



More People Calling Alcohol Drug Helpline Thanks to New Ads

The Alcohol Advisory Council's (ALAC) new television advertising campaign has sparked a big increase in calls to the Alcohol Drug Helpline. The first of a series of three ads urging people to 'Ease up on the drink' and directing those seeking help to call the Helpline or go to a web address began in April, with a second ad screening in May and a third in June.



Paul Rout, Chief Executive Officer of Alcohol Drug Association of New Zealand, which runs the Helpline, said there had been a 20 percent increase in alcohol-related calls to the Helpline for the months of April and May this year compared to previous months.

"Up to March 2010, calls had been up four percent on the previous year but calls increased dramatically in April and May and most importantly the increase has been sustained."

Mr Rout said the greatest increase had been in calls from people wanting to talk about their own drinking rather than the drinking of a close friend or family member.

"During the two months of April and May there was a 30 percent increase in callers ringing about their own drinking," he said. 'This included a doubling of the number of Maori men calling about their own use of alcohol. People calling have commented on how real the television ads are and how much it reflects their own situation. Comments from callers ranged from 'this is just what I'm going through' to 'just looking at it touched a raw nerve in me' to 'that used to be me'."

The third television ad has been added and is set in a family home. The ad shows a conversation between a husband and wife the morning after a drinking session in their house. The ad focuses on the impact the main character 'Matt's' drinking has on his son, his relationships and the family's finances.

"When a family member drinks too much it has a big impact on the rest of their family. Children can suffer because of a lack of supervision and support, relationships begin to fall apart and the money spent on alcohol can mean there's not enough to cover the basic needs of the household," said Mr Vaughan, the CEO of ALAC.

The aim of the campaign is to give people the confidence and tools to do something if they're worried about the way someone they care about is drinking. And for people whose drinking has become a problem, the campaign encourages them to take steps to do something about it—by making changes to their drinking and by getting help through the ALAC website www.alac.org.nz or by calling the Helpline (0800 787 797).

For further information or comment contact ALAC Senior Communications Advisor Lynne Walsh on 021 369 081.

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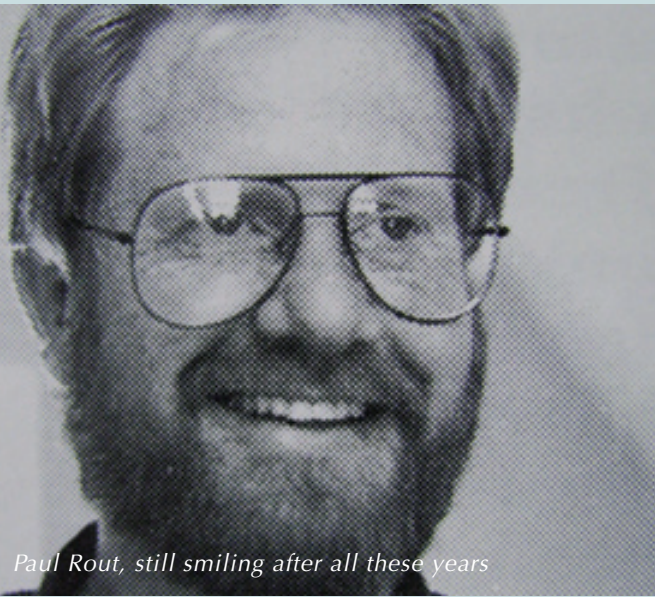


Editorial

Kia ora koutou

Welcome to the last issue of Connections. Following a funding review South Island DHBs have withdrawn funding for Liaison on Alcohol and Drug (LOAD meetings and the Connections e-newsletter from 30 June with the aim of reprioritising resources to front line services.

Both Connections and LOAD have been provided by ADANZ for over fifteen years in various stages of evolution. The biggest developments have been the change from a Canterbury focus to a South Island one and from targeting specialist services to providing information and including the range of allied mental health and social service agencies that have a key role in addressing alcohol and other drug (AOD) issues for their clients.



