



SHORE

# 2005 Report

The Centre for Social  
and Health Outcomes  
Research and Evaluation

*Te Runanga, Wananga,  
Hauora me te Paekaka*



**Massey University**

**Centre for Social and Health Outcomes  
Research and Evaluation**

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(cover) A glimpse of Rangitoto through the tower blocks from  
the SHORE balcony

# SHORE 2005 Report

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## Contributing to international alcohol policy



SHORE, in its role as a World Health Organization (WHO) Collaborating Centre, played a major role in Pacific meetings before and after the passing of the landmark resolution on Public Health Problems Caused by Harmful Use of Alcohol at the 58th World Health Assembly in May 2005.

This resolution began the development of regional alcohol strategies that will be reported back to the World Health Assembly in 2007. SHORE Director Professor Sally Casswell attended a meeting of experts in Geneva immediately after the Assembly, called by WHO to discuss research evidence and ways of increasing the global response to alcohol harm.

One of SHORE's tasks as a Collaborating Centre is to help strengthen alcohol research and policy in the Pacific. Before the WHO resolution, SHORE had already organised the Asia Pacific Meeting on Alcohol Policy in Auckland in September 2004, sponsored by the New Zealand Ministry of Health (MOH). Seven Western Pacific non-governmental organisations (NGOs) and voluntary bodies and four governments were represented.

This Auckland NGO meeting immediately preceded the Noumea Meeting on Alcohol and Health in the Pacific, attended mostly by government representatives and co-sponsored by WHO and the Secretariat for the Pacific Community (SPC). SHORE Director Professor Sally Casswell provided what at international fora is called "technical support" in Noumea. SHORE

Pacific representatives at the June 2005 Pacific alcohol framework meeting.

Project Manager for Alcohol Policy, Sally Liggins, describes this as "feeding in all the evidence on effective alcohol strategies and facilitating discussion".

"Small Pacific countries are very keen for practical strategies that are culturally specific," says Casswell. "Much of the social response to alcohol in the Pacific occurs in women's and religious organisations. It's important that these groups can advocate on alcohol issues. We need to build a global NGO alliance on alcohol." NGOs were crucial in getting the WHO Framework Convention on Tobacco Control passed in 2003, she says. More than 200 were involved at national, regional and international levels in a Framework Convention Alliance.

The Noumea meeting recommended the development of a draft regional action plan to reduce alcohol harm. A subgroup of nations from the meeting, including representatives from Tonga, Fiji, New Caledonia, Papua New Guinea and Palau, drafted this plan at a meeting in June 2005. The meeting was organised and advised by SHORE and funded by the MOH and the SPC with participation from WHO. Casswell and Liggins finalised the draft plan and sent it to Pacific representatives for comment.

It aims to reduce road crashes, injury, domestic violence and other harm related to alcohol through regional co-operation and national policies, including increased taxes on alcohol, reduced access, enforcement of licensing laws and regulation of alcohol marketing.

The Framework for the Pacific will feed into an alcohol strategy for the WHO Western Pacific Region (WPRO), which encompasses small island nations, populous east Asian countries such as China and Japan, as well as Australia and New Zealand.

Two of the leading countries in the development of the WHO May resolution were Tonga and Thailand, which is part of the neighbouring South East Asian Region. Both argued for regulation of marketing and keeping the industry out of policy-making, says Liggins. "The Thai Health Foundation takes a strong stand; five representatives are coming to a Global Alcohol Policy Alliance (GAPA) meeting in December."

SHORE is co-organising this meeting of more than 40 Asia-Pacific NGOs in Auckland, to encourage their involvement in the international alcohol policy process. Two more Asia-Pacific regional meetings are proposed for 2006.

As a Collaborating Centre, SHORE also aims to strengthen epidemiological surveillance of alcohol harm in the WPRO. SHORE is collaborating with Jiafang Zhang at the Tongji Medical College, Huazhong University of Science and Technology, in Hubei, China, to monitor alcohol-related harm and drinking patterns from a general population sample.

#### WHO Asia-Pacific Alcohol Framework

<b>Researchers</b>	Professor Sally Casswell, Sally Liggins
<b>Funders</b>	Ministry of Health Public Health Directorate; Secretariat for the Pacific Community; Internal Massey University funding
<b>Total</b>	\$43,040
<b>Duration</b>	July 2004 to December 2005

## How to cut our fuel use

HOW LONG would it take a Glen Eden mum to get her kids to the doctor and do the shopping if she had to take the bus? If petrol rose to \$3 a litre, what new bus routes would Auckland need? How would participation in local sport be affected? What would it take to make buses a positive choice for people on a good income?

