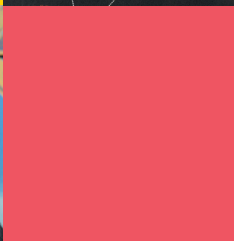
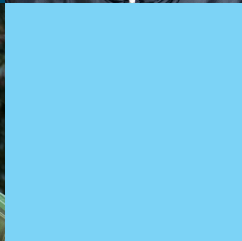
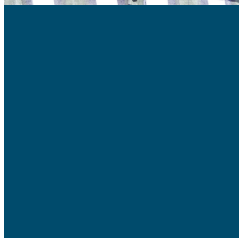


OUR STORIES

The impact of alcohol on individuals and families from some of New Zealand's less often heard community voices



Giving voice to Consumers, New Migrants, Refugees, the Physically Disabled, and Rainbow Communities living in Auckland



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This resource is a compilation of personal stories that has been developed by HPA's Community Insight Group. The views expressed are those of the authors and are not to be attributed to HPA.

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Foreword

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The Community Insight Group and the Health Promotion Agency (HPA) would like to especially acknowledge and thank those individuals who participated in the development of this resource. It takes great courage to tell your story and without it there would be no resource.

He mihi tino aroha atu ki a koutou katoa mo ō koutou tautoko mo ō kōrero ngākau hoki.

We would also like to acknowledge the work and extra effort that ABACUS Counselling, Training & Supervision Ltd put into developing this resource.

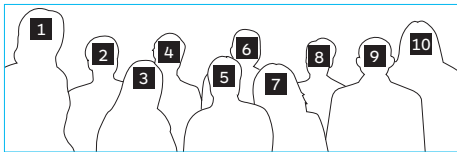
Ngā mihi mahana ki a koutou mo ō koutou mahi pai.

The Community Insight Group

The Community Insight Group was formed by HPA in 2011 to:

- provide HPA with advice on alcohol-specific and other health promotion matters
- look at ways to build the capacity of our communities to influence alcohol and other health promotion policy and practice.

We speak on and reflect the diverse realities of the communities we live within. We do not claim to speak on behalf of all migrants, refugees, people with disabilities, or gay, lesbian, bisexual, transgender or consumer groups. We provide merely an insight into some of the issues facing these communities through our own personal experience and/or our work within these communities.



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Chinese New Settlers Services Trust
- 2. Shirley Anne Brown**
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E Tu Whānau (Co-facilitator)
- 3. Fahima Saeid**
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Disability Community
- 8. Mariska Mannes**
Ethnic Voice NZ
- 9. Paul Luker**
(Resource Designer & is not part of the
Group)
- 10. Peter Thorburn**
Consumers

A Word from Interviewer Peter Thorburn



ABACUS Counselling, Training & Supervision Ltd was the project facilitator for *Our Stories* and it was my task to interview the various community members who agreed to participate in the project.

First, I would like to express my deepest gratitude to all the people that shared a part of their life with me and for allowing these stories to be shared with others. It was an honour and a privilege to be welcomed into each of these communities and to be given some insight into the richness and complexities of life that each faces. Secondly, I would like to say thank you to each Community Insight Group representative for giving me access to your community and trusting me to respect the relationship you have with each individual. Thirdly, I would like to thank the Health Promotion Agency for allowing this resource to be developed and for letting the process happen organically. When we started this journey no one could be sure what the outcome would be. The Health Promotion Agency, in collaboration with the Community Insight Group, had faith that a powerful resource would be developed and I believe that's what has been done.

As someone who grew up in New Zealand, with alcohol being a big part of my life, I have personally seen the good and not-so-good results of alcohol consumption, as most of us have. I have a list of convictions over a 20-year period, which can almost all be attributed to alcohol and drug use. For me, alcohol and drugs were a way to cope with a raft of underlying issues including mental health, family challenges, grief and loss, bullying, self-esteem and self-confidence issues – alongside an environment in which alcohol and drugs were prevalent.

People who struggle with mental health and drug and alcohol issues are often seen as weak and fragile, with a lack of self-control. They are subject to demoralising stereotypes – they are 'immoral', 'criminals' and 'junkies', for example. My belief is that these are people trying to cope with the complexities of life. All of us have ways of coping – some healthier than others.

For many of those who use alcohol and other drugs problematically, there is, more often than not, a set of complex co-existing problems that lead to use, such as mental and/or physical health challenges, stress, grief, loss, trauma, family break-ups, poverty, social isolation, and so on. Alcohol in New Zealand is seen for many as an easy way to de-escalate, manage social stressors, and forget life's problems. It is also seen as a way to celebrate life's milestones and is almost expected at

events like 18th or 21st birthdays. Many other social gatherings, like weddings, funerals and others, will include alcohol too. Right or wrong, alcohol is a big part of New Zealand's culture. For many of those who come to New Zealand, there appears to be an expectation to consume alcohol. Themes that come through from many of those interviewed include freedom (to explore New Zealand's alcohol accepting culture), accessibility (alcohol's universal availability in New Zealand), and alcohol being cheap. A variety of other themes include expectation (conforming to New Zealand customs), abating social isolation (new immigrants, etc) and fitting in (by adopting New Zealand behaviours).

For those who have grown up in New Zealand, most have been exposed to alcohol all of their lives. As a country, we spend \$85 million per week on alcohol and, for those who are struggling with major life stressors such as discrimination, stigma, dogma, trauma, abuse, violence, and mental health challenges, alcohol is a cheap, accessible and acceptable way of coping. During the process of interviewing this wonderfully diverse group of individuals, it became apparent that, although there are common themes in the narrative around alcohol, each person had their own relationship with alcohol. Each story was unique to the individual. As a practitioner, understanding the idiosyncratic nature of this relationship gives insight into cultural risk and resilience. It shows that we can't make

assumptions or generalisations based solely on a person's ethno-cultural background, or their religious beliefs. There is an array of other cultural nuances that contribute to the makeup of each person.

Each story, as well as giving some insight into how alcohol impacts on different communities, speaks of resilience and hope and illustrates the unique way each individual dealt with adversity. It was a humbling experience as the interviewer to have the privilege to attend with no agenda – to just sit and listen to these profoundly personal stories. These interviewees let me in, gave themselves openly and willingly for the greater good, in order to help others understand how we can best support their community to develop resilience in spite of problematic alcohol and other drug use.

This resource is unique. It gives readers information and insight into communities that they would not get from a text book or lecture. It has the potential to inform policy, be used as an educational tool in universities or schools, as an engagement tool for practitioners, as an inspiration for those struggling with problematic alcohol use, and to help break down stereotypes.

However it is used, it also stands alone, not only as a fascinating insight into people's lives, but also as a collection of 'windows' into some of New Zealand's less often heard community voices.

Peter Thorburn spent 23 years struggling with a poly drug addiction (methamphetamine, cannabis, alcohol). After getting out of jail in 2005, he went back to school and has since gone on to become a qualified clinician specialising in youth, alcohol and other drugs (AOD) and co-existing mental health problems – with a passion for working with young New Zealanders. He is a strong consumer/ service user advocate, and helped to establish Counties Manukau Alcohol and Other Drug Consumer Network and AOD peer support in Counties Manukau.

He has worked for ABACUS Counselling, Training & Supervision Ltd since 2007 and in that time has had the pleasure of participating in a diverse range of work, alongside some of the most experienced addiction and mental health specialists in Aotearoa. His role as a consumer representative, counsellor and trainer has had him work with New Zealand Police, Child, Youth and Family, Youthline, Odyssey House, the Salvation Army and HPA, to name a few.

Continued education (evidence-based information), telling his recovery story, and maintaining a strong link to the consumer community are what grounds him in his work. He says that helping a person find recovery is his new addiction.



Community Insight Group Representative

Peter Thorburn, peter@acts.co.nz

Counties Manukau AOD (Alcohol and Other Drug) Consumer Network

Peer Support Group meets 10.30am to 12.00pm every Monday and 1.00pm to 3.00pm every Friday at Nathan Homestead, 70 Hill Rd, Manurewa.

Network information can be found at their web address and they can be contacted by email.

Email: info@alcoholdrugconsumer.org.nz

www.alcoholdrugconsumernetwork.org.nz

Introduction

The Power of Stories

“Their story, yours and mine – it’s what we all carry with us on this trip we take, and we owe it to each other to respect our stories and learn from them.”

William Carlos Williams

There is potency and power in stories. According to Janet Litherland, “They delight, enchant, touch, teach, recall, inspire, motivate, challenge. They help us to understand” (as cited in Christensen, 2014).

Mathew Fox also implies that stories are knowledge passed through the heart, imparting wisdom through the direct experience of the storyteller themselves (Christensen, 2014).

It is the power of stories that inspired us (the Health Promotion Agency’s (HPA) Community Insight Group) to develop this resource. It brings together personal stories about alcohol use and harm from the perspectives of our communities – refugees, recent migrants, international students, people with disabilities, the lesbian/gay/transgender community, and those who have experienced alcohol addiction. Their stories speak about resilience and having the courage to change, as well as the unique impact alcohol has had on the individual, their whānau and community.

We see this powerful combination of stories as being a useful resource to help raise awareness within our communities about the impact of alcohol and ways of shifting this. We also see this collective storybook as a resource to help educate the general public on the specific issues and impacts alcohol has on diverse New Zealand communities and to inform policy and practice.

We begin with some brief background information on alcohol use and harm among diverse communities in New Zealand. We then turn to the stories themselves, which have been grouped into specific community chapters. Each community chapter starts with a brief introduction about the challenges facing that community. We conclude by highlighting some of the key themes emerging from these stories and discussing some of the potential implications for policy and practice.

Alcohol Use and Harm among Diverse Communities

Alcohol is the most commonly used recreational drug in Aotearoa New Zealand (Alcohol Advisory Council of New Zealand (ALAC) and Ministry of Health, 2001), with approximately 80% of New Zealanders reporting having an occasional drink (Ministry of Health, 2013). Of these drinkers, about 20% to 25% consume large amounts of alcohol on a typical drinking occasion (Fryer, Jones, & Kalafatelis, 2011; Ministry of Health, 2009, 2013), placing them at risk of experiencing harm such as injury, death, road trauma, crime and disorder, drowning, burns and alcohol poisoning. Compared to other countries, New Zealand has a high level of these types of alcohol-related harm.

Risky occasional drinking is a practice most common among young people aged 18 to 24 years (Ministry of Health, 2008). We also know that the proportion of Māori and Pacific drinkers who engage in risky occasional drinking is high (Ministry of Health, 2008, 2009, 2013), reflecting, in part, the youthfulness of the Māori and Pacific populations.

While there is a dearth of information on alcohol use and harm among other populations in New Zealand, we did find some limited data on some of the communities we represent.

The Asian community

According to the 2011/12 New Zealand Health Survey, about 57% of those identifying as Asian reported drinking. While the proportion of Asian drinkers is similar to that of Pacific drinkers, there is a significant difference between the proportion of Asian drinkers reporting risky/harmful occasional drinking compared to Pacific drinkers. Approximately 8% of Asian drinkers reported drinking in ways that increase the risk of harm, compared to about 35% of Pacific drinkers (Ministry of Health, 2013).

Asian women are significantly less likely than Asian men to report drinking and to engage in risky occasional drinking (Ministry of Health, 2013). Further, compared to the general New Zealand population, Asian females are not only less likely to consume alcohol than other females but are also less likely to feel drunk or consume alcohol to levels that would put them at risk of harm (Ministry of Health, 2009). This pattern of drinking among the Asian adult population is mirrored by Asian youth.

For example, an analysis of Youth'07 survey data (by Ameratunga and others) found that Asian secondary school students reported drinking less often and were less likely to drink in harmful ways than other ethnic groups. In addition, those that did drink alcohol reported consuming only one drink per occasion (Huckle, Yeh, Lin, & Jensen, 2013).

Refugees and other migrants

A study on the health status of refugees screened by the Auckland Public Health Service found that between 1995 and 1999 about 4.5% reported drinking alcohol (cited in McLeod & Reeve, 2005). Of the 64 refugees who reported drinking over that period, 57 were male. The percentage of refugees reporting drinking was much lower than the 20.1% screened for tobacco use (McLeod & Reeve, 2005).

An analysis of the Youth'07 survey found that first and second generation (secondary school student) immigrants showed significantly lower risks of consuming alcohol on a weekly basis than other students surveyed (Di Cosma et al., 2011). A separate analysis of this data also found that students who experienced ethnic discrimination, or were unsure about experiencing ethnic discrimination, were associated with a range of adverse health and wellbeing outcomes, including being more likely to report an episode of risky/harmful drinking in the four weeks prior to being surveyed (Crengle, Robinson, Ameratunga, Clark, & Raphael, 2012).

Lesbian, gay and bisexual

According to research conducted by Pega and Coupe and the *2003/04 Health Behaviours Survey*, men and women who identified as lesbian, gay and bisexual were less likely to have abstained from alcohol over a 12-month period and were more likely to have consumed alcohol more regularly than heterosexual identified males and females. In addition, in 2003/04 those females identifying as lesbian or bisexual also reported consuming alcohol one or more times per week over the last year, at higher rates than women with a heterosexual identity (cited in Huckle et al., 2013).

A Christchurch longitudinal study found that young sexual minority women were more likely to be alcohol dependent than exclusively heterosexual women (Huckle et al., 2013).

There is a lack of research on alcohol-related harm among sexual minority men and women, but the available studies suggest that alcohol use might be related to partner violence, HIV-risky behaviours and coercive sex among this group (Pega & MacEwan, 2010).

People with an alcohol addiction

According to a recent media article, one in 10 New Zealanders could now be considered 'alcoholic' according to new diagnostic criteria (Johnston, 2013). This is significantly higher than other estimates, which suggest that 3% to 6% of the population have a serious alcohol issue. For example, the National Committee for Addiction Treatment stated in its November 2011 paper that each year around 130,000 New Zealanders have an alcohol and drug problem sufficiently serious to meet the clinical criteria for a substance abuse or dependence disorder. Others have found that 2.6% of New Zealand adults could be diagnosed with alcohol abuse and 1.3% with alcohol dependence (Matua Raki, 2012, p. 16).

Chapter One

Ethnic Voices

New Migrants

Introduction by Mariska Mannes

Dr Rasalingam and Mariska are the Community Insight Group migrant representatives. Dr N. Rasalingam has for many years advocated for migrants and refugees in New Zealand. Dr Rasalingam was recognised with a QSM and MNZM for his tireless dedication to helping ethnic and refugee communities, and received a Kiwibank Local Heroes Award in 2010. After 38 years as a General Medical Practitioner, Dr Rasalingam has now retired; nevertheless he continues to advocate for migrants and refugees.



Dr Rasalingam. Photo: Fiona Goodall / East & Bays Courier

Mariska was the Coordinator for Ethnic Voice New Zealand, and organised events that brought migrants together to break down barriers, educate, and ensure they had a voice. She feels humbled to have worked very closely with the President, Dr Rasalingam.

Alcohol and the migrant community

As migrants we make a choice to take up a new life in another country. However, even with all the research and preparation we do, nothing really prepares us for the cultural differences we encounter. For some, those differences are almost in conflict with their own values and beliefs and this turns what should be a happy time into one of isolation, doubt and identity crisis. At this time it is easy to turn to alcohol to help cope, especially as alcohol is readily available in New Zealand.

As I sat in on some of the interviews, I began to understand the pressure that, unknowingly, New Zealanders put on migrants from countries where alcohol is not readily available and/or drinking is not part of the accepted wider culture, to conform and fit in, especially at social activities. These activities can be, for example, Friday night drinks at work, or a barbeque or party at someone's house, where one is expected to partake of a drink or two.

For our international students, the freedom of being away from home, the pressure to fit into the student culture, and the easy availability of alcohol all have consequences. These could range from being expelled from the school to even having their visa revoked, but more concerning is when a student feels their sense of identity is being compromised, especially when they do not know how to say 'no' or when faced with peer pressure. As one of the students said:

I didn't want to drink but I felt I had to drink it, otherwise my friend who took me to the party would lose face, and I didn't know it was okay to say no.

Although there is a campaign to change attitudes toward alcohol and drinking, and there is a lot of publicity around drinking and driving, there still seems to be an implicit expectation to join in for a drink. Migrants we interviewed were glad of the drink-driving rules, as this has given them an excuse to say 'no' without standing out from the crowd. But as one interviewee said:

Why should we need an excuse and why should we have to compromise our own values to fit in?

Most migrants do adapt and integrate into New Zealand, but should their beliefs around drinking and alcohol be compromised just so they can feel they fit in?

On behalf of Ethnic Voice New Zealand Mariska

Ethnic Voice New Zealand was established in 1999 and was dedicated to improving the physical and mental wellbeing and enhancing the quality of life of members of ethnic communities in New Zealand. Ethnic Voice New Zealand was also committed to ensuring all migrant voices were heard, to helping migrants integrate into New Zealand, and to breaking down barriers between host and other migrant cultures to ensure everyone felt they belonged in the community in which they now live. After all these years, it was with sadness that the organisation made the decision to close in early 2014. We are, however, proud that this is our last project and hope it goes some way to helping families who need this support. This chapter is dedicated to Ethnic Voice New Zealand President Dr N. Rasalingam.

Taruna

“I have never come across any Hindu lady get out of control drinking – they know how much to drink – Hindu men are allowed to drink, but it is frowned upon for women to drink.”

Taruna is a practising Hindu woman, who goes to the Hindu temple in Balmoral. Taruna came to New Zealand 13 years ago from Delhi, India, and notes that “traditionally as Hindus we do not drink – especially the females – but the culture is changing”.

“In India, before marriage, my parents were very orthodox, especially my father; he didn’t want us to wear skirts or go to parties. My mother went to university and understood what freedom was, so when I wanted to go to a party, she had to tell my father I was going to study at a friend’s house. I went to my first party at 18 years old and met my husband there. I was the ‘odd one out’ there, as everyone else was wearing miniskirts and was smoking and drinking, but I said I was not allowed to drink. My mother said drinking is not a restriction; it is for your health.”

“When I got married, in my husband’s family all the aunties used to drink and smoke. They used to stay in Bombay and my husband’s uncle was a Bollywood actor in the 60s and whenever they had parties in Bombay, they used to drink; it was that sort of culture, so they learn from that. I used to see them and, again, I used to feel out of place, that everyone is drinking. So then I started wine from there and I came to know it was a very

light drink; it is okay and you can have it. I never used to like the taste but I used to sip a little bit and then leave the glass there, just to make them satisfied that I have a little drink. After our 13th year of marriage, we came to New Zealand and started our life here again.”

“We used to tell our son (especially me) no drinking and smoking. When he was 16, he wanted to have a party at our house. There were more than 100 kids and my husband was very anti this party because we heard that New Zealand drinking culture is like, after getting drunk, they fight and get abusive and you have to call the police, so my husband was worried. At around 12am my husband’s friend Kerry told partygoers that the party was over, but they were not listening because they were drunk, and they started throwing bottles, so he had to hold some of the kids and say, ‘you have to get out now, it’s over or we have to call the police’. After 12.30, we took out the plug from the music and said the party was over and slowly and steadily some kids started leaving. That was the day that I was very disappointed, especially for the girls; they were sitting on the road, drunk, and I just went with Kerry’s wife and we said, ‘are you waiting for someone?’ She said, ‘yes, my mother’s coming to pick me up’, and I was

thinking, her mother is going to see her in this position, sitting on the road and drunk. How would they feel?”

“I discussed this party with my mother and she said, ‘do you remember those days when I used to stop you from drink?’ I said, ‘yes, I remember’, and she says, ‘I hope you are not drinking’. I said, ‘I sometimes drink because here it is the culture when you go out to a party’. My husband has some South African friends at work and some Kiwi friends and whenever they had parties I used to go and I had to drink a little bit. So now I have adopted that taste, I can drink.”

“I can see now that my son doesn’t listen to me, he has his own life, but he knows that drinking and smoking is very bad for him. He doesn’t smoke, but he drinks. He always tells me, ‘Mum, when I am going out clubbing I have to, there is no choice’. I say, ‘why is there no choice, why can’t you hold an empty bottle?’ He said people are not stupid, they come and check your bottle and ask you, ‘are you drinking?’ He always tells them he will be a sober driver so he drinks less; he holds one or two beer bottles the whole party. I sometimes tell my husband it is a very compulsory thing to do and if you don’t do it, you are out of place and out of that company, so my son had to do all that, to prove that although he is Indian he is into Kiwi culture.”

“Recently my son became 22 and I had a secret party for him. I told eight boys to come, but 13 boys arrived at my house. I had enough food for them but said I’m not providing alcohol; there will be juice and Coke. After one hour everyone started asking for drinks; they said, ‘where is the beer?’ I said, ‘if you need something, there is wine inside’. Slowly, I start to see everyone going in their car getting big boxes and I said to his friend, ‘I told you no drinks’. He said, ‘aunty, a party without drinks is not possible, especially at 22 years old’, so I had to leave them alone. They were drinking in the living room and I saw two big boxes were finished, and around 11.30pm I said, ‘tomorrow is a working day, so party over’. My son said, ‘no, they have to finish this whole box, so they can’t leave’. So, I have seen there is a craving; they can’t run a party, and they can’t do anything without the drinks. And now, even at Indian parties, all the ladies are drinking, some are even smoking; you feel that you adopt bad habits better than the good habits. I drink a lot less – I will only have one beer the whole party, or half a glass of wine.”

“I have a friend here and I have seen her drinking too much and I ask her why she drinks so much. She says she likes it now and she doesn’t drink beer or wine; she has whisky on the rocks. I say it’s horrible, but she says she likes it now and her body needs it. She and her husband drink at home on

Friday, Saturday and Sunday, because they enjoy it – they are Hindu too. I have never come across any Hindu lady get out of control drinking – they know how much to drink. My friend becomes red all over and she is hot because it doesn't suit her.”

