



ALCOHOL DRUG  
ASSOCIATION  
NEW ZEALAND

10am - 10pm, 7 days

0800 787 797



CONNECTION

## ADA Newsletter Volume 2, Number 1

### EDITORIAL:

Stephen Covey once wrote that "Management is doing things right and Leadership is doing the right thing". These words speak to me and seem pertinent at this moment in time as we contemplate and seek to understand the planned health changes. It is worrying that with both the New Zealand Health Strategy and the establishment phase process of the District Health Boards there has been little to no consultation with the non-government sector. It would seem from a novice in this field that there is a commitment to ensure that it stays the way it was planned "the Cinderella of the health service".

To date, this method by Government and the Hospital Services has been hugely unsuccessful. One wonders from these feeble attempts if drug and alcohol issues are really anything we should be concerned about? Sure, it is an issue for parents, schools, and youth services. Yes, our road carnage points to alcohol misuse. The justice system would indicate a high prevalence of offenders come with A & D issues! The safety issues by local council seems to suggest a similar concern and then there are our hospitals, hospices, nursing homes and well, anyone else you can think of? But, is this a problem?

Should our Health System be concerned about the services and treatment options that the Alcohol and Drug Sector provides? Should it be concerned with the clinical practice, research and interventions that are helping to support our population? Do we forsake an area of Health that impacts directly on the lives of our people? I say we definitely do not!

This ADA Connection issue seeks to highlight some of the concerns that are currently facing the Alcohol and Drug sector. This country has had the management thing and to my knowledge with mixed success. However, I believe we need the leadership approach that Stephen Covey promotes, "leadership, is doing the right thing". The proposed Health changes need to be inclusive and readily address the health issues of all New Zealanders. The gaps are not due solely to this Government, but to fail to consult and effect change, means that it continues the path of bureaucracy "of doing things right". However, in whose eyes and by what measurements. ADA encourages the field and allied professional groups to support advocacy of the Alcohol and Drug field and to promote the good work and practice that are evident.

We encourage you to voice your concern to anyone who will hear, so write, speak out and present the Alcohol and Drug Sector voice.

Take heart from this excerpt from Nelson Mandela's 1994 inaugural speech;

" Our deepest fear is not that we are inadequate.

Our deepest fear is that we are powerful beyond measure.

It is our light not our darkness that most frightens us.

We ask ourselves, who am I to be brilliant, gorgeous, talented, fabulous?

Actually, who are you not to be?...

Your playing small does not serve the world.

There is nothing enlightened about shrinking so that other people won't feel insecure around you.

We were born to manifest the glory that is within us.

It is not just in some of us; it is in every one.

And as we let our light shine, we unconsciously give other people permission to do the same.

As we are liberated from our fear, our presence automatically liberates others."

### **WELCOME TO NICCI BEST TO THE ALCOHOL HELPLINE**

Nicci started with ADA in mid June and shares the responsibilities of Helpline Co-ordinator with Karen Gillie.

Nicci has a background in private and public sector organisations. The common thread in these positions has been her commitment to fostering the potential and uniqueness of the individual. This has included people management roles, human resources, support work, training, recruiting and counselling. She has a particular interest in maximising organisational supports for the individual and increasing communication networks.

To further her own development she has been completing and will graduate in February with a Diploma in Gestalt Psychotherapy. She intends to continue combining study with her work at the Helpline in 2001.

### **FAREWELL ANNE PRICE, WELCOME SHERYL BUTCHER**

#### **ADA Farewells Anne Price & Welcomes Sheryl Butcher as the Parent Drug Education Co-ordinator**

Sheryl started with ADA mid July after working for the last two years at the Christchurch Methadone Programme (Healthlink South Ltd). Sheryl brings with her extensive experience in the health field. She is a registered comprehensive nurse who worked in the psychiatric field for seven years prior to her last position. She has already started her job at ADA with great enthusiasm and commitment.