Paul Rout, still smiling after all these years

Thank you to the many people who have contributed to Connections and attended LOAD meetings over the years and a special thank you to Char Macpherson our LOAD Coordinator and Connections editor whose enthusiasm, hard work and skills have made these services a success.

Alcohol and other drug problems are in the top six contributors to the global burden of disease and there is no reason to believe New Zealand is an exception in this regard.

For example ALAC estimates that about 785,000 people over 18 years of age are 'uninhibited binge drinkers', drinking at a level which puts them at risk of significant harm to themselves and others. In addition, if you add the problems the over 400,000 people who use illicit drugs such as cannabis and methamphetamine are at risk of incurring, then our community is paying a high price in alcohol and other drug related health problems, crime,

loss of productivity and relationship breakdown. Current services are only reaching around 15 to 20% of people who could benefit from some form of intervention.

Recent reports from the NZ Law Commission reviewing the regulatory framework for the sale and supply of liquor and the Misuse of Drugs Act have both emphasised the need to significantly improve access to treatment and fix the associated system problems contributing to service barriers. Consequently the prevention and treatment of AOD problems should be a high priority for New Zealand. To quote from an ADANZ submission made to the Law Commission and reprinted in their final report:

'Despite the clear evidence for the significant contribution of alcohol and other drug problems to the overall burden of disease in NZ and the evidence for the economic and social return from investing in treatment (\$5 reduction in expenditure on health, social, and criminal justice services for every \$ invested in treatment) AOD has never been an identified as a priority within government health strategies.'

The future of reducing the harm associated with alcohol and other drugs lies with establishing effective public policy and legislation, activating the whole community in prevention and treatment and ensuring adequate resources are available to provide the services to do so.

ADANZ is committed to continuing to reduce alcohol and other drug related harm in our communities and looks forward to working along side you all to make a difference.

Naku noa

Paul Rout

Chief Executive, ADANZ



Char Macpherson

Applying an Analytical Blowtorch

Rt Hon Sir Geoffrey Palmer SC
President, Law Commission

The Law Commissions report *Alcohol in Our Lives: Curbing the harm* was released in May. In a speech made to the ALAC Working Together Conference in May the Right Honourable Sir Geoffrey Palmer spoke on the process, the outcome and reactions to the Review, reports and recommendations. The following are selected portions from that speech, however, reading the full speech is recommended and a link can be found below.

Sir Geoffrey started by saying New Zealand has a real liquor problem. Curing it will not be easy, since many people get a lot of enjoyment from the moderate use of alcohol. He went on to say “The problems New Zealand has with alcohol will not be solved this year or next. They need to be addressed over several years. The report is intended to guide policy for at least a decade. A large segment of our recommendations relating to advertising, sponsorship and promotion take place over a recommended five year period.

The community

Law changes can nudge the community in a different direction by creating an environment more conducive to less risky behaviour. Many of the necessary changes must flow from the community itself, not the law.

Social attitudes need to be shifted so it is not regarded as socially acceptable to get drunk. We ought NOT to embrace what has been labelled “a new culture of intoxication”.

The reform process

The Report is the product of a collective effort that drew heavily on the wisdom, expertise and insights of a wide range of individuals, organisations and research.

There was extensive public consultation - more than 50 meetings all around New Zealand and almost 3000 submissions. **What we picked up was a widespread sense of public concern that the pendulum has swung too far in favour of liberalisation of alcohol laws.**

False criticisms

Sir Geoffrey thought it would be useful to explain the fundamental principles and analysis which underpins the

policy package the Law Commission’s report. He said in the course of this that he hoped to apply an **analytical blow torch to some of the more pernicious and self-serving arguments** mounted against the Report. That is that the recommendations are “prohibitionist”, or “punish the responsible majority for the sins of the small minority”, or represent a “nanny-state approach” or are an attack on the “poor”.

