

Nau Mai haeri mai ki te pae tukutuku o
Te Rōpū Waipira Whakapōauau o Aotearoa
WELCOME TO THE ALCOHOL DRUG ASSOCIATION NEW ZEALAND

0800 787 797
alcohol & drug
helpline
10am - 10pm, 7 days



HAD ENOUGH CAMPAIGN

It would seem that a lot of people throughout New Zealand have "Had Enough" of alcohol misuse. The campaign, which commenced on 23rd March, saw 75 video information packs requested by callers to the 0800 Alcohol & Drug Helpline in the first 5 days. The requests for the video have continued to come in steadily and at times we have held a waiting list as demand has exceeded our available stock. To date, this busy pattern has continued, and escalates immediately following the running of the television advertisements. From 23rd March to 14th April a total of 197 videos have been sent out.

Looking briefly at the statistics so far, it would seem that the majority of callers (126) have heard about the "Had Enough" campaign via television. The majority of callers providing feedback to the Helpline report that they have been able to easily identify with the situations provided in the re-enactments on television and have been motivated by these to call the Helpline and request the video/information package.

While there have been 40 responses from callers either hearing the advertisements on their local radio station or reading of the campaign in a newspaper, it seems that the visual advertisement has had more of an impact on people. A number of callers (33) to the Helpline were pleased and indeed relieved to be introduced to the "Had Enough" video resource by the Helpline phone worker and consequently have had the video/information package posted to them.

Our statistics to date show that the majority of callers (134), identified their ethnicity as either New Zealanders (60) or New Zealand European/Pakeha (74). Twenty-three callers identified themselves as New Zealand Maori, two callers identified themselves as Pacific Islanders, and the remaining 52 fell into the "other" category.

The age range of callers was between twelve and eighty years old. Most of these fell into the over 26 and under 60 age range (121). Nine callers identified themselves as being between 12 and 18 years old. A further thirty-four callers identified themselves as being between 19 and 25. Only four callers identified themselves as over sixty. A further twenty callers did not identify their age.

The gender breakdown was fairly evenly spread, with female callers (86) being marginally higher than male callers (73). Of these 159 callers, 42 women and 40 men identified themselves as having a problem with alcohol. A further 27 women and 14 men identified themselves as concerned about someone else's alcohol misuse. The remaining 36 callers chose not to identify who the information was for.

In summary, it is awesome to have the opportunity to be part of a campaign that the public is responding so positively to.

Andrea Curtis and Alison Dann

The Alcohol & Drug Helpline
0800 787 797
10.00am to 10.00pm Daily

UPDATE

FAMILIAL TRUST

Since the first write up in the ADA connection almost 15 months ago we have seen a huge growth, not only in the amount of clients but also in the amount of agencies referring clients through to us.

We provide a non-judgemental environment where family members can either be referred, or self-referral. Family members can present at the service whether the addict is open to treatment or not. We will provide them with information, on practical things that they can put in place for themselves and their children, and offer ongoing education, counselling and support.

Our staffs are open and willing to advocate on their behalf if this is necessary, and will refer clients on to more appropriate services as the need arises.

Now 16 months into our operation and with the arrival of our second counsellor Lyn May, we are looking to expand the services already available.

We continue to provide the OPT for family members and will be entering into our 10th program in May, with numbers steadily rising for the 11th due to start in June.

With the growing number of inquiries and client contact hours we feel more confident than ever that there is a need to support and treat the family members.

We treat the family, not only from the DSMIV perspective, but also as a system suffering from a number of dysfunctional issues. In treating the family member and the family unit this way we are finding outcomes where huge amounts of change are being obtained.

We now move into our second year and look forward to more growth and the ability to provide more services to the community as a whole.

We welcome any visitors that may wish to come and network or see first hand what we provide.

An open day is planned to coincide with Treatment works week. Phone Familial Trust for more details.

6 Wilsons Road
St Martins, Christchurch
Phone 981-1093
www.familialtrust.org

POLICY PROJECT OFFICE: INTRODUCTION & UPDATE

Tena koutou katoa, Greetings to you all. My name is **Char Macpherson** and at present I hold the position of Policy Project Officer Alcohol Drug Association NZ (ADA). I started over the Christmas New Year period and my six-month contract ceases at the end June.

The job differs somewhat to the Policy Development Coordinator position that existed in previous years. Apart from an orientation exercise of attending two LOAD meetings and a CADMAG meeting my work has been confined to the office so many of you won't have met me. However, you will have seen my name attached to the recent Review/Evaluation of the ADANZ Services & Structures questionnaire the project that I am currently involved in.