“I'm worried about my daughter now because she is 10 and she is looking at her brother, mother and father drinking, so when she becomes 16 or 18, she will say, 'everyone drinks, why can't I?' My husband had two very good friends in Canada with liver and kidney problems – one is dead now from alcohol. The other is in a very bad situation. He is on kidney dialysis – he went to Canada because his wife's family was there and now he is on a bed and can't do many activities. They were the ones who used to get drunk and never used to eat. I used to hate them when they had a party at their house and I used to say to my husband, 'no, I'm not going, because when they get drunk, you also get drunk with them'. My husband used to drink when I met him and my father used to drink – Hindu men are allowed to drink, but it is frowned upon for women to drink. The culture in India has changed and students who are coming to New Zealand are broad-minded and parents (in India) know what is going to happen – they will drink. In India there is a culture starting where you go clubbing, and you go for drinks. Some kids still hide from their parents, and say they are only going to drink

one and come back on time. Last time I went to India for one and a half months, and I was shocked to see the changes – little skirts, lots of money, all the brands, malls are full, people shopping, having lots of drinks, lots of parties. People now have money there.”

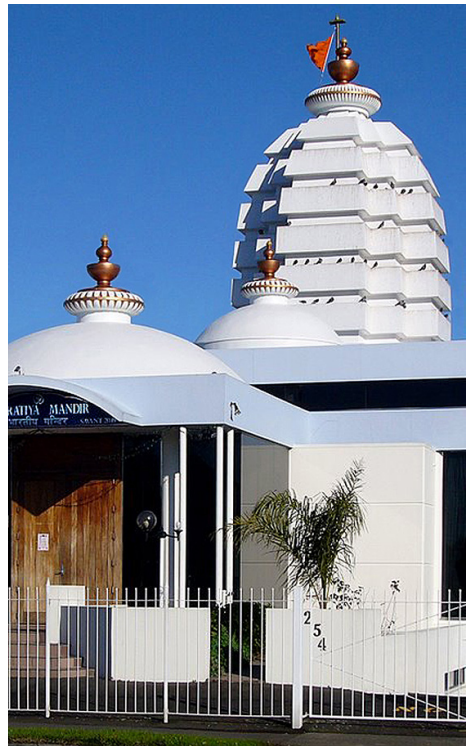


Photo: Paul Hafner / auckland-west.co.nz

When asked if she would drink when she goes to India, Taruna says, “I am drinking, not in front of my parents, but when I go to my friend's party. My husband's family don't feel bad; they all drink. They say, 'why are you so serious about drinks, just control and drink and enjoy; it's part of getting together'. But, with my mother I will not – we still respect our parents; if they have told us not to do certain things, why hurt them? They know I'm grown up, but it's just respect. I know my son will be very disciplined there; he will not drink at my mother's place, but when he goes out clubbing with his friends, I know he will definitely drink.”

Bharatiya Mandir – Hindu Temple

As a representative image, Taruna requested a photo of her Hindu Temple, Bharatiya Mandir, located in the Auckland suburb of Mt Albert.

For more information
www.bharatiyamandir.org.nz

Shanti

“Even before saying no – I would be like, ‘I want to say no’ – but nobody wants to say no and why is that?”

Shanti is 23 years of age, Indian and a new immigrant. She arrived in New Zealand about four months ago and is studying at university.

Shanti had little exposure to alcohol before she arrived here and was surprised by the drinking culture when she went to the city for the first time.

“Before I came to New Zealand I didn’t drink alcohol because I didn’t like it and there was no pressure to drink. It was not culturally expected, and no one in my family drank. If people drank, they hid it – it was not talked about – similar to people using illegal drugs. Alcohol was regarded as a bad thing; children did not even know about it. If a person was a drunk, he did not even count; it’s like, if we know someone is a thief, we just know him as a thief.”

“On my first day in New Zealand, my brother took a friend and me to have a look at the city. It was a Saturday night and people were puking and yelling. I was like, ‘does this happen all the time or is something going on?’ My brother said, ‘no, this happens all the time’. I was like, ‘seriously?’ I have gone to the city a couple of times since; I don’t have a car so I don’t go much, but whenever I go there that is the same scene. Eighty percent

of the reason you go clubbing is for drinking; that is what I have heard from my dorm, from the guys and the girls. When I read about Auckland, no one mentioned anything about alcohol in the reviews. I was unprepared. If someone had just put in there that this is how people are here, then you could choose if you wanted to go.”

Socially, Shanti has felt pressured to drink alcohol to fit in. She describes a social occasion visiting a relative and his friends: “He had been living in New Zealand for the past four or five years; he introduced me to some new people and I met some of his friends, who were not much older than me. One of them offered me a beer and I just looked at him and he said, ‘oh no, she doesn’t drink! I will get you an orange juice’ – and they are all like, ‘are you serious?’ I was like, ‘no, seriously, I don’t drink’; they laughed.”

“I wondered if it was sarcastic laughter and I was confused. He was pressured and I was pressured. They were making fun of him and I thought maybe I should taste it because everyone is laughing at him. So I drank a glass of beer. Nothing much happened, just that I had gastritis. I didn’t like it but I did drink it, so I was kind of forced to drink.”

On another occasion Shanti felt pressured to drink so that she and a friend could keep their seat at a live performance. “We were exploring the city in the weekends with other students from the dorm, going to nightclubs and stuff. I don’t like clubbing, I like real live songs, so we decided to go to Fiddlers. They were checking IDs, it’s so weird – they asked me, ‘are you 14 or 15?’ ‘No! Is it my face?’ We went in and I knew a song he was singing, Coldplay, and I thought, ‘I have to get in there’. There were all big people in there, they looked older than us and we sat there. My friend said it was a bit uncomfortable sitting there and not buying anything. I was like, ‘okay, will they kick us out if we don’t buy anything?’ She said, ‘we will just buy a drink and we will pretend and just share a glass’. I really didn’t want to drink. We thought we could buy some fries or something but it was all just as costly. There were less and less seats, people were standing but they wanted to sit, and we had been sitting for more than an hour and not buying anything. We wanted to stay, so my friend did buy a glass of beer and said, ‘do you want to share this with me because I don’t want to drink and we are doing this for us, so let’s just halve it, so that is what we did.’”

Over time, Shanti has adapted to the pressure, sometimes excusing herself with health reasons and sometimes drinking even though she doesn’t want to.

“Gradually I have got used to the drinking in New Zealand. Now I don’t actually freak out as much as I used to. I don’t drink a lot compared to other people, and I have gastritis actually, so that is one thing that is stopping me. I’ve had gastritis for the past three or four years, prior to alcohol, so I am using it as an excuse. Otherwise people are like, ‘come on, it’s just a beer’, but I go, ‘okay, I’m not used to just a beer’. Here it is different – you can’t just say no to a beer.”

Shanti suggests new immigrants could benefit from being more prepared for New Zealand’s drinking culture. She would like less pressure for alcohol to be consumed and other options for people. She compares this to the hospitality shown to foreign visitors to India. Food that the Indian people regard as special is offered to visitors, but they are not pressured to eat and options are given.

“Maybe if there was a message that said something like, ‘alcohol is in our culture’. I will compare this to something I have come across in India. I know that most foreigners in India don’t like the very sweet things. If you are a foreigner visiting Calcutta, India, we may show you one of the tastiest things that we can offer. When you are offered one of the best things, you cannot say no. So you eat but you just gulp it down. You cannot say no. If we had said, ‘this is one of our best things, you can taste it, but you don’t have to eat

three or four things' – we say these are our things; these are the options – we don't say, 'come on, why don't you have it?'"

"Maybe in New Zealand you could include alcohol in a cultural list, like this is our culture, how we do it – not like a trend that everybody has to follow; so if we know that alcohol is your culture we can be like, 'that's their culture, and we have a choice'. I can give my own opinion as well, like saying no to something, since we know it's a part of you, but not that you represent the whole of the world and that's how everybody is. It was a whole new thing for me. Since I am new and from a faraway land, what will happen if I say, 'no, am I not going to fit in', or am I just wrong because I come from a different place? I was confused. I'm learning so much and now, even though I have an excuse, I can say no if I want to, that's according to me; if I don't want to I can say no."

Ganesh

As a representative image, Shanti requested a photo of the Hindu elephant god, Ganesh.



Photo: REUTERS / Vivek Prakash

Devotees carry an idol of the Hindu elephant god, Ganesh, for immersion into the Arabian Sea on the last day of the Ganesh Chaturthi festival in Mumbai. Ganesh idols are taken through the streets in a procession accompanied by dancing and singing and later immersed in a river or the sea, symbolising a ritual seeing-off on his journey towards his abode, taking away with him the misfortunes of all mankind.

Marshai

"I have to tell my friends that I am trying to quit so please stop offering it; if they are drinking in front of me, I need to leave the room and get out of there."

"I am a Catholic and I am from the western part of India, from Bombay. Most Catholics would say that if Jesus could have wine, then why can't I? Many Catholics start with wine then go to beer, so it keeps increasing. Once you get addicted to alcohol, you feel like having it again and again; you can't get rid of it."

Marshai started drinking when he was in India, on a trip with friends. He was pressured to taste it and although it was "bitter", he started having "more and more", and then he started liking it. When he started putting on weight, he got health conscious and started going to the gym, and stopped alcohol use at that time. After coming to New Zealand, he felt there was a lot of study pressure and peer pressure and he started drinking again. Friends called him a "child" and told him to go and have some milk, which he found embarrassing. He started with wine, then went on to beer, vodka and tequila and now has all of them.

Marshai flats with a Muslim friend from the south of India. His friend, Razik, says that "being Muslim is quite different; the prophet Mohammed banned alcohol as it not only interferes with prayer, but kills people and destroys families" – so he does not drink

alcohol. Razik adds that "once a Muslim drinks alcohol, he is out of the religion". He recalls a man who lived near him. "He used to keep alcohol in the freezer and told his kids it was 'medicine' so they wouldn't drink it. When they were about 14, the kids started drinking it every day, from their dad's bottle. The man lost his whole family, because of his drinking. He used to make problems in the house and he used to scold his wife – his wife is in her own house now. One of the kids got off alcohol and is a doctor now; the other one is still drinking and addicted to alcohol and it's affecting the family." Razik says there is always juice or something for him when they go somewhere, so the others around the table can drink. "The thing is, if Muslim or Hindu are coming to New Zealand, if they have that strong concept behind them they will not drink."

Marshai says, "Alcohol is bad for sure – if you want to relieve your stress it's fine, but if you continue, it's bad for your health and family too. In India, while alcohol is available everywhere, people think, if I buy alcohol someone will go and tell our parents or, worse, our teachers; we especially respect them. People with alcohol hide it, especially the younger ones; they will hide it because they are scared of the parents, or if anyone

sees them drinking and catches them.

In India, people who have a lot of alcohol hit their wives and their children; it is not good for health or your family. Here in New Zealand, if you go to the liquor shop, there's no problem if the lecturer or your mum or dad see – it is very different!"

Marshai says he drinks to relieve stress and because of peer pressure, but he thinks he should have that self-control in him to stop. "Friends say, 'come on, just have one, there is nothing in one'. I will say, 'no, I am trying to stop, so please don't offer or I will break our friendship'. It's hard – bad for the present, but good for the future."

When asked who he would go to if he wanted help for drinking problems in New Zealand, he says he wouldn't go to a counsellor. "I would ask my friend; he doesn't drink, he is my roommate so he could help. I could trust him and he could keep some secrets. He is the same culture, he knows what I am and I know what he is, so I know I can depend on him. I can tell him my problems and he can sort it out."

Dipanjan

“I like the television advertisements that show safe drivers where the non-drinkers are the heroes.”

Dipanjan is from West Bengal, India, and migrated to New Zealand three and a half months ago.

Dipanjan says that, in India, cultures are diverse; however, alcohol is regarded as culturally disrespectful. “Elders do not approve and you are told that if you use alcohol you can become addicted, ending up being drained of your money, especially if you use expensive brands. Over-consumption will cause financial problems.”

Before he came to New Zealand, Dipanjan had tasted alcohol, but had not used it on a regular basis. He started using alcohol more once he migrated, at first to help with sleep. “When I arrived I was having some sleeping problems due to time differences. I had some whisky to help me sleep and it helped me adjust.”

Later there was pressure to use alcohol and to be like others, and not feel like an outsider. “I was staying with a Fijian Indian family and one of the family members was like a kind of elder brother to me. I received pressure from him and his friends to drink alcohol. It felt awkward to not drink with them when they were all drinking and they would call me ‘amateur’. I didn’t like this. One strategy I used to fit in was to make one drink last a long time or all night. I have visited other relatives and found they are into drinking, although less than pure New Zealand residents.

One of my relatives told me that alcohol helps you keep warm in winter; New Zealand is much colder than India.”

Dipanjan ponders the differences between drinking for men and women in India. “Classism exists in India; if a woman from a lower class drinks she will be judged. People from the higher classes are able to hide their drinking more easily. There are challenges for women mixing in the corporate world, as there is often pressure for them to drink to be accepted. A woman may drink to mix in the corporate world, but her family will not approve.”

He has some thoughts about help for people with alcohol problems. “With regards to help for alcohol problems, in India we have free telephone counselling help for people who are suicidal or having problems with drugs. In New Zealand, if I needed help for alcohol problems I would see my doctor. If I had a friend with an alcohol problem, I would suggest they substitute the alcohol with something else they like, for example, music or online games. A lot of Kiwis I have seen substitute exercise for alcohol – they use exercise to tire themselves out – so they won’t need alcohol for that extra hit. I would like to see more inspirational messages given to non-drinkers. I like the television advertisements that show safe drivers where the non-drinkers are the heroes.”

Harold and Vasintha

“Dad didn’t know how to be a father; he only knew how to be an alcoholic.”

Harold and Vasintha are South African Indians who migrated to New Zealand and established a family here. Their children are now young adults and their son has a family of his own.

Harold recalls that, with a mixture of Eastern, Western, and local African culture, alcohol was “pretty much commonly consumed” in South Africa. “The Indians sadly got involved in this too, and some of them took off very badly.”

“I wasn’t a daily drinker, but whenever I did drink I would sometimes drink too much. I would have a drink to have fun. I would sing and dance. I was always the life of the party. I started drinking when I finished high school; there was a group of us in our district and my friend and I were the life of the party; we would make them laugh.”

Youthful hijinks aside, Harold says, “Dad was a total drunk – my eldest brother and I inherited some of his drinking habits – alcohol makes you very selfish; you become so selfish you forget about your loved ones, you kind of live for your friends. With alcohol, just about any Tom, Dick or Harry is your friend. I used to go to the pub, and after a few drinks I am buying the whole bar a drink; every penny I had, I would spend.”

Harold has two older brothers from his father’s first marriage. “I can’t recall too much of my childhood or having my own mother, because my mother left when I was nine months old – as a direct cause of Dad’s alcohol. He was a total alcoholic. My biological mother has never made contact with me after she left, so I have no bond with her at all.” Until his father’s re-marriage (“she was a sort of stepmother to us and brought me up from then, until the time I got married”), his Gran looked after the family, before “passing away before I could even finish school”.

“The days when I needed a father, he wasn’t there. He just worked, drank, and his money was for himself; he never worried about us. He was always out with his friends, he was worse to have at home than when he was not there. Sometimes we would pray that he would not be home, because he was a nuisance; he just drank his money and became abusive and violent. He wasn’t a provider – we were brought up with the bare essentials – he would come home on payday penniless with all his money gone on drinking. When you relied on him to be there, he was never there.”

“He stopped drinking in my final year of school. By then I didn’t quite need a dad because I was a teenager and I could fend for myself. He has been sober now for 39 years, but because he never practised to be a father he still hasn’t learnt to be a father. He didn’t know how to be a father; he only knew how to be an alcoholic.”

“In my generation in South Africa, when I was 19 or 20 I had a group of friends who really liked to drink – today they are still drinking – a couple of them have died from drinking. I began to think if I don’t get control over this it could make me worse than my dad. Also I have two kids; I would like my kids to be proud of me as a father figure. It changed everything when I stopped drinking; I started doing things like being the compere or DJ at functions – no drinking, ballroom dancing – no drinking. At parties I would take a whisky glass and put apple juice in it – it looks like whisky – I would sip on it and people got fooled.”

By the time Harold arrived in New Zealand, he had stopped drinking altogether. In the first few years in New Zealand, despite noticing that “alcohol is pretty active here”, it wasn’t problematic. “By then I had good control over it; we went to a few parties and I could even serve drinks without putting any in my mouth.” Harold observes that the “New Zealand drinking culture is very concerning, at times very frightening”.

While he believes it is similar to South Africa’s, he is thankful the escalated level of violence associated with alcohol abuse is absent. “I have seen cars being smashed, bricks thrown through the windscreen; very violent, even deaths.”

While Harold explains that although alcohol is traditionally taboo within Indian culture, particularly for women, “who should never drink or smoke”, he notes that “this was my wife’s generation; today it is changing and becoming more and more common”. Vasintha agrees. “As young ladies, we weren’t allowed to drink”, something she took particular notice of. “Even when the girls from school went out and would drink, I wouldn’t. I would sit with them, but I wouldn’t drink.” Later, after leaving school, Vasintha carried this attitude into her chartered accountancy career. “When we had social functions they thought, ‘yes she will join’, but I had no desire to do so.”

After settling in New Zealand, Vasintha found there was pressure from fellow South Africans to drink. “You are in New Zealand now; if you don’t have a glass of wine you just won’t fit in.” Again, Vasintha’s attitude remained steadfast, if not strengthened. “They can accept me the way I am, or don’t be friends with me, it needs to be a mutual relationship, that is friendship to me.”

“A lot of pressure from just being a mother of children as well. People have said to me, ‘you have to drink with your children, you need to let your children go out clubbing, you have to let them know this is New Zealand, not South Africa. My response was, ‘I am their mother and you need to leave me alone. I will let them go when I am ready – just because we are coming from South Africa I don’t need to open up all the doors and say, ‘fine, go and do what you want to.’”

As parents, Harold and Vasintha set strong foundations. “We encouraged confidence, we encouraged open communication, we brought them up in a strict environment yet gave them the freedom when they needed it.” This freedom was gradually increased in line with the children’s increasing age, maturity and self-responsibility, providing an ideal balance to the academic emphasis important to Harold and Vasintha. “Our daughter now works at a chartered accounting firm in the South Island; we are comfortable with that – knowing we can trust her.”

“We talk to our kids,” says Harold. “I chat to my son because he will have a beer or a wine every now and then, but he is good and well controlled. I always talk to him and tell him my experience.” Harold and Vasintha also recognise their importance as role models to their children. Harold continues, “The parents have got the biggest responsibility, firstly not to introduce alcohol to children

too early in age, then to teach them how to drink responsibly, and talk to them about the damage it can cause; also the parents themselves have to be seen controlling alcohol.” Reinforcing Harold’s statement, Vasintha says, “Children don’t listen to what you say – they look at what you do. I say this to all the young ones at work. If ever you say anything to your children, 1% is heard, the other 99% goes in one side and out the other! But they will replicate your behaviour.”

Harold recalls his own change in behaviour. “Fortunately, before we came to New Zealand I really put in an effort. I thought, ‘no, I have to do it, not just for me, but for my kids and for my wife.’” Reflecting on this, Harold is a firm believer that support is paramount to recovery. “If you have good support next to you, you can recover from whatever disease you have, alcoholic, gambling, smoking; that is why parents need to be very supportive. No matter how old the child is – my son can be 50 years old and I will still talk to him.”

Reflecting on this, Vasintha notes Harold’s experience with his father. “That relationship has never ever repaired itself; it’s never been a normal relationship like Harold has with his son. But his father has stopped drinking, and I always say, ‘be the bigger person and pick up the phone, talk to him once a week; your relationship may change too, don’t stew that alcohol made him selfish.” This understanding complements the unconditional support

Harold and Vasintha offer family – such as attending regular AA meetings with Harold's father. “We started going with him; he told his stories, how he started drinking, and the things he used to do. We have had some good laughs at the meetings. He always says his birthday is his AA birthday. He forgets about his real birthday. Recently we celebrated his 10th birthday. We buy him a blue and white cake – the AA colours – and in our own little way, we try to make it special.”

“We are proud of him for staying sober. We can go there and we can stand with him and talk, unlike before when we would hide from him. We wouldn't invite him over or take him anywhere because he became a nuisance. It is a brave move in life to say I am going to AA, particularly when it can be looked at with jaundiced eyes in the Indian community. We appreciate the fact that he gave up drinking; he has proved to us that the worst case can survive. When you really put your mind to it you can stop drinking.”

Chapter Two

RASNZ – Refugees as Survivors New Zealand

Introduction by Fahima Saeid and Arif Saeid

Fahima is the Community Insight Group's Muslim refugee community representative. Fahima is a counsellor and works as an advocate counsellor with Refugees as Survivors New Zealand. She also runs psycho-educational groups for newly arrived refugee women at the Mangere Refugee Reception Centre and also in the community. She has a medical background, with vast experience of working with women and families.

Arif is the Community Services Manager of Refugees as Survivors New Zealand and represents the refugee community on the Community Insight Group. He is managing the community services branch of RASNZ, which includes the Community Facilitators team as well as the youth project (Refugee Youth Action Network, 'RYAN'). Arif is an overseas-trained medical doctor with experience of working in refugee and internally displaced people camps. He is also trained as a counsellor in New Zealand.



Alcohol and the refugee community

New Zealand accepts a quota of 750 refugees annually through the United Nations High Commissioner for Refugees (UNHCR).

A refugee is a person who cannot return home because of a “well-founded fear of persecution on the basis of race, religion, nationality, membership in a particular social group, or political opinion”. Most refugees have experienced persecution, torture and/ or imprisonment in their own countries. When refugees leave their home country they face uncertainty and fear for their future. They do not know where they will end up. Once refugees arrive in any resettlement country, they face resettlement challenges such as socio-cultural changes, language barriers, limited understanding of socio-cultural norms and laws, raising children in a different culture, and breaking the rules and regulations of their host country without awareness or intention.