Nanny State

Behind the slogan “nanny state” lies a serious principle. It is one our report explicitly endorses: that people live in a free and democratic society and should be subject to only such reasonable limitations on their freedom as can be justified in a free and democratic society. People have the liberty to behave as they choose as long as their actions respect the rights of others and are not contrary to the law. Public policy decisions that are made to restrict activity have to be justified by strong arguments that it is in the public interest that individuals and corporations do not exercise their freedom in particular ways.

But to frame the alcohol debate solely in terms of consumer rights is to ignore a number of fundamental principles. First, alcohol is not an ordinary commodity. It is a legalised drug capable of causing serious harm to both the drinkers and those around them.

The consumption of this drug at quite low levels can affect the judgment of the consumer, potentially undermining their ability to make fully rational decisions or indeed to accurately assess the risks associated with their drinking.

But the primary rationale for state regulation of this drug lies not in a paternalistic impulse to protect drinkers from themselves, but rather in the need to minimise the harm and cost that drinkers inflict on others – including the State.

In short, if the State is expected to play the role of banker, doctor and welfare provider, it is also entitled to set the rules around alcohol in such a way as to minimize its exposure to the costs associated with alcohol-related harm.

These arguments are well accepted by the New Zealand Treasury as a justification for the imposition of excise tax on alcohol. Indeed, the current government has already demonstrated its willingness to intervene strongly in the market with moves to increase taxation on tobacco. The Regulatory Impact Statement prepared in support of these tax increases stated:

“Evidence shows that increasing the price of tobacco products is the single most effective means of reducing smoking prevalence in tobacco consumption, and averting tobacco-related deaths and illnesses.”

The same is true for alcohol. The distinction between alcohol and tobacco that is drawn lies in the argument that tobacco has no favourable consequences, whereas alcohol consumption does in some circumstances for some people. This argument cannot bear much weight if the aim is to minimise the harm done by excessive alcohol consumption. People who consume in a way that is not risky will pay little extra.

The price of alcohol is a key driver of alcohol consumption levels and therefore a driver of acute and chronic harms.

The government has also shown a willingness to take a strong precautionary approach to the harms associated with other drug use, including proposals to restrict public access to over-the counter cold and flu remedies containing precursor ingredients for the production of methamphetamine. Surveys suggest around 4% of New Zealanders use amphetamines. To date there have been no recorded deaths from methamphetamine overdose in New Zealand. In contrast, since July 2007, 83 people are known to have died from alcohol poisoning – literally drinking themselves to death. In addition, a thousand people a year are estimated to die of alcohol-related causes in this country, and many thousands more are injured as a result of their own or somebody else’s drinking.



The Commission also proposes increasing the rights and responsibilities of parents, rather than the state, in respect of their children’s drinking. But with that right comes the responsibility to supervise and monitor their children’s drinking.

Nothing works

Perhaps one of the most prevailing reactions to the Law Commission Report is that nothing that is recommended will make any difference. In truth, that is false. The measures recommended are research based, and the research shows they will make a difference. People may not like the measures. That is a different thing. Price makes a difference. Availability makes a difference. Age makes a difference. The number of licenses makes a difference. The level of enforcement makes a difference.

The law cannot change human nature. It cannot stop people getting drunk. This is obviously right. But what the law does do is to provide a framework for the necessary conditions to support behavioural and social change. It can also help to establish and support social norms by prohibiting and penalising certain behaviours. It can nudge the community in a better direction.

Liberalisation of alcohol in the years following 1989 allowed a vibrant café and restaurant society to develop. But analysis led us to the conclusion that the liberalisation of alcohol laws over time led to over-supply and over-commercialisation of alcohol. We also know that the widespread availability of cheap alcohol facilitates harmful drinking. The research is clear, young and heavy drinkers prefer cheap alcohol.

In tandem with this radically changed market, there has been an escalation in alcohol related harms. Alcohol is just one factor in the mix. That is obviously right. But commenting on the causes behind a steady increase in youth violence in the New Zealand Herald last week, Principal Youth Court Judge Andrew Beecroft said: “Some of it is long-term factors, including abuse within the family, transients, early development of conduct disorders ... if you took alcohol out of the violent offending equation you would probably reduce the numbers in the Youth Court by 90%.”

