



Addictions Treatment Leadership Day

The recent Addiction Treatment Leadership Day held 9 March in Christchurch, was organized on behalf of the Ministry of Health (MoH) by the National Committee for Addiction Treatment (NCAT), with support from the Mental Health Commission and Alcohol Advisory Council (ALAC).

The purpose of such days is to facilitate discussion and debate on strategic issues and directions for the addictions treatment sector. By bringing leaders in the field together, it is expected that through their varied experience, knowledge and expertise addiction services MoH and DHBs will work together cohesively, thereby improving services for consumers/tangata whenua.

Eighty people in leadership roles attended the Day. It was encouraging to have people from a wide range of areas within and allied to the AOD Sector - ALAC, DHB Funding and Planning, AOD Workforce Development, Policy Development, Maori and Pacific Island peoples, treatment services, academia and research, consumers and consumer advisors, with Government representation from the Ministry of Health and Mental Health Commission.

Welcome and Up-date from MoH

The day started with a mihi mihi by Tuari Potiki (Ngai Tahu) from ALAC. The opening session went on to include an outline of the

day's events, welcome and introductions followed by an update from Arawhetu Peretini, Manager Maori Mental Health and acting Deputy Director General, Mental Health.

Arawhetu acknowledged the passion, commitment and capacity for perseverance in the AOD sector, which in turn was increasing the DHBs Planning and Funders knowledge of the sector.

Arawhetu also pointed out that the consultation round for the draft Action Plan to implement Te Tahuu – Improving Mental Health was imminent and that it was a good opportunity to have input into what was described as the main policy vehicle for Addictions and Mental Health.

The draft action plan has 120 actions in it; the objective being for MoH and the DHB's, to achieve the goals related to addictions. Arawhetu pointed out that it would be a great advantage if there were more people with AOD experience and knowledge working for

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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 so expressed do not necessarily represent those of ADANZ. Contributions, comments or general correspondence regarding the Connection should be sent to:

ADANZ Connection
PO Box 13-496, Christchurch
Email: ada@adanz.org.nz
Fax: (03) 377-5600

General inquiries, correspondence, address changes and ADANZ membership subscriptions should be made to:

Phone: (03) 379-8626, Fax: (03) 377-5600
Email: ada@adanz.org.nz

Postal Address:

ADANZ
PO Box 13-496, Christchurch
Physical Office Address:
level 1, Latimer View House
215 Gloucester Street, Latimer Square
Christchurch
www.adanz.org.nz

NOTES FOR YOUR DIARY

FREE PUBLIC FORUMS DRUGS AND YOUNG PEOPLE

Public forums are being held in New Zealand following the 5th International Conference on Drugs and Young People. The forums will include presentations from some of the keynote speakers at the Australian conference, as well as our home grown experts.

The forums are jointly hosted by the Drug Foundation, Alcohol Drug Association, Odyssey House Auckland, Hapai te Hauora Tapui, and the Association for Adolescent Health and Development.

The forums are free, but numbers will be limited, so register early. For seating and catering reasons registration will close by Wednesday 10 May (unless the limited spaces are filled before then). Speakers include:

Franca Beccaria, University of Turin, Italy
David Fergusson, Christchurch Health & Development Study
Richard Midford, National Drug Research Institute
Rod Skager, University of California
and also representatives from youth health and development perspectives

Christchurch

Monday 29 May
Holiday Inn on Avon
9am-4pm

Auckland

Thursday 1 June
Orakei Marae
9am-4pm

To register please send your name, position, organisation and email contact details to admin@drugfoundation.org.nz

Cutting Edge Conference

7-9 September Wellington Duxton Hotel

Cutting Edge is an annual treatment conference in alcohol, drug and co-existing disorders. It is hosted by the Alcohol Advisory Council of New Zealand (ALAC) (Principal Sponsor) and the National Addiction Centre in conjunction with the Addiction Treatment Research Interest Group (ATRIG).

Call for presentations, deadline is FRIDAY 26 MAY 2006.
www.chmeds.ac.nz/departments/psychmed/treatment/callforpapers2006.pdf

UPDATE: Alcohol & Other Drug Sector and Corrections interface.

ALAC have commissioned

1. A literature review to examine international examples of AOD interventions in justice settings. This is due for completion by the end of June 2006.
2. A New Zealand stock-take of AOD clinician intervention that is already happening in correction settings.
3. Analysis of the Nelson project: AOD intervention in the police and court systems.

the DHB's particularly in Funding and Planning. "What is needed is leadership from the AOD sector".