This position is funded by the Christchurch City Council and involves facilitating Drug Education sessions for parents and adolescents. This programme was previously piloted by Ann Price and successfully evaluated by SES for ongoing funding. Consequently the programme can now be extended to all high schools in Christchurch. The focus of the programme is on harm minimisation and encourages parents to explore this concept in a 'parent friendly' environment for more information contact Sheryl at ADA (03) 372-1317 email: [sherly@adanz.org.nz](mailto:sherly@adanz.org.nz)

#### **Kia Ora, from the Roger Wright Centre's Outreach Team**

My name is Dale McKinley and as I have only been in the position for a month, Toni and the others are showing me the ropes. Before living here in Christchurch I was in Nelson and Palmerston North and worked on the needle exchange programmes in those cities.

The outreach position at the Roger Wright Centre is a job that works in many directions, such as networking with the possible organisations that our clients may need or use. Our clients often either don't like, or have problems dealing with, those in authority. Part of my job is to

Our organisation is totally confidential and non-judgmental, so that the clients feel safe in talking to us. The target areas that outreach works with, is youth, prisoners and ex-prisoners, Maori and Pacific Islanders, steroid users, tattooists, body-piercers and same sex orientated individuals.

The outreach teams mission statement is "we don't encourage people to use, we encourage people who use, to make informed choices about safety."

make these contacts which, I can then offer to our clients.

Because the outreach service is peer based, we are able to show IDU's (in language they understand) practical and effective means of implementing safer using techniques in their everyday practices.



### FROM HEATHER'S DESK

By the time you receive this I will have met many more of you! Early August will see me travelling down the east coast, to Invercargill, attending LOAD meetings and meeting with as many consumers as possible in a short time. I expect to make another trip in late September early October when I will have time to meet more fully with existing customer groups and people who want to form a new group.

I am really enjoying my position as Consumer Advisor, and on reflection, I am more and more convinced that my function is a bridge builder. Bridges between Consumers and providers, policy makers and health professionals for example. A challenging, but rewarding task.

In July I attended the 10th anniversary fo the Te Aroha O Te Hauangiangi at Hamner Springs. What a great celebration of ten years wonderful work. I fully support the Consumer driven goal of the Taha Maori Program becoming fully autonomous. For more details contact Maraea on 03 315 7016.

Thank you to everyone who has helped make the transition from global explorer to Consumer advisor so easy for me. I also really value Tahī Takao and Ruahine Croft (Kaumatua and Taua at Healthlik South) for their tautoko of my position and goals.

Keep me up to date with, not only your concerns, but also your bouquets for services that are consumer friendly.

Best wishes, **Heather Hapeta**  
Consumer Advisor email: [heather@adanz.org.nz](mailto:heather@adanz.org.nz)  
Alcohol Drug Association (ADA)

### A WORD FROM OUR MINISTER OF HEALTH

In May, Ruth Dyson spoke at ADA's Top of the South Conference where we requested that she take to the Minister of Health our belief that the Non- Government sector be represented at the IACD (Inter-Agency Committee on Drugs). Annette King sent the following encouraging information in a letter to her Associate Minister of Health, Ruth Dyson. Ruth in turn, has requested that ADA pass it on to the A & D field, especially those in the Nelson Marlborough Region.

Ms King writes, "With respect to possible participation by the non-government sector on the Inter-agency Committee on Drugs (IACD), this is certainly something I believe should be considered. I understand that the IACD will be discussing opportunities for improving participation in drug policy development at their next meeting (scheduled for mid-August). The Ministry of Health in particular has recognised that participation opportunities for non-government organisations under the

National Drug Policy have been limited to date. The Ministry is currently

in the process of appointing three new staff to help drive the National Drug Policy initiatives and a focus of this additional resource will be on boosting community participation and buy-in on drug related initiatives. The IACD will report back to the Ministerial Committee on drug Policy on options for achieving this."

ADA would like to thank Ruth for her follow up with the Minister, as well as Lianne Dalziel who has also approached the Minister on this matter. Lianne, is actually a member of the IACD Committee and concurs to the importance of having NGO representation on this Committee.

Please ensure you keep advocating for the NGO voice in this area and especially in the establishment phase of the District Health Boards and beyond. The Alcohol and Drug sector is worthy of recognition and the NGO Sector worthy of representation.

### **Media Release: ADCA and Cancer Council CALL TO EXTEND DRUG PROGRAMS TO CONTAIN HEPATITIS**

A substantial increase in liver cancer in NSW reinforces the need to Governments to maintain and expand harm minimisation programs such as needle and syringe distribution to reduce the spread of Hepatitis C, according to health groups.

