



# Pacific Action Plan

2009-2012

ALCOHOL ADVISORY COUNCIL OF NEW ZEALAND  
Kaitiaki Whakaitiaki Heiwhiri o Aotearoa



# PACIFIC ACTION PLAN

2009-2012

Alcohol Advisory Council of New Zealand



# FOREWORD

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I am delighted to introduce the Alcohol Advisory Council of New Zealand's (ALAC's) action plan, which will guide our approach to working with Pacific peoples in the next three years.

The social and economic costs that excessive use of alcohol imposes on society are high. While most New Zealanders enjoy alcohol in moderation most of the time, problem drinking is creating some serious health and social issues.

While ALAC works on alcohol issues as they affect all New Zealanders, we also recognise three priority populations – Māori, Pacific peoples and young people – who suffer more harm than other New Zealanders from alcohol misuse.

While there are proportionately more Pacific non-drinkers than non-drinkers in the general New Zealand population, research shows that those Pacific people who do drink are relatively heavy drinkers and often drink to harmful levels. The average annual consumption of absolute alcohol by Pacific drinkers is almost double that of the general population (i.e. 21 litres for Pacific drinkers compared with 11 litres for the general population of drinkers).

Pacific drinkers report high per occasion consumption, which is the main cause of acute harms. Pacific male drinkers consume nine drinks on a typical drinking occasion compared with five for the general male population, while Pacific female drinkers are more comparable with the general population.

Pacific peoples experience a greater proportion of harm from their own or other people's drinking than the general New Zealand population.

This action plan's overarching aim is to improve the wellbeing of Pacific peoples by reducing alcohol-related harm. A key component of the plan is its three-year schedule for action, which details six interrelated areas for action, each with its own specific goal and range of initiatives for implementation. In developing the plan we were guided by three principles, which recognise:

- the importance of involving Pacific peoples in designing solutions to Pacific issues
- that Pacific peoples are diverse, so different approaches may be required for different ethnic and sub-groups (e.g. based on gender, age, New Zealand born and raised)
- that, despite diversity, Pacific peoples have similar cultural values and tend to share a strong connection and sense of obligation to their families and communities that need to be built into any interventions.

This plan for success consists of six broad interrelated areas for action, covering: education and action; a focus on young Pacific people; cultural relevance; research and evaluation; collaborative relationships; and Pacific community action.

While this action plan provides us with some guidance on what we need to do to work towards reducing alcohol-related harm among Pacific peoples, we recognise that preventing and reducing alcohol harms among Pacific peoples is not something we can do alone. We are acutely aware that we need to team

up with Pacific communities and services, central and local government and the non-government sector to really make a difference.

We are also aware that our action plans for Māori, Pacific peoples and young people are strongly inter-linked despite addressing different needs. We believe that these additional efforts will pay off in accelerated gains towards a new drinking culture in New Zealand and a general reduction in alcohol-related harm.

This plan will be reviewed and updated regularly to ensure that it remains relevant.

**Peter Glensor**

Council Chair

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## ACKNOWLEDGEMENTS

The Alcohol Advisory Council of New Zealand (ALAC) wishes to acknowledge all participants from the various government agencies, non-government organisations, District Health Boards, Primary Health Organisations, young people, ALAC's Pacific Reference Group and Council members, as well as members of Pacific communities who contributed through meetings and personal feedback to the development of ALAC's Pacific Action Plan.

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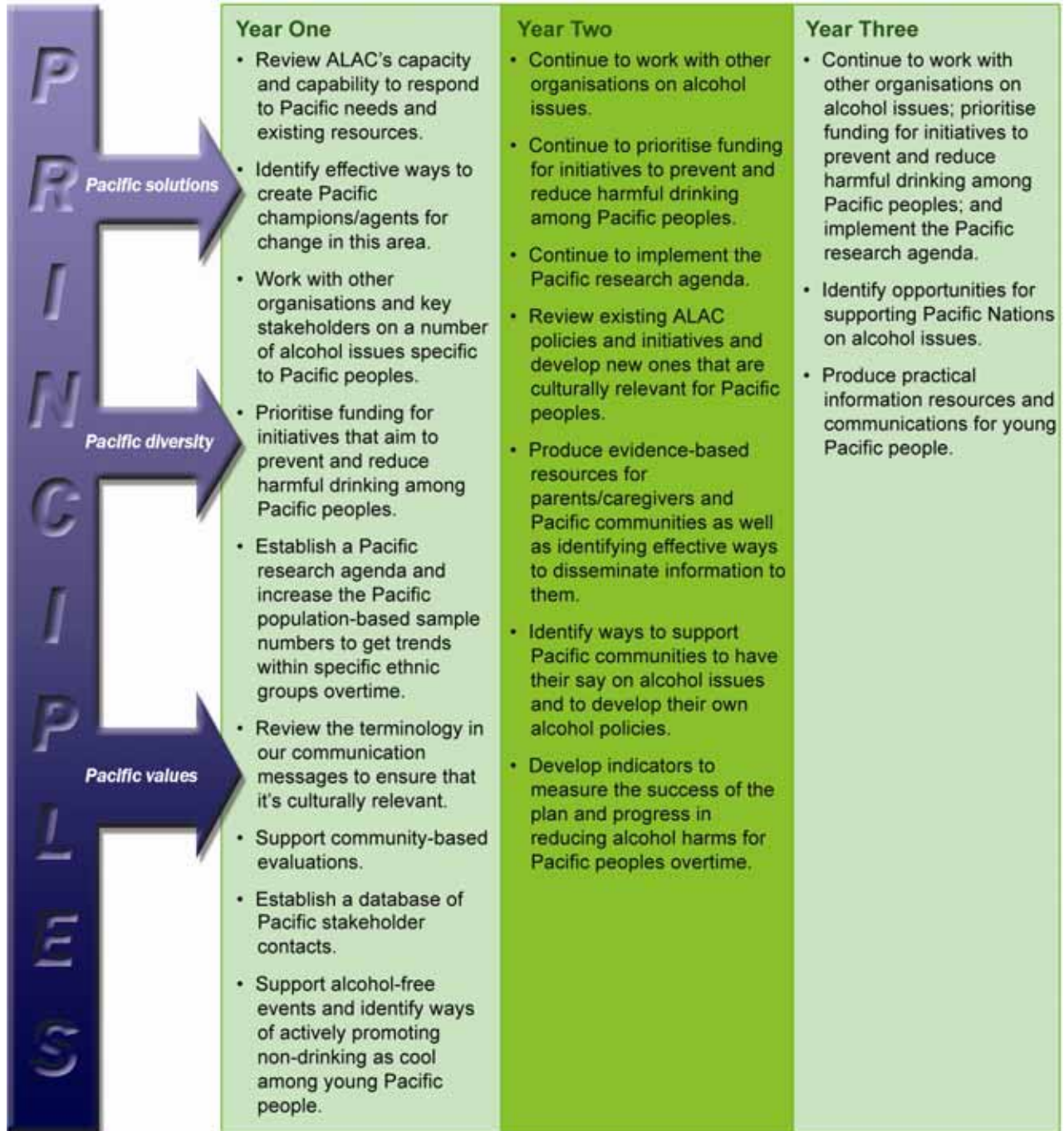
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# PACIFIC ACTION PLAN

**Aim: To improve and enhance Pacific peoples wellbeing by reducing alcohol-related harm**



**O le ala i le pule, o le tautua**

*Leadership through service*

# A FOCUS ON HARM-FREE DRINKING

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Alcohol is the most commonly used recreational drug in Aotearoa/New Zealand (Alcohol Advisory Council of New Zealand & Ministry of Health, 2001). Approximately 80 percent of us drink from time to time (Stefanogiannis et al., 2007).