Questions included the concerns about the increasing number of prisons and the many issues regarding how AOD service delivery is to be addressed - who was to lead? It was made clear that it was not for Mental Health to lead, in the end it was down to funding and that there needed to be clear roles identified between Corrections and AOD as they are not clear at this time. "There is a need to keep talking – not yelling, to find ways to get through..."

Information and Sector Updates

The rest of the morning included information and sector updates from NCAT, Ministry of Health (MoH) and the Nelson Marlborough DHB Arrest Referral Service with interesting questions comments and discussion.

NDP

Terry Huriwai from MoH pointed out that the sector had the opportunity to have in-put in to National Drug Policy as the updated draft had been signed off and was available on the website (www.ndp.govt.nz). Feedback was being sought at the consultation stage and submissions also welcomed.

Arrest Referral Scheme Nelson Marlborough

Eileen Varley and Carla Lane from Nelson Marlborough described the success of the Arrest Referral Scheme. It was noted that there were definitely benefits for this type of scheme working in a smaller community compared to a bigger centre where regular contact with the other sectors was more formal. It was also noted that having a Judge who understood the value of the scheme and was supportive was invaluable in the success of the programme.

Comment

Programmes like the Arrest Referral Scheme needed buy in from all the sector stakeholders, i.e. police, corrections, judiciary, lawyers and AOD. Comments from the floor suggested that police do not usually support these types of options because they see them as 'soft'; it would be good to seek the involvement of a supportive judge at a national level to act as an intermediary between groups to bring the various sectors on board.

Treatment Services & Outcomes Measurement

Morning tea was followed by a session on Treatment Services – Outcomes Measurement: Adding Outcomes to Inputs, when funding and monitoring services.

ADOPT

Among the presentations were included updates on the ADOPT Project by Daryl Deering and Gail Robinson – (the first stage is complete and the report is available on the NAC web site: www.chmeds.ac.nz/departments/psychmed/treatment/research/html) a survey of AOD services found strong endorsement for the value of routine outcome measurement, and that such measurement must be both multidimensional and brief (less than 10 minutes). ADOPT 2 is well underway with the development of the draft instrument to fit in with MH-SMART suite.

Outcomes at Odyssey Auckland

Dr Alex Davidson and Chris Kalin gave an overview of Outcomes at Odyssey Auckland. There were benefits of measuring AOD treatment outcomes in a controlled environment compared to Health of the Nation Outcomes Scale (HoNOS) where information can be too general to be useful. An effective database meant recording of and access to a wide range of information such as demographics, statistical reports, performance measures, treatment outcomes, aftercare etc.

Comment

In response to comments about HoNOS not being particularly useful for the collection of data regarding AOD treatment, Terry Huriwai from MoH pointed out the key thing was that HoNOS was an established part of Mental Health, AOD is also a part of Mental Health, there was no getting rid of HoNOS hence a specific AOD tool as an addition to HoNOS will be used by the AOD sector.

The day also included a panel presenting updates and discussion on Service Development for Māori in AOD and Workforce Development news and presentations see pages 4 and 5 respectively.

It was agreed that the discussion over the day had been enlightening and that, it was good to have a Ministry presence for the whole day. It was noted that people had discussed issues, talked and listened rather than arguing. Because of this the day had felt very productive.

The next Leadership Day would be in Auckland in July. Suggestions for topics for the next leadership day included looking at the section 65 of the Transport Act for the Ministry of Transport relicensing.

There was an invitation made for any issues or themes that might be included in planning for the July Leadership Day.



Presentations and discussion on workforce development at the Leadership day



Professor Doug Sellman

Presentations and discussion on workforce development at the Leadership day began with the acknowledgment that Doug Sellman was now a Professor of Psychiatry and Addiction Medicine – the only one in New Zealand, not only a wonderful achievement for him but also for the Addiction Field. Professor Sellman was warmly applauded by those present on the day.

WFD discussion included

- The need for Māori addiction worker network
- The Advanced Nursing Project, looking at practioner roles and the development of guidelines for a clinical career pathway for nurses getting into or considering work in AOD
- The development of the Practioner Scope of Practice was identified as a risky task; we in AOD need to identify what it is that defines us.
- Orientation Course Project – a mechanism to bring new people in AOD up to speed
- Management and Leadership Project in Waikato with two scholarships of \$2,500 available to applicants who otherwise would be prevented from attending because of cost.
- The Youth Mentoring Project – six senior practioners to mentor 2 junior practioners each over a two year period; a project to retain the younger members of the AOD workforce
- A Clinical Helpline has been set up and is being trialed for six months. It is a helpline for clinicians who require pharmico-medical information.