Lack of knowledge about the language, employment and education system and a clash between their cultural and religious values and beliefs with their host country can cause difficulties for refugees and their families. For example, consuming alcohol or substance use is completely forbidden in Islam and if a person associates with these things it will place shame on the family, who will then typically be ignored by the community.

Islam’s holistic approach to health and wellbeing means that anything that is harmful or mostly harmful is forbidden. Therefore, Islam takes an uncompromising stand towards alcohol and forbids its consumption in either small or large quantities. Alcohol is undoubtedly harmful and adversely affects the mind and the body. It clouds the mind, causes diseases, wastes money, and destroys individuals, families and communities. God tells us in the Qur’an that intoxication and gambling are acts from Satan and orders us to avoid them (Qur’an 5:90).

Most Muslims believe that alcohol affects the mind and makes sinful behaviour and evil action seem okay, causing hatred between people, affecting their judgement, preventing them from remembering God, and calling them to participate in unlawful sexual relationships.

Religious beliefs and cultural identity among Muslim youth and adolescents may impact on the way they address issues of alcohol use, immigration and the need for peer affiliation. They can feel torn between their parents’ cultures and mainstream Kiwi culture. Youth faced with such conflict may seek to resolve their conflict by developing double identities. They may maintain a religious or cultural identity among family and community members, while maintaining a separate and distinct ‘Kiwi’ identity among peers and in their educational environment, to increase their level of acceptance and

feelings of belonging. The two identities are often incongruent with one another and can challenge the individual's abilities to cope with difficult situations. It can also impact on their self-esteem and confidence. Youth often seek to associate themselves with a group by behaving according to the perceived behavioural norms. Peers can negatively influence an individual when the perceived group norm encourages them to engage in harmful behaviours such as substance and alcohol use. They do not have a prior knowledge about the different types of alcohol or the amount to drink, and a lack of support from their family and local community makes it a real challenge for them to overcome. This sometimes leads to devastating outcomes such as drinking and driving, imprisonment, and poor educational performance. Many refugee youth have a long way to go to understand and educate themselves about the harm and damage that may be caused by drinking alcohol.

For refugee adults and youth alike, past experiences in their home country and resettlement issues can contribute to alcohol use, abuse and dependency. Having the right level of social networks and support can lead to a smooth transition to a new life and avoid alcohol and substance reliance. As alcohol is easily available at an affordable price, it is the most convenient alternative for refugees to temporarily escape their problems.



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Leicester

“My mother would say to me, ‘don’t end up like that guy, he used to be so smart, and now he’s on the road drinking!’”



“I’m a mixed race Zimbabwean, aged 25, and had a problem with alcohol from the age of about 16.”

“When I was a little kid in Zimbabwe I would smoke cigarette butts. My elders just used to laugh, they thought it was hilarious.” As a teen Leicester says he and friends would “sell some of my mum’s empties – because Mum had empties stacked up, and we could go with crates and sell them right there, exchanging them for liquor. It was as easy as that – we didn’t even need money!”

By the time he got to high school, at age 14, the group he met with every Friday would drink a 40oz bottle of spirits, “getting so drunk we couldn’t remember who we were or what we were doing”. “We would mix it with soft drink because we were still learning to drink, and would be drinking and drinking, just getting drunk and going home to sleep. Sometimes, we would pretend to our elders that we were going bowling, but would go into the white area (there were coloured, white and black designated areas), so our elders wouldn’t see us. There was a nightclub there for school students aged 13 to 20. It would go on until 1am and there was great music and alcohol being sold. We would buy our hot bottles (spirits) and mixer, drinking it before getting there. I’ve done a lot of things in that club; I kissed my first girl in there, and I’ve seen so many fights and so many people do bad things in that club – I still see that club now you know – it was crazy, we used to drink so much at that club. They held a beach party every year. They would close the road actually, put beach sand down – very nice. You would have people from all age groups there, from about 10 to 40 years old, drinking and raving.”

Leicester admits that the freedom he and his friends had was not unusual. “Zimbabweans, they are just crazy you know, everybody is up to something. You are not going to a rave to have popcorn and Cokes and stuff like that.” He explains that even when challenged by authority, it never restricted their freedom. “Kids be drinking from a young age and nobody cares.”

On the other hand, however, Leicester is quick to note, “My mother would say to me, when she saw someone drinking on the side of the road, ‘don’t end up like that guy, he used to be so smart, and now he’s on the road drinking.’”

Leicester says that by the time he was 18, “my mum accepted that I drank, and would even buy it for me and my friends, then we would pay her back”. Anyway, he notes, “liquor shops don’t even ask for identification, because we can just walk down the road and buy alcohol from houses called ‘Shellbeens’ that sell beer 24 hours a day”. “I always grew up with the philosophy – work hard, play hard – we would come out from the nightclub at 4am in the morning, knock on the door of a ‘Shellbeen’ and buy two or three quarts of the coldest beer. You go home smiling you know.”

This ‘hard’ attitude was also part of his sporting culture. “Traditionally we play sport on Sunday. We would drink on the sideline – or even if we were playing – if you get hurt it’s your own fault. I played what we call ‘booza’ soccer.” Leicester adds that after the game drinking would continue. “We would go to work smelling of alcohol – the boss being the same – and it would be laughed off.” Leicester notes that he has “seen this in New Zealand, too, but not to the same extent”.

Leicester believes that the culture of alcohol abuse hasn’t changed in Zimbabwe since he came to New Zealand and that, as in his experience there, it is still worse for the mixed than for the white or black communities. “You see the coloureds have always been known to be this free, adventurous culture. Generally the blacks in Zimbabwe are very respectful to their elders. They have been brought up in a very strict home by mum, and they haven’t been exposed to those foolish things like clubbing, and they always try to do things based on their culture and traditions. Like the Ethiopians, the Muslims, and the Somalis too they have that strong cultural background. The coloureds, they don’t care so much because they got no culture to start with.”

When aged about 21, Leicester and his stepfather returned to Zimbabwe. During the month they spent there he found himself completely enveloped back into the drinking culture. “We drank liquor every single day and, as a result of this stupidity, I ended up with an ulcer. Because of this, I can’t drink as much as I used to anymore, and no spirits at all.” Since returning to New Zealand, Leicester says, “I have chilled on my drinking now – just strictly drinking beers only”.

Drinking alcohol to excess in Zimbabwe isn’t confined just to men, Leicester says. “You see the families, mum is drinking, dad is drinking, and the children are running around and there is no control.” His mother went to Zimbabwe recently and, while visiting a friend who was drinking with her daughter, a child came up to her mother with his bottle demanding beer and, to avoid a tantrum, Leicester says, “they just give him a bit of beer – and he just drinks – I’m talking a little kid. Liquor is cheap and nobody cares when young ones are exposed to this kind of life”.

Since being in New Zealand, he has realised that alcohol abuse is a bad thing. Being mindful of his own drinking has meant he can now see the behaviour of others who drink to excess. “They kind of put you off alcohol. You see somebody misbehaving or really acting silly when they are drunk, and if it can make somebody act like that, then what is it doing to me on the inside? When you get drunk and

out of control it is silly. You look at yourself as an adult and see that doing that is just pointless.” Leicester notes that his attitude toward alcohol these days is more in line with the rest of his community here in New Zealand, too. He adds, “If they were going to have a function, then they would think twice about inviting somebody like that, because they would know that the person was going to cause problems when they get drunk.”

Leicester has also observed within his community that those born in New Zealand “drink more respectfully. For example, they know the rules here and know you can’t be caught drinking and driving – in Zimbabwe there is no such rule and people do drink and drive there”.

If he could make changes to his past, he would not have started drinking when young. While he says he enjoyed the ‘freedom’ associated with being drunk, he advises “it will haunt you for a long time”. He cites his own experience that eventually resulted in “crazy drinking, just to get drunk”. “I got to the point where I would just actually ‘down’ drinks – sculling Coke and brandy – just so I could get a buzz within 30 minutes.”

If he were to give advice to youth in his community, it would firstly be to wait until they are young adults to drink, and then to drink responsibly – because it can otherwise lead to more and more alcohol use.

“Set a limit for yourself before you start. I limit myself, say, to three beers while I’m watching a rugby game for instance, and when these are gone I stop. I’ve watched the game and enjoyed it.”

His advice to others is similarly pragmatic. “If you have chosen alcohol as being part of your life, you might as well admit it, and drink responsibly – limit yourself – that is the only thing you can do with alcohol.” Leicester adds, “You can’t keep alcohol away from people, you can’t ban alcohol altogether – just control your consumption and just drink responsibly.”

Farah

“The Qur’an teaches that you abstain from anything that’s harmful to your body; examples would be alcohol and drugs.”

“My name is Farah, and I am from the Somali community.” As a child in Somalia, alcohol was only known to Farah as ‘Haram’ – forbidden. “In Somali culture it’s equivalent to drugs so we didn’t touch it, even before Islam was implemented in our lives.” Farah explains that, as a community, “it was very easy for us to adjust – when we became Muslims, alcohol is forbidden – we just don’t even think about it”. “The Qur’an teaches that you abstain from anything that’s harmful to your body; examples would be alcohol and drugs, even things that are emotionally bad for you. So that’s our understanding.”

When Farah came to New Zealand she was nine years old, and had little understanding about alcohol. “I just thought it was a normal drink – you know how there’s an aisle of beer at the supermarket – it is right there, you actually walk past it, and my mum would say, ‘turn around, don’t look at it, just keep on walking, don’t think about it’, and I would wonder, ‘why’? It’s just drinks, right? Just normal. Still, as a 20 year old, when I walk through the supermarket, I don’t feel comfortable walking past it, so I naturally turn around and don’t look at it or think about it, and just continue on.”

As a teen, Farah was acknowledging that alcohol was viewed differently within New Zealand culture. “Alcohol is very normal for everyone; it’s not about getting drunk, it’s just the social life. When I was about 16, 17, 18, I would get invited to parties – some of them I would reject, because I knew they would get heavy. Some of them I would go to and they would seem normal. I wouldn’t tell my parents, ‘oh there’s going to be alcohol, no it’s just a normal party’. So it starts at 8pm, but then I would go at 5pm, so when it’s daylight they think it’s a normal social party, so no suspicion. I began to notice that, within the Somali community, many of us wanted to fit in. They didn’t abstain from alcohol, some just wanting to keep on socialising, go clubbing and drinking, and they adapted to that lifestyle. I have two friends who are heavy drinkers; they don’t see it that way, but they are. They see it as only social – going out Fridays and Saturdays – but then go to a friend’s house to sleep, because they wouldn’t want their parents to know or to catch them. You can see how it affects them psychologically. You try to remind them of their identity, who they are – ‘you are a Muslim first and foremost, then you are Somali, so stop what you are doing, feel God and stop drinking alcohol’. They say, ‘oh it doesn’t matter, there will be a time when

I will change! So there is a loss of identity, I feel, when they start drinking. The rest of their daily life as a Muslim leaves; there will be no daily prayers, there will be mixing and mingling with males or females all the time. It is like they see themselves as non-Muslim at the end of the day. They start off with one thing and then it leads to another thing.”

Farah explains, “Before when we used to hang out, it was just us girls, sometimes they get bored, they want boys as well. So the only social contact where they think they can catch boys is to go out partying and drinking. They felt like they were trapped in among our ‘girl only’ zones. They wanted to venture out, so by day they will dress fully covered and scarved, and by night it would be transitioning into short skirts, scarf off, and change their name as well. It’s like a new identity, a visible transformation. It’s like day and night, you can see how visible it is. Exactly how their behaviour is as well, it’s the same transition.”

Farah has witnessed this double-life challenge in a number of Somali teenagers and young adults, “who have actually left their homes because they couldn’t abstain”. “It just affected them so badly, they couldn’t cover their stories all the time with their parents and they got caught. Sometimes they actually don’t get caught but felt guilty themselves so they just move out. Others have been caught and kicked out. They get

isolated from the community, they get bad mouthed, they get gossiped about, rumoured about. Nobody from the community will talk to them; if you do talk to them you will be seen as being on the same level as them. Now they are very, very isolated; they don’t associate with being a Somali anymore.”

While Farah has friends that are living with these consequences of choice, she has seen others return to the community. “One of my relatives left the drinking life, the partying and all of that crazy stuff. They started to practise their religion again, started to get the trust of the family and community back. They just built that rapport again. They are a successful student and currently pursuing their dreams.”

Around the time of Farah’s arrival in New Zealand, quite a number of Somali immigrants here were teenagers. Between 2002 and 2005, there was a group of 50 or so. Farah believes the ones that came straight from Somalia had no idea what to expect, so they just ventured off and tried new things. “I do think it is better for the ones that grew up here. I remember at intermediate, we learnt about DARE, drugs and alcohol, all of that stuff, and we would grasp an understanding of what it would do to us. Maybe that’s why they only go once or twice a week. They have been educated enough to understand the consequences.”

Farah found the DARE programme “fun, with interesting activities”. “We would identify how you can tell a person is drunk so you can get away or call for help. I think it was very educative and every person actually did the DARE.” Farah believes that it would be more helpful “if it continued into high school – I think these are the crucial years”.

Programmes especially for the Muslim community are something that Farah believes are warranted also, “especially for the international students coming through, because their souls are very free willed, spiritual, they go out and go crazy”. “I think if they get educated properly, not just ‘it’s prohibited’, but how it affects your body, mentally, the full picture, and then given a Muslim twist. Anything that is culturally related to them will be helpful, because then they can relate it back to their own identity. It is a taboo subject but it is better to stop hiding from under our blankets and just start helping.”

If Farah could influence anything for those challenged by alcohol in her community, it would be their perception. “People who are like me, who don’t touch that stuff, they feel like we look down on them, but we are not going to judge you or anything.” Farah acknowledges “they need to feel safe and trust in at least two or three members of our community – those who are really strong and confidential”.

Farah herself can feel challenged within her own community. “Anything that is harmful to your body, it is prohibited for you to eat or drink; yet there is a Somali drug called khat. I would say some of the Somali community are a bit hypocritical. They will look down on the Somali drinkers but don’t look down on the khat users, but they are equivalent. They are both harmful to your body and both very damaging to your mental stability. Actually khat sometimes is worse, because it is a long-term thing. I think the younger generation sees that, the hypocrisy of the older generation. I try to speak to Somali elders who use it and they say to us, ‘it’s a cultural thing’, but there is a boundary between where culture can be. Like I said before, you are a Muslim first, then culture is second. It appears sometimes culture is first when they add their own twists and tails to things, so they can suit themselves. And the younger generation, we see that we may not use khat but alcohol or marijuana. So there is a problem. You need to see all harmful things are bad for you. The adults don’t see that. We need to come to a mutual understanding.”

When asked what keeps her strong, Farah credits friends and faith. “I think because of the friends I chose – I had two or three friends who became addicted to alcohol – partying all the time. Although I didn’t detach myself from them, I was still there for them, they detached themselves from us. Two of

my best friends are actually Chinese and Māori. They drink alcohol, but it is just light, not like booze drinking or anything. I believe and fully trust in God – I practise my daily prayers five times, and because it is five times a day, like the duration of the day from dawn, afternoon, mid-afternoon, sunset, then night, it keeps me going. Even when I went to a friend's party I would ask, 'can you give me prayer space?' I think if you are open then the other side will understand you more. I have seen that some don't tell their friends that they are Muslim. Just be honest, I swear to God, everything will be all good."



DARE Foundation

"At the DARE Foundation our aim is to give every New Zealander the life skills they need to reach their full potential!"

www.dare.org.nz

Khat

Khat (pronounced 'cot') is a stimulant drug derived from a shrub that is native to East Africa and southern Arabia. The main psychoactive ingredients in khat are similar to amphetamine, although less potent.

www.drugabuse.gov

Priscilla Dawson

“In Burma, alcohol was something the rich people consumed... but at barbeques in New Zealand everybody offers you a glass of wine...”



“My name is Priscilla. I represent the Burmese community and have been in New Zealand a long time – over 40 years. I'm a refugee in one way – I had to leave my country when I didn't want to – with just a suitcase.”

Despite this, Priscilla considers herself fortunate – coming straight to New Zealand as a migrant, rather than spending time in a refugee camp. The family's fortunate circumstances were facilitated in 1967 with the aid of Sir Bernard Fergusson, New Zealand's Governor-General at the time.

“When I was in Burma, alcohol was something the rich people consumed. Locals might have the toddy their local alcohol, but it's not as easy to obtain. Coming to New Zealand, none of us were allowed to drink, there was no question. But when you go to barbeques and everybody offers you a glass of wine (in those days there were casks of wine) or beer, you feel obliged – but I never touched, my father never touched, neither did my mother – but the boys did feel obligated, ‘oh, I'd better have a bottle’, they thought.”

Recalling the Burmese refugees that came here in 2000, Priscilla found that because the boys had never lived with their mothers and fathers, or the husband and wives had never lived with their grandparents, they never had the training like she had – no drinking. “They are independent, they have freedom, and so they come to New Zealand and beer is so easy to buy. You just go in there saying you are over 18 years old and there you go.” In comparison to her cultural experience “back home, where it was looked down upon, where drinking, or being a drunk wasn't something you were proud of”, Priscilla saw they were drinking alcohol excessively. The lack of influence from the traditional extended family exacerbated the situation.

"I find the youth are not only drinking but they are also smoking dope. Without parents to take care of them, they are not responsible for themselves. They don't look at the future, they just seem to live from week to week. No such thing as one day I am going to get married, or buy a house or anything like that; it's just that they have no future focus. This is where our refugee community can help, but really we can only do that when the boys ask for help."

The shift between two cultures – with alcohol frowned upon within their eastern culture yet accepted in the west – can lead to domestic problems where drinking is concerned.

"Those over 40 had lost their mana. They were number one back home – the chief, the main income earner. There, the children didn't speak English, they only spoke Burmese, so dad could control them, and dad had some power. In New Zealand, dad's English is very poor, while the children's English is developing in leaps and bounds. Dad thinks, 'I have no power, no control anymore', so he starts drinking."

Priscilla has seen this shift amplify. "He starts drinking, his wife gets fed up and goes to the casino saying, 'if you drink, I gamble.'" Cultural exploration has widened, with youth going 'clubbing', for example. Technology is embraced, with games played "on the computer until 3 or 4 in the morning".

Inevitably some laws are broken. "We have a boy who has a special licence that says 'no drinking', 'zero alcohol', and the minute he is drinking and caught – he goes straight to jail. There is another boy who can't go anywhere. He has a bracelet, and of course he needs to work. He can't work because he is suspended."

These shifts, however, can also be the catalyst for change – the loss of freedom or a suspended driver's licence. As a mentor within her community, Priscilla looks to these shifts to augment positive change – suggesting to families, for example, a curfew of 9pm on computer and cellphone use. "I always bring in the husband – the husband and wife must do it together, because if mother does it, they might just go to the father." Consequently, "father is feeling important now".

With the passing of more than a decade since the arrival of the first refugees, a shift in understanding alcohol's impact within their community is being noticed too. "Ten years ago, those people who were drinking heavily – now 10 years later – are not so healthy. I had one man dying of liver cancer from his drinking, he understands it was from drinking, binge drinking. So now I see the new people coming in, and they are not into drinking so much. They might drink at parties, but I don't hear anymore weekend fights. They used to drink late and then start fighting. That seems to have lessened, but

when they first arrived in the year 2000, oh boy, just fighting and drinking.”

“We are beginning to see the realisation that alcohol has no value in the long run. They will still drink if there is an occasion, but do not have to drink every day. And, like I said, they are not so healthy, so they are realising, oh, this is the result of drinking, and the hangovers you know. Maybe I’m seeing the older generation change a little bit.”

“It tends to be the men that are having problems with drinking. They typically don’t want to ask for help and often don’t know where to get help. “I always think practical information is better than pamphlets and I will say if he hears it from a doctor it’s better, or somebody white, that just says, ‘this is what it does’. He might stand up and think, ‘oh yeah’, to himself.” However, language barriers can be an issue to getting the help and support needed. “A man who drinks a bottle of wine a day was recommended AA – but he didn’t speak English and required an interpreter. Unfortunately, it was men only so I was unable to accompany him. I did push him, but I don’t think he ever went because of that language barrier.”

Priscilla acknowledges change depends on each individual and, while she has been working within her community for more than 20 years, she remains practical. “I can’t say I would like them to be all alcohol free – that is not possible, but some people say they

have to have that drink or they don’t have confidence, or are shaking, but an individual will stop when they hit rock bottom. Until then someone’s always offering them booze.”

Alcohol, for many of the community, is about trying to find a sense of where they fit into New Zealand society, and because everyone tends to do it in New Zealand. In order to fit in, they also feel they need to do it too. “When I first arrived, and I worked at Data Bank, entering data, on Friday nights we had to go to the pub. That was a rule – at 5pm everybody has to go to the pub. So I went along to the pub, and I thought, ‘what am I going to drink?’ If you don’t drink, you feel they are looking down on you. So I just had tomato juice and nobody knew it wasn’t alcohol and then I said, ‘I will have iced water please’, and they gave me vodka; I tasted it and thought, ‘this is funny water’. I said I wanted iced water. She looked at me and said, ‘we don’t have that; you have to have vodka’. That was how it was 40 years ago.”

Priscilla has never been drunk and when asked what kept her away from alcohol, she replied, “I suppose it was my Grandmother’s teaching for nearly 20 years and family support, living with Mum and Dad, us five children. I didn’t want to let the family down, be the bad one. It is also the Buddhist thing not to drink.” This was a key protective factor for Priscilla, saying that if she had been on her own, “I might have turned to drink”.

Yohan Michael

“In Ethiopia, if people see you having a beer on Monday or Tuesday, they are going to wonder what the hell is wrong with you.”

“My name is Yohan Michael. I am 24 and I am representing the Ethiopian community, although I am also partly Kiwi as I have been here for over 17 years. Alcohol is legal in Ethiopia. People are allowed to drink, but everybody chooses according to their beliefs, because we are a half Muslim and half Christian nation.”