The incidence rates and death rates for liver cancer in NSW have doubled since the early 1970s. Although alcoholic cirrhosis is one cause, the increase over the last decade has been driven by infection with the Hepatitis B and C viruses.

The Alcohol and other Drugs Council of Australia (ADCA) and the NSW Cancer Council say Federal and State Governments need to maintain and expand their commitment to harm minimisation approaches in drug policy to control the spread of hepatitis.

"If this support does not continue it's likely we will see further increases in liver cancer contracted through the hepatitis viruses," said Dr Andrew Penman, CEO of the NSW Cancer Council.

"Hepatitis B can be effectively controlled by vaccination and it is a matter of considerable concern that Australia does not provide free vaccination to adolescents, gay men, sex workers and health professionals who constitute the high risk groups," he said.

Each year in Australia around 11,000 new cases of Hepatitis C, or 90% of new cases, are linked to intravenous drug users (IDU). The exact rate of Hepatitis B linked to both IDU and unsafe sexual behaviour is unknown, but from 1992-1998 over 25,000 cases were notified in NSW.

"In addition to needle and syringe distribution, there needs to be a greater range of treatment options such as the trialing of prescription pharmaceutical heroin and medically supervised injecting places," said Caroline Fitzwarryne, CEO of the Alcohol and other Drugs Council of Australia.

Access to treatment has been shown to reduce the spread of Hepatitis C, while needle exchange has played a critical role in preventing the spread of HIV/AIDS and is beginning to show its effectiveness in reducing the spread of hepatitis," Ms Fitzwarryne said.

"Governments must defend and expand these harm minimisation programs and introduce a greater diversity of services in order to improve upon this record".

**Media Contact:**  
**Caroline Fitzwarryne, ADCA Dr Andrew Penman**  
**MSW Cancer Council**

### **THE ALCOHOL HELPLINE EXTENSION OF HOURS AND BRIEF INTERVENTION COUNSELLING REVIEW**

It was agreed that a review rather than evaluation would be carried out in March this year however, this was delayed, due to an ALAC request, to August 2000. However, since then another request from ALAC was issued that we report on the Helpline Service including the Brief Intervention review. Throughout the official ADA Helpline report, there is ample evidence of the success from the inclusion of Brief Intervention Counselling, along with the extension of hours, to the current Helpline service.

Since its beginning the Alcohol Helpline has offered information and referral to callers, at first regionally then nation-wide. As the Helpline has become better known to New Zealanders the types of calls received have become more diverse and to some extent more complex. With wider advertising (ALAC Had Enough, Parent, Women's, Youth Campaigns along with Radio and other magazine and newspaper advertising); the closing of some regional crisis telephone services; the Alcohol Helpline has seen an increase in the demand for skilled intervention on the phones. The Alcohol Helpline statistics February 1999 through August 1999 highlighted the recording of significant numbers of calls that volunteer helpliner's deemed to be counselling type calls.

The Brief Intervention Counselling Trial commenced on the 16 August 1999 all were previously volunteers on the Helpline. These BIC's were asked to apply formally and were individually interviewed as per any position in ADA. The selection process took into account the experience of the applicants and their current ability. Once selected a training in basic counselling skills was provided at ADA's expense followed up by two separate sessions on Brief Counselling and Motivation interviewing conducted by Ian MacEwan from ALAC. Ian has been most generous and supportive with his personal time and interest in this initiative. Each Counsellor was offered the Motivation tapes to view while at work as another way of providing on the job training and instilling confidence in the BICs skills.

After six weeks on the phones each BIC was re-interviewed via a performance appraisal and again at three months with the help of Lois Cowan from CADS in Christchurch and a trainer for them in Motivational Interviewing. There was a sorting out process and we now have a confirmed group of BICs committed and who continue to upskill and develop. We are also fortunate to provide outside professional supervision due to the skill and generosity of Maryanne Wilson (Co-ordinator of the Christchurch Methadone Programme). The BIC's have appreciated these sessions and utilised them for learning and ongoing development of their skills. It has also allowed them to offer support to one another and the opportunity to debrief over some calls.