While most New Zealanders who do drink consume alcohol in a safe and responsible manner, just under one-quarter consume large amounts of alcohol on a typical occasion (Stefanogiannis et al., 2007; Ministry of Health, 2008; Palmer et al., 2007) and in doing so can place themselves and others in risky and harmful situations.

In recognition of the health and social harms that can result from alcohol misuse, the Alcohol Advisory Council of New Zealand, *Kaunihera Whakatupato Waipiro o Aotearoa* (ALAC) was established in 1976 as an autonomous Crown entity with a specific focus on alcohol. Our prime objectives, as outlined in our governing legislation, are to:

- encourage and promote moderate consumption of alcohol
- discourage and reduce the misuse of alcohol
- minimise the personal, social and economic harm resulting from alcohol misuse.

ALAC is fully aware of the challenges we face in achieving these objectives. Everywhere we turn alcohol seems to be there. It's in our supermarkets and even in some of our corner dairies. It's cheap enough to buy and many of our young people are finding it easy enough to access even though they are legally under age to buy it themselves. Fundamentally we are living in a society that generally accepts, tolerates, and to some extent celebrates, binge-drinking and drunkenness. ALAC is therefore focusing its efforts on finding ways to move our society from this current norm to one of responsible drinking so that our whānau and communities enjoy life, free from alcohol harm.

ALAC is aware that certain population groups in Aotearoa/New Zealand experience a disproportionate amount of alcohol harm compared with the rest of the population. These groups are:

- Pacific peoples
- Māori
- young people (aged 12-24 years).

While legislative reforms to reduce the availability and accessibility of alcohol will have positive flow-on effects for addressing harm within these population groups, additional work is required. As such, in addition to our general efforts to transform the drinking environment we have developed specific action plans for each of these priority populations. These action plans remind us that 'one size does not fit all' and that we need to think contextually, holistically and flexibly when developing our policies and interventions. These plans also identify the key actions we need to be taking over and above what we are already doing to make a difference for these population groups, and are strongly inter-linked despite addressing different needs. We believe that these additional efforts will pay off in accelerated gains towards a general reduction in alcohol-related harm.

## This action plan is about...

***‘improving and enhancing the quality of Pacific peoples’ lives by identifying what we can do in addition to what we are already doing to address the disproportionate amount of harm that is being experienced by Pacific peoples compared with the rest of New Zealand’s non-Māori population’.***

It is ALAC’s roadmap for guiding where its efforts should be placed in the next three years to reduce alcohol-related harm among Pacific peoples. It builds on previous efforts and takes into account the importance of working with Pacific peoples and others to improve overall outcomes for Pacific individuals and their families and communities.

## Some key things to note about the Pacific Action Plan...

1. The action plan’s overarching aim is to improve and enhance the wellbeing of Pacific peoples by reducing alcohol-related harm. A key component of the plan is its three-year schedule for action, which details six interrelated areas for action, each with its own specific goal and range of initiatives for implementation. In developing the plan we were mindful that Pacific peoples in New Zealand are a very youthful population. We were also guided by three principles, which recognise:
  - the importance of involving Pacific peoples in designing solutions to Pacific issues
  - that Pacific peoples are diverse, and different approaches may be required for different ethnic and sub-groups of Pacific peoples (e.g. based on gender, age, New Zealand born and raised)
  - that despite diversity, Pacific peoples have similar cultural values and tend to share a strong connection and sense of obligation to their families and communities that need to be factored in when designing interventions.
2. This action plan is strongly linked to the other two priority population action plans. This is not surprising given that the Pacific population is a youthful one and there are a number of Pacific peoples who also identify as Māori. In fact, the 2006 census data shows that about 26 percent of the Pacific population were between the ages of 12 and 24 years, compared with 17 percent of those identifying as European/New Zealander.
3. A number of people were involved in developing the action plan, including ALAC’s Pacific Reference Group.<sup>1</sup> We also held a series of meetings with a range of Pacific peoples in Auckland, Wellington, Christchurch and Dunedin to both inform and consult on the broad components of the plan.
4. The key actions for implementation in the next three years were identified primarily through an analysis of:
  - the common themes that emerged from the meetings

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<sup>1</sup> The membership of the Pacific Reference Group reflects a range of diverse Pacific peoples who have linkages to their Pacific communities.

- what the current research and other evidence tell us about alcohol in the lives of Pacific peoples and where we could best place our efforts
  - what we know other government and non-government agencies are doing or not doing in this area
  - ALAC's role and ability to deliver.
5. For consistency and convenience, we have tended to use the term 'Pacific peoples' throughout the action plan, to encompass a diverse range of people from the South Pacific region.<sup>2</sup>
6. In moving forward we will be reviewing our organisational capacity and capability to respond to Pacific needs and to implement this plan. We will also be reviewing our current Pacific initiatives for relevance and to ensure that they align with this pathway forward. A report outlining the progress made on implementing the plan, as well as any changes to the plan in subsequent years, will be released annually.

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<sup>2</sup> Note that the term 'Pacific peoples' refers to people living in New Zealand who define themselves as being of Pacific Islands ethnicity, and does not refer to a single ethnicity, nationality or culture.

# STRATEGIC FIT

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## Why do we need a Pacific Action Plan?

While there are proportionately more Pacific non-drinkers than non-drinkers in the general New Zealand population, research shows that those Pacific people who do drink are relatively heavy drinkers and often drink to harmful levels (De Bonnaire et al., 2004; Huakau et al., 2005). We are also aware that Pacific peoples experience a greater proportion of harm from their own or other people's drinking than the general New Zealand population.

Since the year 2000, ALAC's responsiveness to Pacific peoples and our activities to gain a better understanding and raise awareness of alcohol use within Pacific communities have increased significantly. These activities, however, have taken place without a robust strategic framework to coordinate and guide decisions. We believe that we can improve on past efforts and that we need to be smarter about what we should be doing and why. Given this and the youthfulness and diversity of Pacific peoples in New Zealand, it made sense to develop a comprehensive three-year plan that clearly identified those initiatives that are likely to make the most difference for addressing the alcohol-related harm that is impacting on Pacific peoples' lives.