“In Ethiopia, a lot of people make homemade alcohol, ‘home brew’, which is quite strong and powerful, and then there are also the standard beers that a lot of people drink, made by probably a few companies. There is an influence of sport on drinking, because of the importance of football, and competitions are sponsored by alcohol and they do see that. It’s similar to here. Most of the time people drink it during sports events, family gatherings – it’s not a daily thing, but there are people who drink daily due to other reasons.”

“In New Zealand, people drink alcohol for social reasons, but there are people who overdo it. I guess it’s hard for them to admit that because there is shame involved in it, so they probably don’t know how to stop and, with alcohol, you drink it because of its effects. You get two types of effects – those with a whole lot of trauma or anger inside and, when they drink, it comes up and those

who are full of excitement and fun and it comes up (with alcohol). I see that, not just in my own community, but in other communities and people I’ve been around when they are drinking.”

“People coming to New Zealand from the Ethiopian community when they are older consume a lot less alcohol, because there is a certain age that you are not allowed to start drinking and you know there is respect to your parents and to your family, so you do not drink very young, but then here it is easily accessible. On Friday and Saturday night you can get a friend who is just 18 years old to get it for you, then you can access alcohol and there is a lot of consumption I see with young ones especially, not all the time, but a huge amount of excess alcohol on Friday and Saturday. In our community, it is definitely more males, as females are more reserved – they have one or two, but it’s rare to see a woman drinking quite a lot. With males, it’s a ‘manly’ thing, it’s a character. If you are around friends, they will keep offering it. Drinks are for fun and you will keep drinking unless you are disciplined enough to say, ‘no, I’ve had enough’. Alcohol does offer an escape from normal life – once you have a sip, and you know you can get a good escape, your mind will keep thinking about it.

If you're angry over a family matter here or back home, you will get upset, a lot of things come to light. They have a drink and it's a quick escape from the present moment."

"My personal experience with alcohol is that I didn't drink straight away because from around 18 I was playing quite competitive football. In later years, though, I started to try certain drinks and I can see, okay, heavy stuff like vodka, all the very wrong stuff I don't like touching. I felt the effects were too much for my body, so I will have one, two or three beers when I'm with close friends, at a barbeque or at small gatherings, but I will not drink outside that environment. I would rather choose beer that will have minimal effect on my body and I'm going to stick with that because I still want to be playing soccer for as long as possible. I believe, in everything, it's all about balance, because it's a choice you make, you know; you know the effects so why try."

"My messages around alcohol when I was growing up were that my mother didn't drink and says she will never drink – she is a woman of faith (Christian) and doesn't like drinking. My father does drink, but not heavy. He will have a light one and I've always heard him tell us, 'you better not touch this alcohol', and even now I'm 24, he will not be happy for me to drink. Initiation into drinking in my culture is through friends

usually, because you do it in a balanced and safe way and it's enjoyable around friends because it brings out the fun in you and it lightens the mood. I have a lot of friends who are good at keeping the balance and are there to enjoy the environment, to be with you when you haven't seen them for a while and they will drink, at most, four or five beers and won't go any further. Then there are those that get 'hammered' and I do notice with those who do drink heavily that a lot of anger comes out as they go on. When they have had one too many, small things trigger them, just somebody talking to them in the wrong manner, and that will upset them to the point where they will want to physically start attacking them. For me, I don't think effectively if I've had three, four or five beers, so I assume it would be the same effect for others with alcohol!"

"Drinking in the Ethiopian culture is much less than in New Zealand culture. It is at certain times and not on a regular basis. For example, if you haven't seen friends in a month, they will buy quite a lot of alcohol and they will spend the whole night catching up, with alcohol and food. If people see you having a beer on Monday or Tuesday, they are going to wonder what the hell is wrong with you. So there would be a lot of people that would not be that happy. If people caught you drinking then, there would be strong shame and guilt. Whether they are

family or not will influence the reaction – they would obviously be very concerned and will come and do an intervention. If not, then no one is going to bother you.”

Asked if he knew where the community could go to get help, Yohan says the government is all he knows of, but he doesn't think they would meet the cultural or spiritual needs of the Ethiopian community. “Obviously, the way to do it would be to find the right people (in the Ethiopian community) and certain individuals, and they will connect with those people, because that young person is in denial and they have a lot of anger and a lot of guilt and shame. It's very difficult to get them to speak honestly, but someone from the social welfare agency could connect with him and try to help him realise how alcohol is affecting him. It has a lot to do with that person's character. There has to be open dialogue and there has to be privacy, because they fear their actions have been seen and heard, and fear that a lot of people in their community will look down on them. Even worse is the family. They do not want to let the family down.”

Yohan thought that more than 90% of his community will not know there is a place to get help for alcohol problems. He mentions RYAN (services for young people) and once again emphasises the importance of privacy because of shame and guilt around alcohol problems in this community.

RYAN

Refugees as Survivors NZ has engaged in a collaborative venture involving the Umma Trust, Ethnic Youth Trust, Ministry of Social Development, ASB Community Trust, and refugee advocacy groups to establish the RYAN (Refugee Youth Action Network) initiative.

Racine

“We have a saying that translated means ‘the more alcohol that you drink the more it is going to take you out of being a man.’”



The Burundi community in New Zealand comprises probably between 300 and 400 members. “We first started coming here in 1995. I arrived in 1997, when I was nine.” There are three generations here in the Burundi community – the older generation (30s to 50s), the younger generation, who came in their teens to 20s, and the youngest generation, who grew up here and were either born here or came when they were very young.

“In our culture there is no abusing alcohol. We have a culture that says, ‘don’t drink too much’. We have a saying that translated means ‘the more alcohol that you drink the more it is going to take you out of being a man’, because you lose that control of yourself when you are intoxicated.”

Alcohol in Burundi was something that adults drank in moderation. Although there have been cases of abusing alcohol, addiction to alcohol was not seen. “Even my dad recalls few being addicted to alcohol.” If there is alcohol abuse, then “an intervention of people who will know that person, everybody comes in and speaks to them, and if that doesn’t work then we increase the people around them, to show we think there is a problem there”. In New Zealand this is also done and in one case the person was referred to Community Alcohol and Drug Services (CADS) by the people.

There is, however, a culture in Burundi that involves a tradition around alcohol. “What happens traditionally as kids, when we are getting into our teens or getting into our manhood, we get introduced to the adult community through drinking. We have this traditional drink called ‘urwagwa’ made out of bananas and other stuff, which is an alcoholic

drink, and that is our first introduction to alcohol.” The bowl of urwagwa hasn’t continued in New Zealand because the right ingredients to make it are not available. “You have to have the right bananas, the right ingredients to make it. They just drink normal alcohol here.”

“In Burundi, even kids, such as an eight year old, can go and buy alcohol, because the adults trust their kids will wait until they are initiated before they try to drink alcohol. I recall I would be sent to buy alcohol for my parents, and I wouldn’t think about touching it.”

There were no messages around alcohol use given even when he first came to New Zealand. “I saw my parents and older people drinking, and it didn’t matter to me.” It would be “18, 19, 20, around that age” that young people in Burundi will start experimenting with alcohol. There is still, however, a Burundi culture passed on, which keeps passing through the generations, about alcohol being used by women. For example, females don’t really drink, and those that do drink don’t even touch alcohol until they reach 25. Teenage females don’t usually drink, “and if they do, then they are like 23 and then drink in secret, and not that much when they do. It may be half a bottle of wine and that will be enough for a week. It would be more or less culturally unacceptable for a woman to get drunk”.

Although it is okay for men to drink, they “have been brought through that (traditional) passage of being allowed to drink, so they are expected to have a lot of control over their drink. Elders drink, but they are not that big on it”. There is a quote or message passed down with an important meaning. “It was described to me, the meaning, there is a cauldron or big basket with alcohol and the men are sharing it, have big straws and, as they drink, they have a conversation. If you drink too much it is going to take you out of the conversation.”

However, things did change with young people who had come from Burundi, or were born here, because of the different drinking culture in New Zealand. “There was a breakdown in the traditional culture, around alcohol, when we came here,” says Racine, citing his own example. “When I was about 12 or 13 I started hanging out with other kids, and they would say, ‘try this’, and I say, ‘okay’. When I started buying it I would just pay somebody at the store, somebody goes in and buys it for me. We would get a few cans and just start drinking, and from there on it just started growing harder and harder.”

Eventually, he says, “we started adopting the over-drinking and abusing alcohol culture we saw in New Zealand”. “I grew up with other Kiwi kids, who, if you take one drink, they would then take another, sculling them, taking yardies, getting into party mode, and

realising that you have this freedom. But it is a recipe for anarchy. I had this freedom, no rules, nothing, meeting people with different ideas and I just wanted everything at the same time.”

“My parents didn’t know I drank at 14. I would have been in big trouble if I’d been caught – punishment and things taken off me. Back then, when I was drinking a lot, I always had to make sure I got back home before my parents found out. On one occasion, I had to walk four or five hours to get home because I had no money. I had been drinking – I think 15 of those 12% (alcohol) Cody’s – and the fear of my parents finding out, and the stigma of them being angry with me pushed me on to get back home.”

However, the attitude of his age group towards alcohol has changed over time, since their arrival in New Zealand. While the freedom they initially experienced contributed to alcohol abuse, this has changed. Racine explains, “We are now able to work. Having grown up, we can now earn our own money. We are able to meet up with different people and learn from other cultures, engage in sports together. These are all factors that take us away from the abusive nature of meeting together just to drink.”

Today’s generation of Burundi youth has changed and does not appear to be repeating his generation’s pattern of alcohol use. “A big percentage of our generation were abusing alcohol, and for this younger generation it is not as big an influence. It is amazing; they are not abusing alcohol as much as we did, and only a really small percentage would be.” However, that small percentage “is abusing alcohol quite a lot and I am most concerned about them”.

Racine says, “We are a small community spread around Auckland.” He believes that, “if they have an addiction or are abusing alcohol, having someone from our community who can tell them that they need to stop, they are more likely to listen. To think about it and start on the path to stopping, and finding a cure”.

Another approach may be young peers with good attitudes to alcohol influencing others. Racine suggests that sport can provide that opportunity. “A youth soccer team I have been organising for about two years can provide a way, showing that good behaviour can rub off on each other. We meet often, and the older guys are around and talk to the kids. If I had been able to meet with young people from my community when I was that age, it would have helped me, given me a solid standing. Because my generation grew up here, we now have the link between ours

and the one that is growing up now; we are able to communicate, and that has helped a lot.”

When asked if new arrivals to New Zealand are getting enough information to keep them safe, he says, “Not really. Having alcohol in Burundi doesn’t mean we understood the effects of the various levels of drinking and the vast types of alcohol available here. We don’t have that education around alcohol, and only have the knowledge we have through cultural education. If we had one or two trainees within the community able to give clear communication, that would be very helpful. Pamphlets don’t really help though, because literacy is not that big. Communication, where you have somebody who comes and introduces a topic, get people to talk about it and share information, and pass it on to the children, that would help. This education could be at regular community meetings, with someone with extensive knowledge about the effects of alcohol, and it could be translated. If the education was quarterly or every now and then, this would be healthy because, as the community grows, different people come into it and this would influence the way alcohol is being drunk in the community. Also, having money to get the community together once in a while to share expenses would be good – having a base and adopting what is out there as well.”

Chapter Three

CNSST – Chinese New Settlers Services Trust

Introduction by Jenny (Lingjuan) Wang QSM, MEd, BSc & DipSW



Jenny came to New Zealand with her family from China in November 1994, under the skilled migrant category. Her career in China included a number

of years as a high school teacher, university lecturer and government officer.

Jenny founded the Chinese New Settlers Services Trust (CNSST) in 1998 and has been its Executive Director for more than 15 years. During this period, the organisation has grown into a medium-sized non-government organisation with 40 paid staff, 110 contractors, and more than 50 long-term volunteers.

Jenny is actively involved in a range of migrant and community development projects and also engages with diverse sectors as a representative of the ethnic community, such as her membership on the Asian Advisory Board for the New Zealand Police (Auckland district). Jenny received the Queen's Service Medal in 2008 in recognition of her significant contribution to the local migrant community in New Zealand.

Alcohol issues in Asian communities

Through discussion with some of our community members, the following areas were identified as key issues for our Asian migrant communities:

In China

- There are so many alcohol advertisements on TV, but lack of alcohol harm awareness education in the society.
- Diplomatic drinking customs have strongly dominated the development of business and Guanxi (relationship). For example, there is a Chinese saying: 'Business on your dinner table, and friendship in your cup'.
- It is cool for a boy to have a high alcohol tolerance and it is essential to be a big drinker. However, it is very silly for a girl to drink, or to be drunk.
- Alcohol is used in many areas, eg, Chinese medicine or cooking or healthy, nutritional food.
- There are many famous high alcohol wines in China and people are proud to drink these.
- Drinking and driving is normal.

In Korea

- There is an off-work drinking culture for socialisation between colleagues and friends, due to the busy lifestyle or workload pressure.
- Business is conducted at the dinner table and in karaoke shops.

- You might not be able to fit into the group if you refuse to drink within your networks.

In addition to the issues identified above, in many Asian countries there is almost no social support for people who have drinking problems. Therefore, parents are responsible for preventing their children from experiencing alcohol-related harm. This can be particularly difficult when their children leave their home country to study in New Zealand.

Consequently the Chinese New Settlers Services Trust has become increasingly interested in international students entering New Zealand to study at university or polytech. These students arrive in New Zealand unaccustomed to the drinking culture in general. However, these students have increased exposure to alcohol through the New Zealand student drinking culture, which is of particular concern.

Many of these students are unaware of the impact alcohol use can have on their lives, yet many start to drink in New Zealand because they are away from the influence of their parents and often experience peer pressure to drink. From what we know, alcohol use and abuse are often compounded by feelings of homesickness, loneliness and having to adapt to a different lifestyle from their original country. In New Zealand, girls have the same opportunity as boys to go to bars for a drink and even to get drunk. We are also

aware through our project with young Asian students in Auckland that some are even drinking and driving.

A peer support programme has been identified as a desirable strategy for working with these students. We have begun work on establishing an international student advisory group to support our programme, developing a 'train the trainers' peer support programme and providing information sessions on alcohol use and harm for international students. We believe that this is an important start for preventing alcohol-related harm among our Asian international students.



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Fo Guang Shan – Manukau City’s (Flat Bush) ‘Home of Wisdom’ Buddhist Temple, is an adapted design of the Tang Dynasty, using greyish-green glazed roof tiles, maroon stone pillars and vertical slat window frames to project magnificence, grandeur, cultivation and strength. The courtyard is lined with stone lanterns, also of the Tang Dynasty, with pine trees, bamboo, cherry blossoms and willows imparting an atmosphere of grace and elegance. The temple is next to Sir Barry Curtis Park. At 64.7 hectares, it is one of Auckland’s largest parks. With its thousands of trees, the park and the Temple complement each other.



Kelvin

“We really do want to ask for help, but sometimes we are shy; we are hiding inside – it’s a cultural thing.”

Kelvin is 30 years of age and immigrated to New Zealand in 2002, when he was an 18-year-old student. In this story Kelvin describes his and other Chinese international students’ experience.

In his migration, Kelvin came to New Zealand on his own without his parents and family. When he arrived, he used alcohol and smoking to ease stress, depression, homesickness, and feelings of isolation.

“In China we are not as independent as Kiwis. We depend a lot on family and parents. When we come to New Zealand, there is nobody we can depend on; we are just on our own. We study language and are students at university, but for leisure time, there is nothing for us to do. We can’t get into the Kiwi culture easily. We don’t have Kiwi friends. No one talks to us. When I was a student, evening times were terrible. I couldn’t fully understand television programmes and my homestay family were speaking English all the time. I would feel alone in the room. With such bad feelings, what I learned to do was to smoke and drink to release my depression.”

“Once you start to drink, there is not a lot of thinking before you drink alcohol. It’s just find something to help you not think that much – not miss home so much, not feel so lonely

in this country – you just grab a bottle of alcohol and start drinking.”

He sees alcohol problems being more common in his community than other drug use, and that these problems and others often develop because of feelings of hopelessness and loneliness. “Sometimes people have gambling problems as well. All of these problems can happen to normal people. If you are feeling hopeless or lonely, alcohol problems, drug problems and gambling problems can happen.”

Kelvin sees differences between the drinking culture in New Zealand and that in China. He also believes Chinese youth are missing out on the guidance and care of older people when they come to New Zealand. “In China children are not allowed to drink, because Chinese people have really strong alcohol – it’s not like beer and it’s not like red wine – it’s really strong wine. They think that it is really harmful for children’s brains, so children are stopped from drinking. However, for some festivals, like some traditional Chinese festivals, we can drink at home a little bit, but not too much because all family members are sitting together.”

“Our parents, looking after us, would always warn us. ‘You can’t drink that much alcohol!’ or

'you can't even drink a little alcohol because it's bad for your health, it's bad for your brain'. When we come here nobody cares – if you don't care, nobody cares."

Kelvin also recognises that in China the regulations around the sale of alcohol to youth are not well adhered to and for some youth it is easy to buy alcohol if parents are busy. "In China, the legal age limit is still the same as New Zealand – 18 years of age. However, in China, the situation is not as good as New Zealand. Sometimes, children can buy alcohol from the shops. It's not that strict because some shops are just in it for the money, for the profit. If the seller asks the child about their buying of alcohol, they probably say they are buying alcohol for the parents, possibly saying their parents are busy. It is not that strict. Some teenagers in China are drinking as well."

Kelvin wishes that adults had more time to care for the younger students. He lived with a Kiwi family when he came to New Zealand. "We don't have many opportunities to get in touch with older generations, because they have their own families and their own careers. They have no time to take care of us. They are busy – I understand – and as a result of this, international students hang out together. We go to parties, to the pub and to nightclubs. There is a lot of drinking and smoking during these times."

Kelvin talks about the changes he has observed in youth alcohol use since his arrival in 2002. "They drink a lot. Sometimes we hang out together – I like to be with young people. They have the same problems I had when I first came to New Zealand. Things are not getting better; not getting better at all."

He notes that he sees females drinking more than males, especially at nightclubs, where females may be offered free alcohol. "I have some friends who are female that drink even more than the males. They drink a lot. They like nightclubs. Some single girls go to clubs, looking for handsome boys – I don't know – but once they start drinking, they drink until the end. They never stop – I don't know why, but I think young girls drink more than young boys. In my group, we have around 10 people going out; around five girls and five boys, and the boys pay for the girls. Girls get free drinks, so they think, 'why not?' Sometimes, girls like red wine a lot, because they think beer will make them fat; some like shots and strong alcohol. Boys drink beer a lot. If they are already high, then they will probably drink some shots and strong alcohol."

Kelvin would like new immigrants to be given opportunities to be involved in positive leisure activities that would give the added benefits of socialising. "Actually we have a lot of positive activities we can do in this country, but just need people to introduce all those things to them, and give them warning

that alcohol is not the only thing, to not depend on alcohol. Now I find we can play a lot of sport outdoors, badminton, tennis, or swimming, and they are all very good activities. You can get rid of the bad emotions you have inside. At least we can meet people – we can have friends – we can meet with each other, and they can feel what you feel, as long as we can talk and we can release our stress.”

“Unfortunately, not many students choose healthy options because it’s like a closed space for the new overseas students – they don’t know much about New Zealand and sometimes they don’t have cars. They don’t know where there is a tennis court, where a place is to swim, and all these sort of things they can’t find out. It’s like a blind mind for them – I felt the same thing – at this time, just friends and communities will give us a lot of help. Introduce some good places where we can go, instead of nightclubs or parties all the time.”

Kelvin thinks that youth in China have drinking problems probably to the same extent as New Zealand youth. “If the parents are not caring, then the young people, and teenagers, they don’t care, and no one can stop them from doing anything.”

These days, Kelvin still uses alcohol to cope with feelings of work-related stress and loneliness. He feels some guilt around how much he drinks and notices that he has times when he feels better and stops drinking, followed by times when he feels worse and drinks more. “Recently I have started drinking again. I know it is bad – like one bottle of red wine at night; for me it’s a bit too much. I still like to drink because I have got a job and I can still feel stress. My parents still live far away overseas. I haven’t got a partner yet, so that’s another thing. It’s like you feel better sometimes, then it’s getting worse, so you start drinking again, and then it’s getting better again. It’s like period by period.”

Kelvin has come across others with drinking problems, and talks about associated partner violence. “I have met some friends who have problems with alcohol, a couple – and the male drinks a lot. At first, I couldn’t fully understand them. I thought, if you have a partner, if you had a relationship, you would feel, ‘oh my God, I have people! I have people I really love beside me’. I thought that feeling would be very nice – but he still drinks a lot – I don’t know if it’s because of habit. He started to assault his partner and sometimes damaged all the things in the room, even hurt his partner. In Chinese culture, sometimes people hide this sort of thing. They wouldn’t show people or get a police officer involved; that’s really bad.”

Kelvin thinks it would be hard for someone in his community to ask for help for alcohol issues. “We really do want to ask for help, but sometimes we are shy. We are hiding inside – it’s a cultural thing. We can’t go around telling people, ‘hi, I drink a lot, who can help me?’ As good friends, we sometimes need to tell them they really have a problem, ‘you need help’, but even though we remind them, some people still don’t realise what’s happening, that’s the problem.”

Kelvin thinks more resources and information could be given to young Chinese students to help them adapt to New Zealand, so that they could use alcohol less harmfully.

Kelvin acknowledges that older Chinese people in New Zealand are also experiencing alcohol and gambling problems. “For the older generation they have their own problems. Last time I was at the Sky Tower, this Asian guy, he was really drunk and wanted to drive his car. He was trying to walk to the carpark; I don’t know where he got so drunk. It’s a funny story, but those people need someone to stop them. It’s really dangerous.”

