

**SUBMISSION
ON THE
CHRISTCHURCH CITY COUNCIL
COMMUNITY DEVELOPMENT STRATEGY**

Prepared April 2006



ALCOHOL DRUG ASSOCIATION NEW ZEALAND

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A Submission to the Christchurch City Council Regarding the Draft Long-Term Council Community Plan 2006-16

1. This Submission is from the Alcohol Drug Association New Zealand (ADANZ).
2. Cate Kearney Chief Executive Officer, Alcohol Drug Association New Zealand is the contact person. She may be contacted at the ADANZ's offices at PO Box 13-496, Armagh, Christchurch, telephone 03 3798626, fax 03 3775600, email cate.kearney@adanz.org.nz . Ms Kearney will present the submission at a hearing, please confirm a time.
3. The Alcohol Drug Association New Zealand (ADANZ) is a not-for-profit organisation and has been operating in the South Island since 1982. ADANZ's statement of purpose is
"Improving the health of the community by minimising harm associated with alcohol, other drugs and gambling".
4. Based in Christchurch, ADANZ provides coordination and information dissemination services to Christchurch and the wider Canterbury community and throughout the South Island. ADANZ's core clinical service is the National Alcohol & Drug Helpline. Other services are the National Directory of Alcohol and Drug Services; Alcohol and other Drug (AOD) Consumer Advisors and local, regional and national representation on various AOD advisory committees.
5. ADANZ is presenting this submission to the Christchurch City Council on behalf of our organization which is informed by research and by our AOD provider forums in Christchurch. The submission is in response to the letter sent by Stephen McArthur, General Manager, Community Services requesting stakeholder input to the process of the Community Development Plan and the LTCCP Community Grants Review. ADANZ would like to thank the Christchurch City Council for the opportunity to make this submission.
6. Following a general comment, this submission will give overviews of the AOD use in Christchurch, followed by the AOD Sector. It will also contain information regarding alcohol and other drug use, misuse, treatment and other issues related to alcohol and other drugs, such as the impact of advertising; it is expected that this information will be useful in planning how the Christchurch City Council will meet the various needs of its community. Recommendations will be made where appropriate and summarized in the conclusion.

COMMENT

7. As research has shown it is not so much what people drink but how they drink¹.

That behaviour change can be elicited through a change in the culture surrounding alcohol and other drug use; getting drunk is not alright and getting drunk and 'out of it' in public is not acceptable. This has been illustrated over the last several years at various large events such as Summer Times and the Winter Festival take place where families and people of all generations are entertained and the use of alcohol is managed in a much more positive way than it has been in the past.

8. Changes such as the Christchurch City Liquor Control Bylaw 2004 also appear to have had a positive effect on the use of alcohol and its effects in specific areas in and around Christchurch. There will however, always be groups in the community who will misuse alcohol and other drugs regardless of legislation and control. Advertising and promotion of alcohol and sponsorship by alcohol companies will often contradict the aim of local government and regulatory bodies.

HARM FROM ALCOHOL AND DRUG MISUSE

9. For every person who misuses alcohol or drugs there are 10 others whose lives are negatively impacted, family/whanau members especially partners and children, employees and employers, work colleagues, friends and neighbours, victims of accidents and violence. Added to the social cost, is a huge financial cost to local business through lost work days and reduced function are among many other negative impacts.
10. Depending what stage individuals are in their use or their desire to change their use, there must be appropriate and relevant services available to support them to change their behaviour and maintain the changes. Because of the impact that alcohol and drug use has on the community, encouraging and enabling people to change their use, will go some way to achieving the aim of the council to improve safety and the general health and well being in the community.
11. **It is recommended** that the Christchurch City Council can reduce the harm caused through the misuse of alcohol and other drugs by
 - Continuing to developing AOD policy based on wide consultation through out the community
 - the use of robust research and effective evidence based programmes for young people
 - supporting the many small groups that work in the community who are not contracted through the Christchurch District Health Board and who continue to work within very limited budgets in an extremely competitive fund raising environment; by making funds and resources available specifically related to the AOD Sector.
 - Councilors responsible for health and social portfolios, now and in the future have some understanding of harm minimization and harm reduction

and that these philosophies are adopted into any planning by the Council involving AOD.