These and many other questions about Aucklanders' use of transport are part of SHORE research aimed at reducing CO<sub>2</sub> emissions from our household travel. SHORE is working with Opus International Consultants, who specialise in travel and infrastructure research. New Zealanders have one of the highest rates of car ownership in the world, and household transport contributes about a quarter of the country's CO<sub>2</sub> emissions.



SHORE's first project was a series of interviews about Aucklanders' travel behaviour and experiences to help develop a national travel behaviour survey. Researchers interviewed six focus groups and 12 individuals, including lifestyle block residents, inner city apartment dwellers, those living in inner and outer suburbs, and cycling and walking group members.

## How to cut our fuel use (continued)

They found that “for many Aucklanders, there is no practical or reasonable alternative to their own car”, says Karen Witten. “Auckland was developed in the 50s and 60s when fuel was cheap. So we ended up with a sprawling city, and the behavioural implications are now being felt.”

Participants associated cars with control – the ability to go anywhere whenever they wanted. While rising fuel costs concerned car owners, traffic congestion and parking problems were more likely to restrict their car use. Car pooling was considered only in very specific circumstances.

Buses were usually seen negatively, as unreliable, infrequent, limited in coverage and indirect. “In Auckland, particularly in the outer suburbs, bus travel is seen as related to income levels” said Witten. “Participants said things like ‘Suits don’t ride buses’ and ‘If you’re on a bus people think you’re broke’.”

For some without cars, poor quality bus services left them severely isolated. People talked of having to give up sport because it involved two buses and a half-hour wait in between, or losing jobs because problems with buses got them to work late too often.

Trains and ferries were perceived much more positively, although not frequent enough or covering many areas. A combination of walking, bus and car was common, especially for children, but walking and cycling were only useful for commuting in the inner suburbs and other particular locations.

For the second project, Otto Huisman will use Geographic Information Systems (GIS) to develop a model of how easy it is for Aucklanders in different parts of the city to get to health care, shopping, childcare, schools, social services and cultural amenities. He will then test how shifting to a different mode of transport or reducing fuel use will affect how easy it is to get to these services.

“For example,” he says, “we will be able to see immediately that lots of people will need to be able to get a bus to a particular place, or that health centres in one place are less easy to get

to than those in other places. It can show gaps where new public transport routes are needed, or where workplace car pooling could be useful.”

Huisman says that the spatial analyses possible with GIS offer many synergies for SHORE and Whariki projects. “Policy is often about targeting services, which is often area-based,” he says, “so GIS have a lot to contribute to social and health research.”



### Research to reduce transport CO<sub>2</sub> emissions

**Researchers** Dr Karen Witten, Otto Huisman, Emily Rose (SHORE); Dr Tim McCreanor (Whariki)

**Collaborators** OPUS International

**Funder** Foundation for Research Science and Technology

**Total** \$675,000

**Duration** July 2004 to June 2009

# SHORE link with Thai alcohol policy



LESS THAN 10 years after graduating as a doctor, Bangkok-born Thaksaphon Thamarangsi is studying at SHORE to become a public health alcohol policy specialist.

"We need the technical knowledge on alcohol policy," he says. "Currently we have treatment-oriented experts, but alcohol problems extend beyond treatment." When a Ministry of Public Health consultant was looking for world experts on alcohol policy with whom Thamarangsi could study, a World Health Organization (WHO) source recommended Sally Casswell at SHORE.

"SHORE has strengths in experiential knowledge of alcohol policy, and the strategic way Sally looks at alcohol problems," Thamarangsi says.

Soon after he arrived at SHORE in March, he was asked by the Thai Ministry of Public Health to write a position paper for the Thai government delegation to the 58th World Health Assembly, about an agenda called *Public Health Problems Caused by Harmful Alcohol Use*. Thailand played an important role in the WHO resolution on the subject, and Thamarangsi took part in many behind-the-scenes meetings and corridor conversations in Geneva.

He is excited about all the information he now has time to collate and absorb. "The research world in Thailand is really narrow. There may be fragments of information here and there, but it often hasn't been brought together. The more I read, the more I want to link and communicate this knowledge." He has drafted another paper looking at causes of the spectacular rise in beer consumption between 1987 and 2005. "It's not directly for my thesis, it's like an itch I get when I see data on 20 years of beer prices.

"The Thai Health Promotion Foundation (Thai Health) has publicised Thailand's number five spot in per capita consumption in 2000. "Although our consumption is very high, this is not strictly accurate," says Thamarangsi, "The industry stockpiled production to avoid a new tax rate, and the most popular spirits have a lower

alcohol content than the conversion constant used in international data."