Kelvin says the physical impact of alcohol on him and other Asian people can differ from the impact on people of other ethnicities. “We can get an upset stomach, go red in the face, and have diarrhoea. It can be really bad, and I also have got a big problem with my body now because of the drink. Sometimes I

don’t feel good. Now I am just over 30 years old, and I feel my body cannot handle that much alcohol. I will remind myself to drink less, but at a party or nightclub that doesn’t work; I still drink a lot.”

When Kelvin reflects on his father’s drinking and health, he also reflects on his own drinking. “My father drinks a lot. He is getting better because he is thinking of his health. He is 60 years old, so he can’t really handle a lot of alcohol. He has a very bad stomach and his hands shake while he is reading the newspaper. I think, ‘my God, that’s my dad!’ – the newspaper just shakes. That really makes me think, ‘I can’t do that’. I need to protect myself, get better for my own family.”



Auckland's Lantern Festival in Albert Park was first celebrated in 2000 and has become an annual event on the first full moon following the Chinese New Year.

Bill Guan and Allen Zhang

“We used to drink, but I don’t think it’s the same as the Kiwi style. We didn’t drink regularly on a Friday or Saturday; we wouldn’t do that.”

Friends Allen Zhang and Bill Guan immigrated to New Zealand a decade or so ago, both as adult international students from China. Bill is from the north of China, while Allen is from the south. This geographical divide reflects the cultural differences that influenced their exposure and attitude to alcohol when growing up.

The north of China has quite a different drinking culture from the south, and Bill says that when growing up in the north he was never taught anything about alcohol – except to be warned at an early age ‘not to drink too much’. He suspects this was only because there is no age restriction in China. “In the northern part of China it is quite cold, so people would tend to drink a lot to make them feel better; you don’t feel the cold, I guess that’s my reason.” In general though, people from the north drink a lot, says Bill. “We drink a lot of high percentage alcohol, people like to drink 50% to 60% alcohol – not lower than 40%. I have many friends from the south, and in our early years, I remember them vomiting every day when they started drinking – drinking then vomiting, continuing to drink, vomiting again, and even then coming back to continue drinking even more!”

As a child, Allen would buy beer for his father. “In the south we usually only drink beer and yellow wine made from sticky rice, and the

wine looks very yellow, and tastes a bit sweet. The alcohol is quite low, but it can still make you drunk.” While alcohol was quite common in Allen’s community, it was normally drunk with food, at dinnertime, for example. “Some people really like it and are becoming addicted; they just feel like alcohol is a part of life I guess, so they can’t say no. I just don’t feel that alcohol is part of my system so I just voluntarily give it up, so I don’t really drink much.”

Allen does note one commonality in regard to alcohol in both the north and the south. “In China everybody knows that everybody drinks; there are no messages to stop you from drinking, or that it does cause harm. The strange thing is, while there is no law saying children cannot drink, it is only when you finish high school that it is accepted that you can.” Parents, he says, believe that while children are still students “only the bad ones would drink”. Consequently, the responsibility falls with the teachers to watch students “and if you are drinking, they will think you have a problem, so they will talk to you and your parents”.

Another shared cultural experience is the fact that many Chinese, when drinking alcohol, become red in the cheeks, develop an upset stomach and can become sick quite quickly. Allen says, “I think with drinking at first it is easy to get those feelings, but when you

have been drinking for a few years you can become accustomed and drink more; and you don't have those feelings." Similarly, Bill observes, "When you first start drinking it makes you sick but when you are drinking every day you can push the limit, then you can start drinking more and more."

For Bill, the cultural familiarity with strong alcohol, from his northern China upbringing, was accelerated when he began working. "All my alcohol (behaviour) is learned from my colleagues and through business; before you realise it you are drinking, and everybody is doing this so you just join in." He explains that alcohol was part of his working day. "Chinese people tend to talk about business over the table with food and drinks; that is how you get close very quickly and get the business done. Drink is very important in Chinese business."

On coming to New Zealand, Bill was able to leave that business expectation of drinking behind. "Life became more simple because I was a student; I didn't have to go through those business meetings with people." Bill acknowledges the "good side" of doing business "where deals were signed off during dinner", but also "the bad side of alcohol that I really didn't like – the hangover, the headache, the stomach ache". He went so far as to say, "I really didn't like alcohol," and of his relief when in New Zealand he could say, "Wow, this is a much easier life here – I don't have to drink every day – back in China, I literally had to drink every day."

Being unaware of New Zealand's drinking culture, Bill was able to maintain this relief from work-drinking. "When I first came here I didn't have much engagement with the mainstream, so I didn't know that Kiwis were heavy drinkers at all." After four or five years, however, "you learn more about New Zealanders and get to know them better". "I do see my friends around, getting influenced – especially over the weekend; they go to the bar and drink a lot and get totally drunk. I did see a friend on whisky, sleeping in the street, so you do see another side of them."

With his southern China upbringing, it seems unsurprising to hear Allen say, "I had only drunk twice back in China before coming to New Zealand: wine on my graduation from high school, and another wine, one Christmas." In contrast to Bill's experience, coming to New Zealand at 24 years of age had the opposite effect on Allen – in spite of his more sober background. "When I came to New Zealand it was during a summer holiday – at the same time in China it is actually their New Year, and as a student in Hamilton I became bored and lonely, particularly when other students went back to China for the holidays, so I started to drink – it helped pass the time. When I moved to Auckland I made more friends and we could drink and be social and talk to each other, but back in Hamilton when I was studying I would drink by myself."

These days, Allen still keeps in touch with some international students, and they still enjoy a drink. He says, “Today I can say the drink is like entertainment to them; it’s a social thing.” Over the past decade, he has noticed a change, however, particularly among today’s young Chinese new settlers when adapting to New Zealand’s alcohol attitudes. “We used to drink, but I don’t think it’s the same as the Kiwi style; we didn’t drink regularly on a Friday or Saturday – we wouldn’t do that; now when the younger people start to drink, it is very hard for them to stop.” Allen understands from experience the sense of freedom today’s new students can feel when they’re away from home, recalling that “my friends would be saying to me, ‘try this, and try that’”.

Allen acknowledges the impact this can have. “In China we don’t have messages to inform the younger people that alcohol is not good for them, and when they come to New Zealand they find it is very easy to buy wine and other alcohol, especially without their teachers and parents to watch them.” Bill adds that “in China, drinking is not really a problem people will consider serious”. He has also noticed change over the last 10 years. “They are bringing a lot of that Chinese behaviour to New Zealand, so alcohol continues to have a big impact, especially in combination with the Kiwi style, and New Zealand influences.” Additionally, Bill notes that, for the older Chinese, “they can find a lot of Chinese alcohol in the local liquor shops these days – imported

from China – so I think a lot of my friends still find Chinese alcohol to drink”.

For those who do struggle with alcohol within their community, both Allen and Bill think awareness is quite low, with people generally thinking there isn’t a problem. When it comes to increasing awareness, Allen, who works for a non-government organisation that conducts acclimatisation workshops (how to pay tax, apply for a job, etc), believes these workshops could also incorporate positive lifestyle information. “For the people that are in New Zealand already, they have no problem with English; they can go to other places to look for help (GP, counsellor, CADS, for example), but for the Mandarin speaker it is a problem; there is a language barrier, they cannot tell their story, and they cannot ask for help.”

Bill notes, however, that a lack of knowledge is not confined to new settlers. “I have been here for 10 years, but still wouldn’t know where to send you if you had an alcohol problem. And for me, too, if I had an alcohol addiction problem, I wouldn’t know where to find help.” However, he does agree with Allen that, within the role of community organisations such as theirs, they do have the opportunity to facilitate change. “We have a wide engagement with senior communities particularly; we are running over 30 workshops every year. I think awareness doesn’t just happen; you have to go through a certain period to make them aware that alcohol is having a bad impact on their health. For

example, if people are only getting information from reading material – like a newspaper or brochure – after reading the title, they just might stop reading the rest of the article; they can avoid that information. But when they attend a workshop and we tell them about the effects and explain the symptoms, they might think, ‘oh that is because of drinking.’”

Both Allen and Bill believe “there is some message that needs to be delivered to the community – to tell them that using alcohol, other than in moderation, is not a healthy lifestyle”. They suggest that translations of existing material (from government, District Health Boards, etc) promoting positive lifestyles that encourage light drinking and explain the dangers of alcohol abuse would be useful for middle aged people. “Both reading material and television would reach them, but for the younger generation more social media that can be delivered to smart phones would reach them more easily.”

More important, however, is the role of the general practitioner. Both agree that doctors, being well respected within the community, are the best conduit for giving and receiving health or lifestyle information. Allen says, “For seniors I think another good way would be through the doctor; they normally go to see the doctor. My father-in-law, he runs a restaurant in China and he drinks beer every day from morning to evening. We always tell him to drink a little bit less; it is no good for his health, but he will never listen to us.

He thinks it is okay, because he has been drinking like this for 20 years, so he doesn't think it is a problem. Last year, when he went to the doctor for a check-up, there was something not right, so he has now slowly started to reduce his drinking. So, I think maybe it's only the doctor who can make people see it is a problem to them.” Bill agrees, “A doctor is a good way to distribute a message, because they have the expertise to say something is wrong with your body – and to say, ‘quit drinking.’”

NGO

A non-governmental organisation (NGO) is a not-for-profit voluntary citizens' group that can be organised on a local, national or international level. Driven by people with common interests, needs or concerns, NGOs perform a variety of service and humanitarian functions, and bring citizen concerns to Governments, advocate and monitor policy, and encourage political and social participation through provision of information.

CADS

Community Alcohol and Drug Services (CADS) offer free one-to-one counselling, support and information groups led by professional alcohol and drug treatment counsellors, clinicians and staff. There are a number of these services throughout New Zealand.

Chapter Four

GLBTI Community – Gay, Lesbian, Bisexual, Transgender, Intersex

Introduction by Diana Rands



Diana is the Community Insight Group GLBTI representative. Diana is a registered social worker working as an alcohol and other drugs (AOD) clinician

and Gay Communities Project Manager with CADS Auckland (Community Alcohol and Drug Services); she is also a training facilitator with various businesses and organisations. Diana has held board positions with OUTline and the Inner City Women's Group. You can often read her articles in *Express* magazine.

Alcohol and the Rainbow communities

Rainbow communities epitomise diversity; we may identify as lesbian, gay, bisexual, polysexual, transgender, genderqueer, transsexual, Takataapui, Fa'afafine, intersex, queer, questioning and same-sex attracted, to name a few.

So what do our diverse communities have in common? I think our commonality is that we all have to come to terms with our identity – finding out and being true to who we really are in a world that often vilifies those who are different, and certainly does not promote diverse sexual orientation or gender identity.

Our experiences are invisible; this starts in childhood – with fairy tales that describe only heterosexual romance, and society's insistence that there are specific gender identities for males and females.

This means we have to find out for ourselves who we are, who our role models are, and what we can expect from our life. It can be really hard to find our way, especially if our families do not accept us. Sometimes people get lost.

So what does alcohol do for our Rainbow communities?

- Alcohol can increase confidence to take that first step into an unknown world.
- Drinking alcohol provides a place to meet other 'rainbow' people (often there is no other place to go).
- Alcohol can numb the pain of hating ourselves (internalised homophobia/transphobia) and of wishing we were 'normal' like everyone else.
- Alcohol can give us the courage necessary to try a new identity.
- Drinking alcohol eases the awkwardness associated with meeting new people; it can be a way to form connections and explore sexuality.
- It can be the sign of the sophisticated and the successful because they can afford to buy the next round of drinks.

The flip side is that alcohol can lead to risky situations and unsafe and/or non-consensual sex – especially if there is deep-seated shame and addiction.

It is not surprising that sexual orientation minorities drink more alcohol, for longer than heterosexuals (Pega & MacEwan, 2010), therefore experiencing more alcohol-related harm. Currently in New Zealand, there is no research into the prevalence of alcohol-related harm experienced by trans people. The alcohol industry also understands the central place of alcohol in the gay community, targeting the 'pink' dollar. In 2011, Absolut Vodka celebrated 30 years of targeting the 'pink' dollar with their catch line '30 years of going out and coming out'.

The courageous people who have shared their stories in this book pay testimony to the strength and resilience found in our community. They show how diversity can be turned from a problem into an advantage. In fact, it is often something to be proud of! Just like a person's recovery journey.



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Adam

“There is help out there; it’s finding it and having the courage to actually reach out and get it.”



Adam started drinking at the age of 12. “It was blackberry nip in those days; it was just something that was on offer as a five o’clock thing. I have never seen my parents drunk; I have seen my mum tiddly but never seen her drunk.”

Having lived for the past 20 years in Auckland’s Ponsonby, Adam became used to a vibrant social life, long lunches and open-late venues and, with an abundance of bottle stores, wine shops and supermarkets in the neighbourhood, alcohol was readily accessible at all hours.

At 47, Adam has just completed Higher Ground rehabilitation and, having graduated from the programme, he is now one year clean, “which is great; it never occurred to me I was an alcoholic”.

“Certainly my life took a turn for the worse last year when I lost my job, I lost my house, I lost my friends. I ended up living in my car, then I got done for drunk driving and had my car taken off me, and I ended up homeless and I was sleeping in Western Park a year ago this week. And suicide and all of those nasty things that come with that – desperation, crime, all rolled into the addiction. It wasn’t a pretty place.”

Adam says, “That’s the end of that story, and the beginning of a new story, and a much different life.”

Before rehab “that story” was a long journey and alcohol was a big part of his life. “I had been single for 20 odd years – but my best friend and I were like the perfect relationship – just no sex. We would dine out, we both had good jobs, both in the corporate world, both had disposable incomes, so money wasn’t really a problem. We ate out four or five times a week or at each other’s house; but it would be a bottle of wine before dinner, a bottle of wine during dinner, a bottle of wine after dinner. That was a good night, lots of laughs, lots of funny things, slip home, back to work the next day. Lots of fun, lots of giggles. It just was what you did, and we had a good time doing it. It just was a social time.”

“What changed for me was when he met someone and moved overseas; this left a huge void in my life; it was like having a partner leave. Back in the loneliness in my apartment, I starting replacing our friendship with drinking alone – I just didn’t recognise it at the time. Drinking and eating; I gained 50 odd kilos in my 30s, so when I was 40 I was 145 kilos. The drinking increased. Again, I just didn’t notice it; I just thought it was normal to drink at home by myself. Occasionally I would drink more than I should have and then I started to have a few more sick days at work and losing interest.”

“Friends started to say, ‘oh you drink a little bit much; we are a bit worried about you’. And I was thinking, ‘yeah I am drinking a bit much but I’m actually enjoying it, so it’s not a problem’. At work it became a game of how to get away with it and not get caught. So in my lunch hour I would go off and have two or three glasses of wine, and then I would get a spicy takeaway so it would disguise the smell. And that started to become a routine, and I thought, ‘oh this probably isn’t that good’. Then at a couple of work functions I drank too much and that had been embarrassing. So when the opportunity came up to move to Australia I thought, ‘right that’s it, I’ll go and get away from this life that’s not working for me anymore. I’ll get a whole new life, a new set of friends; it will be good’. I’ve since learnt that it is very common with us alcoholics to do this ‘geographical’ move.”

Adam had leapt from the frying pan into the fire. “Everything in my head and my addiction went with me, so it just manifested itself 10 times stronger over there; it was the worst decision of my life. I was lonelier, I was more tired, I was everything I shouldn’t have been, and I started drinking at 7 o’clock in the morning. I was managing a motel and I would have a straw in a wine bottle; I was shaky and didn’t want to risk trying to pour into a glass and make noise. My performance suffered badly; I ended up leaving and I went on holiday to the States. I was drunk for two

weeks while I was up there; rang Mum and Dad several times – don't remember doing it – I was in blackout. They spoke to me and told me to come back to Auckland, don't go back to Australia, because I must have said that I was desperate and hated it. And I knew I was in a downward spiral but I didn't know how to get out of it."

"Eventually I did come back to New Zealand; I stayed with my brother and they put me into Pitman House, to detox, for a week. We talked about Higher Ground at the time and I said, 'I'm not going there, all boot camp and army – I'm gay and they're not going to like me, and I'm going to be beaten up; besides it's all criminals and addicts and I don't relate to any of that'. I really didn't think I needed help; just a new start in life."

"The word 'alcoholic' actually never came up, it just was a drinking problem; they said, 'go to a few AA meetings'. The first AA meeting I went to I didn't know what to expect; I had that typical raincoat park bench alcoholic vision in my head, which was sort of ironic as that is how I ended up being. I went to this meeting, and it was full of old men and I was the only one with a full set of teeth. I thought, 'I don't fit in here'. I was incredibly judgemental and I really wasn't listening to the message, I just hated it and thought, 'nah, I'm not one of these, I don't belong here.'"

Despite feeling out of place, Adam did make a few friends, listened, and stayed sober for nine months.

However, "I still couldn't go with the word alcoholic, it was a bit of a stigma". Consequently he had great reluctance to tell anyone that he was attending AA. A good friend offered to share a flat with Adam if he stayed sober, so that's what he did. But looking back, Adam acknowledges that, despite this, "I still didn't get the message". "I went back to work for six months then had a holiday, I gave myself permission to have two weeks off and I had my first drink at Auckland Airport on my way to LA. I thought that I could just drink while I was away, didn't have an understanding of the concept of chemical dependency and where that would take me; I don't remember most of the holiday. I was back where I started, then my friend asked me to leave, and I lost my job too."

"I had sold my apartment during the year, I had money, I got paid out of my job, and I had credit cards so I went on this massive bender and took myself off to five-star hotels; I stayed six weeks in them. Just crazy spending; room service, massages, rent boys – whatever I wanted, I paid. Complete reality had gone. I had no rational thought; there was no bitterness or anger, it was just completely numb. I don't know what I was trying to achieve, and I don't know why I

didn't pick myself up and go, 'okay, I need help'. There were lots of people saying, 'this is ridiculous, stop behaving like this', and I didn't know what they meant. All I knew was I needed a drink and the only thing I wanted was to drink. And I don't care how it happened, or how it looked, I wanted a drink and that was all I was focused on. And I enjoyed it; I did enjoy it."

"However, I looked pretty shitty. I felt pretty crappy, and I had tachycardia (the heart racing thing). I couldn't sleep, I was pretty shaky, and very unreliable. When I said I would meet friends, I wouldn't turn up, because I had forgotten, it was pretty classic. But I was okay, I was having a dream-run time; I had wine, food, porn, money, living like some Hollywood celebrity. I was just having a good time and I thought, 'okay this is it, I'll just be dead by Christmas'. That was my goal; I will just drink myself to death – what a way to go."

"Eventually the credit cards ran out, the cash ran out, the friends ran out, and then I was living in my car. I made a few crazy decisions. I used my brother's credit card fraudulently, I ran off to LA. When I got there, I was like, 'hmm, I don't really have any money, I'm not sure why I'm here. I'd better go back to Auckland'. The craziness of it – I don't know what I was running from, what I was running to – I just knew that I didn't want to be where

I was in my own head, and I did the same thing two days later. This time I checked in at Auckland Airport, got to the lounge and they got me – offloaded me out of the airport. But again I had no rational thinking; this time I was going to London. I was pretty much operating in blackout; I couldn't tell you how I got to the airport, how I got from the airport back home, there are absolute gaps in the months of October and November."

"My birthday is in September; I spent that alone, I flew to Wellington – for what, or why, I don't know. I just kept running away – on another trip to Wellington I hired a driver and Mercedes to drive me back – when I still had some credit left – again, I don't know why. I drank wine in the back seat, passing out in the car on the way back to Auckland; missed most of the drive. The insanity of it all; it ended in a police cell for the night as I couldn't pay for the full cost of driver or car."

Change came for Adam out of complete desperation. "I was living in Western Park as I said, with just a single bag of clothes and toiletries. I was up on K-Road at the bus stops asking for change; I needed alcohol. I was on three to five bottles of wine a day and I needed that, just to stop the withdrawal shakes. I was just desperate, I couldn't do it anymore – it was not a life. I was cold, I didn't have a blanket, I had suicidal thoughts, I would stand on the overbridge and look

at which lane I could jump into, which one a truck was likely to go into. But then – what if I hit a car – I could kill them and not kill myself.”

“I ended up going into Rainbow Youth on a Friday night; thankfully a lovely lady there said, ‘go to Auckland Hospital’ – it was 7.30pm on a Friday, I just couldn’t do another weekend. So I went to Auckland Hospital and just said, ‘I’m homeless, suicidal and an alcoholic, I don’t know what to do, I’m desperate’. They were incredibly rude. However, they took me in; they said, ‘it’s Friday, we are really busy, we really haven’t got time to treat you, we’re not a detox centre – but as you are suicidal we will keep you in overnight, but you will have to go in the morning’. I was in withdrawal the next day; I couldn’t even eat a piece of toast, and they just said, ‘go and see Auckland City Mission’. It’s closed on weekends so I went there on Monday, just to get a blanket; I didn’t really know what to expect. I was emotional, but quite calm. I wasn’t an aggressive drunk, just totally numb, and although I was suicidal I was very complacent about it. I told them my story and they said, ‘okay, we will get you into some emergency accommodation’, but it took another five days.”

“At some point I made contact with a friend of mine who agreed to give me \$20 a day and I could spend it on anything I want, whether it was food or alcohol. That was my choice, but I knew that I needed alcohol; I couldn’t care

less about food. I had to walk to Newmarket to get it.”

“I was also doing a couple of restaurant ‘runners’ a week – to eat and up the alcohol level – I’m not proud of that. I got arrested for some of them; after a few bottles of wine you can’t run that fast. But I managed to maintain a level of alcohol in my system while Auckland City Mission got me into emergency accommodation. I stayed there until going to Pitman House Detox, where we worked out a plan. After a week at Pitman House I went to Federal Street Social Detox for two weeks, then I went to Higher Ground on 24 December 2012.”