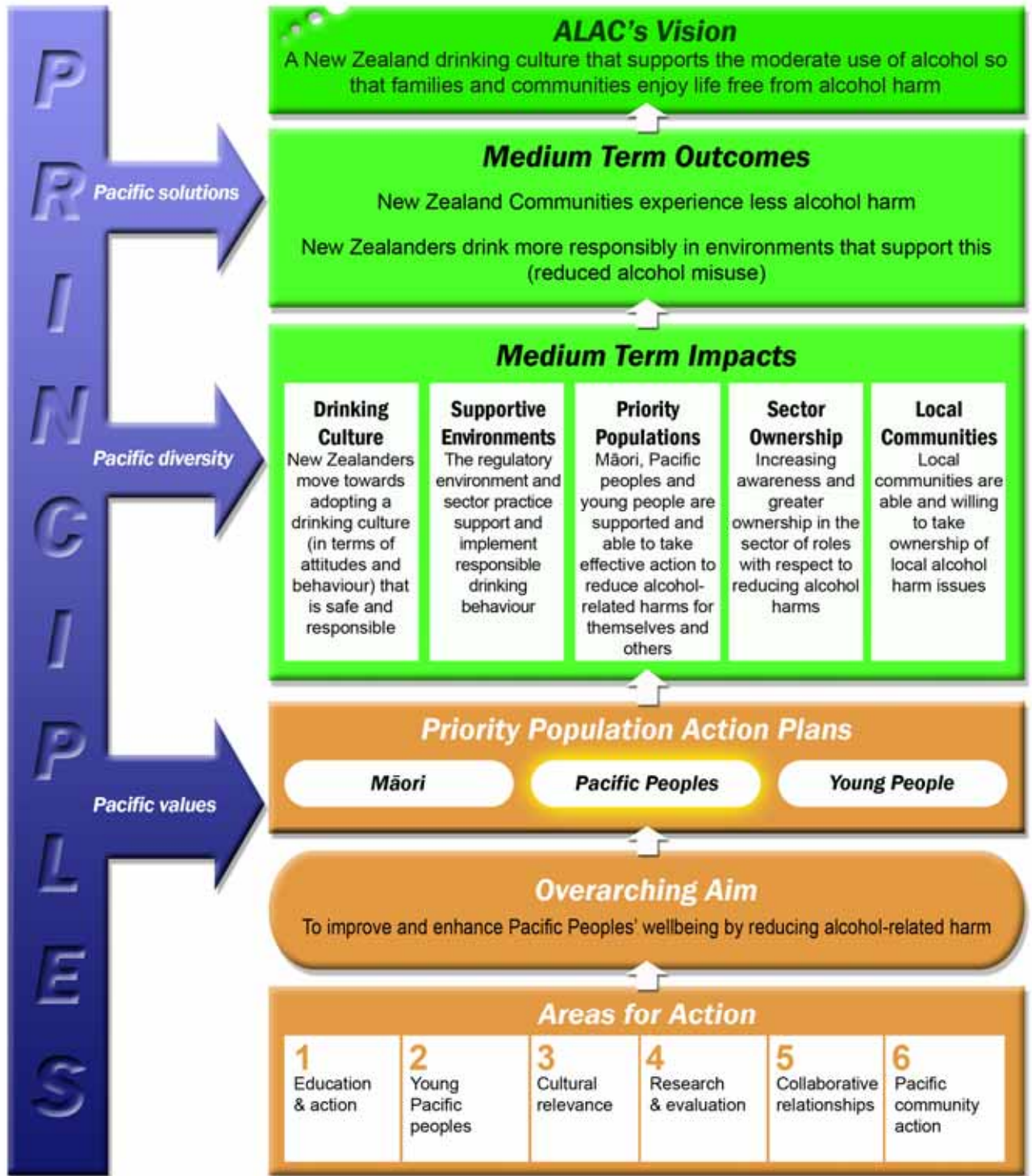
## How does it fit with other work in this area?

The Pacific Action Plan sits within the broader Government framework on alcohol and other drugs (AOD), but concentrates more specifically on what 'we' can do to reduce alcohol-related harm among Pacific peoples.

Supporting Pacific peoples to take effective action to reduce alcohol-related harm for themselves and others is also one of five medium-term impacts on which ALAC is focusing in the next three years to achieve our medium-term outcomes and ultimately our vision of a:

***'New Zealand drinking culture that supports the moderate use of alcohol (or abstinence if that is what people choose) so that whānau and communities enjoy life, free from alcohol harm'.***

The framework (which follows) provides a snapshot of how the Pacific Action Plan fits with ALAC's overall vision and direction, and outlines the broad areas for action on which we will be focusing in the next three years to reduce alcohol-related harm among Pacific peoples.



We are also aware of a range of other national and regional strategies<sup>3</sup> that are similarly aiming to improve the wellbeing of Pacific peoples, particularly those strategies:

- in the general health and mental health areas
- that focus on workforce development
- that aim to prevent and/or reduce violence and other types of offending
- that specifically focus on Pacific development or addressing/responding more effectively to Pacific issues.

We intend to work more closely with the agencies responsible for these strategies, at both national and regional levels where relevant, to ensure that our efforts are coordinated and resources maximised. We will also be ensuring that the Law Commission takes into account the key tenets of this action plan as part of its two-year comprehensive review of the legislation that currently governs the sale and supply of liquor.

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<sup>3</sup> National strategies include: the Department of Corrections' Drug and Alcohol Strategy 2009-2014; the Ministry of Health's Pacific and Health Disability Action Plan, Pacific Health and Disability Workforce Development Plan, Te Tāhuhu: Improving Mental Health 2005-2015 (the second New Zealand Mental Health and Addiction Plan) and Te Kōkiri: the Mental Health and Addiction Action Plan 2006-2015; the Ministry of Justice's Safer Communities: Action Plan to Reduce Community and Violence and Sexual Violence and work on 'Drivers of Crime'; and the Ministry of Social Development's Pacific Youth Development Strategy and Programme of Action for addressing Pacific Family Violence. An example of a regional strategy is the Counties Manukau District Health Board's Pacific Health and Disability Action Plan 2006-2010 – Tupu Ola Moui.

# ALCOHOL-RELATED HARM AND PACIFIC PEOPLES

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## What are some of the harms that can result from drinking too much?

Alcohol consumption can be linked to a range of diseases, such as chronic health problems in many organ systems (e.g. cirrhosis of the liver), mental health disorders and several cancers. Alcohol can also affect foetal development and contributes to death and injury, including falls, drownings and car crashes (Ministry of Health, 2008). Health effects relate to both the average volume of alcohol consumed and the pattern of drinking (Connor et al., 2005).

Alcohol consumption is also one of a number of factors that can contribute to criminal offending, and there is considerable research to show that a large number of offenders have been drinking before they commit an offence. At a population level, studies show that more drinking tends to lead to more violence and less drinking to less violence, and that this association may be stronger in countries (like ours) with binge-drinking cultures (Alliston, 2007).