"Because of this publicity, Thai people are aware that we drink too much. There is a movement now protesting against the stock exchange listing of the biggest alcohol producer in the country, because people believe that it will lead to an increase in consumption."

Public health has not been important in Thai alcohol policy until recently. The Excise Department of the Ministry of Finance aims to generate maximum revenue from alcohol and there are almost no restrictions on retail licensing. In 2002, the licensing fee for small outlets dropped below US\$3. Money spent on alcohol advertising rose more than seven-fold between 1989 and 2003, largely on television.

After graduating from medical school, Thamarangsi worked as a medical hospital director in a rural area near the border between Thailand and Laos for seven years. Then he moved back to Bangkok to be a public health policy researcher focusing on health workforce issues. He worked in the International Health Policy Programme (IHPP), a research group in the Thai Ministry of Public Health. When he finishes his PhD he will work with Thai Health and the Centre for Alcohol Study in IHPP.



Monks at an anti-drug event organised by a religious network in Surin province, north-eastern Thailand in September 2005. A protest against the Thai Beverage Company listing on the stock market was part of this event.

## Alcohol policy process in Thailand

Researcher	Dr Thaksaphon Thamarangsi
Funder	Thai Health Promotion Foundation
Total	\$NZ170,000
Duration	March 2005 to March 2008

# The whole range of evaluation training

TOGETHER, SHORE and Whariki researchers supply evaluation training across all levels, from beginners to post-graduate students.

They have been offering evaluation short courses since 1996, when they worked at the Alcohol and Public Health Research Group at the University of Auckland.

The Ministry of Health funded SHORE and Whariki to run one two-day and one five-day evaluation course for Auckland/Northland region public health and health promotion workers in 2005. The two-day course was attended by staff from universities, runanga, district health boards, public health organisations, health providers and city councils, who also used the free consultation and evaluation advice service provided by Whariki and SHORE.

"There was strong demand for the 20 places on this year's two-day course," says course co-ordinator Jeff Adams. The five-day course, designed for those with experience in planning programmes, this year attracted 29 people.

At the end of each day, participants gave feedback on the programme, using a different simple evaluation method each time. A summary of the feedback and any planned changes to the course were provided the next morning. Half the presenters and participants were Maori and the course included kaupapa Maori approaches and processes.

SHORE and Whariki also offer one-to-one evaluation training with two Auckland and two Northland groups a year. This year, SHORE researchers Sharon Milne and Lanuola Asiasiga ran two tailored sessions for the Auckland Refugees as Survivors Trust, where co-ordinators run different programmes with Afghani, Somali, Ethiopian, Burundi, Burmese, Iraqi and Assyrian communities.

The first workshop covered planning and the second evaluation. Because of the history of conflict in their countries of origin, building trust was critical for programme participants. Many are suspicious of information being recorded about them, so co-ordinators usually write feedback from memory after meetings.

"Participants were very reluctant to give feedback on the first workshop," said Asiasiga. "In some of the cultures it is rude to criticise, and for some migrant communities criticism has been dangerous. However, they did tell us eventually that they found the first session a bit wordy. We were conscious that we had to avoid jargon with people for whom English is a second or third language and we made the second session much more practical."

SHORE developed a manual describing the tools and processes they had negotiated with the co-ordinators and management team.

Asiasiga also ran a session on planning with 15 Pasifika Healthcare staff in West Auckland as part of an in-service day, triggering a vigorous discussion on solving planning problems. They also provided ongoing support for the staff member responsible for evaluation.

Whariki staff member Wendy Henwood has taken a workplace approach to her evaluation training with health promotion groups Te Hauora o Te Hiku o Te Ika in Kaitaia, Te Waka Oranga in Kaeo and Hauora Whanui in Kawakawa. She has provided three tailored sessions for each group. All were keen to use the planning templates she worked with across whole teams. Each group used an activity they were contemplating or planning as an example of how to work through an evaluation process.

"The benefits of training in the workplace include getting buy-in from management, better planning and collaboration across contracts and staff, and using examples and issues relevant to that organisation," says Henwood.



## New Massey evaluation paper

SHORE and Whariki researchers are co-ordinating a Massey University paper in Programme Evaluation that will start at the Albany Campus in 2006, part of the new Postgraduate Diploma in Public Health and Master of Public Health qualifications.

Co-ordinators Dr Paul Duignan, a SHORE Senior Research Fellow based in Wellington, and Kate McKegg, in Te Awamutu, have decades of experience in public sector evaluation. McKegg is currently part of the Whariki team evaluating the Te Rito programme for the Ministry of Health.

