reporting by Pacific sub-sample: Yes

2. Title: Targeting Parents Advertising concept pre-testing

Date: November 1999

RNZ ref #: 1963

Methodology:

Approach: Individual interviews and group discussions

Interviewing dates: October 1999

Total sample: n=30 parents

Pacific sub-sample: n=8 parents

Reporting by Pacific sub-sample: Yes

3. Title: Evaluation of “Stay-in-Play” (SIP) & Mahia-te-Mahi programme initiatives

Date: 21 August 2002

RNZ ref #: 2493

Methodology:

Approach: Telephone interviews

Interviewing dates: 30 April – 6 June 2002 (Auckland);

21 May – 15 June 2002 (Whakatane)

Total sample: n=750 youth 14-24

Pacific sub-sample: n= 200 youth 14-24

Reporting by Pacific sub-sample: Yes

³⁸ This bibliography was originally compiled by Shane Palmer (RNZ) as a memorandum to ALAC on 11/9/2008. It lists, chronologically, all research involving Pacific peoples that was completed for ALAC by RNZ (up until September 2008).

4. Title: The development of a programme to delay starting and encourage moderate drinking. Stage one - Qualitative research

Date: April 2003

RNZ ref #: 2633

Methodology:

Approach: Qualitative – one-on-one interviews

Interviewing dates: 22 January – 16 February 2003

Total sample: n=33 youth 12-20

Pacific sub-sample: n=10 youth 12-20

Reporting by Pacific sub-sample: No

5. Title: Focusing on the adult population - The development of a programme to encourage moderate drinking. Qualitative research

Date: July 2003

RNZ ref #: 2702

Methodology:

Approach: Qualitative – one-on-one interviews

Interviewing dates: 22 January – 16 February 2003

Total sample: n=18 adults 21+

Pacific sub-sample: n= not stated

Reporting by Pacific sub-sample: Yes

6. Title: Youth and Alcohol: 2003 ALAC Youth Drinking Monitor

Date: August 2003

RNZ ref #: 2664

Methodology:

Approach: Telephone survey

Interviewing dates: 4 – 20 June 2003

Total sample: n=626 youth 12-17

Pacific sub-sample: n=168 youth 12-17s

Reporting by Pacific sub-sample: Yes

7. Title: “Stay-in-Play” (SIP) Programme Evaluation 2003 Report

Date: 19 November 2003

RNZ ref #: 2723

Methodology:

Approach: Telephone interviews

Interviewing dates: 14 July – 25 August 2003

Total sample: n=600 youth 14-18

Pacific sub-sample: n=133 youth 14-18

Reporting by Pacific sub-sample: Yes



8. Title: The Way We Drink: The current attitudes & behaviours of New Zealanders (aged 12 plus) towards drinking alcohol

Date: May 2004

RNZ ref #: 2634/2710

Methodology:

Approach: Telephone survey

Interviewing dates: 4 – 30 June 2003 (youth); 23 July – 6 September 2003 (adults)

Total sample: n=626 youth 12-17; n=1,157 adults 18+

Pacific sub-sample: n=168 youth 12-17; n=260 adults 18+

Reporting by Pacific sub-sample: Yes

9. Title: Standard Drink Calibration: An in-depth investigation of volumes of alcohol consumed by Youth Uncontrolled Binge Drinkers, and Adult Constrained & Uninhibited Binge Drinkers

Date: May 2004

RNZ ref #: 2838

Methodology:

Approach: Face-to-face quasi-experimental

Interviewing dates: 2 – 24 February 2004

Total sample: n=62 youth 15-17; n=59 adults 18+

Pacific sub-sample: n=9 youth 15-17; n=8 adults 18+

Reporting by Pacific sub-sample: No

10. Title: “SIP – Stay-in-Play” 2004 Programme Evaluation

Date: 13 October 2004

RNZ ref #: 2941

Methodology:

Approach: Telephone interviews

Interviewing dates: 5 July – 1 August 2004

Total sample: n=601 youth 12-17

Pacific sub-sample: n=150 youth 12-17

Reporting by Pacific sub-sample: Yes

11. Title: 2005 Standard Drink Calibration: An in-depth investigation of volumes of alcohol consumed by New Zealand drinkers

Date: May 2005

RNZ ref #: 3056

Methodology:

Approach: Face-to-face quasi-experimental

Interviewing dates: 3 – 19 February 2005

Total sample: n=59 youth 15-17; n=91 adults 18+

Pacific sub-sample: n=14 youth 15-17; n=18 adults 18+

Reporting by Pacific sub-sample: Yes

12. Title: The Way We Drink 2005: Current attitudes & behaviours of New Zealanders (aged 12 plus) towards drinking alcohol

Date: July 2005

RNZ ref #: 3057/3058

Methodology:

Approach: Telephone survey

Interviewing dates: 8 March – 11 April 2005

Total sample: n=628 youth 12-17; n=659 adults 18+

Pacific sub-sample: n=99 youth 12-17; n=115 adults 18+

Reporting by Pacific sub-sample: Yes

13. Title: ALAC Alcohol Monitor: “See” campaign impact, attitudes and behaviour (June 2005 Monitor)

Date: June 2005

RNZ ref #: 3059

Methodology:

Approach: Telephone survey

Interviewing dates: 13-23 June 2005

Total sample: n=510 New Zealanders 15+

Pacific sub-sample: n=100 New Zealanders 15+

Reporting by Pacific sub-sample: Yes

14. Title: The ALAC Culture Change Monitor: Report for September 2005 quarter

Date: November 2005

RNZ ref #: 3270

Methodology:

Approach: Telephone survey

Interviewing dates: 20 September – 10 October 2005

Total sample: n=307 youth 12-17; n=462 adults 18+

Pacific sub-sample: n=75 youth 12-17; n=91 adults 18+

Reporting by Pacific sub-sample: Yes

15. Title: The ALAC Culture Change Monitor: Report for December 2005 quarter

Date: February 2006

RNZ ref #: 3272

Methodology:

Approach: Telephone survey

Interviewing dates: 7 December 2005 – 15 January 2006

Total sample: n=300 youth 12-17; n=468 adults 18+

Pacific sub-sample: n=74 youth 12-17; n=106 adults 18+

Reporting by Pacific sub-sample: Yes



16. Title: Testing “Think” TVCs

Date: 3 March 2006

RNZ ref #: 3366

Methodology:

Approach: Face to face

Interviewing dates: 27 February 2006

Total sample: n=12 adults 18+

Pacific sub-sample: n=4 adults 18+

Reporting by Pacific sub-sample: Yes

17. Title: Focus group testing of ‘Think’ TVC executions. Lisa, Danny and Uncle Mark.

Date: 3 March 2006

RNZ ref #: 3756

Methodology:

Approach: Focus groups

Interviewing dates: 26 – 28 March 2008

Total sample: n=17 adults 18+

Pacific sub-sample: n= not specified

Reporting by Pacific sub-sample: No

18. Title: The ALAC Culture Change Monitor: Report for March 2006 quarter

Date: May 2006

RNZ ref #: 3362

Methodology:

Approach: Telephone survey

Interviewing dates: 15 March – 3 April 2006

Total sample: n=303 youth 12-17; n=464 adults 18+

Pacific sub-sample: n=77 youth 12-17; n=100 adults 18+

Reporting by Pacific sub-sample: Yes

19. Title: ALAC Alcohol Monitor - Adults & Youth: 2005-06 Annual Report

Date: May 2006

RNZ ref #: 3428

Methodology:

Approach: Combines results from Sept 2005, Dec 2005, March 2006, and June 2006

Interviewing dates: Not applicable

Total sample: n=1210 youth 12-17; n=1845 adults 18+

Pacific sub-sample: n=304 youth 12-17; n=394 adults 18+

Reporting by Pacific sub-sample: Yes

20. Title: ALAC Alcohol Monitor - Adults & Youth: July – September 2006 Quarterly Report

Date: 13 November 2006

RNZ ref #: 3476

Methodology:

Approach: Telephone survey

Interviewing dates: 26 September - 10 October 2006.

Total sample: n=300 youth 12-17; n=479 adults 18+

Pacific sub-sample: n=71 youth 12-17; n=101 adults 18+

Reporting by Pacific sub-sample: Yes

21. Title: Testing “Think” Radio advertisements

Date: 19 December 2006

RNZ ref #: 3526

Methodology:

Approach: Face to face interviews

Interviewing dates: 11 December 2006

Total sample: n=18 adults 18+

Pacific sub-sample: n=9 adults 18+

Reporting by Pacific sub-sample: Yes

22. Title: ALAC Alcohol Monitor - Adults & Youth: October - December 2006 Quarterly Report

Date: 3 April 2007

RNZ ref #: 3476

Methodology:

Approach: Telephone survey

Interviewing dates: 4 December 2006 – 10 January 2007

Total sample: n=305 youth 12-17; n=463 adults 18+

Pacific sub-sample: n=75 youth 12-17; n=124 adults 18+

Reporting by Pacific sub-sample: Yes

23. Title: ALAC Alcohol Monitor - Adults & Youth: January – March 2007 Quarterly Report

Date: 25 May 2007

RNZ ref #: 3562

Methodology:

Approach: Telephone survey

Interviewing dates: 21 June - 10 July 2007.