The factor that distinguishes alcohol from many other contributing factors is that the abuse of alcohol is a modifiable risk factor. We can do something about it. And it is simply not correct to say none of the measures that we can adopt will make any difference. They can and they will if only we have the courage to adopt them.

Do not punish the responsible majority

A recurrent theme running through the coverage of our report in the media is that harmful drinking is a minority pursuit and therefore the “responsible majority” should not be penalised by price increases and restrictions on hours, and that we rather should target the *troublemakers*.

There are some serious defects with this argument. The first is that the drinking surveys and evidence that we have in New Zealand do not support the notion that we are dealing with an insignificant minority of drinkers. What the evidence suggests is that the majority of drinkers get drunk occasionally. Just over 20% drink in a potentially hazardous manner. And about 10% drink enough to get drunk every week.

Some people abstain or moderate their drinking during the week and then drink large amounts on the weekend. Many New Zealanders who may classify themselves as responsible drinkers may be among the third whose daily intake is pushing their risk of dying of an alcohol-related disease or injury above 1:100.

People who drink infrequently but heavily (that is, binge drinkers) do not necessarily pay their fair share of excise, because they can generate significant costs in terms of injuries and criminal harm. Most of the episodes of intoxication occur among the large number of people whose total consumption is not particularly high and who get intoxicated relatively infrequently, rather than the small number of people who become intoxicated most frequently and drink most heavily. The result is that most of the acute harm is actually associated with the majority of the drinking population.

Tax is levied on the amount of pure alcohol in a product, those who drink the most alcohol pay the most tax, both proportionately and absolutely. Also, because excise increases have the greatest impact on the price of cheap alcohol, and cheap alcohol is favoured by heavy and young drinkers, excise increases provide a mechanism by which harmful consumption can be preferentially targeted.

Moderate drinkers, and others with low or no alcohol consumption, will also benefit from a reduction in alcohol-related costs and harms across society, potentially reducing costs for health and justice services.

Do not target the poor

Another curious charge levelled against us is that we are targeting the poor. The truth is our research showed that the poorer and more vulnerable communities that we consulted – for example in Porirua and Otago – made the heaviest and most passionate demands for urgent action.

The absence of any say in local communities about the nature and number of the liquor outlets around them is a glaring and unacceptable defect of the existing law. The Law Commission's Otago consultation meeting told us: "Alcohol is destroying our community."

The conscience vote

The first report that we put forward recommended abolition of the conscience vote. This of course is not a question for the government. It is a question for the party caucuses. But the idea that matters of important social policy that bear heavily on law and order and health should be made on the basis of a conscience vote seems to us to be courting legislative disaster.



Not enough personal responsibility

Many segments of the licensed trade say that the full answer to liquor problems is to impose more personal responsibility. One difficulty with the argument is that it is requiring people to act in a rational and responsible way when their minds have already been impaired by the ingestion of alcohol. There is a serious contradiction in that.

A popular idea, and one that was quite attractive to us, was the idea that the offence of public drunkenness should be re-introduced. The essential difficulty with this proposal is that it founders on the issue of Police resources.

There is nothing worse than a law that cannot be enforced. And I doubt that the public would be interested in increasing the Police force for this purpose. We did recommend, however, a new system of civil cost recovery. This would provide the Police with the power to serve a notice of debt on anyone who, because of intoxication, is either driven home, placed in temporary shelter, or put in a Police cell under the powers of detention that the Police have under section 36 of the Policing Act 2008. This has the advantage of not clogging up the criminal courts.