"The intention is to integrate the paper fully with other Massey University initiatives such as the post-graduate evaluation qualification based in Wellington," says Duignan. "We're keen for evaluation teaching to be done in a collaborative

way with other institutions; there are so few evaluation practitioners that it is sensible to share expertise."

Says McKegg: "One of the great strengths SHORE and Whariki bring to this paper is their formative evaluation experience at a community level for community providers. There's been a shift towards more and better evaluation in the last ten years. The new managing for outcomes focus of the public sector is making departments think about how they evaluate what they do."

The paper will start in the second semester and have two block courses in July and October.



## Developing outcomes theory

DR PAUL DUIGNAN, as the sole 2005 New Zealand Fulbright Senior Scholar, spent three months at the Urban Institute in Washington earlier this year writing up outcomes theory. He has developed this new area in his independent Wellington outcomes and strategic consulting work and brings these understandings to his work with SHORE as a Senior Research Fellow.

"There is a huge demand for organisations to report on outcomes," he says. "However, the theory underlying outcomes systems is undeveloped, compared to accountancy, for instance, where there are many standards and accepted processes."

Duignan's work often challenges conventional wisdom on outcomes; for example, that an organisation's outcomes should only include those which can be clearly attributed to the organisation. "Everyone should have two, not just one, set of outcomes. The first is their strategic outcomes set – what they are trying to achieve regardless of whether achieving it can be clearly credited only to them. For a health promotion organisation it may be increased health and

wellbeing in their area. The second set is attributable outcomes – usually at a much lower level – which can clearly be credited to their own work. For example, the level of networking between stakeholders may be attributed to the organisation's activities.

Duignan's work resolves the lack of integration between organisational strategic planning, outcome and output indicator monitoring, outcome evaluation, other types of evaluation, reporting, attribution and accountability. More information is available at [www.strategicevaluation.info](http://www.strategicevaluation.info).



Public health evaluation training	
<b>Researchers</b>	Jeff Adams, Dr Paul Duignan (SHORE ); Helen Moewaka Barnes, Wendy Henwood, Sandy Kerr (Whariki)
<b>Funder</b>	Ministry of Health
<b>Total</b>	\$429,750
<b>Duration</b>	July 2002 to July 2006

## Action on youth and drugs

WHAT WOULD you do if you were asked to reduce the supply of illegal drugs to young people in your community? Chances are you might not think of shaming local drug dealers with imaginative billboards and txt jokes at their expense. Or bringing local gangs together to talk about alternative incomes. Or getting community agreement to a rahui on 'P'.

These are all actions from the national Community Action on Youth and Drugs (CAYAD) project, the longest-running evaluation project involving SHORE and Whariki staff. The first wave of projects (CAYAD1) started in the 1990s, from concerns over escalating drug-related suspensions in schools. Long-time SHORE evaluator Kim Conway said the experience of Whariki and SHORE staff (then part of the Alcohol and Public Health Research Unit) working with successful community action projects about alcohol made this project a natural step.

Said Whariki Director Helen Moewaka Barnes: "We knew some Te Tai Tokerau groups who would be interested, so we acted as brokers for community action projects and put in a bid."

In 1998 the Ministry of Education funded five, mostly rural, CAYAD projects in Hokianga, Whangaruru, Waitakere City, Opotiki and Nelson, all areas where cannabis use was high. The Health Funding Authority funded a sixth project in Kaitaia.



Some of the members of the long-running CAYAD evaluation team: Kim Conway, left, and Jesse Irwin from SHORE; Vic Jensen, Haley Stewart, Denise Takinui and Wendy Henwood (Whariki).

"The Ministry of Education was used to programmes being delivered in schools," says Conway. "But we were talking about a whole community approach that wasn't just about drug education. Some schools had really poor community connections and felt helpless or uncomfortable dealing with drug issues – they saw it as a community rather than a school problem."

An independent evaluation funded by the Ministry of Education said two years was too short a timeframe to see any real results but that the SHORE/Whariki approach appeared the most promising and that communities had responded very favourably.

The Ministry of Health took over funding of these projects and a further evaluation of the three Northland CAYAD projects two years later reported fewer drug-related school suspensions and stand-downs, less youth crime and improved school policies and practices. There was greater co-ordination of youth services and more collaboration on positive community initiatives such as employment and recreation, as well as recognition of the value of CAYAD's paid community organisers. The project also increased the communities' voices on government drug policy.

In 2002, amid Government and community concern about methamphetamine ('P') manufacture and use, the Ministry of Health (MOH) consulted SHORE and Whariki on evidence-based strategies. They suggested rolling out a community action model such as CAYAD1 to other communities. MOH funded 15 further CAYAD sites for three years from late 2003, and since then has funded another three sites.