“I have only just started to feel comfortable being back in the neighbourhood again – I was quite shameful of things I had done. My photo had appeared in The Herald when I didn’t turn up to court, which was humiliating. I thought that would be the final straw for Mum and Dad – it certainly was for me; the humiliation. Everyone is now going to know. I was very much head down; I walked on the other side of the road; if I saw people on that side, I would walk on this side. I just felt a lot of shame and guilt and that a lot of people would be judgemental.”

“It’s hard to be social in the gay community without alcohol – it has made my life so different. I have limited funds, so I don’t do the long lunches, and I can’t really justify

doing a salad and a bottle of sparkling water on Ponsonby Road; it just wouldn't be the same. I can go into licensed places if I'm having a coffee with a friend; but as they say, 'if you sit in a barber's chair long enough, you'll need a haircut', so I don't hang out in bars."

"As far as the gay community goes, people acknowledge me in the street. However, because of the damage I caused, there are certain people I'm not speaking to from last year; it was very polarising among my friends. Also I don't want to drag up the insanity of it all – or have them try and explain they couldn't help me. It seems everyone had an opinion and, from what I understand, some fought over what they thought was best for me."

"As I say, my life is now so different – my focus is on how I live; keeping it simple, honest and being reliable. I don't have any money, but I'm richer than I've ever been."

"I realise I was a control freak; I wanted to control everyone's perception of what an alcoholic is and what I wasn't. I'm the perfect alcoholic, look at me, this is what an alcoholic is – so don't judge me. This was my preoccupation, but I've given up on that; people can think what they want, it's not about how good I can be at something, it's

about how good a person I am. I have really had a huge shift in that. I'm going to AA meetings, and I'm listening to the message and I feel a sense of belonging, and it's really cool."

"I'm more than gay, more than an alcoholic – but they do make up parts of who I am today."



AA – Alcoholics Anonymous

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism.

www.aa.org.nz

Auckland City Mission

Auckland City Mission helps people recover from alcohol and other drug use and abuse.

www.aucklandcitymission.org.nz

Federal Street Social Detox

The Auckland City Mission Detoxification Centre is Auckland's only residential, non-medical alcohol and drug detoxification centre. It provides a supported environment for people to detoxify from alcohol and other drugs without the use of medication. After their stay, work continues with the individual and their family to provide the support they need.

www.aucklandcitymission.org.nz

Pitman House

Pitman House is the Community Alcohol and Drug Services (CADS), Auckland detox unit. CADS offers a range of free services, funded through the Waitemata District Health Board to anybody in the Auckland region who wants to solve an alcohol or drug-related question, issue or problem, or is concerned about or affected by someone else's use.

www.cads.org.nz/Detox.asp

Higher Ground

Higher Ground Drug Rehabilitation Trust was established in Auckland in 1984 to treat the severely alcohol and other drug dependent. The service provides quality abstinence rehabilitation programmes based on the 12 Step recovery principles, within a therapeutic community for adult New Zealanders. The primary focus of the service is its 18-week residential programme.

www.higherground.org.nz

Robyn

“After 10 years of drinking, I now know I can’t drink and have a good life – the only thing in life I can’t do is drink.”

“I came from a real staunch Catholic environment; having a drink every now and then was okay but getting drunk was frowned upon. I had three older brothers so I did see them out having a good time drinking. As I got older, it was associated with fun – that’s what you did in a small town on a Friday night. When my brothers had all gone flatting and I went to stay the weekend, they would let me have a beer.”

“For me, however, the reason I started drinking was because I couldn’t cope with my sexuality, but it then became an addiction. I did know from a very young age that my drinking was not normal. I got into heavy drinking quite quick.”

As a lesbian growing up in a small New Zealand town, alcohol, for Robyn, became “a major problem. When I realised what I was, I couldn’t deal with it – so I turned to alcohol”. Her drinking started around 16 years of age, accelerating between 18 and 20, when Robyn starting going into pubs. “As those feelings became stronger I was trying to ignore and deny them because I felt different. Going to the pub I felt normal, a normal Kiwi. I had boyfriends, stuff like that, but that obviously wasn’t who I was, so that also fuelled my drinking. I couldn’t really be bothered with men when I was sober.”

Robyn first ‘came out’ three months after completing her first treatment for problem drinking. Having moved to Auckland, the places to socialise became the gay bars and clubs; that’s where people went to meet. While she observed a culture of alcohol and drugs in this environment, Robyn stayed sober for the next three years. “These were the only places for me to go; they were fine, but there was a big drinking culture.”

However, after leaving Auckland with her partner, who wasn’t a problem drinker, she reflects that complacency enabled her return to alcohol. “It started off not too bad, but in the end I became physically dependent. It was always a problem, interfering with everything – work, relationships, family, the works.”

When the time came for change, Robyn knew what was required – she had been for treatment three times before achieving her current three years of sobriety. “Once it’s a problem, I do believe that the only way to deal with it is abstinence. I think if somebody is a heavy or a problem drinker, then harm reduction doesn’t work. Abstinence is the only way. Before I went to Higher Ground I was living on a farm, so it was very isolated, particularly isolated from the gay community. There does need to be more support, peer

support, other people in recovery, people within the gay community being available to support people.”

Acknowledging the importance of support, particularly within one’s community, these days Robyn has found Gay and Lesbian Narcotics Anonymous a “really supportive environment”. However, she believes there is a lack of good information about keeping safe around alcohol within the GLBTI community, particularly the need for more education on “the combination of drinking and coming to terms with sexuality, which can often run parallel”.

Getting the clear message to young people who are struggling with their sexual identity “that alcohol isn’t a way of coping” is an issue that Robyn sees as a necessity. She identifies Rainbow Youth visits to schools and utilising the web’s social networks such as Facebook as vehicles of change.

In regard to her peers, Robyn sees opportunities to combine with existing promotions, like the ‘Love Your Condom’ campaign, for example. “For gay men it could be this issue of not using condoms – there’s an opportunity to slot the message in about promoting safe use of alcohol and drugs also – it’s the perfect opportunity.” Robyn finds it interesting that “when we went to the saunas, they don’t allow alcohol on the premises; their reasoning was a safety issue – people make poor decisions if they’re on the piss”.

“And I think, too, there is another market – from what I have seen and noticed, a lot of older guys can be heavy drinkers too; everything is often about image, the perfect body, so when they are getting older they can struggle. Or those who perhaps have lost their partners to HIV get depressed and turn into big drinkers. I had a gay client when I used to do home care in Invercargill; he was about 70 and had been with his partner for 40 years. After his partner died he became depressed and began drinking a lot, becoming very isolated; there is that kind of thing as well.”

A vehicle well established in the community is the Express newspaper, and Robyn believes this could be utilised effectively as “it gets to a lot of people – I think harder advertising though – while being a little more holistic in their approach to health!”

Robyn also sees a need for the community to have more access to the gay and lesbian counsellors that work for organisations such as CADS, “people who understand the struggles of coming out or living as GLBTI, but also have a specialty in addiction”. Robyn acknowledges the work of alcohol and drug peer support groups but also sees that “something along those lines that is specific to our community would be really useful”. “It would make the resources a lot bigger, just a shift within alcohol and drug peer support so we have some gay and lesbian peer support

specialists that are available for somebody who just wants to have a talk; not necessarily counselling, someone just to sit there and be with them, support them, listen to them.”

While Robyn recognises the challenges individuals within the GLBTI community can face, she believes alcohol abuse has few boundaries. “I don’t think it’s necessarily a gay thing; it’s the binge-drinking culture of New Zealand.”

While sometimes this can “be a bit of a lonely place when there are not that many around”, Robyn is pretty staunch in recovery because “prior to getting out three years ago, I had treatment three times, and after 10 years of drinking again I know I can’t drink and have a good life. I’ve tried every avenue – different job, different place, different city, different town, you name it. Nothing worked. It always came back to this being the big, big problem”.

Robyn’s attitude today is “the only thing in life I can’t do is drink. If I drink I can’t do anything; it really did cripple me”.

Today Robyn finds “it is quite easy not to drink; I used to have a sense of missing out, but I don’t now. It’s when I actually drink that I miss out on life”.

“I’m part of Wings; we went to a barbeque a while ago and there were about 30 people there drinking soft drinks. That was quite nice because it was normal; it was normal for us not to be drinking. I think that peer support is a great idea. I think people need to know in the gay community, any community really, that they can live a really good life without alcohol and drugs.”



Wings Trust

Wings Trust is an abstinence-based residential support service for men and women in recovery from addiction.

www.wingstrust.co.nz



The Rainbow Flag:
Originally designed in the late 1970s as a symbol of pride for San Francisco's gay community, it is today universally recognised as being associated with the GLBTI community.

Photo: Ludovic Bertron

Tilou

“There’s no difference between alcoholism and addiction to drugs in my opinion – it’s just that alcohol is legal and drugs aren’t.”

“My name is Tilou and I am representing the gay community. This year, for the first time, I was able to say the ‘A’ word. Not addict, but alcoholic.”

Through the 80s to the early 2000s, Tilou led a whirlwind life in the hospitality industry – from New York to Sydney. Life revolved around exciting events and people, hard work, parties, and alcohol. Looking back, the troubling signs were visible – friends attempted to intervene, the cost on the body and wallet telling. As Tilou admits, he could have told his story five or 10 years ago, “but I thought I was Superman and, of course, the ‘A’ word didn’t belong to Superman”.

“My parents never drank, never smoked – as Christians they shunned alcohol of any kind. I remember the first time I got drunk – it was a rebellion on Southern Comfort. I’ve never touched that again! I am more of a gin or vodka boy, or a white wine boy. This went hand in hand with marijuana because it was available, so it was a combo. It gave me Dutch courage to go out... to meet people within the GLBTI community.”

“I started off on one career path then fell into hospitality, which I found really good. Staff drinks were common, but also one thing led to another – you have to know your product

to sell it, wine tastings, cocktail making, knowing the difference between absinthe and vodka, for example – and I became really good at selling. I would put myself in place of the customer or client. By the weekend I would really want a Bloody Mary too. Then you would go on to the wine or champagne, and go on and on. Because the potential tipping is great, the more you sell, you get better bonuses, better tips, you get a reputation. Owners love you, but there was a flip side – the blackouts, the bruises, cuts and scars, the hospitalisation, the one-night stands. Eventually your soul or your very essence goes out because you’re too numb or too fucked up to really give a damn.”

Tilou found this a recurring pattern over the following couple of decades. Alcohol also played a prominent role in coping with life’s trials and tribulations.

“I really did have a good job in hospitality, which often is an industry that the gay community is prominent in. Fifteen years ago I was in Sydney and my doctor rang me at home, because a friend had concerns about my drinking habits – even back then. However, again, I thought I was Superman and didn’t really listen to what my doctor was saying. In the gay culture, especially in major

international cities like Sydney, life revolved in the 90s and the 2000s around the dance party culture of Mardi Gras, so drugs and alcohol went hand in hand. We would sample everything before the party, then take five days off work to recover, but it was all a good time. A good time accompanied by the bruises and cuts that you couldn't explain, though, or waking up next to someone who you realise is really ugly, that you would never have picked up if you were straight and sober."

"I also grew up in the huge grim reaper Aids fear of the late 80s. I was in the States then and it was just horrific; you go to too many funerals, not because of alcoholism but because of the virus. Just like alcoholism, it doesn't care whether you are white, black, straight, gay, whether you live in Remuera or Otara, it doesn't matter whether you are Indian, or whether English is your first language. It is just a very disturbing disease. I believe that alcohol is abused quite seriously within the gay community, whether to cope with stigma attached to sexuality and sexuality issues, or to numb the pain of childhood and growing up, particularly if you have been abused, which I was."

"I've had some near calls. I remember waking up in my apartment in Sydney, pissed as, hangover from hell, and I had gone to bed with a cigarette, and the whole top

of my doona (duvet) had smouldered, so I could have been burnt alive. I certainly had someone watching over me that time. At an underground bar, partying after a sleaze-ball, I hit the bar and almost lost an eye, but I kept on drinking, went to the toilets, had a joint, came back, went to work the next day with the hugest black eye and I told my colleagues I had fallen over in the bath – as you do. My right arm is all metal from a really bad dislocation from tripping over in the bathroom pissed. But – hey, you know, these are the things that remind me why I never want to drink again."

"Because of my parents' religious convictions, messages I received when growing up were pretty negative. My father was very successful and he would be given bottles of brandy and cases of beer and he would tip them down the sink. My brother is 11 years older; I was basically an only child growing up. I remember him coming home in the weekends to do laundry, telling him I'd had a glass of wine but I didn't like it. It's like bullshit you know. There was always that shame attached to alcohol growing up and total intolerance. Even when I came back for weekends from Sydney and I would go down to the pub down the road (just to cope with being back in New Zealand). My father would lock the door at 9 o'clock at night and I couldn't get in, so I would have to sleep outside in the glasshouse."

“My biological mother, who is a really good friend of my adoptive parents – she will text me or ring me on New Year’s Eve when she has had a few too many and it’s funny, because she doesn’t drink every day. However, my biological father he drank every day until he got really sick and was given the choice of beer or life. And then he had to cut back the smoking. Again, smoking or life, but he had a pretty shit upbringing and he was surrounded by alcohol.”

“It’s taken until my 40s to say I’m an alcoholic. I used to say ‘binge drinker’, or ‘heavy drinker’, or sometimes ‘social drinker’, but the reality is I’m an alcoholic. You can’t sugar-coat what it is – now I’m being honest and real about it. I actually volunteered to go into rehab this time and I have begun to ask for forgiveness for my behaviour and my lies and bullshit. I wrote to my mum and said I am very sorry, and to my friends, and I am going through a mental list, slowly.”

“I’ve done two rehabs – one I escaped from because of the dogma (I felt it was very American), the other I graduated from. I have just done my third social detox. I think now I am in a better place daily, and it is a daily commitment to myself and to my friends and family, that I maintain sobriety. With alcoholism, and with my alcoholism, I have fucked up great opportunities. I might have a well-used passport, I’ve lived in some pretty cool places, but I was always trying to numb

myself. I am dealing with esteem issues. Now I feel I’m not too shabby looking, I’m well spoken, well read, and well travelled – but I am an alcoholic.”

“I think society gives a veneer of acceptability to drug addiction – above and beyond what they give to alcoholism. I think that’s part of the ‘bad-boy image’ that drugs have. Alcohol doesn’t because it’s there, you can monitor it. I believe a true alcoholic knows exactly what time the bottle shop opens in the morning – the earliest around my central city location is 6am (Foodtown or Countdown), and you know exactly which one closes at midnight (or gives you a bit of a leniency). I worked out there are about seven bottle shops within 100 metres of my home, without even blinking – one even gives credit. I haven’t stolen anything, but I have sold clothes, and I have pawned glasses and picked them up again a week later. I used to have a great library of books, now I’m down to not many, but you always find a way to manipulate and coerce and bullshit anyone to get that little bit, even if you find a \$2 coin in a random place, you can get one can of beer, and one can of beer, even at 5%, is better than no alcohol in your system at all.”

I see bums on the street, and the homeless, the dishevelled, and the drunks; somehow they have slipped through the system. Some by choice live on the streets, others have no option, and you go, ‘I will never be like that.’

Last week I was in a medical detox facility that put my body back together – it's been rejuvenated. There was a guy who would have been 20 years older than me; he had the bulbous nose, the grey pallor of death, dishevelment, he shuffled, he didn't walk, he wheezed and I felt my inner voice say, 'that's not you in 20 years, that's you in five', and I got a real shock. In the social facility I just came out of today, there is a guy who went from drinking wine to methylated spirits – straight – not with anything. There was another guy there whose doctor has given him a month if he doesn't stop drinking, so his liver is stuffed. He has a colostomy bag and he is lethargic and angry at the world and negative and he is not accountable. This time I am being accountable for myself first, then my dog, then my friends and family. So my whole purpose and reasons have changed to just now. I haven't been going out, because I know that if I go out I don't want to be messy, and I didn't want to be known as the messy drunk. So it's safer and, because I am a responsible dog owner, it was safer for me to stay at home."

"I want to go and do my masters. I want to deal with 'hate crime'. My undergrad dissertation was on 'hate crime' against people living with HIV. I got really good grades. But then at university I always got extensions because I hated 8 o'clock lectures, so I would never go. By 10 o'clock I might

have had a glass of wine. I was lucky my dog could go to lectures with me. She is a little Jack Russell and I would pretend she was my seeing-eye dog. But I would always go to my doctor's to get an extension. My lecturers knew, my doctor knew. I don't have to lie anymore. So I would like to meet 'Mr Right', not 'Mr Right Now', because I don't need notches in my belt, I have too many, but I want a long-term monogamous relationship with someone that gets me for me, not for being a lush, and I want to start going back to the gym – I used to cycle 50km a day and be really healthy. I want a bit of that back, I want to travel again, I don't want a life of pretence, I just want to live and enjoy."

"One of my goals I set in rehab is to have a big ginger jar and I'm putting in any money that I would have bought wine with into the jar and I want to see how much money it is at the end of the month; see what I can actually do in life without drinking three bottles a day (that's 21 bottles a week, \$147 a week on booze)."

"I did mend many bridges with my father before he died. I know it was his very strong religious faith, and I admire that in him. However, I liked having a good time, I still like having a good time, and my good time just happened to be going to the pub; that was me and the culture that I had become immersed in. I was a lot more gay then than I am now too. As I have aged I am not such

a drama queen or princess or whatever. And I know my voice has changed, mannerisms, my dress sense has totally changed. I am just myself; I don't have to prove anything to anyone. I just have to be honest and true to myself and then things will start happening. I talked to one of my best friends two weeks ago, and she said, 'about time, we have told you for 30 years to stop drinking or to address it. Now things are actually going to start happening for you'. And she said, 'thanks for telling me that you are an alcoholic, because I'm not going to enable you anymore.'"

Anna

“I realised I was drinking away my 20s. Now I regret not really living a life, just partying through it and not remembering it.”

As a young, gay woman, Anna was distanced from her family and, while she found solace among the gay community, she also embraced its active social life, and alcohol. Now in her 30s, Anna describes the alcohol culture in her community as “pretty toxic. You are almost frowned upon if you don’t drink”.

For a number of years, however, this was her lifestyle too. “I started drinking at a very young age – after coming out in my teens – and going out to all the gay clubs, the whole gay scene.”

“I had a difficult upbringing with a religious family who were very anti-gay. So when I came out, I moved to Auckland to live with my gay father. My mum and sisters disowned me. It took them about two years or so to talk to me again. When my mum was a teenager, she was in some anti-drinking thing. She has changed a bit now. She might have a Baileys, but not much. My mum and sisters are out of that religious community now. One of my sisters drinks quite a bit.”

“My father took me to my first gay club when I was 16 and ordered my first drink. Drinking was encouraged in a way. If anything, I got messages that were pro-drinking, rather than about looking after yourself. Dad was a binge drinker. Often if your glass was emptying, it would be topped up. In a way it was a tricky

situation – to be influenced like that – that it’s okay to keep topping up your drinks.”

“Drink was never anything I was dependent on. I didn’t crave it when I didn’t drink. I could go months without a drink and not have any issues. It was more about being in the scene and escapism really. It’s very much a drinking culture within the gay scene – binge drinking, non-stop partying, knocking back drinks one after another, going out multiple nights – Wednesdays, Thursdays, Fridays and Saturdays.”

Anna found her drinking did increase when dealing with strained family relationships and sexuality issues. “They were really superficial relationships, even after rebuilding. Not your usual family relationships. It was difficult to deal with that – my religious upbringing and my sexuality. It was an internal struggle, a battle. I thought of it as rebellion, but looking back now, I was escaping reality.”

“I was a binge drinker, but no one ever approached me about it. I suppose there is a fear around approaching that kind of conversation. People don’t have the knowledge or information to actually say anything. I also think they want to have a good time and enjoy themselves and know that if they say something to another person

about their drinking they have to be 'walking the talk'."

"It's hard to get away from that type of environment and I've never really been exposed to messages out there about drinking, especially within the clubs. They have a lot of 'love your condom' messages going out, but then they don't really have much about drinking."

Anna thinks that alcohol is being used in her communities to assist people to mix with others, cope with uncomfortable feelings and deal with discrimination and bullying.

"I see alcohol being used for social reasons in our communities, to help people feel more comfortable meeting new people. It could also be used for slightly medicinal purposes and for the isolation and loneliness that you can go through at times. It's a struggle coming out – at any age – and dealing with the difficulties and discrimination. There is even discrimination within the gay community now as things are segregating. People are judgemental. There is the social media bullying too, and that can all lead to alcoholism as well."

These days Anna drinks less. "I don't drink so much now I am in my 30s, I'm slowing down. Don't go out as much either. It was a personal decision for me to step away because I realised I was drinking excessively and spending a lot of money on alcohol. It's not cheap. I realised I was drinking away my 20s and now I regret not really living a life, just partying through it and not remembering it."

"I think if people have more of an addiction to alcohol it would be hard to move away from drink. I never felt I was addicted so it was an easy decision to make. I can definitely see that it could be difficult for others. I think it's different for gay males as opposed to lesbians, because lesbians don't really go out as much. I hang out predominantly with gay guys, so my drinking was influenced going out with them. Lesbians who are big drinkers tend to drink in smaller social circles or at parties or games nights – games of poker or things like that."

If someone wanted help with drinking, Anna thinks they would initially go somewhere like the Women's Centre, but acknowledges that not all her community would consider it. She suggests that social media and websites like Pink Sofa, the lesbian dating site, could work.



Auckland Women's Centre

Auckland Women's Centre aims to provide affordable, quality welfare and support services, personal development educational opportunities, and collective advocacy on women's issues - www.awc.org.nz

Pink Sofa

The Pink Sofa website is an online community, including internet dating and social networking. www.pinksofa.com

Grace

“From the age of 10 onwards, I drank to get wasted and I could pick up a quart bottle of beer and just drink it.”