The Problem Gambling workforce was small, made up of approximately 100 workers, Mike Goulding from Abacus Counselling pointed out. At this stage there were no best practice guidelines for Problem Gambling services. Consumers with gambling issues had complex needs such as budget advice and similar life skills advice that differed from AOD needs; specific, experienced and comprehensive assessment was needed to tease them out. There was a paucity of research into what works in treatment.

Bronwyn Dunnachie presented an update on the development of the 10 year strategic framework for the child and adolescent mental health workforce development to:

- identify current issues and future needs;
- identify effective practice models of workforce development, recruitment and retention for this sector;
- outline a set of recommendations aligned with mental health and wider government policy imperatives

The feedback on the draft strategic framework document has been supportive and there is a mandate to proceed. The key concern that has been raised is how to implement the recommendations. The next phase is to engage with stakeholders to scope and plan the implementation.

Maori Treatment Services Development



Rawiri Evans HVDHB with Arawhetu Peretini MoH and Peter Barnett NCAT

Included in the Leadership Day was a panel comprising of Tuari Potiki - ALAC, Gilbert Taurua and Tracey Potiki - He Oranga Pounamu, Pam Armstrong - Northland DHB, Rawiri Evans - Hutt Valley DHB all presented information including Te Rununga o Ngai Tahu services in the South Island, capacity building, workforce development and service provision.

- **He Oranga Pounamu (HOP)**
Established as part of the Ngai Tahu Social Services arm, HOP aims to build



Gilbert Taurua and Tracey Potiki from He Oranga Pounamu

capacity/ability of Māori services including AOD and addiction services, networking with Māori services, workforce development and contract work which are detailed on the HOP web site. Gilbert pointed out that the discrepancies in health would only be reduced if we started to work smarter; health determinants and life expectancies were related to incomes, hence the HOP focus was on employment projects which in turn were expected to influence health including AOD use.

- **WFD**

Pam has a role with Matua Raki as interim project manager to work on a competency framework for Maori addiction workers in line with DAPAANZ, Te Rau Matatini, Pacific Islands, WFD Initiatives.

- Consultation and discussion is happening with a number of groups – ALAC with the Cultural Concepts document and the Taumata Kaumātua; Te Rau Matatini around dual competencies. Pacific Island WFD also works with competencies, leading to the question - are there synergies to be found?
- It was expected that results from pilot competencies in two NGOs and other treatment settings, will have national implications
- WFD needs leadership as there are many groups within Māori for example Kaumātua; there is a need to pull together nationally not just regionally
- To strengthen the Māori workforce there need to be more Māori representation at board level of organisations, Māori with AOD experience need to be encouraged to put their hands up for leadership roles across the sector and to be supported
- An improved communication strategy is required to feed information out to the sector.

- **Service Provision**

- Rawiri's role as Regional Coordinator for Hutt Valley DHB had seen NGOs, PHOs and the DHB working together. There had been new services in the region with all contracts awarded to NGOs, three iwi based, which had increased sector capacity by a third. A continuum of care was now available and outcomes were able to be measured through pre and post care.

Iwi relationships were a vital part of Rawiri's role. He went on to say it was important to have an understanding of Māori terminology for example manaakitanga and whakawhanaungatanga; it was also an important aim to work from a set of principles relating to the terms.

- Tracey Potiki, Project Manager for He Oranga Pounamu, outlined the inception of Te Whare Tuku Tuku and the process of developing a strong network of services over the last year. She highlighted the need for young Māori to consider work in the AOD sector and for those who already work in AOD particularly with an AOD qualification, to register with DAPAANZ.

SERVICE UPDATE

Kaupapa Maori AOD Programme – now Mauri Ora Programme

We have now passed the midway point of the first cycle of the programme and the group has settled into a core group of nine participants six tane and three wahine.

There was a good turn out of family members for Whanau Week. Familial trust staff members Graeme, Karen and Lynne May were engaged in our Whanau Week process and provided a

comprehensive overview of core aspects of how addictive behaviours impact on family life.