These were in a mix of rural and urban areas around the country, and were dealing with increased 'P' use as well as cannabis. Their brief was a lot more ambitious and included not just reducing harm from cannabis but reducing the supply of all illegal drugs. This was a much discussed issue in CAYAD sites around the country.

"For example, how do you make it safe for people to report a tinny house in their street?" asks Conway. CAYAD discussed possible council action, such as training meter readers, building inspectors and rubbish collectors to look for places using a lot of electricity or water or disposing of particular chemical containers in bulk.

Says Sally Liggins, the recently-appointed project manager: "CAYAD is an internationally groundbreaking project – using community action against illicit drugs hadn't been widely tried. It is evidence-based but also evidence-making." Liggins was originally involved with the project as the MOH contract manager.

"In community action on illicit drugs there aren't obvious partners. For alcohol you have councils, public health units, police, producers and sellers," she says. "With illicit drugs, that's all underground."

Some of the 18 CAYAD2 sites gained a lot of publicity for innovative approaches to their difficult brief. To provide alternatives in the many communities where there "is nothing for youth to do", they have organised video competitions and radio ads using drug-free messages among local high school students; sponsored alcohol and drug-free sports teams; helped stimulate employment projects; developed diversion programmes for young people convicted of drug offences; and run a mentoring course for those who want to work with young people.

Building on this success, the MOH is about to fund another group of CAYAD sites, bringing the total to 27 and the project value to nearly \$4 million. As community co-ordinators change,

some of the Whariki and SHORE evaluators are now among the longest-serving staff on the project, with a wealth of institutional memory.

"One of the integral parts of community action is formative evaluation," says Liggins. These evaluators are often called 'critical friends', says Moewaka Barnes, providing research-based evidence to help communities plan projects and select activities that have been successful elsewhere. "In the early days of CAYAD, the Whariki/SHORE evaluators used to be called the 'critical sisters', as they were a largely female team working with mostly male co-ordinators," she says.

The number of formative evaluators in New Zealand is small, and Whariki has tried as much as possible to use evaluators based near the CAYAD sites. "To develop a large team of Maori and Pacific researchers spread across the country doing formative evaluation mostly in Maori communities is a significant accomplishment," says Liggins. "I can't think of any other organisation that has achieved this."

CAYAD still needs national co-ordination to reach its full potential, she says. "It's important that there's strategic oversight, to capture what's working and not working in different sites."

### Formative evaluation of Community Action on Youth and Drugs

**Researchers** Barbara Bee, Kim Conway, Sally Liggins (SHORE); Belinda Borell, Shane Edwards, Wendy Henwood, Victoria Jensen, Verne McManus, Helen Moewaka Barnes, Haley Stewart, Denise Takinui (Whariki)

**Funder** Ministry of Health

**Total** \$484,800

**Duration** October 2003 to October 2006

## Outside a pub on a cold Auckland night

WHEN people are asked to describe a research location, standing outside pubs on cold Auckland summer evenings talking with young drunk people wouldn't even make the list.

Whariki researcher Suaree Borell describes the research environment: "There were always the girlfriends having a fight, the boyfriends dumping the girlfriends. Drunk people were really hard to reason with; if you said they were too old to take a test they would argue with you."

She was a supervisor in a three-person team, gathering alcohol breath test readings from young people leaving pubs and clubs between 10pm and 4am in 2004 for the Auckland Regional Exit Breath Survey. This was the first such survey done in New Zealand, part of the Auckland Region Community Alcohol Project (ARCAP). ARCAP brought together public health organisations to reduce alcohol-related harm among young people by changing the social and physical environment of their drinking.

Borell's job was to decide whether it was safe for the researchers to be outside that venue, to explain the survey to bouncers and make sure the team gained breath tests from one man and one woman from six different venues a night. She had to make sure tests were gathered across the evening, as those collected near closing time were likely to be higher.

"A lot of people thought we were police and others thought we were with a church. We had to do some fast talking to get their consent," said Borell. "We were trained up on signs of intoxication, but often someone who blew 900 would look as drunk as those who blew 200 – the ones who had the highest readings didn't necessarily have the most slurred speech." The legal limit for driving is 150 micrograms (mcg) per litre of breath for people under 20 and 400 mcg for those over 20.

Half the premises the researchers visited had at least one patron who was visibly intoxicated. Nearly half the people tested in the region were over the legal driving limit, with men's average being significantly higher than women's. Half of



Some of the alcohol sold in the Auckland region to 18-year-old pseudo patrons without ID in 2004.

those people over the limit said they were moving onto another licensed venue. Participants said they drank an average of nine drinks a night, and one in three said their usual intake was higher.