“My name is Grace. I am a 56-year-old Māori and lesbian woman and have been happy to be a part of the Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) community, which has just come about recently since I've been involved with the Community Alcohol and Drug Services (CADS) central LGBTI group. Prior to that I was really quite isolated, including my concepts of homosexuality, thinking it just pertained to lesbianism, being a lesbian. It was not until I started going to the LGBTI group that it opened up my world and I was so humbled, realising this is a huge group and I'm not even a minority within the group.”

“I'm in recovery now, three years and six months yesterday, abstinent from drugs and alcohol – yay! I came back to Auckland in 2009 and spent six months on Karangahape road (K-Road) before ‘cleaning up’. K-Road – so many drugs and alcohol, whatever you can get, as well as sex. Then I cleaned up and I now see it everywhere. I am ‘socialising in sobriety’ and I'm pretty shocked at the amount of alcohol and drug taking in my community – just the insanity of the behaviour and I know that all very well and there is not a lot of help out there. A good friend of mine relapsed and even with the help I know she can get – when you are there you don't want help – so I have

to metaphorically ‘grab her hand’ and say, ‘step this way, or you'll be dead tomorrow’. That's my experience of the unavailability of professional help – just not having a safe place to go except friends; even then, there is resistance. Generally, there is a lot of alcoholism out there.”

“I was brought up with my family, who had a shearing gang, contracting and farming, milking cows, and hardworking, so at the end of the day, not every day, there was always beer around, and I remember Daddy saying, ‘always drink for your health pet’. I never realised what that meant until I was a full-grown crazy alcoholic. Alcohol has always been in my life. Initially I was playing around, taking ‘the ice cream’ off Daddy's beer, but after my first traumatic experience as a child – that was six years of physical sexual abuse – I drank to get obliterated. It ended when I threw a fork at my perpetrator and it stuck in his arm – I wished like hell it had been a gun or a bullet or something. From the age of 10 onwards, I drank to get wasted, and I could pick up a quart bottle of beer and just drink it. It was kind of a game, but I knew I could get trashed in seconds.”

“By 13, I was drinking in pubs, playing rugby (and there was drinking after rugby), and we had a band in my family as well that played

in halls around town. I could tag along with the boys, so exposure to alcohol was just a way of life to me. I had always been attracted to girls, so by the time I was a teenager I was hiding, using boys to appear 'normal', but 'raging' for women and girls. So there is another level of alcoholism, sort of looking through alcoholic eyes at girls, and, dare I say, having relationships with them."

At this point in her teen years, Grace was acutely aware that she was masking her sexuality by living "a double life".

At the same time, too, Grace was feeling the need to suppress the evolving anger that was initially directed at her sexual abuser. "I was so angry. I had never gotten angry or knew that sense of anger before."

"Within a week he fell off a tractor and crushed his ribs. I thought, 'yes'. I was so glad. The other experience of that type of anger was when the boys killed my cat when I was six or seven, and I really loved my cat, and I was the youngest in a family of 18 boys – pretty much the queen – but when three brothers came to live with us, that changed my life. I had never experienced anger and grief until they killed my cat, and I just wished them to be dead. I was so powerless with no voice."

"I never experienced anger from then on. My anger went underground, so did my grief and my attraction for girls but, hallelujah,

I had alcohol. I had my first Buddha stick when I was 14 and it was pretty freaky for me, the idea of taking drugs, taking me to worlds unknown. So I pretty much stuck with alcohol, because I know alcohol – we are intimate, we are great friends."

"I used to feel self-conscious walking through the door of the pub, and would always have a few drinks before, as I've always been excruciatingly shy as well, since I was young – I have no idea why. I was quite afraid of people. Afraid of strangers. I'm the little girl that hid behind mummy's coat, afraid of strangers, but not within my own whānau. Alcohol totally alleviated that anxiety, although I didn't know it at the time. I just loved alcohol because it made me happy. It made me do things. It made me talk, I could sing and I could run fast. It just filled me with invincibility, that's what it did for me."

"My uncle Joe used to make home brews and bring them up from Christchurch – crates of them, of all kinds. He was a connoisseur, but not an alcoholic. He just loved making wines and would bring a vanload of these crates and they used to stay under the house, because we were beer drinkers. So me and my cousin got into a flagon of something, got incredibly sick, arriving home with hay all over me from the barn and waking up in the night and chundering. Daddy came in with a bucket and I remember looking up and he looked so concerned, but also disgusted."

“Throughout my teenage years and college, I used to groom my infatuations and I knew how to get what I wanted, so it was manipulation. After netball I was always drinking, jumping out of windows with the cuzzies, and going partying out the back of Kaikohe there, meeting the boys and doing all sorts of things. There was a lot of experimentation within families that I lived with. Whether it was me initiating it, or older boys and girls, that was my experience and usually it was always alcohol – beer mainly. In sixth form one day I was in my room, isolating myself at home, and I remember Daddy calling me for dinner and I just didn't want to respond. He eventually came to the door and said, 'dinner is ready pet', and I just lost the plot. I just wanted to be left alone and I saw the hurt in his face, you know, I've raised you for 17 years and this is what we get. The next day I finished school, got my leaving certificate and the following day I was in Auckland – pretty rapid. I just wanted to break free. I craved for some stimulation.”

“I came to Auckland. Living with whānau wasn't working. One of the boys would pick me up and wait for me, and I'd just spend days in trucks, then after work I'd have a drink with the boys. Everything I did concerned alcohol and all through this I was attracted to girls. I was 17 and having a relationship with a 39-year-old woman who was in a relationship with a man. I have had

several of those relationships, still a teenager, with lots of drinking and gambling. I started working at a factory in Otago and would go to work stoned and reeking of alcohol. I drank every day and I don't know where the alcohol came from; I didn't pay for it.”

“I got involved with Black Power for five years when the guy prospecting for the Angels became President – and I was right there when it started in Auckland. Here was my protector; I was there for the experience and the drinking and the culture, but I was naive to the horrific stuff and the violence, and I was having really dangerous liaisons with women of other members. This wasn't the life I thought it was, and the end of that relationship was the beginning of 'coming out' at 23. I met Mich, who I then had a 10-year relationship with, during which time we drank alcohol every week.”

“I went back home up north – Kaikohe and Kerikeri. Going back home was really like a homecoming, but even in the lesbian scene, alcohol and drug taking was rife. The Māori wahine lesbian scene was staunch, anarchistic, with lots of drugs and alcohol. The social scene in the clubs, music scene, lesbian bands and parties. There's lots of alcohol and drugs and not much support outside of our immediate community. On one hand I was part of the community and proud, and on the other, there was still shame and guilt. Alcohol was one thing that allowed me

to be brave and get over being the shy girl I was. I eventually got out of that relationship – we were fighting – I couldn't believe how much we were fighting. There was a power play between Mummy and Mich, and Mich won – because I walked out. Mummy came to the door one day and said, 'what you are doing is a sin in the Bible'. It was probably my biggest hurt coming from them. I thought they were worldly and accepting."

"I came back to Auckland and quickly got back into the K-Road party scene, which involved men. I then went hitch-hiking with a friend and ended up joining Greenpeace, sailing on Fand, with three of the initial 'Rainbow Warrior boys'. I returned three and a half months later and went to 'the Barrier' (Great Barrier Island), ending up in a three-way relationship with a woman who was also in a relationship with a man. During this time on Barrier I became pregnant and had my son – at the same time as I was living with another woman. We shared families and when she came to Auckland to school her older girls I stayed on the Barrier looking after her younger daughter. Eventually, I ended up living elsewhere with my boys and just isolating – drinking every day, anywhere and everywhere. Through circumstances, I came back to Auckland and back to K-Road again. I was in a relationship with a gay boy – a closet gay boy – obviously he had his own hidden agenda going on in the relationship

with me. By then I'm at the end stages really. My son comes home and I give him tea and I'm drinking through it, put him to bed and then I'm off up K-Road. I get home at 5 o'clock. If I get home at all, and my son is saying, 'got some money for lunch?' I started thinking I don't want this anymore. That's how I come to my sobriety."

"Even on Barrier it got to that stage where I thought I needed to see a counsellor. I did see one and she also had a 'metaphysical gift', integrating it into her counselling, which got me thinking too. Later when I had come back to Auckland, I was given a book called Hands of Light, which I later saw in a shop window. The woman in the shop, who was a practitioner, gave me a session and said, 'in order for you to do the things in this world you are here to do, you need to stop drinking and drugging'"

"I saw a doctor a week or two later. They recommended me to CADS, so I rang and was given a first session at Pitman House. My counsellor leans across the table and says, 'how many drinks have you had?' She counts standard drinks cards and we got to 30, and then she says, 'did you have any drugs?' and I said I had a few joints (which represents more standard drinks). She just stops counting and says, 'Grace, it's abstinence for you!'"

"Coincidentally, the week before, I had gone to a rally in the Domain. I got on the alcohol

and my son was disgusted – he hates it when I'm pissed. At the end of that day I ended up in the police cells, where I had an altercation with a cop and in a way I'm kind of thankful all that happened – a lot of energy's came to play from that incident – helping to account for my being clean today.”

“Since I've cleaned up, I've learned so much coming through a Māori programme. A lot of my alcoholism has been from being ashamed to be Māori. It really made me understand me as Māori. Going to CADS in Mt Eden really opened my mind too – people came from the courts, the streets, from broken whānau, violent backgrounds and my LGBTI community. But we cannot share our story with a group of seemingly heterosexual people. So what's the purpose of being in a group when I can't identify my gender and my sexuality? That was another layer of learning for me, so I quickly made it known in my group, the women's group, that I was lesbian, because I didn't want to hide anymore.”

“I didn't know anything about recovery. I thought I was fixed – I was abstinent, and thought I was fixed. I so wasn't and I'm still not.”

“We are individuals within our own right, so we need unique support services, our own LGBTI counsellors – you just can't lump us altogether. I just think it's imperative that we are not lumped into the same melting pot.”

Quart bottle

The imperial quart bottle of beer was the smallest available bottle before the mid-1990s. The metric equivalent of approximately 750ml, it was replaced by the 'stubby', the forerunner of today's universal 330ml bottle.

Buddha stick

The Buddha stick was the common form of cannabis available in New Zealand during the 1970s, as opposed to the less potent 'New Zealand Green' grown locally. Imported from Thailand, Buddha sticks were characterised by the seedless marijuana 'heads' being wrapped tightly around a sliver of bamboo.

Chapter Five

Disability Community – People with Intellectual, Physical and Sensory Impairments

Introduction by Renata Kotua



Renata Kotua was born 22 September 1983 and diagnosed with cerebral palsy – not exactly the most ideal start to life. However, she is thankful to her

mother, who focused on her strengths and taught Renata to aspire towards thriving, rather than simply surviving. Through bending perceptions of herself and, in turn, influencing others, Renata has developed a unique approach to overcoming challenges, in both the workplace and daily life.

Renata's straightforward approach to life, her ability to relate her lived experience of disability, and her delivery of simple, lasting human truths for both her community and people in general make her a good representative for the disability community in the Community Insight Group. Renata is passionate about bending preconceived perceptions of disability and enabling members of the disability community to flourish in their own lives.

Renata is young and relatively new to working in the disability sector. She has recently started at CCS Disability Action as the Youth

and Transition Coordinator for the Northern Region and works between the Auckland and Whangarei offices. She is also a freelance photographer. Previously Renata has worked as a cosmetician and an English language teacher for foreign speakers.

Alcohol and the disability community

One in six New Zealanders lives with an impairment – it can be intellectual, physical or sensory. But our society does not operate in a way where everyone can participate. Most disabled people want to live an ordinary life, and access the same opportunities and everyday experiences as anyone else. But society can 'disable' people, through physical barriers to accessing building and facilities, or attitudinal barriers, where people focus on a person's disability rather than seeing their ability and potential.

Learning about the experiences of disabled people can help you to understand the barriers that people face, and learning appropriate language can make people more confident and comfortable about disability. It is common practice to deliver disability training to government departments, councils, bus and taxi drivers, and health professionals. It is good that things are improving, but, generally speaking, society lacks basic disability awareness.

It can be difficult to achieve self-acceptance and be true to ourselves when we find that society is judgemental and denigrates those who are different. We have to learn to look past our 'disabled label', to find out who we are and what we want to do in life. It is easy for the self esteem to take a severe beating and to question our own capabilities and if we can expect a positive life ahead at all.

Alcohol consumption is not prolific in the disability community, but there is a naivety toward alcohol and how much harm it can cause. The strong need to feel accepted and included by their peers and this means that for someone with a disability the positive short-term effects of alcohol will outweigh the risks.

Drinking alcohol is an activity that anyone can do, disabled or not. When you drink, it makes you brave and eases the discomfort associated with meeting new people; it makes you happy and for a while at least you forget the sadness that comes from feeling isolated, incapable and wishing to be 'normal'. Alcohol can be a signal to others that you are grown, independent, financially independent, normal and even 'cool'.

It is not the same story for all, but a common theme. It is important that my community is made aware of the negative effects of alcohol and the long-term harm that can happen from drinking. People with a disability are

already vulnerable. Alcohol intensifies the risk of unsafe and non-consensual sex, physical harm from fighting and bullying, reacting badly with medications they may be taking, and further reducing their physical abilities in general as well as their capacity to have sound judgement.

The other recurring issue mentioned in the disability sector was that of accessibility within the hospitality industry. In many bars, clubs and even in restaurants it is difficult to find somewhere with no stairs, and even if the venue has an accessible front entrance it does not necessarily mean the bathroom is accessible. Bars and clubs are crowded too. People in wheelchairs are not so visible; drunk people fall over them. They aren't visible to bar staff so it's often difficult just to get service. Similarly, people who walk but have impaired mobility either get knocked around or find it hard to balance – let alone carry their drink without spilling it. Regularly, when just trying to have a good time, people with a disability are patronised and asked stupid questions because people don't expect that someone with a disability actually wants to go to town and socialise.

It would be good if the hospitality industry would feel the need to cater to all when planning the layout of their venues. Is it really necessary for a bar to be over 1.5m tall? Is there really nowhere else to store those spare drinks and cleaning supplies

so that the wheelchair bathroom is usable? If I speak with a slur or I have a twitch or I walk funny, are you absolutely certain that I am so intoxicated that I need to be thrown out? A no tolerance policy of people who feel the need to mock those who have a disability would be brilliant. All too often staff just ignore the unkind punters, rather than them making a stand and supporting us to just have a good night out.

From our perspective, the message is clear – we have a right to be there (at any bar, club or restaurant). The venues should embrace us and society needs to learn acceptance and to treat everyone with the dignity and respect they deserve. I believe that many of the negative reasons that cause people to drink would be significantly less if society and the hospitality industry were more inclusive.



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Grace Lee has cerebral palsy, which affects her walking and balance. “Personally, I haven’t seen any serious harm within the disability sector when it comes to drinking.” She does acknowledge that “it could be a problem. For example – people with disabilities might drink because of peer pressure. It depends on how old they are and what kind of state they get themselves into”. Grace believes it is important for those who may have a drinking problem “to know that people in the community are going to be there for them and know that their friends are there to look after them”.

Lavinia Lovo

“Don't be alone, honestly, have a friend, and if you think your friend is going to get sick of listening to you and your problems, then why are they your friend?”



Lavinia is in her teens and has spina bifida. She has been drinking for around four years.

She believes alcohol is widely used in the disability community and has a negative impact. For many, it is used as a coping mechanism to overcome feelings of isolation and loneliness.

“Alcohol has had a really bad impact on our community because, in a way, we feel neglected, and turn to alcohol. Instead of going to a psychiatrist, we choose alcohol – it’s cheaper. I know a lot of people in our community who drink. They let their insecurities get to them. I think that drinking from a young age, to get rid of problems, is common in the disability sector. If what went on in people with disabilities’ heads was in everyone’s head, like what was in my head – no one cares, no one wants to hear my story – everyone would turn to alcohol.”

Lavinia compares the able-bodied community’s use of alcohol to the disabled community’s and reflects on how people perceive disability. “My friends who are able-bodied people use alcohol to have a good time, whereas the disabled community use it to make themselves feel a part of things. Sometimes they use it to have a laugh for a while, get their emotions out, to be happy, and once they feel that buzz, they’re like, ‘oh, it’s good, let’s do it again sometime’”

“I hang out with more able-bodied people than disabled people – when I had my 18th birthday and I brought some of my PHAB friends – they isolated themselves. They said they were okay but they looked like they were

so scared. They had that kind of face that said, 'oh my gosh, I wonder what they are thinking about me', but it was in their heads. The abled body people weren't thinking that – they wanted them to join in and mingle. I can say that because that's how it was for me – all in my head."

When asked if counselling would help, Lavinia is doubtful. "They won't listen to them because it is someone they have just met." For Lavinia, if she was to get help, she would go to her best friend. When pressed, Lavinia says that if she was to see a counsellor she would prefer someone who was casually dressed and someone who did not ask repeatedly about feelings. "I felt sad. What else are you meant to feel?"

According to Lavinia, drinking is more likely to happen in a home environment. "Drinking mainly happens at drink clubs – drinks in the backyard, not parties, because they don't like crowds. It's mainly just drinks with close people and who they feel comfortable with. The more they feel comfortable, the more they drink, and then they get crazy. Maybe small groups of eight to 10, and the drunker they get, the more they drink."

Lavinia believes that "alcohol use has increased". "It's more used now because they have a lower age. Everyone is getting legal. If you have one friend that's legal, everyone is able to drink. It's just that whole vibe of one friend's drinking, let's all drink."

She thinks that people with disabilities consider health risks, but do not know enough about these. "Healthwise, alcohol is not good. We can get more sick and there are more harmful risks to the liver and stuff. People know some of the harms, but just the little ones. Our community would be helped with more knowledge. The messages you hear are 'drink to have a good time', 'drink because you have problems', 'drink because you feel really ugly', or 'drink because you need to:'"

Lavinia has used alcohol despite knowing of health risks. "I've had antibiotics with alcohol. I used to shoot them down with vodka. That was really bad. I came out of hospital and Mum was gone, because Mum had a gambling problem. She only gave me money when she won the jackpot and then she was gone again. Then I would come out of hospital, have my whole bottle of antibiotics and I would skull it down like I hated life. Then I was like, 'why am I still alive and not passed out or something?'"

Lavinia first used alcohol when she was around 13. She used to use alcohol when she was at home alone and when she was at school. Sometimes older people in her family did not notice her drinking because they were drunk.

“Everyone in my family except my mum drinks. When I saw it, I was like, ‘that looks like raspberry, I should try it’. I tried it, and I was like, ‘this is nice’. Little did I know that there was alcohol inside that raspberry drink. And for me, growing up, it looked like it was okay to drink because everyone drank. No one really looked at me and said, ‘you can’t drink that’, because they were too off their face.”

“I drank when Mum wasn’t around. My brother used to go to boarding school and Mum used to always go there and I just had the whole house to myself. I started drinking and no one was really around to tell me what to do. Mum used to always buy me stuff to make me happy and then she would always go to my brother. When I had the money, I would just go and drink and drink and then I would wake up and start drinking again. That was me. I was so depressed. I felt no one cared or wanted to listen to my problems. If alcohol was there I would be like, ‘okay, this whole bottle understands me’. I would wake up, and instead of getting tablets and stuff, I would drink again, and since I couldn’t cook, my food was alcohol. My kidneys are not really good. I still drink nowadays, but not as much as I used to.”

Lavinia drinks less these days. “I like vodka cruisers, 8%. Sometimes I get hot bottles – Canadian Club. I drink it with L&P (Lemon and Paeroa).” She sees alcohol as a way to socialise but just to “have a few and have a good time”. Her strategies are to not rush

her drinking. “Why waste all of it in just one hour? You’ve got nothing to prove being cool – what made me change was the fact that I stayed sober this one time when everyone was drunk, and they looked like idiots. I was like, ‘wow, do I look like an idiot like that?’ and I got insecure and thought, ‘oh my gosh, I look like an idiot drunk’. Ever since then, I’ve been cutting down.”

She says that alcohol has, in the past, left her emotional, crying and saying things in public that she has regretted. “You start happy then you end up crying, drunken tears – ‘drunken lips speak sober minds’. It means that if you have so much bottled up when you are not drinking, it all comes out, a whole novel!”

If Lavinia was helping young people with alcohol problems, she would “get them doing other stuff, to keep their mind off things”. She describes the type of facility that would be helpful. “I would have a massive building where everyone could just kick back and come around and be like, ‘man, I had this problem today’, and there would be someone there to advise you. Just to have like, a whole house where people could just come in and out – a building where it’s homely. There could be counsellors, but not someone who would say, ‘it’s my job to be here’ – because that would make you feel like they don’t want to be here. You need someone who cares but does not have a clinical vibe.”

Lavinia would like others to know that drinking isn't the solution to problems. "Don't drink your problems away. Don't do that, because you are going to feel like, 'it will be right for the moment', but then you will wake with this hangover, and that thought of why you started drinking is still going to be there. Don't be alone, honestly, have a friend, and if you think your friend is going to get sick of you and listening to your problems, then why are they your friend?"

Hot bottles

High percentage alcoholic drink, 'hot stuff'.



PHAB

The PHysically Disabled and ABle Bodied Association Inc. actively promotes positive integration between young people (aged 16 to 25 years) with and without physical disabilities to come together for social activities. They have a fully accessible youth centre in Takapuna, Auckland.

www.linkage.co.nz/provider/1276/phab-physically-disabled-and-able-bodied-assn-inc

Jacqui

“Some people don’t realise that someone in a chair or with a disability is just like anyone else – we want to do the same things as them.”



Jacqui is a young woman who uses a wheelchair. Her family home is a Hawke's Bay farm. Today she works in human resources, after graduating from university four years ago.

“I didn’t drink till quite late – I would say because I lived out in a rural area, and I got my driver’s licence quite late. I didn’t really have any transport or access to go into town or parties. I just had a small group of friends and we weren’t really interested in that side of things. I started drinking when I came to Auckland, and I got into quite a lot of drinking over that time. I don’t really drink that much anymore – not to get completely off my face and stupid. I drink when socialising, for example, when I am out with friends or at a bar. I’m mature now.”