In addition, alcohol consumption can impact on an individual's work life, home life, social life and finances. Harmful drinking can result in risky and unwanted sexual behaviour (Stefanogiannis et al., 2007; Cashell-Smith et al., 2007). There is also research to suggest that heavy parental alcohol use is associated with a range of negative child and adolescent outcomes (Girling et al., 2006).

## What do we know about Pacific peoples' drinking patterns and harms?

According to the Pacific Drugs and Alcohol Consumption Survey (Pacific Research & Development Services & Centre for Social and Health Outcomes Research and Evaluation, Massey University, 2004):

- 57 percent of Pacific peoples aged 13-65 years who participated in the survey were drinkers, compared with approximately 85 percent of the general New Zealand population
- the average annual consumption of absolute alcohol among Pacific drinkers was almost double that of the general population (i.e. 21 litres for Pacific drinkers compared with 11 litres for the general population of drinkers)
- Pacific male drinkers consumed nine drinks on a typical drinking occasion compared with five for the general male population, while Pacific female drinkers were more comparable with the general population, consuming five drinks per typical occasion compared with four for the general female population
- 33 percent of Pacific drinkers consumed enough to feel drunk at least weekly compared with 9 percent of the general population
- 18 percent of Pacific males and 10 percent of Pacific females reported having been physically assaulted by someone who had been drinking, compared with 8 percent and 5 percent of the general male and female populations respectively

- 19 percent of Pacific males and 21 percent of Pacific females reported having been involved in serious arguments after they had been drinking, compared with 12 percent and 8 percent of the general male and female populations respectively
- 23 percent of Pacific males and 16 percent of Pacific females had got drunk when there was an important reason to stay sober, compared with 8 percent and 5 percent of the general male and female populations respectively (Huakau et al., 2005).

At a general level these findings give us a good insight into Pacific peoples' drinking patterns and the greater proportion of harm that Pacific peoples appear to be experiencing from their own or other people's drinking compared with the general New Zealand population. Further, these findings are consistent with more recent studies focused on Pacific drinking. For example, an analysis of the Pacific data from the ALAC November 2008 monitor revealed that:

- 64 percent of the Pacific peoples aged 18+ who participated in the study identified themselves as drinkers, which is significantly less than other New Zealand drinkers
- Pacific drinkers tended to drink more heavily on a per occasion basis than other New Zealand drinkers
- 42 percent of Pacific drinkers *reported* getting drunk on their most recent drinking occasion, with 21 percent of Pacific drinkers *planning* to get drunk on that most recent occasion (both of which were relatively higher than for other New Zealand drinkers)
- in terms of awareness of alcohol harm, Pacific peoples aged 18+ were more aware of violence as a potential harm from alcohol than any other harms, with 44 percent indicating awareness of street/bar fighting and 36 percent indicating awareness of family violence
- 64 percent of Pacific drinkers reported experiencing some form of harmful or regrettable experience from drinking (Raggett et al., 2009).

At an ethnic-specific level, there is some evidence to suggest that the burden of harm is not equally shared across all Pacific ethnic groups. For example, the Pacific Drugs and Alcohol Consumption Survey and other studies (Sector Analysis, Ministry of Health, 1997) reveal the following ethnic-specific findings:

- *Samoan*: More Samoan men than women appear to drink. Some Samoan women who do drink tend to hide their drinking because of their church affiliations. Men drink almost twice as much as women on a typical drinking occasion (eight drinks compared with five drinks). For some men, getting drunk is seen as the 'ultimate happiness'. However, it is also linked with competitive drinking and the need to prove they can 'keep up' with everybody else (Ah Kuoi et al., 1997<sup>4</sup>). The annual consumption rate per Samoan drinker is 24 litres of absolute alcohol (Huakau et al., 2005)
- *Niuean*: There appear to be as many Niuean women as men who drink. Despite this, men appear to drink more than three times as much as women annually. Drinking in a safe environment, such as with families and friends, is important for Niueans, especially women (Arapai et al., 1997<sup>5</sup>). The annual consumption rate per Niuean drinker is 17 litres of absolute alcohol (Huakau et al., 2005)

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<sup>4</sup> Cited in Cagney & Alliston, 2008.

<sup>5</sup> Ibid.

- *Cook Islands Māori*: Male and female Cook Islands Māori appear to drink at similar rates (i.e. there are just as many female as male drinkers and on a typical drinking occasion they consume the same amount, approximately nine drinks, on average, per occasion). Binge-drinking appears to be more concentrated in the 13- to 29-year age bracket. However, for Cook Islands Māori women, binge-drinking is spread across all age groups. Ritual drinking among Cook Islands Māori men seems to have been carried over from the Cook Islands to New Zealand and is perceived by some as a form of controlled drinking and a way to pass on cultural information (Allan-Moetaua et al., 1997<sup>6</sup>). The annual consumption rate per Cook Islands Māori drinker is 17 litres of absolute alcohol (Huakau et al., 2005)
- *Tongan*: There appear to be almost twice as many Tongan men as women who drink (e.g. 56 percent of men drank alcohol in the previous 12-month period compared with 29 percent of women). Tongan men also consume on average nine drinks per typical occasion compared to women's 7.5 drinks. Some Tongans (particularly men) report that the ideal is someone who can drink large amounts of alcohol but still act 'normal' (Asiasiga et al., 1997<sup>7</sup>). The annual consumption rate per Tongan drinker is 21 litres of absolute alcohol (Huakau et al., 2005)
- *Fijian*: Drinking kava is often perceived as being the traditional Fijian way, while drinking alcohol is seen as the new European way. Fijian drinking is often characterised as "noisy, rowdy, argumentative", with events often ending in brawls (Asiasiga et al., 1997<sup>8</sup>)
- *Tokelauan*: Tokelauans who call themselves drinkers are typically understood among Tokelauans to be those who drink to get drunk and consume large amounts of alcohol (Asiasiga et al., 1997<sup>9</sup>).

Similar variances were found among Pacific young people in a study of drinking by Pacific high school students in Auckland (Schaaf & Harbridge, 2004<sup>10</sup>). The study found that Cook Islands Māori youth had the most harmful, heaviest or risky drinking patterns among Pacific youth, followed by Niuean youth. Young Samoan males and females and Tongan females were the least likely of Pacific young people to drink. Further, Cook Islands Māori and Niuean young people reported drinking at earlier ages than other Pacific youth, and Cook Islands Māori youth were also more likely to drink heavily (Cagney & Alliston, 2008).

The study found that Pacific young people born and raised in New Zealand reported consuming alcohol more frequently than those born in a Pacific nation (Schaaf & Harbridge, 2004<sup>11</sup>). Research suggests that there are a number of reasons for this, including easier availability of alcohol, higher disposable incomes, cultural expectations, contemporary New Zealand drinking styles, and acculturation (Gray, 2005; Nosa, 2001; Nosa, 2005; Pacific Islands Drug and Alcohol Services, 1998<sup>12</sup>).