The Auckland Pseudo Patrons Survey was another SHORE/Whariki evaluation measure that provided evidence for the project, focusing on the beginning rather than the end of the night. Eighteen-year-old field workers tried to buy alcohol in a representative sample of around 250 supermarkets, bottle shops and grocery outlets across the region. Each outlet was visited once by a young woman and once by a young man. If they were asked for ID they said they had none on them and either managed to buy the alcohol or walked out.

While it is recommended that people buying alcohol and who look under 25 be checked for ID, the first survey found that 60% of the field workers' attempts to buy alcohol without ID were successful. Outlets were not identified publicly, and survey results were sent directly to each venue surveyed by SHORE and Whariki evaluators rather than the ARCAP co-ordinator or member organisations to maintain this confidentiality.

In between surveys, ARCAP members publicised the results of the survey, met and lobbied alcohol retailers and worked with Police and other enforcement agencies to increase monitoring of

sales to minors. Says SHORE Director Sally Casswell: "People can't base regional and local community action on national figures – you need local data for those projects."

Some licensees were irate because they saw checking buyers' age as purely discretionary; many other licensees believed the survey supported them in asking for age verification.

The Pseudo Patrons Survey stimulated the Police to conduct Controlled Purchase Operations in two Auckland areas, where minors attempt to buy alcohol. These resulted in prosecutions and more media coverage.

"Phil Goff as Minister of Justice was very active," says Casswell. "He called together the major retailers and said this wasn't good enough. Supermarkets really improved after that." Sales to field workers in the 2002 survey were 61%; this dropped to 46% in 2003 but rose again to 56% in 2004. Sales in 2004 remained at or below 2003 levels in supermarkets and grocery outlets but rose in bottle shops.

Says SHORE process evaluator Sarah Greenaway: "Some police thought it was a really useful indicator of what was going on in their area, a good monitor of the effectiveness of their work."

Casswell says the Pseudo Patrons Surveys were "a real success story – they have been taken up around the country". SHORE formative evaluators worked with ARCAP organisations as they re-oriented their strategies from education and producing resources to changing policies and practices affecting young people's drinking environments. "That way you focus much more on supply than demand, generally a more effective approach," she said.

#### Auckland Pseudo Patrons Survey

<b>Researchers</b>	Taisia Huckle (SHORE); Debbie Broughton, Belinda Borell, Suaree Borell, Victoria Jenson, Hector Kaiwai (Whariki)
<b>Funder</b>	Ministry of Health
<b>Total</b>	\$100,125
<b>Duration</b>	May 2003 to October 2004

## New ways to spread values

A KAUMATUA in Auckland makes a point about New Zealanders' political values. He's answered immediately by a Government department staffer in Wellington. A Christchurch NGO lobbyist describes her experience. Other people in the three centres take part in the animated discussion.

This is not a description of a conference; none of these participants will have moved from where they live. They'll be brought together virtually by SHORE as part of disseminating the results of its 2005 New Zealand Study of Values.

This national survey is run by SHORE Director Professor Sally Casswell, Dr Paul Perry of Massey University's Palmerston North campus and Professor Phillipa Howden-Chapman at the Wellington School of Medicine, as part of the 2005 wave of the massive World Values Survey.

SHORE is using two new developments to publicise the results. The first, called a Rich Dialogue Process (RDP), is a new way of creating dialogue between parties developed by Dr Paul Duignan and Jennifer Parker as part of separate work for the Royal Society of New Zealand.

"Dissemination in the past was often a one-way affair with researchers talking to relatively passive stakeholders or the public about their results in one-off publications or presentations," Duignan says.

RDP allows different groups – in this case, community members, NGOs, Maori, policy makers – to consider issues in a mix of separate and joint meetings over a number of weeks.

"Of course, one of the major impediments to this type of process has been the cost of bringing people together, particularly from different cities

## New ways to spread values (continued)



The first meeting held in the BRCSS Access Grid rooms in November 2005, the location for the Values Survey RDP. Clockwise from left: Charles Waldegrave (foreground) sitting in Wellington; on screen Paul Duignan takes the photo next to Jenny Neale also in Wellington; Roger Cliffe in his office at Victoria University of Wellington; Sally Casswell, Tim McCreanor, Richard Le Heron, Paul Spoonley and others sitting at the long table in Auckland; the six Wellington participants at the V-shaped table; David Thorns in Christchurch; another image of the Auckland group; and Nathan Gardiner presenting from Christchurch.

for multiple meetings," says Duignan. This is where the second development – Access Grid internet technology – comes in. "Access Grids go beyond video conferencing to allow multiple sites to communicate with video, voice and multiple data projector screens. They provide a rich environment in which people can interact."