WHO CALLS THE ALCOHOL DRUG HELPLINE FROM CANTERBURY

12. Following are figures taken from the Alcohol Drug Helpline (ADHL) over the last 12 months, unfortunately it is not possible to separate the Christchurch figures. Although not all the figures from the various categories have been included, a selection has been, so that some idea can be had of the type of calls and concerns that people in Canterbury have regarding alcohol and drugs in their community.

CANTERBURY CALLERS

13. The national pattern appears to be that the percentage of calls, closely match the percentage of the population in each area; Canterbury follows this pattern. Of all the 14,490 valid calls to the Helpline from 1 April 2005 to 31 March 2006, 2139, (14.76%) of the national calls were from Canterbury (see table 1). This figure relates to 12.87% of the local population. These figures are second to those of Auckland which were 4486, 30% of the national calls and relate to 30.98% of their population.

National	14490	Call %	Population %
Auckland	4486	30.95%	30.98%
Gisborne/Eastland	178	1.15%	1.15%
Canterbury	2139	14.76%	12.87%
Manawatu	520	3.58%	5.88%
Northland	537	3.70%	3.74%
Otago	628	4.33%	4.84%
Taranaki	327	2.25%	2.77%
Waikato	808	5.57%	9.55%
Wellington	1551	10.70%	11.32%
West Coast	114	.78%	.80%

ALCOHOL/DRUG TYPE

14. Analysis of the Canterbury figures show that most calls, 1347 (63.1%) were regarding alcohol; 341 (16%) cannabis; 158 (7.4%) methamphetamine 'P'; 61 (2.2%) solvents/inhalants; benzodiazepines 47 (2.2%); hallucinogens, Ritalin; amphetamines Nicotine and cocaine/crack making up the remainder with 378 included unknown or other.

WHO ARE CALLS ABOUT

15. Nine hundred and thirty-four (43.7%) calls were from people calling for themselves; 231 (10.8%) were parents or care-givers, 193 (9.0%) were calling about their concerns regarding their partner or spouse, 150 (7.0%) were calling about friends

and 79 (3.7%) about their parents, 68 (7.3%) about a sibling, 21 (1.0%) were employers wanting information.

TYPE OF INFORMATION SOUGHT

16. Calls were mainly from people who were concerned about someone else's drink or drug use 654 (30.6%); 550 (25.7%) wanted agency or service information, 213 (10%) wanted to stop drinking or drug use, with 48 (2.2%) wanting to cut down.

GENDER AND AGE

17. Almost half the callers were men, 1038 (48.6%), women 759 (35.5%) the balance were calls where the gender information was not applicable or missing. Most callers 1210 (56.6%) fitted in the 26-59 age bracket, 328 (15.4%) from the 19-25 youth bracket and 194 (9.1%) in the 12-18 adolescent bracket. There were a number who were younger and older.

ETHNICITY

18. Most callers identified as NZ European/Pakeha 1425 (66.7%), with 283 (13.2%) considered the ethnicity question to be not applicable, 182 (8.5%) as Māori/NZ Māori, and less than .05% as either Samoan, Tongan, Other Pacific Island, Asian or Indian.

ALCOHOL AND OTHER DRUG SECTOR IN CHRISTCHURCH

19. The AOD Sector in Christchurch is made up of many groups (see appendix 1). Clinical treatment in the AOD Sector is defined by health as most of the AOD services are contracted to the Canterbury District Health Board and funded through the health system.
20. There are many smaller services who provide social support and who are seen as allied to the AOD Sector. They include groups such as Tough Love, Te Atea, Deaf Association, Battered Women's Trust, Caring for Carers, to name only a few. Most of the groups provide vital services to the community - to people who have returned from treatment or prison to live in the community and who do not have on going support in their daily lives to maintain their lifestyle changes, these groups do so on extremely limited funding. The groups have historically grown from needs identified in different communities and as such fill a vital role of community and social action which, in turn builds community cohesion.
21. ADANZ offers coordination to both the treatment and community groups in Christchurch through a range of services, they include
- LOAD (Liaison on Alcohol and other Drug quarterly meetings that attract 40-60 attendees)
 - ADA Connection (as attached, newsletter presenting up to date local and national information, research and work force development news, along with current and changing policy development and commentary)