Encouraging Signs

Interestingly, although we are a harm reduction programme several participants have proactively shifted from a harm reduction change plan to an abstinence focus as they have become more aware of

the depth of their substance issues. This is very encouraging for the team as our treatment philosophy allows clients to argue their own reasons for change and leaves the decision making and implementation to them with plenty of awhi from each other and the team.

Specialist Contribution and New Name

We are also fortunate to have the ability to access a range of He Waka Tapu staff members for their specialist input including our Kaumatua George Ehau who has been instrumental in assisting the "the programme" to organically evolve out of our existing framework.

On this note our programme name is "Mauri Ora" which will be a familiar phrase to many of you. Mauri (life essence) and Ora (wellbeing). We encourage whanau to connect with their 'inner voice' that can become drowned out with the competing "voices" of addiction. We encourage total personal responsibility (Tinorangatiratanga) and affirm each participants ability to exercise their own personal power and proactive decision making.

Specialist contribution also includes

- Our registered nurse Don Cross has supported seven out of nine members into Nicotine Replacement Therapy and whanau were all issued with pedometers as part of encouraging more physical activity.

- Lee Tuki our nutritionist and fitness person has injected a lot of energy and enthusiasm into raising awareness about good eating habits and the importance of physical activity on a daily basis with some great dance moves.
- The whanau has also engaged with Waka Ama and are learning a range of valuable skills.
- Whanau have been learning waiata with Tane Keepa which allows the wairua to flow.
- We have several components of the programme left to complete including skills based work and relapse prevention.

Next phase

Following this eight week group-work portion we will move into a four week "transitional phase" which will include meeting with clients along with whanau and support people to fine tune their change plans and complete their Waka Ama training.

Carol Penfold has been engaged (during this phase) to assist clients to identify particular areas they may need assistance with e.g drivers license, budgeting, parenting skills, CV development, linking in with part and full time work etc. This is a sampling of a comprehensive range of options open to whanau to assist positive movement forward with their lives.

Brent Tohiariki Team Leader Mauri Ora.

CONFERENCES

GAMBLING AND ITS IMPACTS - POLICY, PRACTICE AND RESEARCH PERSPECTIVES

13 – 15 September 2006.

The Auckland University of Technology North Shore Campus, Auckland

Call for Abstracts: We are currently seeking expressions of interest from individuals who have been affected by gambling who may want to present at the conference.

Abstracts for presentations are now being accepted for the conference. For consideration by the review committee, you must submit the Presentation Application form and meet all submission requirements no later than 16 June 2006.

For more information, go to <http://www.pgfnz.co.nz/> Cynthia Orme cjorme@pgfnz.co.nz or Maria Bellringer maria.bellringer@aut.ac.nz

BUILDING BRIDGES, COMMUNITY MENTAL HEALTH NATIONAL CONFERENCE

Challenging Concepts of Risk – Peril or Potential?

30 October to 1 November 2006

Hotel Grand Chancellor, Christchurch

Does minimising risk remove or greatly reduce opportunities for system and service innovation and personal recovery? How can the apparently competing imperatives of risk and recovery sit side by side?

This conference seeks a path forward, recognising risk for what it is – a natural part of any change or progress in society. Join us to debate the issues and to help build bridges between reducing risk and maximising recovery.

For more details at www.conference.co.nz/index.cfm/buildingbridges2006/



Out of the Blue/Kia Marama



The Mental Health Foundation launched a major new depression awareness campaign called "Out of the Blue/Kia Marama" in May 2005. The aim of the campaign is to raise awareness of the signs of depression in order to help people recognise when they or someone close to them is depressed.

One in five women and one in ten men experience depression in New Zealand and there is a strong link between depression and suicidal attempts and behaviour. The campaign also encourages people to seek help at an early stage and promotes the message that the majority of people who experience depression do recover and cope.

The scope of the audience for the campaign includes members of the public with little or no awareness of depression, people who are already depressed but not seeking help and people who are feeling desperate and possibly suicidal.

In October an advertising campaign targeting men who are depressed was launched as part of the "Out of the Blue/Kia Marama" campaign. The advertising particularly focused on men aged 25-44 as they are one of the groups most at risk of experiencing depression. Men aged 25-44 are less likely to seek help, have less contact with their GPs than women and are not likely to talk openly about issues they are experiencing because of the stigma of not coping. The idea behind the campaign is to support men to recognise the signs of depression, and to encourage help seeking, primarily through the "Out of the Blue/Kia Marama" website, www.outoftheblue.org.nz. One of the advertisements focused on the link between depression and alcohol, with the quote:

"There was so much going on in my head so I drank to shut it off. But I'd wake up the next day and it would still be the same".