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<sup>6</sup> Cited in Cagney & Alliston, 2008.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

# AIM AND PRINCIPLES

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The overarching aim of the Pacific Action Plan is:

***'To improve and enhance Pacific peoples' wellbeing by reducing alcohol-related harm'.***

In developing the Pacific Action Plan, ALAC took a principled approach guided by the three high-level themes outlined below. These themes/principles will also continue to guide ALAC's future efforts to reduce alcohol-related harm among Pacific peoples.

## **Principle 1: Pacific solutions**

Pacific peoples should be actively involved in determining solutions to Pacific issues.

## **Principle 2: Pacific diversity**

New Zealand's Pacific population is increasing and is ethnically, culturally, linguistically and socially diverse. The 2006 New Zealand population data indicates that Pacific peoples comprise 6.9 percent of the total New Zealand population. This represents a 15 percent increase in the total Pacific population since the previous census in 2001. There are seven major Pacific ethnic groupings in New Zealand:

- Samoan (49 percent)
- Cook Islands Māori (22 percent)
- Tongan (19 percent)
- Niuean (8 percent)
- Fijian (4 percent)
- Tokelauan (3 percent)
- Tuvaluan (1 percent) (Statistics New Zealand, 2008).

According to our population data, approximately six in 10 Pacific peoples were born in New Zealand (Ministry of Pacific Island Affairs, 2006). While Pacific peoples live in areas throughout New Zealand, most reside in the Auckland, Wellington and Christchurch areas, with the vast majority living in the Auckland region, i.e. almost 67 percent of the total Pacific population (Ministry of Pacific Island Affairs, 2006).

Research shows that there are distinctive differences between ethnic groupings as well as between those Pacific peoples born and raised in New Zealand and those born and raised in their Pacific countries of origin. As previously outlined, these distinctions are also reflected in the different ways in which particular Pacific peoples drink, their views of alcohol and the likelihood of their accessing health and other social services. These differences need to be taken into account when developing solutions and in making decisions on where to target resources best.

## **Principle 3: Pacific values**

Pacific peoples' identities and perceptions of life are often formed through the perspective of the collective, not the individual. The interconnectedness between the individual, family and community and the holistic links between the mind, body, environment (social and physical) and spirituality are typically key cultural values, beliefs and practices among Pacific peoples (Robinson et al., 2006). To be

effective in preventing and reducing alcohol-related harm among Pacific peoples, it is important to consider the cultural context within which Pacific peoples generally view the world and to be mindful of the significant role that the family and community often play in Pacific peoples' lives.

# PLAN FOR SUCCESS

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The plan for success consists of six broad interrelated areas for action and a number of specific initiatives to be implemented in a three-year timeframe. This timeframe was chosen because it aligns well with ALAC's business planning, but more importantly it tends to allow sufficient time to test the success of a particular course of action, while also maintaining relevance.

In prioritising key actions we have been guided by: the high-level principles (outlined above); what Pacific people told us throughout the engagement process; what the current evidence says; what we know other agencies are doing or not doing in the area; and what we as ALAC can influence.

Each area for action details:

- what we are trying to achieve
- why and how we should focus our efforts
- what we are going to do to get there and by when.

Consistent with our business planning, the estimated timeframes for completing each action are based on the following financial years:

- Year 1 – 1 July 2009 to 30 June 2010
- Year 2 – 1 July 2010 to 30 June 2011
- Year 3 – 1 July 2011 to 30 June 2012.

As in any action plan, the timeframes for completing work are estimates and subject to change. We will highlight any amendments to timeframes in our annual progress reports.

## Area for Action 1: Education and Action

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### What we are trying to achieve

- Pacific individuals and their families and communities are aware of the harms associated with drinking and the particular issues for Pacific peoples in Aotearoa/New Zealand.
- Pacific individuals and their families and communities know what they can do to prevent and reduce alcohol harm and take action to do so.

### Why this is important

Pacific stakeholders engaged as part of the development of this action plan emphasised the importance of educating communities on the harms of alcohol and kava, as well as equipping them with knowledge and information on how they can encourage responsible drinking. Given the ethnic, cultural, linguistic and social diversity of Pacific peoples, mainstream messages through normal methods of communication are unlikely to reach a number of Pacific audiences, and there is some evidence to suggest that this is the case.

A 1998 study undertaken by the Pacific Islands Drugs and Alcohol Service found that many Pacific peoples had negligible awareness of the negative effects of alcohol. It was suggested that before encouraging and promoting concepts such as host responsibility, the Pacific community needed to be informed not only about the role that alcohol plays in creating social and familial problems, but also its effects on their bodies and their health. The study highlighted the need for culturally appropriate alcohol resources specific to Pacific communities that were available in a range of languages (to overcome any language barriers), inherently looked Pacific, and had clear and simple messages (Pacific Islands Drug and Alcohol Services, 1998<sup>13</sup>). Education programmes for Pacific peoples are also thought to be most effective when people are in their most natural environments, such as programmes delivered in churches, schools or through Pacific media such as Pacific radio programmes (Robinson et al., 2006). Similar conclusions were also raised and discussed by Pacific stakeholders during the engagement process, and churches were particularly highlighted as a key medium for communicating with Pacific communities.<sup>14</sup>

While there is some research to suggest that educational interventions are useful for increasing public awareness and encouraging help-seeking behaviour, there is little evidence of their effectiveness in changing consumption patterns (Babor et al, 2003). Despite this, both the research and Pacific stakeholders highlight the importance of the message, the messenger and the mode and tone of communication for increasing success with reaching Pacific peoples. Further, educational interventions are more likely to be effective as part of a more comprehensive approach to changing behaviours.

Given these findings, it is important to ensure that culturally appropriate resources and methods (that take into account ethnic diversity) are used in order to increase the efficacy of educational efforts, to raise awareness of alcohol harm with Pacific communities, and encourage Pacific peoples to take action to help reduce these harms.

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<sup>13</sup> Cited in Cagney & Alliston, 2008.

<sup>14</sup> The 2006 Census of Population and Dwellings shows that 83 percent of Pacific peoples were affiliated with at least one religion.