Access Grids were set up around the country after Duignan suggested them for the Building Research Capability in the Social Sciences (BRCSS) collaboration in which SHORE participates.

The Rich Dialogue Process groups will use Access Grid rooms for their meetings, enabling groups to be put together from more than one centre and to meet more often than would be affordable other-wise. "We are really looking forward to what we can learn from this about both dialogue processes and discussions in this multimedia environment," he says.

See [www.shore.ac.nz/projects/rdpvalues](http://www.shore.ac.nz/projects/rdpvalues) for more information.

### New Zealand Values Survey 2005

**Researchers:** Professor Sally Casswell, Dr Paul Duignan (SHORE), Helen Moewaka Barnes, Dr Tim McCreanor, (Whariki) with Dr Paul Perry, Massey University, Associate Professor Phillipa Howden-Chapman, Wellington School of Medicine, University of Otago

**Funders:** Foundation for Research Science and Technology, Ministry of Research Science and Technology, Children's Commissioner, Ministry of Social Development, Ministry of Economic Development, Treasury Department, Department of Labour, State Services Commission

**Total:** \$654,375

**Duration:** June 2003 to June 2006

# Examining drug use in New Zealand

INCREASED police and customs action against methamphetamine ("P" or meth) and a reclassification of the drug may have played a part in a recent levelling out in use, according to SHORE researcher Dr Chris Wilkins.

A recent national SHORE/Whariki survey funded by the Ministry of Health found that the population level of use of amphetamine and ecstasy had plateaued in 2003 compared to 2001. In 2003, more people who had used amphetamine and ecstasy during the last year said that these drugs had become more difficult to obtain than in 2001.

Says Wilkins: "The levelling out of amphetamine and ecstasy use in 2003 may have come as a surprise to some people. However, New Zealand's use of meth remains high by international standards".

Wilkins believes that increased enforcement, particularly detections of clandestine laboratories (clan labs) and control of chemicals used to make them, played a part in the stabilisation of amphetamine and ecstasy use in 2003. In 2002 the Police appointed a national co-ordinator for actions against clan labs, and set up specialised teams to dismantle them.

They also negotiated a code of practice with pharmacy groups to exert more control over sales of pseudoephedrine-based flu medicines from chemists, as these products were being used by clan labs. Customs also stepped up monitoring of imported pseudoephedrine and ephedrine products.



Posters for the Illicit Drug Monitoring System pilot recruit participants in Whangarei (top), Christchurch and Wellington.

## Examining drug use in New Zealand (continued)

Other factors which may have helped stabilise amphetamine use, according to Wilkins, include the reclassification of methamphetamine to a Class A drug from May 2003, which raised penalties associated with meth-related offences.

The declining reputation of meth brought about by media associations of 'P' with psychosis and violent crime may also have played a part. Other countries have shown similar patterns of sudden, stalled increases in meth use as health risks become obvious to users, Wilkins says.

This survey was the first in the Ministry of Health's Health Behaviour Survey series to gather a sample that provided "equal explanatory power" for Maori – it enabled analysis of data in the same detail for Maori and non-Maori. When a Maori sample is collected as part of a general population survey this is usually not possible, says Whariki Director Helen Moewaka Barnes.

While these large surveys can be generalised for a national snapshot, they are too infrequent to show breaking trends. This gap in our ability to monitor illicit drugs was recently filled by the development of the Illicit Drug Monitoring System (IDMS) in collaboration with New Zealand Police. Police funded Wilkins to complete scoping work in this area in 2002 and to pilot these methodologies in the New Zealand context in 2003/4. Wilkins then went on to design the methodology for the IDMS in 2005 and conduct the first wave of the new research.

"We have been able to build on and adapt drug monitoring systems used in other countries," he says. The IDMS pilot includes face-to-face, confidential interviews with people who use amphetamines, ecstasy, opiates or LSD at least monthly. It combined this with interviews of treatment staff and police in regular contact with drug users, and information from drug seizures and drug-related hospital admissions.

"The IDMS provides early warning of new drugs and changes in key features of illegal drug markets," says Wilkins. "This allows for more targeted responses, hopefully before emerging drugs have an opportunity to become entrenched in New Zealand."

