



Canterbury DHB AOD PROJECT

Sandy McLean, Service Development Manager, CDHB Planning and Funding

This project is driven by a desire to improve the journey for people, and their families, who are experiencing alcohol and drug problems. Within the current context of limited resources and increased demand for services, there is an opportunity to think outside the “box” and consider a re-orientation of the system. This involves shifting the focus from the current way of meeting need to consideration of what might be possible.



Workshop

The first step was a facilitated workshop where a broad range of people came together and discussed the current system. There were perspectives from consumers, families, clinicians, support workers, managers and people from related sectors. The information gathered was valuable, particularly as it is specific to Canterbury.

Working Group

The issues identified, and potential solutions, from the workshop form the basis of the ongoing work being undertaken by a smaller group. Updates are continually being circulated to the wider stakeholder group and people are welcome to comment. Maintaining this connection with the wider community is vital to the success of the project.

The themes being worked with are:

- Access
- People/whanau centred, community based
- Care tailored to individual need

- Specialist services to support the sector to support the individual
- Focus on prevention/early intervention
- Intra-sector collaboration
- Inter-sector collaboration
- Information systems and education
- Workforce
- Funding model

The working group meetings are stimulating and challenging. People are showing a real willingness to grapple with the issues and cast aside their own loyalties in an attempt to develop ways of working that respond to need in a flexible timely manner. The ideas/concepts that have emerged so far are:

- Centralised resource centre/one-stop-shop
- Increased capacity in primary care
- Specialist services for specialist functions
- Shared information systems
- Increased roles for consumers/peers
- Develop measures of effectiveness
- Mobile flexible services
- Family inclusive
- Individual focused not programme focused
- Wider range of options – when and where consumers need them.

Next step

The ideas from the working group will be used to develop a system model. This will be widely circulated with an opportunity to comment. Once the model has been finalised an implementation plan will be developed and then the real work will begin.

Contents

Canterbury DHB AOD PROJECT	1
Editorial	2
Nationwide Services Framework project	2 – 3
Children and Youth Crime and Justice	3 – 4
The Youth Justice Bill	5
Alcohol Drug Helpline – Call Back Pilot	6 – 7
The First 100 Days	7
Diary notes	8
NZDF International Drug policy Symposium	8

Editorial

Welcome to 2009. It is busy already with the first 100 days of the new National Government having come and gone. It appears to be becoming a big year for legislative policy changes – why is that not surprising?

We know that treatment works but legislative frameworks can and do have an impact on the addiction treatment sector. As a sector it is important to keep up with the change processes, directing information so decision makers know the effectiveness and value of addiction treatment. NCAT – National Committee on Addiction Treatment has delivered the most recent of its position statement papers (2009). The focus is on youth, alcohol, drugs, problem gambling and criminality. It is concluded that what is needed in New Zealand is optimal opportunities for treatment for alcohol drug and problem gambling¹. Check the web site below for details.

The NCAT paper is timely with a call for submissions on the Children, Young Persons, and their Families (Youth Courts Jurisdiction and Orders) Amendment Bill (YJ Bill). This edition of Connections takes a look at the new and somewhat challenging aspects and the strengthening of what was already there. Although the first reading of the YJ Bill was rushed through under urgency and the first draft accepted, there is still time as part of the consultation period for regions and services to have their say, something we are encouraging in this edition of Connections.

There are a number of policy changes and plans underway that will impact the sector at different levels, nationally there is YJ Bill, the Sale and Supply of Liquor and Liquor Enforcement Bill; there will also be a date set soon for the Misuse of Drugs Act Review feedback; the National Services Framework continues, and locally for Canterbury there is the District Health Board Alcohol and Other Drug Project – thinking outside the “box” and considering a re orientation of the system.

Connections will keep you informed through these various processes as they develop.

Char Macpherson
Editor

1. www.ncat.org.nz

Nationwide Services Framework Project Update

The Ministry's Nationwide Services Framework (NSF) project has been underway since May 2007. The aim of this project is to review, revise and update the service specifications for Mental Health and Addiction so that they accurately reflect the range of services which District Health Boards purchase, and are up-to-date with new innovations and best practice.

So far, the NSF project has involved two phases. Phase 1 reviewed the specifications for adult mental health, infant child adolescent and youth, consumer-led and eating disorder services. After extensive consultation, the Ministry is now internally processing the revised specifications. When this is completed, they will become part of the Nationwide Services Framework Library and are expected to be available for contracting purposes from 1 July, 2009.