### What we plan to do in the next three years to make a difference

	Description	Timeframe
1.1	Review existing ALAC resources, national marketing campaigns and other forms of communication for their relevance to Pacific peoples, and update and/or revise these, where appropriate.	Year 1
1.2	Produce, in consultation with Pacific peoples, resources and other communications for Pacific communities (firstly targeting parents/caregivers, community/church leaders and immigrants) that outline the various harms associated with drinking (e.g. foetal alcohol spectrum disorder) and what they could do to reduce alcohol harm.  Determine the most effective methods of communicating with and providing information to Pacific communities, then promote and widely disseminate these resources and other communications using the most appropriate and effective communication modes. In addition, where possible, incorporate the key communication messages within broader Pacific initiatives being undertaken by central/local government and/or non-government organisations.	Year 2
1.3	Determine the most effective way of creating 'champions/agents for change' in Pacific communities and implement it. This will involve reviewing existing mechanisms, such as the Pacific Reference Group and Pacific Spirit Conferences, for their potential to be and/or create 'champions/agents for change'.	Year 1
1.4	Produce an information booklet that highlights the effects and links between kava and alcohol use.	Year 3

## Area for Action 2: Young Pacific People

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### What we are trying to achieve

- Young Pacific non-drinkers are seen as 'cool' among young Pacific people.
- Young Pacific people who choose to drink do so in a way that keeps them safe and reduces the risk of harm to themselves and others.

### Why this is important

The Pacific population in New Zealand is substantially youthful, and population projections show that this is likely to be the case for some time in the future. Recent population data shows that almost 38 percent of Pacific peoples are under 15 years of age, compared with approximately 22 percent of the general New Zealand population. The youthfulness of the Pacific population is further emphasised by the median age of Pacific peoples, which is 21.1 years compared with the general New Zealand population median age of 35.9 years (Statistics New Zealand, 2008).

While Pacific youth aged 12-17 years are more likely than any other youth to be non-drinkers, the majority of those who do drink, drink to harmful levels (De Bonnaire et al., 2004; Palmer et al., 2007; Raggett et al., 2009). A recent study identified that Pacific youth who drink consume, on average, 6.7 standard drinks per occasion, compared with 5.6 for all youth drinkers (Palmer et al., 2008). Binge-drinking of this kind appears to be a particular problem for New Zealand-born Pacific young people (Schaaf & Harbridge, 2004<sup>15</sup>).

Harmful consumption of alcohol among young people has a negative impact not only on health and social wellbeing, but also on educational attainment and a range of other social outcomes, and there is evidence to suggest that young Pacific drinkers may be experiencing more harm and regret from an alcohol situation than other young people. For example, the 2008 *Alcohol Monitor* results indicated that 83 percent of young Pacific drinkers had experienced some kind of harmful or regrettable alcohol-related situation in the previous 12 months (Raggett et al., 2009).

Young Pacific people told us that it is easy to get alcohol, and often parents don't know what's happening because they are frequently too busy (ALAC, 2007). This is supported by research that shows that Pacific young people tend to access alcohol from friends and at parties, are more likely than other youth to drink 'out and about' on streets or in parks or malls, and are substantially less likely than other youth to report drinking at home (Palmer et al., 2009; University of Auckland, 2004). Further, according to the 2008 *Alcohol Monitor* Pacific parents are less likely than other New Zealand parents to believe that their teenagers drink alcohol (Raggett et al., 2009).

Pacific young people also told us that there is a lot of peer pressure to drink and not a lot of support *not* to drink, and that young people often model their drinking behaviour on what they see within their families.

Pacific stakeholders consulted as part of the development of this action plan raised that youth have been influenced by non-Pacific cultural factors and therefore understanding this and the impact this has

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<sup>15</sup> Cited in Cagney & Alliston, 2008.

on Pacific young people is very important. There is also some research to suggest that the involvement of parents or caregivers is crucial in the intervention process (Robinson et al., 2006).

Given that the Pacific population is predominantly a youthful one, the prevention and reduction of harmful drinking among young Pacific people need to be priorities, as well as identifying ways in which we can work with Pacific youth, as our next generation of leaders, towards a social change in the way we currently drink in Aotearoa/New Zealand.

### What we plan to do in the next three years to make a difference

	Description	Timeframe
2.1	<p>Produce and disseminate, through the most appropriate means, evidence-based resources and other communications that provide information to Pacific parents, families and communities that aims to:</p> <ul style="list-style-type: none"> <li>• educate them on the importance of role-modelling and the impact on their children of their behaviours and attitudes towards alcohol</li> <li>• educate them on the short- and long-term harms of drinking</li> <li>• help them to assess whether their teenagers may have been drinking</li> <li>• help them to keep their children safe</li> <li>• delay the onset of drinking</li> <li>• get them to reconsider supplying alcohol to youth who are under the legal purchase age</li> <li>• ensure that those who do supply understand the importance of supervision while drinking.</li> </ul>	Year 2
2.2	<p>Develop, in consultation with young Pacific people, practical resources and communications that will assist them in making informed decisions about whether to start drinking or not and, if they do decide to drink, how to keep themselves safe.</p>	Year 3
2.3	<p>Work with government and non-government agencies to:</p> <ul style="list-style-type: none"> <li>• support Pacific youth into appropriate and relevant leadership programmes and roles</li> <li>• develop skilled Pacific youth to work in ethnic-specific, pan-Pacific and mainstream youth services</li> <li>• ensure that there is access to AOD family/peer group interventions for young people that focus on the whole family.</li> </ul>	Year 3
2.4	<p>Support appropriate alcohol-free events for young people and identify effective ways to engage with those young people who choose not to drink as well as identifying ways to actively promote non-drinking as 'cool'.</p>	Year 1

## Area for Action 3: Cultural Relevance

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### What we are trying to achieve

- ALAC's work appropriately reflects Pacific perspectives and realities.

### Why this is important

Research indicates that the complex and diverse nature of Pacific communities requires leadership approaches that are multi-faceted and culturally competent (Tiatia et al., 2006<sup>16</sup>). We know that there are some distinctive differences between ethnic groupings as well as between those Pacific peoples born and raised in New Zealand and those born and raised in their Pacific countries of origin. These distinctions are also reflected in the different ways in which particular Pacific peoples drink and in their views of alcohol. The different experiences, worldviews and lifestyles of these sub-populations mean that each subgroup may require a distinctively different approach.

It is also important to understand the cultural context in which alcohol may be used. For example, generosity and reciprocity are commonly practised across Pacific communities. The ability to give generously of food (including alcohol) and money is typically viewed as a way of proving one's status and being a good host (Sector Analysis, Ministry of Health, 1997). In this context, supplying an over-generous amount of alcohol and encouraging guests to consume it may be seen as being a good host, while promoting drinking in moderation may be seen as being a stingy host (Cagney & Alliston, 2008). By understanding the importance of this cultural value and practice to Pacific people, we can work on developing solutions that meet the cultural practice of being a generous host but also work to reduce alcohol harm.

Further, there is evidence to suggest that some of the alcohol terminology and mainstream resources may not be reaching Pacific peoples to the same extent as they do other New Zealanders. For example, a number of Pacific stakeholders consulted as part of the development of this action plan indicated that there is some confusion among Pacific peoples over some of the mainstream messaging such as 'drinking in moderation'. Stakeholders commented that some Pacific peoples' attitudes when drinking alcohol defy any logical meaning of moderation and that this is possibly owing to a lack of specificity on what constitutes 'moderation' and the subjective nature of the measure (i.e. what may be viewed as moderate drinking to one person could be seen as excessive to another).