Total sample: n=295 youth 12-17; n=449 adults 18+

Pacific sub-sample: n=75 youth 12-17; n=95 adults 18+

Reporting by Pacific sub-sample: Yes



24. Title: Standard Drink Calibration 2007: New Zealanders' understanding of the Standard Drink concept

Date: June 2007

RNZ ref #: 3566

Methodology:

Approach: Face-to-face quasi-experimental

Interviewing dates: April - May 2007

Total sample: n=60 youth 15-17; n=60 adults 18+

Pacific sub-sample: n=11 youth 15-17; n=10 adults 18+

Reporting by Pacific sub-sample: Yes (indicative only)

25. Title: Testing ALAC's Early Intervention Helpline collateral and concepts: 'Faces'

Date: July 2007

RNZ ref #: 3631

Methodology:

Approach: Individual face to face interviews

Interviewing dates: 15 - 22 June 2007

Total sample: n=12

Pacific sub-sample: n=4

Reporting by Pacific sub-sample: No

26. Title: ALAC Alcohol Monitor - Adults & Youth: 2006-07 Annual Report

Date: 21 August 2007

RNZ ref #: 3562

Methodology:

Approach: Telephone survey

Interviewing dates: 21 June - 10 July 2007

Total sample: n=1204 youth 12-17; n=1826 adults 18+

Pacific sub-sample: n=299 youth 12-17; n=421 adults 18+

Reporting by Pacific sub-sample: Yes

27. Title: Think Stage Television Commercials

Date: 31 October 2007

RNZ ref #: 3700

Methodology:

Approach: Mini focus groups (4)

Interviewing dates: October 2007

Total sample: Adults 18+ (n= not specified)

Pacific sub-sample: n= not specified

Reporting by Pacific sub-sample: No



28. Title: Think Stage Television Commercials – Pre-testing Stage 2

Date: November 2007

RNZ ref #: 3700

Methodology:

Approach: Mini focus groups (3)

Interviewing dates: 22 – 24 November 2007

Total sample: Adults 18+ (n= not specified)

Pacific sub-sample: n= not specified

Reporting by Pacific sub-sample: No

29. Title: ALAC Alcohol Monitor - Adults & Youth July – September 2007 Quarterly Report

Date: 3 December 2007

RNZ ref #: 3644

Methodology:

Approach: Telephone survey

Interviewing dates: 6 September – 15 October 2007

Total sample: n=312 youth 12-17; n=453 adults 18+

Pacific sub-sample: n=68 youth 12-17; n=101 adults 18+

Reporting by Pacific sub-sample: Yes

30. Title: Parental controls, solutions and strategies to manage teenage drinking

Date: December 2007

RNZ ref #: 3673

Methodology:

Approach: Qualitative one-on-one interviews and small group discussion

Interviewing dates: 15 – 22 November 2007

Total sample: n=18 parents of 12-17 year olds in Greater Wellington region

Pacific sub-sample: n= not stated

Reporting by Pacific sub-sample: No

31. Title: ALAC Alcohol Monitor: October – December 2007 Quarterly Report

Date: 8 February 2008

RNZ ref #: 3645

Methodology:

Approach: Telephone survey

Interviewing dates: 5 December 2007 – 15 January 2008

Total sample: n=303 youth 12-17; n=450 adults 18+

Pacific sub-sample: n=66 youth 12-17; n=102 adults 18+

Reporting by Pacific sub-sample: Yes



32. Title: Parental Attitudes and Behaviours Towards Teen Drinking: Survey of Parents of 12 to 17 year olds - FINAL Report

Date: March 2008

RNZ ref #: 3674

Methodology:

Approach: Telephone survey

Interviewing dates: 18 December 2007 – 31 January 2008

Total sample: n=935 parents of 12-17 year olds

Pacific sub-sample: n=119 parents of 12-17 year olds

Reporting by Pacific sub-sample: Yes

33. Title: ALAC Alcohol Monitor: January-March 2008 Quarterly Report

Date: 27 May 2008

RNZ ref #: 3646

Methodology:

Approach: Telephone survey

Interviewing dates: 5 December 2007 – 9 January 2008

Total sample: n=298 youth 12-17; n=450 adults 18+

Pacific sub-sample: n=70 youth 12-17; n=102 adults 18+

Reporting by Pacific sub-sample: Yes

34. Title: Culture Change Programme Monitoring: Immediate post launch survey (May 2008)

Date: 30 June 2008

RNZ ref #: 3647

Methodology:

Approach: Telephone survey

Interviewing dates: 13 May – 30 May 2008

Total sample: n=713 adults 18+

Pacific sub-sample: n=86 adults 18+

Reporting by Pacific sub-sample: Yes

35. Title: Culture Change Programme Monitoring: Second post launch survey (July 2008)

Date: 10 September 2008

RNZ ref #: 3832

Methodology:

Approach: Telephone survey

Interviewing dates: 15 July – 4 August 2008

Total sample: n=709 adults 18+

Pacific sub-sample: n=57 adults 18+

Reporting by Pacific sub-sample: Yes