Jacqui explains that coming to Auckland initiated curiosity, along with a sense of freedom. “Because I didn’t partake in drinking at all when I was growing up and, despite seeing my parents drink, we didn’t even talk about it, so coming here I could do what I wanted, and Mum and Dad didn’t find out about things!”

Jacqui believes that the disability community doesn’t have any more of a problem with alcohol misuse than any other community within New Zealand. However, she does see the disability community facing obstacles that are unique to them. “I know a guy who doesn’t need a chair, but he walks a bit wonky, so he

will go into a bar, or just be hanging out, and people can get the wrong impression. Like, he was a wee bit drunk once, and not making a lot of sense, but it was because of his walking that he got kicked out of the place and told to bugger off. He could say until he's blue in the face that he has a disability, but they won't believe him!"

"Access too, can be an issue. I remember when I was at university, I had to be taken up and down a flight of spiral stairs. It just seems like such a mission to get into a place, and when you are in a place, people are all in your face and making it out to be a big deal that you are there in the first place."

"In many bars accessibility is an issue. You may find somewhere with few or no stairs, but then find the bathroom is not accessible, so it's just not going to work."

"Sometimes, it is crowded in bars too – and I am not so visible – and people can fall over me. I can be asked stupid questions by people who are drunk or high on drugs. Sometimes it can be patronising, like, 'are you having a good night?' Sometimes, people are just shocked to see you out and about and doing normal things. They don't realise that someone in a chair or with a disability is just like anyone else. We want to do the same things. It is more about access really."

"People's attitudes and perceptions of disabilities is actually what it's about."

When asked how, as a community, we could contribute to enabling accessibility, Jacqui acknowledges the difficulty. "You tell me and then we will both know! Demolish all the buildings and start again? Like the one with the spiral staircase, there is not much you can do there. Yet all bars are supposed to be accessible, and all new buildings are meant to be accessible."

Joshua Fuimaono

“A disability can’t define a person. Having a disability, it is just another factor to consider when gauging your capabilities.”



Joshua is a young man of Pacific Island heritage who walks with the aid of a cane.

“I’m a real social drinker – I usually only drink if there is a group of people drinking – even then I don’t consume more than two or three bottles of cruisers every session. I just don’t see the hype in drinking.”

Joshua gives considerable thought to his drinking behaviour and, while he recognises a combination of factors influences him, he also sets himself boundaries that enable him to stay safe and in control. “I’m actually pretty scared that if I drink a bit too much I won’t be able to stand or something, or become too intoxicated to move. I wouldn’t want to feel ‘groggy as’ either. I think it’s a bit of everything.”

Reflecting on the impact and consequences of alcohol misuse within his community, Joshua thinks one major factor may be the acceptance of their disability. “For myself, I know the limitations of my disability and how alcohol will affect it. If others can’t accept theirs, then they won’t know their limitations, drinking like it won’t affect them – but it will.”

Joshua does think that alcohol can be used to ‘self-medicate’ within the community.

"I think it's an anti-depressant for most people. It helps them deal with any problems they may have either socially or with their disability. Most people feel that due to their disability life is hard for them and whenever bad things happen to them it seems 10 times worse for them as a disabled person. While I personally don't think like that, I know there are disabled people who don't feel comfortable with themselves, and I see some of them binge drinking as a result."

From his observation, this kind of binge drinking is done 'socially', but in isolation. "Most of the people that I have noticed binge drinking normally keep to themselves – staying at home and drinking by themselves. I don't see the point in that." Joshua, however, concedes that it is particularly hard for youth "especially the teenagers; I think it is around that age that the acceptance thing really affects them – they either accept it and say, 'that's life' – or they don't, and turn to alcohol".

Non-social binge drinking isn't the only "bad effect" that Joshua sees alcohol contributing to his community. "Some of us have been victimised as the result of someone else's alcohol abuse. I have personal experience of this and I think this has shaped my view on alcohol and how much to take. My father used to be a really bad drinker. Almost every other night he would be out drinking with his mates and he would come home and

give us crap, especially when he was angry, particularly with me. He didn't like that his firstborn was a disabled child. He made a point to make that prominent in whatever he did. He kind of despised me back then, and I guess that was due just to the stigma or how uneducated he was." Elevated abuse after his father had been drinking was noticeable. "I think alcohol increased that whole volatile thing with him."

When asked if this abuse might be a common story among the disability community, Joshua is unsure. "It's hard to tell really – generally I'm not a huge part of the disability community – it's not that I don't like hanging out with my kind of people, it's just that I hardly find the time to." He acknowledges a difficulty that many of us feel, regardless of our community or the relationship we may have with a person. "I find it hard to engage with them on something that is as sensitive as alcohol abuse. I do believe there are some cases like mine though – whether it be a guardian or parent who is abusing their kids through the use of alcohol." While this kind of abuse isn't unique to the disability community, Joshua does believe that the disability community attracts abuse beyond that of other communities. "I think there are other parties outside our community that will abuse us when they are under the influence."

As a consequence, Joshua is aware of those in the disability community who are less likely

to go to bars and clubs because of others' attitudes. "I know some people who go to bars to drink, but they are of a strong kind of character and are comfortable with who they are." He admits, however, that even though he sees himself as one of these confident, capable individuals, he "wouldn't go to a bar and drink in public – just for the fact that as soon as I walk in, people stare and think, 'what the hell is he doing here?'".

As an illustration, Joshua relates his concern for a friend, a young woman with a disability. "She has a real outgoing spirit and likes going to bars and sometimes I worry about her, even though she doesn't always go by herself. Usually she goes with friends or close friends of the family – I'd say she is pretty detached from the disability community, her only interaction being me, and most of her other friends are able bodied. While she tells me she has a pretty good time, I do think about the consequences for her if they weren't there."

Occasionally, Joshua will have a fleeting notion that he might be missing out. "There are times I feel that I should go out and have a really good time, but then I think, 'it's not worth it – I'll probably get drunk and off my face, fall to the ground and take five other people with me!' There really isn't any hype for me in clubbing anyway."

When asked what the alternative is, Joshua says, "I think it's more staying at home and drinking quietly," adding that he "hardly ever sees disabled people out socialising". He explains that "we usually drink at people's houses, especially close friends. These are places where we feel safe and can express ourselves – especially under the influence".

Joshua finds his concern a challenging responsibility at times. "My girlfriend's 18th is coming up soon and the initial plan was to take a few of our close friends out for dinner. Afterwards, those who wanted to could go on to a bar, where her cousin is a bartender and she would have provided us with half-price drinks. At some point, my girlfriend suggested we go clubbing too and I immediately said I didn't think that is a good idea. 'Why not?' was her reply." Without wanting to appear over-protective and because he finds it a "touchy subject", Joshua says he could only answer, "I'm just saying".

In explanation, Joshua says his safety concerns are all about "our own health I guess – physical, emotional and mental". "I just wouldn't like my girlfriend being dragged away and raped or something. I have this mind-set that my mum coached into me that anything can happen to our kind of people – 'it is a lot easier to target someone who is already down than to target someone who is standing already'. So I really worry when

she wants to go to town. It's not that I think it isn't our place to be there – it's just that anything can happen, especially in the late hours of the night. So I try my best to ask her to at least rethink what she is doing – but she usually doesn't!"

While Joshua is aware of the possibilities of undesirable interaction with others, he equally acknowledges that "we should also be responsible for our own safety". He cites as an example, "I wouldn't want her to go to a club, get intoxicated and stumble every few steps and come home with scratches on her knees. I think it is just as much our responsibility."

Joshua feels a further sense of responsibility when it comes to going out with able-bodied friends – who might have different attitudes to his own – or be unaware of the potential consequences of their actions. "Myself and a few cousins went to a club. I wasn't drinking, but they were. These other guys just kept looking at me as if to say, 'what are you doing here?' My eldest cousin, who was drunk, said, 'what the hell are you looking at?' One of the other guys took the first swing and I thought, 'oh crap'. We all ended up getting kicked out and I had to take him home with a bleeding nose and a black eye. They thought they were protecting me. We've made it a rule now when they are out with me – no matter how bad the looks are, we should never provoke them. They did say, 'it's pretty hard not to',

but I said, 'who cares?'. I don't want to finish my good time early because you idiots can't control your anger."

When asked what message he would give to ensure others have a good time while at the same time staying safe, Joshua reiterates, "Know your limits, both about your disability and about yourself. For example, when you know your limits, you know that getting drunk and off your face will not help you push down Queen Street! (in a wheelchair). Also, remember drinking is a social thing, so don't isolate yourself. I think that increases the chances of binge drinking and you will feel less inclined to stuff your face full of alcohol if somebody else is there to watch you!" Finally Joshua says, remember, "a disability can't define a person. Having a disability is just another factor to consider when gauging your capabilities".

Conversely, his message to those outside the disability community is to be more respectful and understanding. "A friend who has cerebral palsy, which impairs his mobility and speech, got kicked out of an alcohol-free youth club because they thought he was drunk – just because they didn't understand the way he walked and talked."

Mauro Barton is a wheelchair user with spina bifida. “Sometimes at bars or clubs, I just get looks from staff and their customers – as if I don’t belong. I’ve been refused entry because of entrance access. The bar is usually higher than me, too, so it can take a long time to get served. At other times people standing behind me have been served first – over my head – spilling their drinks down on me. These sorts of things need to stop.”



Conclusion

Key Themes

Each individual story is unique, yet similar – a story of identity and the role alcohol plays in that, of alcohol harm, and of hope. Many common threads have emerged from these stories, some of which are discussed below.

Adjusting to a different way of life and fitting in

For refugees, migrants and international students (in particular) adjusting to a different culture and lifestyle in New Zealand brought with it both benefits and challenges. In particular, many discussed the freedom that being in New Zealand offered them as well as the pressures that some felt were attached to this freedom – the pressure to conform to expectations from peers and the perceived cultural norms of this country (as they relate to alcohol use). This was a particular concern for some of the younger migrants, who often felt split between conforming to the values, beliefs and expectations of their family, culture and religion (eg, strict abstention from using any harmful substances such as alcohol) and being seen to fit in with their New Zealand peers.

This desire to fit in and to be seen as 'normal' also tends to predispose some people with disabilities to consuming alcohol in harmful ways. Those with disabilities who are consuming alcohol in harmful ways appear to be less concerned with experiencing alcohol-related harm than they are with just being treated like everyone else.

In addition, for some international students, the consumption of alcohol helped them to manage feelings of loneliness from living in a foreign country without their family. For others it helped them to keep warm in temperatures that were much colder than in their country of origin.

New Zealand's binge-drinking culture

New Zealand's binge-drinking culture was mentioned on many occasions. Even those migrants whose country of origin had fewer constraints around alcohol use still highlighted the problematic nature of the drinking culture in this country.

The easy availability of alcohol was seen as particularly problematic by those migrants and refugees who came from countries with strong cultural and religious values and beliefs that support abstention from harmful substance use. The combination of normalisation of excessive alcohol use in this country, the temptation of having alcohol so freely available, and the many challenges these migrants and refugees typically face in adapting to a new life often sees them turn to alcohol despite their strong cultural and

religious beliefs in abstinence. Those people who do indulge (even in a small amount) face the risk of bringing great shame on their family. This, in turn, can lead to further adverse outcomes for that individual and their family.

Alcohol use and its impact

Many spoke about the severe impact alcohol has had on them, their whānau and their communities (particularly from those who identified as gay, lesbian and/or bisexual). We heard about lifestyles where individuals lost everything because of their alcohol use – their job, their house, their whānau, their friends, and even their dignity and self-respect until seeking help. Underneath all of this we could feel the pain of their addiction and the suffering it brought.

Access to appropriate help and recovery

Despite hearing about the severe impacts alcohol use has had on many lives, most also mentioned the changes they had put in place to minimise these impacts and the support they had to maintain this. Support was seen as paramount to recovery.

We also heard, however, that families could either help or hinder an individual's relationship with alcohol and/or their journey to recovery. For some (particularly migrants and refugees), the family provided a type of self-imposed reminder system for controlling

and constraining their alcohol use, to not bring shame to the family name. For others (particularly those with an alcohol addiction), their harmful alcohol behaviours were sometimes reinforced by, or associated in some way with, their family and so in their path to recovery they needed to distance themselves.

Some spoke about the difficulties they had in accessing help in a timely way. Even more concerning, some told us that they didn't even know where to go if, or when, they needed help with problematic drinking.

We also heard stories about the struggle some had in becoming alcohol free, and many of them spoke about their fear of being judged by others. This fear often became a huge barrier to them seeking the help they needed.

A number of migrants and refugees (in particular) suggested that a doctor would be an excellent conduit for identifying problematic alcohol use and for encouraging people to reduce or stop their drinking. They saw doctors as being a particularly powerful point of contact – an influencer that could get the message across to people with alcohol problems in ways that others probably couldn't.

Some also suggested that it would be useful to integrate education on health and wellbeing, including alcohol use and harm, as part of the acclimatisation workshops for migrants.

Potential Implications for Policy and Practice

While the potential implications for policy and practice (outlined below) are more specifically focused on preventing and reducing alcohol harm among our diverse communities, they can also be applied more broadly (ie, to other health, social and justice concerns).

Continue with efforts to shift the drinking culture and to cease all forms of discrimination

Continued efforts to transform the overall social context within which New Zealanders drink and to reduce the availability and accessibility of alcohol are likely to have positive flow-on effects for preventing and reducing alcohol use and harm among these diverse communities. However, to ensure the potential benefits of these measures reach these communities in an equitable and effective manner, other factors need to be taken into account (Maynard, Wright, & Brown, 2013).

A common thread that cut across all the communities was experience of some form of discrimination. There is a growing body of research on the significant influence that stigma, stereotypes and discrimination can have on health and wellbeing outcomes (Maynard et al., 2013). We also know from an analysis of 2007 survey data on

New Zealand high school students that those who experienced (or were unsure about experiencing) ethnic discrimination were more likely to report an episode of risky/harmful drinking in the four weeks prior to being surveyed (Crengle et al., 2012).

Some of the communities (particularly young people and people with disabilities) appear to be prepared to compromise their health and wellbeing just to be seen as normal, to fit in, and to be like everyone else.

The research, therefore, tells us that to be effective in preventing and reducing alcohol use and harm among our diverse communities there is a need to increase national efforts to denormalise excessive alcohol consumption in New Zealand, as well as work on effective ways to cease all forms of discrimination.

Improve the knowledge base

There is a dearth of prevalence data and useful information on alcohol use and harm among the communities (eg, international students, transgender) and no information at all on people with disabilities.

Agencies could, therefore, look at opportunities to work with the communities to significantly improve the current data and knowledge base about each of these population groups.

Effectively raise awareness on alcohol use and harm and where to seek help

Many mentioned the need to increase the general awareness of alcohol use and harm within our communities and where to go for help.

Using acclimatisation workshops to educate migrants on alcohol use, harm, and where to seek help for problematic alcohol use was suggested by some as a potential solution to raise such awareness. This is worth considering, as is the need for us to more effectively link to general awareness raising efforts (such as the Health Promotion Agency's Say Yeah, Nah campaign). Agencies implementing such campaigns need to engage with diverse communities so they can ensure the messages being promoted are relevant to all communities and to also ensure people know where to go to seek help. This may require the development of additional resources to complement general campaign efforts.

Ensure there is effective, non-judgemental and timely help in place

Many spoke about the fear they had about being judged (eg, fear of being judged harshly by others because they were gay, transgender or with a disability).

Practices and programmes that use non-judgemental and destigmatised approaches that allow a person to arrive at their own conclusions (wherever possible) about what to do about their drinking can be effective. One such approach involves using the primary health care system to screen everybody for alcohol use and provide brief advice or referrals for those who need it. The routine nature of this approach and the context within which the advice is provided mean it is unlikely patients will feel particularly targeted or judged when being asked or given advice about their alcohol use (Maynard et al., 2013). There is also substantial overseas evidence, and a growing New Zealand evidence base, to show that alcohol screening and brief intervention in primary care is an effective and cost-effective way of reducing harmful drinking (Maynard & Paton, 2012). Further (and as mentioned by a number of migrants and refugees), doctors can be a powerful influencer for behaviour change.

Given that most New Zealanders see a doctor at least once a year (Ministry of Health, 2008), alcohol screening and brief intervention is a particularly effective way of identifying problematic alcohol use and intervening early in the lives of individuals within our diverse communities. There is an urgency, therefore, to increase the use of alcohol screening and brief intervention in New Zealand, particularly in the Auckland area. In addition, it is important to develop the capability of early intervention and treatment services to take a non-judgemental and destigmatised approach to their service delivery.

The intergenerational cultural tensions that can occur between parents born and raised in other countries and their children who are born and/or raised in New Zealand were touched upon by some. When alcohol is thrown into the mix, this can exponentially increase this type of tension, particularly within those families who have strong cultural and religious beliefs against the use of alcohol in any way or form. This is a very sensitive area that requires an equally sensitive approach.

While it appears from the limited data that alcohol use and harm are much lower among most migrant communities than the general population, we still need to ensure these levels do not begin to increase.

We need to identify ways we can keep young people (who are the potential leaders of tomorrow) safe and able to talk about any alcohol-related issue they may have, without feeling that they will bring shame upon their family. We also need to help bring communities together to discuss some of the cultural tensions that currently exist and to resolve some of these difficult and often not talked about issues. Peer support services could potentially help with this and agencies could also provide communities with the support they need to do this.

Concluding thoughts

Challenges facing diverse families and communities are typically complex, so traditional linear models of problem solving, where solutions are identified and implemented or imposed, are unlikely to be sustainable as they do not recognise and work with the complexity of issues facing communities (Victory Village Forum, 2011).

Appropriately responding to the needs of our diverse communities is one of the key principles underpinning HPA's approach to community action.

As demonstrated by these stories, the factors, behaviour patterns and harm related to alcohol use can be quite diverse.

This means that different approaches may be required to meet the unique needs and level of readiness of diverse communities.

It is important, therefore, that we reach people where they are and use approaches that communities themselves know are likely to work well. In saying this, however, we are also keen to learn about what works to prevent and reduce alcohol-related use and harm more generally. This way we are more likely to develop an approach that will make a real difference over the longer term.

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Further Help and Information

Throughout this resource we have listed specific services that you may wish to access if you are looking for more information or are concerned about your own or someone else's alcohol use. We have listed the websites of these services again for your easy reference at the end of this section. In addition to these services please also consult the 'personal services' page in the white pages of your telephone directory and the help services and information websites listed below.

For immediate help with problematic alcohol use please call the Alcohol Drug Helpline. There are specific help services available (see immediately below) and consultants are available 7 days a week from 10am to 10pm:

Alcohol Drug Helpline

0800 787 797 or text adh to 234

www.alcoholdrughelp.org.nz

Whaka-tu-tangata – Māori Service

0800 787 798

Pasifika Service

0800 787 799

Youth Service

0800 787 984

Other useful services and websites

www.addictionshelp.org.nz/Services/home

This website contains a regionalised database of all the publicly funded addiction treatment and advice services available anywhere in New Zealand.

www.al-anon.org.nz

Al-Anon helps families of alcoholics.

www.aa.org.nz

Alcoholics Anonymous may be the place to go if you find problem drinking, binge drinking, drinking blackouts or other alcohol problems are affecting your life and that of your friends and family.

www.carenz.co.nz

CareNZ offers a wide array of treatment and support services to all New Zealanders with addiction problems.

www.livingsober.org.nz

The Living Sober website provides social network support for those who are worried about their drinking or have decided to stop drinking.

www.kina.org.nz

The Kina website provides information, support and advice to help you while dealing with your loved one's alcohol or other drug use.

www.alcohol.org.nz/alcohol-you

This website provides a way for you to find out more about your own drinking, the effects it has on your body, how to access help and treatment and who to talk to.

www.likeadrink.org.nz

Like a drink? has been produced for people who have experienced some issues with their drinking and are toying with the idea of making some changes.

***[www.salvationarmy.org.nz/
need-assistance/addictions/
alcohol-and-drug-addiction](http://www.salvationarmy.org.nz/need-assistance/addictions/alcohol-and-drug-addiction)***

The Salvation Army offers the opportunity to evaluate alcohol or drug use and explore ways to bring things under control again.

www.linkage.co.nz

Linkage provides a variety of services to help people navigate their way through the government, health and social service systems to find solutions that best meet their most urgent needs.

Quick reference for other websites identified throughout the resource:

Consumers

www.alcoholdrugconsumernetwork.org.nz

Refugees as Survivors

www.rasnz.co.nz

Chinese New Settlers Services Trust

www.cnsst.org.nz

Rainbow Communities

www.rainbowyouth.org.nz

www.nzaf.org.nz

www.outline.org.nz

Disability Communities

www.ccsdisabilityaction.org.nz

Other

www.higherground.org.nz

www.aucklandcitymission.org.nz

www.cads.org.nz/Detox.asp

www.wingstrust.co.nz

www.hpa.org.nz

Health Promotion Agency

Wellington Office

Level 4, ASB House
101 The Terrace
PO Box 2142
Wellington 6140

Phone: (04) 917 0060

Freephone: 0508 258 258

Fax: (04) 473 0890

Email: enquiries@hpa.org.nz

Northern Regional Office

Level 2, Ascot Central
7 Ellerslie Racecourse Drive
Greenlane East
PO Box 11791 Ellerslie
Auckland 1542

Phone: (09) 916 0330

Fax: (09) 916 0339

Email: enquiries@hpa.org.nz

Southern Regional Office

Level 1, CBRE House
112 Tuam Street
PO Box 2688
Christchurch 8140

Freephone: 0508 258 258

Email: enquiries@hpa.org.nz

For help contact the Alcohol
Drug Helpline on **0800 787 797**

To order resources visit alcohol.org.nz
and go to Order Resources