To be effective in preventing and reducing alcohol-related harm among Pacific peoples, initiatives need to take into account what we know about the different drinking patterns and diverse needs of specific ethnic groups, as well as understanding the cultural context within which drinking occurs.

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<sup>16</sup> Cited in Cagney & Alliston, 2008.

**What we plan to do in the next three years to make a difference**

	<b>Description</b>	<b>Timeframe</b>
<b>3.1</b>	Review ALAC's capacity and capability to respond to diverse Pacific needs and implement any changes that may be required.	Year 1
<b>3.2</b>	<p>Require ALAC staff to:</p> <ul style="list-style-type: none"> <li>• review existing ALAC policies, drinking guidelines and other initiatives to ensure that they are culturally relevant to Pacific peoples and that they appropriately reflect diverse Pacific realities</li> <li>• develop new policies and other initiatives that are culturally relevant for diverse Pacific peoples.</li> </ul> <p>Produce a user-friendly tool, in consultation with Pacific peoples, to assist staff in completing these tasks.</p>	Year 2
<b>3.3</b>	Review the terminology frequently used by ALAC as part of its key communication messages to ensure that it is culturally relevant and translated into the most appropriate language for diverse Pacific peoples.	Year 1

## Area for Action 4: Research and Evaluation

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### What we are trying to achieve

- Policies and interventions to reduce alcohol harm are effective for Pacific peoples as they are informed by robust evidence and knowledge.
- Pacific communities are supported in evaluating efforts to reduce alcohol harm.

### Why this is important

While our knowledge base on Pacific peoples has grown significantly in the past 10 years, there is still a need to obtain better and more up-to-date data and information on Pacific peoples' alcohol consumption and patterns of harm, particularly ethnic-specific data. Pacific stakeholders consulted as part of the development of this action plan also raised the need to have better information on the differences in alcohol use and perceptions between Pacific peoples born and/or raised in New Zealand and those born and/or raised in the Islands.

Having access to quality information is critical to ensuring strategies and initiatives to reduce alcohol-related harm among Pacific peoples have the greatest impacts possible. There are challenges, however, to obtaining sufficient ethnic-specific data on Pacific peoples. Most surveys are unable to gather sufficient numbers to provide a robust analysis of ethnic differences with any confidence. Therefore there is a need to consider supporting such data with qualitative research.

In this respect, Pacific stakeholders suggested that we need to look at gathering stories from diverse Pacific peoples about alcohol use and its impact on their lives, families and communities and that we should use Pacific researchers to undertake these studies. Calls were also made for ALAC to recognise the importance of stories and local data as valid information for evaluating and measuring the effectiveness of Pacific interventions.

There were also calls from those who participated in the consultation process to ensure that research findings are packaged in a way that is easy to understand and accessible to Pacific communities and other agencies to support their work in the alcohol area.

The two key research priorities that clearly emerge from this analysis are the need:

- to improve both quantitative and qualitative research on diverse Pacific communities in order to get a better understanding of who we should be focusing on and how
- to ensure that research findings are communicated in a user-friendly way to Pacific peoples.

### What we plan to do in the next three years to make a difference

	Description	Timeframe
4.1	Develop and regularly update a Pacific peoples' resource document that collates the available literature and information on Pacific peoples and alcohol in New Zealand. Compile and widely disseminate user-friendly fact sheets to the Pacific communities and other agencies to inform their work in the alcohol area.	Year 2
4.2	Undertake research in the following areas: <ul style="list-style-type: none"> <li>the relationship between alcohol use in the Pacific Island of origin and alcohol use in Aotearoa/New Zealand and the effects of acculturation and de-culturation on drinking and help-seeking behaviour</li> <li>drinking patterns of different ethnic groups and the resiliency and risk factors for each group</li> <li>the relationship between alcohol and sports, with a specific focus on Pacific peoples</li> <li>kava use in Aotearoa/New Zealand and its relationship to alcohol use.</li> </ul>	Year 2
4.3	Increase Pacific peoples' sample numbers in ALAC population-based research to enable ethnic-specific and New Zealand/Pacific-born analysis to be conducted with confidence (e.g. include a booster sample in the national marketing campaign research monitors) and to establish trends over time.	Year 1
4.4	Conduct, where feasible and useful, further analyses of large existing databases for more specific statistical information on Pacific peoples (e.g. databases held by the Ministry of Health, Ray Morgan and the National Research Bureau, and the Youth 2000 and 2007 data).	Year 2
4.5	Support Pacific communities to evaluate their efforts in reducing alcohol-related harm.	Ongoing
4.6	Develop a set of indicators that will be effective in measuring the success of this action plan and, in particular, progress in reducing alcohol-related harm for Pacific peoples over time.	Year 2

## Area for Action 5: Collaborative Relationships

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### What we are trying to achieve

- ALAC is working collaboratively and effectively with central and local government and the non-government sector to improve the wellbeing of Pacific peoples.

### Why this is important

Pacific stakeholders consulted on the development of this action plan commented that ALAC needed to work more collaboratively with other government and non-government agencies and to better align strategies and other initiatives aimed at improving the outcomes of Pacific peoples. In particular, the need to work with others to address Pacific workforce issues was consistently raised by Pacific stakeholders throughout the consultation process. A recent review of Pacific cultural competencies literature found that a fundamental part of providing effective health care for Pacific peoples is a well trained, competent and capable workforce that is directed and supported by the development of Pacific cultural competencies and best practice guidelines (Tiatia, 2008<sup>17</sup>).

ALAC also acknowledges the need to work a lot better with other agencies and community groups, particularly on workforce issues. We are acutely aware that, like other agencies with limited resources, we cannot transform the drinking culture and reduce alcohol-related harm on our own.

Alcohol is a cross-cutting issue that affects health, social and economic outcomes. Often excessive drinking is a symptom of broader societal and/or personal pressures and problems. It therefore requires a multi-faceted approach and a coordinated effort to prevent and reduce adverse outcomes.

The relationship between alcohol and a range of adverse outcomes is touched on in a number of local, regional and national strategies and other significant work across the health, justice, social and economic sectors. For example, reducing alcohol-related harm is an important aspect of the Ministry of Justice-led 'Drivers of Crime' work. 'Drivers of Crime' involves working more effectively across the government sector to respond to the underlying drivers of crime along pathways to offending. Alcohol is seen as a facilitator of and contributor to crime. Reducing alcohol-related harm and improving access to and the availability of treatment services are key components of this work.