Although the "Out of the Blue/Kia Marama" campaign does not focus specifically on the links between alcohol and depression, it does encourage people to look at their alcohol consumption when they are depressed.

Evidence suggests there is a strong link between alcohol and depression. The risk of self harm and suicide is also higher for

people with alcohol problems. It would seem that if we drink too much we are more likely to become depressed, and if we drink alcohol to relieve anxiety and depression, we can become more depressed.

The Mental Health Foundation advises that everyone should be aware of the following behaviours, which can indicate a person has a problem in the way they use alcohol:

- Using alcohol regularly as a way of coping with feelings of anger, frustration anxiety or depression.
- Using alcohol to feel confident.
- The need to drink more to feel good.
- Drinking that makes you feel angry, disgusting or suicidal.

Studies suggest that between 19-63% of those dying by suicide have a substance use disorder. Substance use disorders frequently occur alongside depression and or antisocial disorders. More specifically, estimates suggest that the risk of suicide is increased by six times for those with alcohol use disorders.

There is also evidence that shows that although many heavy drinkers feel depressed when they are drinking, most will feel better within a few weeks of stopping. So it is usually better to tackle the alcohol issues first and then consider dealing with the depression, if it has not lifted after a few weeks.

Treatment for both alcohol problems and depression can be very successful. It helps to regularly see someone you can trust, either your GP or a counsellor or other health professional.

Changing our habits and style of life is always a challenge and we need to remember it can take time to achieve and we must be patient.

Mental Health Foundation March 2006
www.outoftheblue.org.nz

References:

- Alcohol and Depression Help is at Hand – The Royal College of Psychiatrists January 2004
- Injury Prevention Research Centre (IPRC) University of Auckland IPRC Fact sheet no 41 March 2002, Suicidal Behaviour
- Beautrais A, in Suicide Prevention – A review of the risk and protective factors and points of effective intervention 2005

National Committee for Addiction Treatment

The National Voice for the Addiction Treatment Sector



Kirk Mariner NCAT CHAIR and Cate Kearney
DEPUTY CHAIR

NCAT Purpose

NCAT was established in July 2005 "to be the national voice for the addiction treatment sector in order to promote high quality treatment services for people and their families with addiction (alcohol, drugs and gambling) and co-existing mental health problems in Aotearoa New Zealand."

NCAT Membership

The membership of NCAT reflects the work and diversity of the Addiction Treatment Sector in New Zealand. NCAT is a group of service leaders, educators, representative groups and elected individuals who provide leadership to the alcohol and other drug (AOD) and problem gambling treatment sector and its stakeholders.

It is the first time that a representative treatment body has been established to reflect the full range of treatment, education and policy matters that are part of our daily work.

Committee Members

- Alcohol Drug Association New Zealand (ADANZ)
- Community Alcohol and Drug Service (CADS) Auckland
- Community Alcohol and Drug Service (CADS) Christchurch
- Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ) chair
- Māori Treatment Providers – Two representatives elected from national hui
- National Addiction Centre (NAC)
- National Addiction Training Providers Network
- National AOD Consumer Network
- National Association of Opioid Treatment Providers (NAOTP)
- New Zealand Drug Foundation (NZDF)
- Odyssey House Auckland
- Pacific Treatment Provider
- Problem Gambling Foundation
- Salvation Army

Elected Members

- Andrew Raven
- Eileen Varley
- Ian MacEwan
- Annette Gohns

Observers

- Alcohol Advisory Council NZ
- Mental Health Commission
- Ministry of Health

NCAT Working parties 2006

From its inception in July 2005 to April 2006, NCAT has met three times. An action plan on key treatment issues for the sector was compiled in November 2005, with work allocated in the first instance to Working Parties drawn from the membership of NCAT.

1. Addictions/ Police/Justice/Corrections Interface
2. Te Tahuhu: the Second Mental Health and Addiction Plan 2005 - 2015
3. Alcohol and Other Drug and Gambling Services interface
4. Communications
5. Treatment Outcomes
6. Residential Services
7. Primary Health Care Interface
8. Review of National Drug Policy

NCAT is also the reference group to Matua Raki: the National Addiction Treatment Sector Workforce Development Programme.

National
Committee for
Addiction
Treatment