Phase 2 has focused on the service specifications for Addiction, Kaupapa Māori, Pacific and Family/Whānau services. Reviewing these specifications has involved the input of technical groups over the past six months.

NSF team, Roz Sorensen and Miriam Horgan



The revised draft addiction specifications incorporate concepts such as recovery, family and whānau inclusiveness, continuing care, harm minimisation and collaboration with other health and government services. Along with a revising of the existing specifications, so far suggested AOD service specifications for tier three are:

- AOD Liaison Service – NEW
- Continuing Care Service – NEW
- Dual Diagnosis AOD / MH

- AOD Supported Living (AOD CSW)
- Adolescent and Youth Residential
- Community AOD
- AOD/MH Residential
- Detoxification – inpatient
- Detoxification – Home and Community
- Detoxification – Residential
- AOD Early Intervention
- Residential treatment

The draft phase two documents will be available for sector-wide consultation and feedback until the end of April. This feedback will be incorporated and the specifications will then go through the Ministry process to be accepted into the NSF Library.

If there are changes you'd like to see to these specifications this is your opportunity to let us know. Copies of the draft specifications can be found on the following website; <http://www.midlandmentalhealthnetwork.co.nz>, or by contacting: Roz_Sorensen@moh.govt.nz or phone: 09 580 9075.

Children and Youth Crime and Justice: have your say

The Children, Young Persons, and their Families (Youth Courts Jurisdiction and Orders) Amendment Bill¹, nicknamed the YJ Bill, was introduced to Parliament on 18 February 2009 under urgency. The timing is set for it to be passed into law by the end of 2009, for the implementation to begin from April 2010, and for the Bill to be completely implemented by the end of 2010.

Aims

The Proposal aims to; lower the jurisdiction of the Youth Court to include 12 and 13 year olds accused of serious offences, allow the Youth Court to issue new parenting, mentoring and drug and alcohol treatment orders (including programmes for teen parents), and is expected to improve effectiveness by enhancing existing options and creating new sentencing options and programmes to address many of the underlying issues that it cannot currently do.

Target group

The Policy is targeted at 1000 young offenders aged between 12 and 16 years old who commit serious crimes, often

involving violence (other than murder and manslaughter). This group, mainly but not always, are likely to be repeat offenders, male (80%), Māori (54%), most are not engaged in education, with negative adult and peer influences and living amongst endemic drug and alcohol abuse.



Currently, children aged 10 to 13 years can only be prosecuted for murder or manslaughter. A small number of 12- and 13 year olds commit serious offences such as attempted murder, aggravated robbery, aggravated burglary, sexual violation (which includes rape), wounding with intent and arson. There is also a small group of 12 and 13 year olds who commit repeat offences, most notably burglary. As indicated in the Fresh Start for Young Offenders: Regulatory Impact Statement (1) (FSYO:RIS) the proposed changes are to reduce the danger to people in the community from these activities and to assist children and young people to get their lives on track and to lead socially constructive lives, free of crime.

Proposed Changes

The proposed changes will extend the current Youth Court Orders where: a supervision with residence order placing a young person in custody will be extended to six months (currently three) followed by a 12 month supervision order (currently six months); a supervision with activity order will be extended to six months (currently three) and may be followed by a six month supervision order. New orders are also proposed such as Rehabilitative and Supportive Orders, which will empower the Youth Court to order drug and alcohol rehabilitation, something that it cannot do at present. This aspect of the Bill recognises underlying issues, notably the links between alcohol and other drug problems: offending (as noted above), poor life outcomes such as physical and mental ill health, involvement and exposure to a continuing cycle of violence and danger, and the costs to the community, families and whanau – costs including social, personal, financial/economic, from stolen or damaged property to causing pain, disability or the loss of life.

(ctd page 4)

Children and Youth Crime and Justice: have your say, (ctd)

Military Style Activity Camps

There will also be an AOD component in military style activity camps and treatment foster homes. The Minister of Social Development and Employment, Paula Bennett, said in her press release (February 2009) that a military-style activity camp programme would be developed to target the 40 most serious young offenders. This programme would consist of up to three months residential training, using army-type facilities or training methods, and provide clear boundaries, reinforcement of self-discipline, personal responsibility and community values. It would be followed by up to nine months of intensive support to meet each young person’s individual needs.

As part of the Fresh Start suite of new sentencing orders introduced by the bill, young offenders may, where necessary, be sentenced to attend and participate in drug and alcohol rehabilitation programmes for up to 12 months. This will require the strengthening and development of Youth residential or day programmes to respond to the expected increase in demand.