It is their view that the development of their skills and their role has enabled helpline callers to move a lot further along their journey. This meant they felt they could offer more help and support than as a volunteer. Due to the anonymous nature of telephone interventions, it is difficult to gauge outcome measures, in terms of success of caller's personal progress, with their alcohol and/or drug related issues.

Although some informal feedback is received from the BIC Counsellors through supervision and ongoing training along with office communication we have attempted to formalise this information by surveying current counsellors.

Other anecdotal evidence can be drawn from patterns of access to the service not only from referrals, with more health professionals referring clients to the service, but from requests for helpline cards increasing from allied agencies such as District Courts, Police and GP's. Also, feedback from volunteer's helpliner's would suggest that with the introduction of BICs and wider advertising, they too, have received a more diverse range of calls and more demanding calls. They have expressed that they felt many callers are expecting to receive some form of brief counselling.

Call numbers (valid calls) for the period 1 August 1998 to end May 1999 totalled 4236, and for the same period from the start of the BIC trial to May 2000 totalled 6491. This significant increase (2255) in call numbers indicates, that the increase in hours on the phones, (which accompanied the BIC trial), has also made a dramatic difference to the service the Alcohol Helpline provides.

### **DHB'S NEEed for Advocacy and Representation**

District Health Boards are in the transitional phase of development and in early September the new structure should begin to take shape although from all reports there is still much work to be done.

The non-government Alcohol and Drug organisations in Christchurch have been busy meeting with Richard Webb, CEO, Canterbury Health and Jane Cartwright, Acting CEO, Healthlink South in Christchurch. These meetings were appreciated and helpful in our understanding of the new developments of the District Health Boards and further changes in our health system.

These meetings, along with the draft New Zealand Strategy have identified a lack of consultation with both the alcohol and drug and the non-government sectors. Viewing the present member list of the Canterbury District Health Board Transitional Board one is immediately drawn to the poor representation by the Mental Health Sector and the non-representation of the Alcohol and Drug Sector. It has been communicated to ADA, that these other Board members were chosen on their expertise rather than representing their organisation.

LOAD (Liaison on Alcohol and Drug) meetings around the South Island have raised fears and concerns around the planned health changes. From early observations what appears obvious, is that the Alcohol and Drug Sector will remain the "Cinderella" of the Health system. We know the commitment to this field will be greatly diminished if we have no representation. At the very least we believe that Alcohol and Drug NGO's be represented on the DHB's Health Improvement Committee. We would hope that alcohol and drug sector funds are ring fenced to protect what we have at present, and to ensure, that developments promised to this field, are actioned.

We believe the Alcohol and Drug field needs to continue its networking and along with the Alcohol and Drug NGO Sector needs to advocate having its needs meet including representation in this new DHB process. Discussion with Syd Bradley, Chairperson HFA by ADA confirmed the need to pursue this course of seeking representation. ADA along with other alcohol and drug organisations, are committed to seek this representation and willing to support and share information with others from other regions in the South Island.

Contact: Paul Traynor, ADA

[paul@adanz.org.nz](mailto:paul@adanz.org.nz)

(03) 367-8626

**LOAD Liaison on Alcohol Drug Meetings - Update**

Attendance at these forums has continued to be very encouraging and they have continued to be beneficial in providing a source of co-ordination and networking between the alcohol and drug field and allied professionals. In Treatment Works Week for example, they provided valuable information, support and linkages.

At the last round of meetings there were concerns over the proposed Health changes and the lack of consultation throughout this process. There are also exciting initiatives including the introduction of youth day programmes. These programmes are already up and running in Canterbury, Nelson, Marlborough and about to begin in Otago. We will keep you posted on start up in Southland and on the Coast. The HFA must be congratulated on this initiative.