The speech and full report can be found and downloaded at www.lawcom.govt.nz

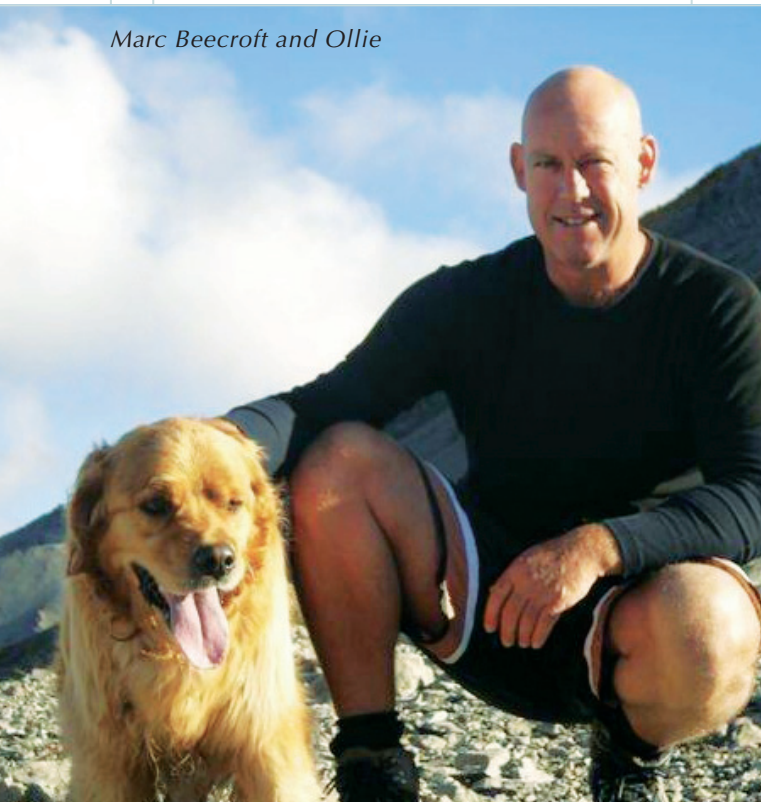
Consumer Participation - but not as we know it

Anna Christophorou, Team Leader, Consumer Team and Marc Beecroft, AOD Consumer Advisor

We say farewell to 10 years of hard work and dedication from our previous AOD Consumer Advisors as we negotiate a new current of energy to continue our dream of 'making it better' for our peer group.

It's with sadness that we document the reconfiguring of the South Island (SI) AOD consumer Network and say bon voyage to some great people and relationships as we look at, where to from here.

Marc Beecroft and Ollie



While ADANZ Consumer Advisory Service is moving back to a one person role and has lost ground with key regions not renewing contracts, we feel confident that with DHB's contracts in Canterbury, South Canterbury and West Coast we will remain the hub for consumer participation in the South Island.

As a way forward and not to loose further ground, we propose working with the mental Health Advisors in forming a new (SI) co-existing video network with one

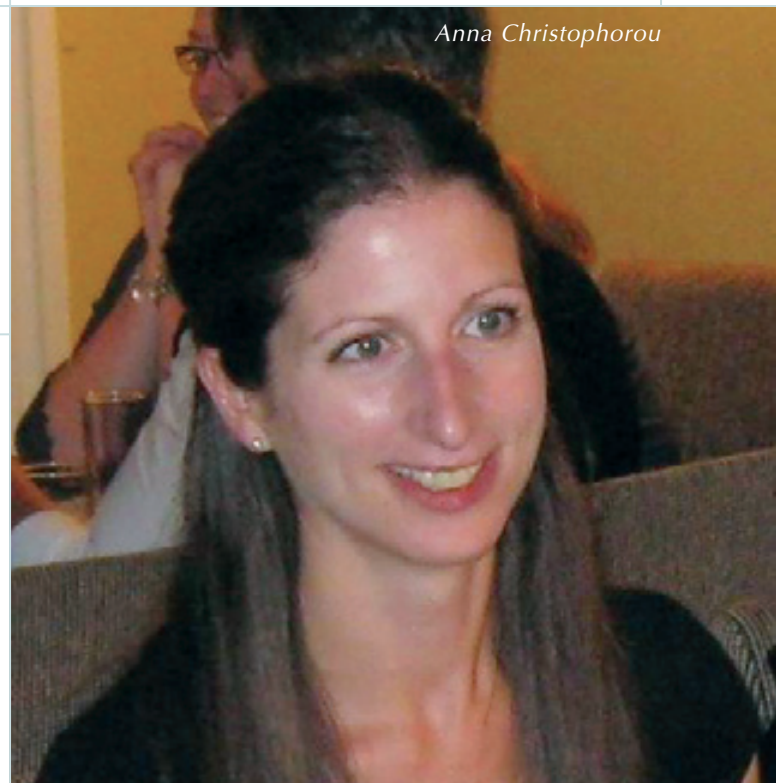
of the adjectives being "Reclaiming Lost Ground" (AOD and mental health consumer networks that have been disbanded).