Funding

There will be additional funding to expand available programmes and purchase new ones, and to cover significant work during 2009 with partner agencies (includes Ministry of Health) and NGO providers, to develop new and targeted programmes: 16 residential beds, 462 community based day programmes and counselling. However it is unclear whether this means additional to already established services. The total cost of \$2.280 million ongoing funding has been identified.

Monitoring

According to the FSYO:RIS(1), youth justice agencies will monitor the impact of these reforms ensuring that:

- providers of programmes deliver quality programmes with appropriate staff
- programmes and interventions focus on offenders’ identified needs and address the underlying causes of their offending behaviours
- each young person’s progress while on targeted programmes is monitored to ensure their plan is responding to their needs
- evidence-based information is gathered and reported regularly, to inform the effectiveness of programme outcomes and influence future investment in providers and programmes.

Submissions by Friday, 17 April

The Social Services Select Committee has called for submissions on the Children, Young Persons, and their Families (Youth Courts Jurisdiction and Orders) Amendment Bill. It is suggested that a submission be written by a core service or a representative group with a mandate from the other services in the area, which is then presented on behalf of the region along with letters of support from individual services and organizations in your region, will have more impact than individual submissions.



Themes to consider and discuss

- Youth development
- Military style activity camp approach
- Referral to AOD services
- 12 and 13 year olds and the implications for treatment
- Interventions already working in the community
- 12 and 13 year olds and custodial sentencing
- Evidence based?

There can also be an advantage in presenting your submission in person to the Social Services Committee and being available to answer any questions that the Committee may have.

Useful links to more detailed information.

(1) Ministry of Social Development links to media releases including A FRESH START FOR YOUNG OFFENDERS: Regulatory Impact Statement (RSI)

<http://www.msd.govt.nz/about-msd-and-our-work/newsroom/media-releases/2009/pr-2009-02-16.html>

The Bill can be downloaded from

<http://www.parliament.nz/en-NZ/SC/SubmCalled/>

The Youth Justice Bill: adding texture

Char Macpherson

It was identified at the latest Addiction Treatment Leadership Day (ATLD) in Christchurch, that the proposals in this Amendment Bill had huge implications for the addiction treatment field.

Jenny Wolf, MoH Mental Health and Addictions team said there would be input from Disability Services, Mental Health and Addiction Services, and feedback would be given to the Ministry of Social Development (MSD) and the office of the Minister of Health. This work would be funded out of MSD and not Vote Health, meaning there would need to be much more clarity on how this relationship would work.

The Minister of MSD states (February 2009), that the extensions to the Youth Court Orders are definitely needed, and that the military style camps would not be the 'boot camps' that have been tried and failed in the past. However, there were concerns expressed because of the fundamentally punitive style of a military approach and the negative effect this may have on any follow up support and treatment.

It was also pointed out that treatment in a restricted and controlled environment led to changes and skills that work in that environment, but often are not related to the real world which is not a regulated and controlled environment, even with a nine month follow up period.

I spoke to some people who had a direct interest in youth and have experience working with the children and young people who would fit into the group that the proposed changes target. Ria Schroder, a research analyst for the National Addiction Centre who is passionate about youth and the potential they have when their developmental needs are identified and met, had this to say: "While supporting wholeheartedly the need for intensive intervention with 'serious young offenders' and applauding this Bill for bringing these issues into a public forum, I am deeply concerned about the focus on 'Military Style Activity Camps' as the chosen method for the three month residential component of this 12 month intensive programme.

"A strong evidence base suggests that one of the many components of healthy development, including engagement in pro-social rather than antisocial behaviours, has little to

do with strict discipline and regimented activity and a lot to do with connectedness to self, other and community.

"The key to connectedness is of course relationships. Given the traditional focus of military style programmes on routine, discipline and following orders, I fear that the relationship aspect, and many other aspects necessary in promoting optimal development, will be missed. If our focus is on removing serious young offenders from society for a short period of time and punishing them for the crimes they commit then military style camps appear an obvious first choice. But if our intention is to support these young people to become fully functioning healthy members of society then our focus must be on promoting healthy and optimal development."

Trish Gledhill, Kina Trust (Family Inclusive Practice) had this to say about the proposed Bill: "I would echo what was noted yesterday [at ATLD] that the Bill does not acknowledge in any way the benefits of inclusive practice as well evidenced in youth research and practice. Notwithstanding the realities that many young people are living in settings where families are challenged by AOD issues, these programmes are still largely individualistic approaches that do not draw on protective factors in the community that would support any change process. A further concern is that the limited funding allocated would mean that the transition processes would be compromised given the costs of such intensive programme delivery."