- ❑ Research and disseminate reliable and unbiased information that is often requested at LOAD meetings on new drugs and substances in use recreationally or that are being misused
- ❑ CADMAG meetings (Canterbury Alcohol and other Drug Managers' Advisory Groups)

ISSUES

COMMUNITY GROUPS

22. Issues to consider that are often raised at the LOAD meetings by many of the community groups as mentioned above (20); these groups are not funded through health contracts and often charitable funding does not cover administration; it is recommended that the Council plan for some level of support in this area for small community groups. It is imagined that a shared administration service and similar essential and supportive functions be made available to such groups. If funds were made available ADANZ would be prepared to assess this specific need by carrying out a survey and writing up a report on what shared services would enhance the effectiveness of these groups.

YOUNG PEOPLE

23. It is known that young people have different patterns of use and that they behave differently from adults. Their alcohol and other drug consumption is carried out at different events and localities and has a social and visual impact on Christchurch.
24. **It is recommended** that resources be committed to research into who, where and why young people use alcohol and other drugs in the way that they, or at least to consider some of the research that is already available through existing research results; that plans be made based on consideration of the research findings; that young people's involvement in the process and planning will be included.

25. ADVERTISING

There is a large body of research² that illustrates the effect that alcohol advertising and marketing has on the community in general. The impact on young people and children, however is of great concern because of their vulnerability to its effects and how it can manipulate perceptions. As noted above (11) alcohol advertising is a major concern and is an area where the Christchurch City Council can have important impact.

26. **It is recommended** that there be a ban of all alcohol advertising on or at all venues or properties managed or owned by the Council.

SUMMARY OF RECOMMENDATIONS

27. **It has been recommended** that the Christchurch City Council can reduce the harm caused through the misuse of alcohol and other drugs by

- Continuing to developing AOD policy based on wide consultation through out the community and in line with the National Drug Policy guidelines.
- the use of robust research and effective evidence based programmes for young people
- supporting the many small groups that work in the community who are not contracted through the Christchurch District Health Board and who continue to work within very limited budgets in an extremely competitive fund raising environment; by making funds and resources available specifically related to the AOD Sector.
- Councilors responsible for health and social portfolios, now and in the future have some understanding of harm minimization and harm reduction and that these philosophies are adopted into any planning by the Council involving AOD.
- That resources be committed to research into who, where and why young people use alcohol and other drugs in the way that they, or at least to consider some of the research that is already available through existing research results; that plans be made based on consideration of the research findings; that young people's involvement in the process and planning will be included.
- That all alcohol advertising is banned on or at all venues or properties managed or owned by the Council.

ADANZ is pleased to have had the opportunity to be involved in the consultation process and to be able to contribute our local community, thank you.

Cate Kearney

Chief Executive Officer
ADANZ
May 2, 2006

¹ ALAC September 2004 The burden of death, disease and disability due to alcohol in New Zealand

² ²Ohmann, R. in Munns, J. & Rajan G. Eds. (1996). Doublespeak and ideology in ads: a kit for teachers 303-315. *A Cultural Studies Reader: History, Theory, Practice*. Longman, NY

²Wyllie, A., Casswell, S. & Stewart, J. (1998). The Response of New Zealand Boys to Corporate and Sponsorship Advertising on Television. *British Journal of Addiction*, 84:639-646.

² Wyllie, A., Zhang, J.F. & Casswell, S. (1998). Response to televised alcohol advertisements associated with drinking behaviour of 10-17 year olds, *Addiction*, 93: 361-371.

² Alcohol Advisory Council of New Zealand & Ministry of Health (2001), *National Alcohol Strategy 2000-2003*, Wellington, New Zealand.