Marc Beecroft

The strength of Consumer Participation

The strength of consumer participation is evidenced by the increasing attendance of consumers at the Christchurch AOD and methadone consumer group. This group has provided feedback to services and also a forum for staff and consumers to share their thoughts and ideas together.

Anna Christophorou



It is a shame that as such strides have been made locally that we have lost some key regions.

Like any service or industry the likelihood of success is increased when we know what people need and how they identify it works best for them. It is crucial that participation is not lost in these regions and that the South Island networks are maintained so that marginalized groups are not further isolated.

I would like to take the opportunity to acknowledge the hard work and passion that all the ADANZ advisors have provided in their role and the positive addition that they brought to the sector for both consumers and services providers.

To embed consumer participation successfully within a service involves work from all sides. It is important that we all remain committed to this in order to ensure that treatment works.

Anna Christophorou

Addressing the Dynamics of Health

The new clinical framework Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems 2010¹ is now available. It has been prepared as a guideline to assist health professionals working with co-existing substance use and mental health problems and replaces the older version The Assessment and Management of People with Co-existing substance Use and Mental Health Disorders (1999).

The document is 173 pages and is organized into six sections:

- 1-3 Introduction and background, overview and brief description of the CEP framework
- Section 4 is the heart of the document, background literature to the seven key principles; explains the principles in depth to assist their implementation into practice.
- Section 5 looks at service capacity and developing service capability to put the practice framework in a service and systems context. Finally,
- Section 6 applies the framework to a clinical scenario.



Te Ariari o te Oranga: The Assessment and Management of People with Co-existing Mental Health and Substance Use Problems 2010 has been written by Dr Fraser Todd from the National Addiction Centre. It is a clinical framework to assist health professionals working with co-existing substance use and mental health problems (CEP) and is a companion document to the MoH's guidance: Service Delivery for People with Co-existing Mental Health and Addiction Problems – Integrated Solutions².

Service Delivery for People with Co-existing Mental Health and Addiction Problems - Integrated Solutions is a Ministry of Health authored document to assist mental health and addiction services to develop and enhance their co-existing problems capability.

The Ministry is printing Te Ariari o te Oranga (but not Service Delivery-Integrated Solutions). Te Ariari o te Oranga hard copies should be available to order from Wickliffe Press. Telephone (04) 496 2277 or email moh@wickliffe.co.nz

What's in a name?

Te Ariari o te Oranga (Dynamics of Health) was a term coined by students and tutors of Te Ngaru Learning Systems in 1996 to reflect the metaphors and experiences related to well-being, rejuvenation and recovery. Rather than pathology it is a term that expresses transition, strength and hope.

In the March 2008 edition³ of Connections we considered some of the language used in the study and treatment of addiction and mental health. The article looked at the way in which people conceptualise the problems experienced by service users and how it influences the structure of our services and the content of our interventions. The term Te Ariari o te Oranga in the title of the guidelines illustrates a positive and useful approach to working with CEP.