For those who would like to consider the politicians' views (the debate in the House when the Bill was presented is very interesting), this link will take you directly to the debate page: http://www.parliament.nz/en-NZ/PB/Debates/Debates/b/7/9/49HansD_20090218_00001078-Children-Young-Persons-and-Their-Families.htm

Disclaimer and Contact Information

Connections is the official newsletter of the Alcohol Drug Association New Zealand, funded by the 6 South Island DHBs.

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Alcohol Drug Helpline: Call-Back Pilot

Mel Johns,
Clinical Team Leader, Alcohol Drug Helpline

Kia ora Koutou,

I'll keep my personal introduction brief because the developments at the Alcohol Drug Helpline are far more exciting to talk about.

I'm coming up to ten years in AOD. This consists of working in a long-term Therapeutic Community and as an Assertive Outreach Drugs Worker for a prescribing service in the United Kingdom. Since coming to New Zealand I've undertaken some work for the Department of Corrections and from there to Thorpe House, social detoxification service in Christchurch.



My present role at the Helpline appealed to me a lot because I could clearly see how some of the current developments underway could fill some fairly noticeable gaps in the AOD treatment sector. Most importantly for me, the developments appear to be very client-centered in their approach and philosophy.

What is the ADHL Call-Back Pilot?

The Call-Back Pilot can be best summarised as a series of brief interventions. These are delivered within the opening times of the Helpline, 10am-10pm 7 days a week. A client is called by a Brief Intervention Counsellor from the Helpline at a prearranged time on

an agreed frequency – from daily to weekly. The focus is on delivering a brief intervention that assists a client to develop and sustain their motivation and remain in the treatment process.

What are the aims of the service?

One of the most important goals of the Call-Back service is to build, support and reinforce a caller's decision and motivation for change. We understand that motivation is a dynamic factor with many internal and external influences that can change quickly – sometimes several times in a day! However, what we aim to do during the Call-Backs is work in a strengths based and motivational way that supports clients whilst waiting for treatment.

What is the value to Helpline Callers?

One of the greatest strengths of the service is that we deliver it in a very client-centered way. Primarily we work within a client's own perspective.

Practically, this means we call the client at a pre-arranged time and frequency that suits them and fits around their needs. This is often outside the 'normal' opening times of many community based AOD services.

We also work with a client where they are currently at. We assist a client to set their own goals, and also to re-frame those goals, with an emphasis on self-efficacy throughout.

What is the value to service providers?

We have been supporting Auckland CADS clients who are waiting for inpatient/home detox for the last 18-months. The success of this service and the positive feedback received from both clients and clinicians has led to this pilot.

We can prepare and support people who are waiting for specialist treatment such as detoxification and residential rehabilitation. This helps to strengthen engagement in the treatment process and minimize the risk of self-discharge.

Early Outcomes

The engagement rate of clients on the Call-Back Pilot has been incredibly high. Approximately 80% of clients are contactable and engage in the service at the prearranged, call-back time, indicative of the need and value placed on this service by its clients.

Possible Future Developments of the Call-Back Service

We have very limited capacity on the pilot programme and cannot accept external referrals from other AOD agencies. However, the future potential of the Helpline to further support the work of other AOD treatment providers is huge. One example of this could be on-going relapse prevention work post-treatment.

Examples of Call-Back Pilot Clients

- 1) Client assessed by CADS and waiting for an inpatient detox. Receiving call-backs daily to assist with reduction in alcohol use and maintenance of motivation prior to entry.
- 2) Client in the community, working full-time with supportive family and a number of stable factors. Self-detoxed from methamphetamine and cannabis, receiving weekly call-backs and brief interventions in the evening to assist with maintaining change.
- 3) Client referred to and waiting for a comprehensive assessment with a CADS unit, geographically isolated and no support from significant others. Daily call-backs to retain in the treatment process and further develop motivation.