Further, the need to develop culturally relevant interventions and build the capacity of the mainstream and Pacific workforce to address and respond more effectively to Pacific needs is similarly shared in a number of strategies across the sectors. For example, the Ministry of Health's Tauawhitia te Wero (National Mental Health and Addiction Workforce Development Plan 2006-2009) provides national direction on key issues for workforce planning in the mental health and addiction sector. It makes sense therefore to identify ways in which we could work more efficiently and effectively towards our shared outcomes; in particular, how we could work together to:

- improve Pacific peoples' use of treatment services
- build the capacity (infrastructure, organisational and skill base) of Pacific and mainstream services to respond more effectively and holistically to Pacific peoples
- ensure assessment tools and other interventions are culturally relevant for Pacific peoples

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<sup>17</sup> Cited in Cagney & Alliston, 2008.

- improve data and our shared knowledge and understanding of Pacific peoples
- align funding for similar outcomes.

### What we plan to do in the next three years to make a difference

	Description	Timeframe
5.1	<p>Work with relevant central and local government and non-government agencies to:</p> <ul style="list-style-type: none"> <li>• more consciously recognise the connection between alcohol and the adverse outcomes the agency is aiming to prevent and reduce</li> <li>• look for opportunities to align strategies and communications where alcohol is likely to be a factor (e.g. family violence)</li> <li>• identify joined-up solutions and interventions, in a range of settings and in consultation with Pacific peoples, that are likely to be effective for reducing alcohol-related harm and other adverse outcomes among Pacific peoples</li> <li>• establish a coordinated approach to monitoring and reporting on common outcomes and trends</li> <li>• identify opportunities for greater collaboration and integration of services to Pacific peoples.</li> </ul>	Ongoing
5.2	<p>Work with central government agencies, district health boards and primary health organisations to:</p> <ul style="list-style-type: none"> <li>• increase AOD early and brief interventions for Pacific peoples</li> <li>• ensure there is access to AOD family-centred interventions</li> <li>• ensure that alcohol screening tools, other measures of alcohol use, treatment services and other interventions are culturally relevant and effective for Pacific peoples</li> <li>• improve ethnic-specific data collection on alcohol consumption and harm</li> <li>• identify opportunities for building the capacity and capability of the mainstream and Pacific workforce to meet the needs of Pacific peoples more effectively</li> <li>• identify opportunities for aligning funding for pan-Pacific and ethnic-specific services and capacity building.</li> </ul>	Ongoing
5.3	<p>Work with local councils (that have high numbers of Pacific peoples in their localities) to ensure that their alcohol policies, plans and interventions are culturally relevant and effective for Pacific peoples.</p>	Ongoing
5.4	<p>Establish and maintain a comprehensive Pacific stakeholder database.</p>	Ongoing

## Area for Action 6: Pacific Community Action

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### What we are trying to achieve

- Pacific communities and services are supported to come up with their own solutions to reducing alcohol harm for Pacific peoples.
- Pacific communities and services are supported to take action on alcohol issues at local, national (and where possible) international levels.

### Why this is important

Pacific stakeholders consulted on the development of the action plan emphasised that Pacific communities are best placed to determine and design initiatives that work for Pacific peoples. It was also emphasised that there needs to be a strong connection between policy and the reality experienced at the grassroots level, which means developing good relationships with the right people in the community and ensuring that communities are involved in identifying solutions and taking action on issues at a local level. Pacific stakeholders further raised that ALAC should be seen to be supporting and sponsoring Pacific events, in particular sports and church activities, as these were perceived as effective vehicles for distributing key messages, information and resources.

Given that ALAC is no longer the primary funder of AOD services, our ability to fund capacity-building initiatives for Pacific services is limited, which is why we have a strong emphasis on working with others in this area. What we can do, however, is assist Pacific communities to make submissions on proposed liquor legislation and policy as well as assist Pacific communities to develop their own alcohol-related policies and other initiatives for their services and community events both in New Zealand and potentially in the Pacific Islands, where the opportunity arises. We also have a small community action and sponsorship fund for New Zealand-based initiatives to reduce alcohol harm.

### What we plan to do in the next three years to make a difference

	Description	Timeframe
6.1	<p>Develop a mechanism(s) that will:</p> <ul style="list-style-type: none"> <li>• better involve Pacific communities in the work that ALAC does</li> <li>• support Pacific communities to have input into central and local government decision-making processes on alcohol issues</li> <li>• support Pacific communities to develop alcohol-related policies and other initiatives for Pacific services and community events</li> <li>• strengthen Pacific community leadership in the alcohol area</li> <li>• build and maintain good relationships between ALAC and Pacific communities.</li> </ul>	Year 2
6.2	<p>Identify opportunities for supporting Pacific nations to design and implement alcohol-related initiatives and explore what can be done for Pacific nations through policy development and advocacy.</p>	Year 3
6.3	<p>Prioritise funding for:</p> <ul style="list-style-type: none"> <li>• alcohol-related early intervention programmes that are culturally appropriate and recognise the diversity of Pacific communities</li> <li>• community initiatives that focus on preventing and reducing harmful drinking among Pacific youth.</li> </ul>	Year 1
6.4	<p>Prioritise within the ALAC sponsorship fund key national and regionally based Pacific sports, cultural and church events.</p>	Year 1

# HOW WE WILL KNOW WE HAVE BEEN SUCCESSFUL

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Pacific stakeholders involved in developing this action plan were asked about the outcomes they would expect to see if ALAC got the 'plan for success' right. Responses included, among other things:

- Pacific communities promote and practise the responsible use of alcohol
- the harmful connection between alcohol and sport is considerably reduced
- treatment services and other AOD interventions are effective for Pacific peoples
- alcohol consumption by Pacific peoples has reduced
- there are less alcohol-related harms among Pacific peoples, particularly incidences of alcohol-related violence, crime and injuries
- there has been a reduction in young Pacific people drinking before the age of 18 years (of those Pacific youth who choose to drink)
- Pacific young people, families and communities are healthier and enjoy a better quality of life.

These responses, in conjunction with ALAC's impact and outcome statements (as outlined in our *Statement of Intent*) will be used as a starting point for developing a set of indicators for measuring the effectiveness of this action plan and, in particular, progress in reducing alcohol-related harm among Pacific peoples.

We are already working on improving our Pacific data, and in particular increasing our ethnic-specific samples, to give us a much better insight into what is happening within the different Pacific ethnic groups and between New Zealand-born and raised and Pacific-born peoples. We anticipate having baseline information available by the end of 2009, at which time we will be able to make more informed decisions on what specific indicators can be used to measure and monitor performance reliably over time.

## MOVING FORWARD

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This action plan provides us with some guidance on what we need to do to work towards reducing alcohol-related harm among Pacific peoples. Preventing and reducing alcohol harm among Pacific peoples is not something we can do alone though. We are acutely aware that we need to team up with Pacific communities and services, central and local government and the non-government sector to really make a difference.

As a first step, in moving forward, we will need to review our organisational capacity and capability to ensure that we are able to respond effectively to Pacific needs and implement this plan. This will include a review of current Pacific initiatives for their continued relevance and to ensure that they align with our pathway forward.

We will also be reviewing and updating the plan regularly to ensure that it remains relevant.

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