1. <http://www.moh.govt.nz/moh.nsf/indexmh/assessment-mang-people-coexisting-mental-health>
2. <http://www.moh.govt.nz/moh.nsf/indexmh/service-delivery-coexisting-mental-health>
3. http://www.adanz.org.nz/IM_Custom/ContentStore/Assets/11/83/2ee87a4cf9404656e972da6c70769705v7%20March%202008.pdf

Disclaimer and Contact Information

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

Articles from the newsletter can be reprinted as long as ADANZ is acknowledged. Contributions including letters are welcomed, however submission does not guarantee publication. Contributors can enjoy reasonable liberty in the expression of their views.

Views and opinions expressed do not necessarily represent those of ADANZ.

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Diary Notes @ Links

Addiction Treatment Leadership Day

22 July 2010 Auckland www.matuaraki.org.nz

Cutting Edge

23 – 25 September 2010

Registrations open end May 2010 and early bird registrations close 31 July 2010 www.cuttingedge2010.org.nz

30th APSAD conference Building on the Capital

28 November - 1 December 2010 (National Convention Centre, Canberra, Australian Capital Territory).

Info and registration at www.apsadconference.com.au/

Are You Confident in Dealing with Disclosures of Sexual Violence?

Youth and Sexual Violence: Wednesday, 19 May 2010, Thursday, 8 July 2010 and Wednesday, 6 October 2010

Auckland - \$195 + GST

Dealing with Disclosures: Tuesday, 8 June 2010, Wednesday, 25 August 2010 and Tuesday, 19 October 2010

Auckland - \$195 + GST

Bookings close the Friday prior to workshop. To book, please email bronwyn@rapecrisis.org.nz or call Kylie or Sue on 09 360 4001 ext 207 www.rapecrisis.org.nz

Healing Our Spirit Worldwide: The Sixth Gathering

3 - 10 September, 2010 Honolulu, Hawai'i, USA

Info and reg <http://www.hosw.co.nz/HOSW2010/Aotearoa.html>

2nd Sport and Alcohol Conference : Finding the Balance

9 - 11 February 2011 Massey University, Auckland
info@sportandalcohol.com www.sportandalcohol.com

Matua Raki Events Calendar

Events within or relevant to the sector, such as training, workshops and conferences, can be emailed with details to administrator@matuaraki.org.nz and they will be added to the sector calendar. www.matuaraki.org.nz

It's our turn to shout update - vibrant online discussion forum

- new content on the It's our turn to shout blog every few days
- Blog: www.ourturn2shout.org.nz
- Facebook: www.facebook.com/pages/Its-our-turn-to-shout/299250028116
- Twitter: <http://twitter.com/ourturn2shout>
- Mailing list sign-up: www.surveymonkey.com/s/alrmailinglist.

Plan your staff training and workforce development

Health professionals need training, ongoing education and career development.

AUT University

The Graduate Diploma in Addictions at AUT University equips students with the knowledge and skills required to work effectively with people with substance use and gambling related problems.

Blueprint for Learning

Blueprint has a comprehensive range of mental health training, and its programmes cater for both government and non-government providers, is NZQA accredited and ISO 9001 registered.

Massey University

The Postgraduate Certificate in Health Science (Dual Diagnosis) is designed to prepare mental health professionals to work more effectively with clients who have coexisting substance abuse and mental health problems.

Moana House Training Institute

Moana House offers an NZQA accredited qualification - Te Taketake -- Diploma in Applied Addictions Counselling Level 6.

National Addiction Centre

The National Addiction Centre, part of the University of Otago, provides practically orientated addiction and co-existing disorders education at a postgraduate level.

Skills Matter

Skills Matter, hosted by Te Pou, is dedicated to the training and development needs of people working, or wanting to work, in New Zealand's mental health and addiction services. Its primary function is to fund education providers to deliver mental health and addiction post-entry clinical training.

Te Pu Wananga o Anamata

Te Pu Wananga o Anamata, based in Whakatane, offers the Diploma in Applied Maori Health – Coexisting Disorders.

WelTec

Wellington Institute of Technology (WelTec) offers training in counselling, and alcohol and drug studies.