Mel Johns, Clinical Team Leader, Alcohol Drug Helpline

Want to know more? Please contact me:

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The First 100 Days

Dr David Chaplow (Chief Advisor, Mental Health Services) gave a MoH update at the recent Addiction Treatment Leadership Day, and started by saying "...the new Government has had a fast paced and broad ranging agenda for its first 100 days in office. Some of the Health sector issues are the:

- Bonding Scheme for recent doctor, nurse and midwife graduates
- Opening the books on elective surgery
- 24 Hour Plunket Line
- Line by line review of all Government Departments' expenditure including the Ministry of Health
- Law and Order major priority, including Youth Justice Bill
- Mitigating the impacts of the recession

He went on to say "there are also some other issues that we can reasonably assume will impact on health services – in particular, the Youth Justice Bill, ...and what might be the impact of the economic recession on health and on health services, for example, if there are major job losses, we should expect increased depression, and potentially increased alcohol and drug use."

Dr Chaplow also included a number of national issues, such as the Coroners Court revamp, and work with the Ombudsman with a focus on Human Rights, particularly for children; the National Services Framework, and the process of looking for good practice and what constitutes the 'glue' of services. He spoke about the need to understand what good leadership was and to encourage it: "...it is not just personal factors that are needed (vision, integrity, intelligence, adaptation, judgment, authority, psycho-dynamic awareness) but also system factors (alignment of responsibility, authority, power and enablement). Mandate is important (clear job description, responsibility and accountability) and resourcing (money, capacity, capability). Good leaders will step outside the square, he said, and they don't create followers they create leaders."

Dr Chaplow also acknowledged the benefits for the Addiction Field in having the National Committee on Addiction Treatment (NCAT) to work on behalf of the field at Government level.



Diary Notes

Central Region Addictions Network Forum

15 – 16 April, Palmerston North

Registration details www.alac.org.nz under 'events'.

The Children, Young Persons, and their Families (Youth Courts Jurisdiction and Orders) Amendment Bill (YJ Bill)

Submissions by Friday, 17 April, 2009

<http://www.parliament.nz/en-NZ/SC/SubmCalled/>

Sale and Supply of Liquor and Liquor Enforcement Bill

Submissions by Thursday, 23 April, 2009

<http://www.parliament.nz/en-NZ/SC/SubmCalled/0/3/4/49SCJEsaleandsupplyofliquo200904231-Sale-and-Supply-of-Liquor-and.htm>

Misuse of Drugs Act Review

Submission date to be confirmed

ALAC Working Together

14 – 15 May, 2009, Wellington

registration details www.alac.org.nz under 'events'

Addiction Treatment Leadership Day

2 July 2009, Auckland

5 November 2009, Wellington

The **Addiction Treatment Research Monograph** from the Combined APSAD and Cutting Edge, 2007 is now available at <http://www.chmeds.ac.nz/departments/psychmed/treatment/monograph2007.pdf>. Also, past monographs (2001-2006) are available on the ATRIG website: <http://www.chmeds.ac.nz/departments/psychmed/treatment/atrig.html>.

NZ Drug Foundation International Drug Policy Symposium

'Through the Maze: Healthy Drug Law'

Mike Moss, CAYAD Otautahi

This year you have the opportunity to make a submission to the Law Commission review of the Misuse of Drugs Act (MODA).

Attending the recent New Zealand Drug Foundation International Drug Policy Symposium 'Through the Maze: Healthy Drug Law' provided opportunity to gain insight from international experts in the fields of drug law, policy, treatment and enforcement.

There are some clear messages from the symposium:

- International experts see New Zealand potentially having a leading role in debating and developing effective legislation
- Return to the original intent of legislation, to address the damage associated with drug use
- Customs, police and justice departments are unreasonably expected to be the main defence against drug related harm
- Change has to be within the parameters of United Nations conventions

- Change should be in the direction signalled in the Ministry of Health NZ Drug Policy to address the health and social costs of drug use
- Acknowledge that young people represent a significant proportion of those affected, both directly and indirectly by illicit/harmful drug use and drug policy, and honour the right of young people to be actively engaged in the formation and evaluation of all facets of (global) drug policy*

There are many issues to debate. Illicit vs licit drugs? Would reducing or removing the penalties associated with possession and use of illicit drugs change societal attitudes? How can you encourage rational debate in the face of moral panic? There are no simple fixes, but there is a need to shift the balance away from prohibition as a blanket policy relying primarily on supply reduction, to a greater focus and resourcing of initiatives which reduce demand and address harm.



Here are some useful links:

<http://www.moh.govt.nz/moh.nsf/indexmh/national-drug-policy-2007-2012-part1>

www.youtube.com/nzdrugfoundation.

http://www.ungassdrugs.org/index.php?option=com_content&task=view&id=115&Itemid=110

*UNGASS 2008 Resolution