### 2003 Health Behaviours Survey – Drugs

**Researchers** Dr Chris Wilkins, Dr Megan Pledger, Paul Sweetsur, Professor Sally Casswell (SHORE); Helen Moewaka Barnes, Nikki Coupe (Whariki)

**Funder** Ministry of Health

**Total** \$725,600

**Duration** January 2003 to July 2005

### 2001 – 2003 Drug use comparison

**Researchers** Dr Chris Wilkins, Paul Sweetsur (SHORE)

**Funders** New Zealand Police

**Total** \$178,125

**Duration** May 2003 to June 2005

### Illicit Drug Monitoring System pilot

**Researchers** Dr Chris Wilkins, Melissa Girling, Paul Sweetsur (SHORE)

**Funder** New Zealand Police

**Total** \$206,500

**Duration** May 2004 to December 2005

## A new measure of gambling impacts



JANE drops the kids off and pops into a local bar for a few minutes' break in front of a gaming machine. She pops in again when she's feeling stressed later that week. On Saturday, her partner takes the family to a big race meeting like he does a couple of times a year. He usually places the bets, but she gets excited and puts the meat money on a favourite – fortunately he places. On the way home she buys a lucky dip and some scratchies for the kids.

Jane has spent five hours and 15 minutes gambling this week. SHORE and Whariki call this her gambling volume, a measure of gambling impact new to research in New Zealand.

As well as asking for estimates of money lost, it asks people the amount of time they spend gambling on a typical occasion, for example at a local gaming machine (EGM) venue, and multiplies that by the number of times a week they gamble there. Added to totals from other modes, such as race betting, this gives a weekly or annual total gambling volume for that person. SHORE and Whariki's measure excludes those who gamble only on Lotto, Instant Kiwi, Tebingo or Daily Keno, as these have been shown to have very low impacts.

Gambling volume was adapted from a successful SHORE measure of how much alcohol people drink. "It's a time-consuming but very useful way of asking questions about potentially harmful activities which people typically underestimate," says SHORE Director Professor Sally Casswell.

"It tells policy makers where the high levels of consumption are happening." SHORE and Whariki found that gambling volume correlates closely with total money lost and other indicators of harm.

The project team included Casswell from SHORE, Whariki Director Helen Moewaka Barnes, consultant economist Brian Easton, John Jensen from the Ministry of Social Development and Tongan gambling researcher Yvette Guttenbeil-Po'uhila. Advisory board members had experience in prevalence studies, research with Maori and Asian populations and gambling services for different groups.

The SHORE and Whariki study was funded by the Problem Gambling Committee through the Health Research Council. It used the results of a literature review, interviews with gamblers and those close to them and key sector informants to feed into the design of a pilot telephone survey. Maori, Pakeha, Tongan, Chinese and Korean gamblers and their families were interviewed by researchers of the same ethnicities.



## A new measure of gambling impacts (continued)

Says Moewaka Barnes: "It was critical to be able to look at the different population groups and have a wide range of contributions. This gave us a deeper understanding of the ways in which gambling impacted; there were strong common themes as well as important differences."

The project decided to study gamblers at all levels rather than focusing on a category of identified 'problem gamblers', says Casswell. "The negative impacts are a continuum; people who seldom gamble still experience effects sometimes, so we didn't want to exclude anyone."

The pilot survey gathered participants from three groups – a random telephone survey of Manukau City phone numbers, gamblers recruited from outside Auckland EGM venues and outside the Sky City Casino, and gamblers in treatment



services. Participants were asked to rate their physical and mental wellbeing, financial situation, housing, relationships with whanau and friends, care of children and other family members, self-esteem, study or training, and performance in paid and unpaid work. The questions included a Ministry of Social Development measure of standard of living, so results can compare people with different gambling volumes to general population norms.

One of the interesting findings from the SHORE and Whariki pilot survey was that, for heavy gamblers, playing cards at home had the second highest gambling volume after playing EGMs at pubs and clubs. One in five heavy gamblers had had their power or phone disconnected and five percent had committed fraud because of gambling, a common research finding. The survey was also able to identify a small proportion of low level gamblers (those who gambled up to 15 minutes a week) who said they lived in lower quality accommodation and had stolen money because of their gambling.

"We're confident this is a good way of measuring the impacts of gambling on populations," says Casswell, "and it can contribute to measuring the socioeconomic costs".

### The socio-economic impact of gambling in New Zealand

Researchers: Professor Sally Casswell, Rachael Butler, Emily Rose, Jo Schmidt, (SHORE); Helen Moewaka Barnes, Sandy Kerr, Suaree Borell (Whariki)

Funder: Problem Gambling Committee via the Health Research Council of New Zealand

Total: \$225,000

Duration: November 2003 to November 2005