ADA carried out a review of LOAD, with positive feedback, which highlighted the importance of these forums. The review identified the need for expanding the role of co-ordination and for this expansion being supported by an increased advocacy role ADA is presently discussing this role with representatives from the alcohol and drug field. ADA understands that if there were to be an expansion of what is currently happening in the South Island it would need to seek support and communication within the field and allied professional groups. It would also seek to include health promotion alongside treatment and general A & D issues. If anyone would like a copy of this review please contact:

Paul Traynor (03) 379-8626 or

Email [paul@adanz.org.nz](mailto:paul@adanz.org.nz)



#### **Herald Sun, Melbourne, Australia**

Thursday, 27 July 2000 pg 28

Expelling children caught with drugs at school was a wasted chance to help them, Professor David Pennington told a drugs prevention forum in Melbourne yesterday. "We know that losing kids from school is the worst possible thing. We want to bring them back and work with them through their problem and get them involved in getting their lives together in a sensible and constructive way", Professor Pennington said, "the forum is part of a process to develop a total heroin strategy for the Victorian Government." A discussion paper is to be released by Professor Pennington's committee late in August for comment. The strategy report is due to be completed by October.

#### **Any thoughts from our Education and Counselling readers?**

#### **Daily Telegraph, Sydney, Australia**

Wednesday, 26 July 2000 pg 37

Dr George Ricaute, a researcher at Johns Hopkins University, has found that a single ecstasy pill can cause devastating and long-term brain damage. Taking ecstasy just once can alter brain chemistry for life. Habitual users could suffer severe mood swings, bouts of suicidal depression and memory loss even years after giving up the drug. Dr

Ricaute's research has been published in the scientific journal Neurology. This is a posting by the Alcohol and other Drugs Council of Australia (ADCA) Library Ph: (02) 62811002 Fax: (02) 6282 7364  
Email: [library@adca.org.au](mailto:library@adca.org.au)

### UP - COMING EVENTS

- National Treatment Forum August 30th Rydges Hotel Rotorua - contact Ian MacEwan ALAC Wellington for more details (04) 472-0997.
- August 31st - September 2 - Cutting Edge 2000 New Zealand Alcohol and Drug Conference at Rydges Hotel, Rotorua. Contact NCTD for further details and information: Ph (03) 364-0480
- Parenting Week 2000, Christchurch 4 - 10 September Contact Lynn Campbell Youth Advocate Christchurch City Council for more details.
- Children's Day 28th October, 2000 <http://www.childrensday.org.na>
- November 10 and 11 National Families and Community Conference on Drugs "Voices to be heard" Sydney, Australia. For further information: <http://www.ffdir.org.au/conference/default.htm>
- November 20 - 22, combined APSAD and National Methadone Conference. Melbourne, Victoria. For Information email: [events@adf.org.au](mailto:events@adf.org.au)
- Thursday 30th November Saturday 2nd December 2000 International Conference EDUCATION AND SOCIAL ACTION at the Faculty of Education, Haymarkets campus of University of Technology, Sydney, Australia (1 Quay Street, next to Chinatown, opposite Paddy's market and the Haymarket monorail station).
- 12th International Conference on the reduction of Drug Related Harm to be held in Delhi April 1 - 5, 2001. For further details contact <http://www.ihrc-india2001.net/newtest/homeframe.htm>
- **Diversity in Health Conference: a landmark conference on multicultural health and well being.**  
**May 28 to 30 2001, Darling Harbour, Sydney.** Details available from Francine Seeto (02) 9281 1991 or [project2@damec.org.au](mailto:project2@damec.org.au) and [diversity@pharmaevents.com.au](mailto:diversity@pharmaevents.com.au)

### FAREWELL TO GEOFF SOMA

After twelve years association with Odyssey House Christchurch Geoff Soma has resigned from his position as Director. This has been a sad time for the staff and residents of Odyssey as well as for the Alcohol and Drug field in Canterbury.

Christchurch and the greater Canterbury area have been well served by Geoff who has been extremely generous in his support and advocacy for the Alcohol and Drug field. Many people in other areas of health have been touched by Geoff's sense of humour and sensitivity. He will be sorely missed and as time goes by many will understand and see what a great contribution he has made to the Alcohol and Drug field. We wish Geoff, his wife Margaret and children Kate and Alex our best wishes as they travel back to their land of birth.

Geoff, is moving to take up the position as Director of WRADS Warrnambool Regional Alcohol Drug Service. Warrnambool is a coastal town about 2 1/2 hours drive from Melbourne in Victoria, Australia. It is a great spot although, we are assured he is being kept busy so as not to be too distracted by the crayfish, and other coastal delights! **Thanks Geoff!**