Review/Evaluation of the ADANZ Services & Structures 2003: This project was requested by the CDHB who fund the services that are the focus of the questionnaire, and carried out in conjunction with the South Island Shared Services Agency Ltd (SISSAL) who manage the contract.

The brief was to develop, produce and co-ordinate a survey to alcohol and other drug providers, allied professional, consumers, and family members with

regard to evaluating the ongoing need for and structures of the following ADA regional services

- Service co-ordination and liaison including LOAD forums
- Information including ADA Connection
- Policy Advice and service advocacy
- AOD Consumer/Family advocacy services

Phase 1 included the development of the questionnaire and making it as brief and 'respondent' friendly as possible. This was a particular concern as AOD field had been somewhat saturated by questionnaires and surveys.

The second phase included lots of tedious folding stuffing stamping and posting of envelopes, all very quickly to try and get them out before the office closed for the extended Easter and ANZAC break. Most of them made it although there were a number that did not make it until after the break and hence made getting them back to us on time rather tight - so thanks to all of you who did.

The third phase is similar to the beginning of the second but in reverse - undoing envelopes, pulling out and unfolding numerous questionnaires. Coding and categorising the data is part of this phase and is

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where I am up to now. That will be followed by analysis and the fourth stage writing up what it all means and letting you know.

THANK YOU to all those people - consumers, in services, organisations and allied professionals who filled out the questionnaire and returned it. You really are stars, you did it with out being hassled, without an incentive and on the whole have given us very useful and positive feedback. For those who did not quite find the time, your responses are still useful and valuable so please quickly fill them out now and put them in the post - thank you.

Liquor Advertising Review: In response to the debate within the AOD field regarding liquor advertising a submission was prepared and sent to the Secretary of the Review on Liquor Advertising on Radio and Television. The submission recommended

that a total ban on alcohol advertising be set in place across all media; That alcohol sports sponsorship be banned; and failing a total ban on alcohol advertising, it was recommended that the present restrictions on Liquor Advertising be tightened or at the very least maintained at the level that they are.

Treatment Works Weeks Kit (TWWK): One of the first projects completed was to review, research and update the Treatment Works Week Kit and after final changes and additions were made, forwarded it to the Chief Executive for signing off and to action the changes to the TWW web pages.

That's all for now and I look forward to updating you with the results of the Review/Evaluation.

Char. Macpherson

Project Policy Officer Alcohol Drug Association NZ

A ONE DAY SYMPOSIUM ON METHAMPHETAMINE "GETTING UP TO SPEED"

Representatives from the Christchurch Community Alcohol and Drug Service and Methadone Programme traveled to Auckland on the 11th of April to attend the symposium.

It was an opportunity to gain more information about Methamphetamine and to observe how Auckland Services were approaching the issue. It is apparent the further north the greater the availability and problematic use of Methamphetamine. Although Christchurch is seeing some degree of use we tend to observe larger use of substances such as Methylphenidate- Ritalin.

The day started with an address by The Hon John Tamihere who highlighted the degree of the problem, particularly among youth. He also supported a multi-agency comprehensive approach to the issue.

This was followed by the Keynote Address by Dr Amanda Baker from Newcastle, Australia. Dr Baker spoke on models of intervention and care for Psychostimulant users. Interestingly, Newcastle has a major problem with Methamphetamine. Effective interventions for methamphetamine users require ongoing development, commented Dr Baker. She has been involved in studies utilising Cognitive Behavioural/Motivational enhancement type interventions. They have shown promise both in terms of immediate response and in the longer term. Dr Baker considered that interventions should reflect the client's readiness for change and range from harm reduction to abstinence. She stressed the importance of partnerships and collaboration in the client's care. Also mentioned was the importance of targeting behaviours

such as injecting. For a service to offer assistance to clients Dr Baker commented on the importance of accessibility, attraction, retention and specific Psychostimulant interventions. In order for staff to deliver that kind of service they require general alcohol and drug knowledge, specific skills in dealing with polydrug users and mental health knowledge.

Later in the morning various perspectives were given: Carina Walters from the Regional Alcohol and Drug Service discussed the pharmacological effects. Essentially there is not significant evidence of effective pharmacological interventions for amphetamine use. Of note the term 'P' or 'Pure' appears to be used for both the crystalline and powder forms of the drug. Mixed terminology exists and what one user refers to as 'P', another may not.

Lynn Theron a consultant from the Auckland Emergency Department talked on acute presentations to their department. Presentations had increased from 6 in the first six months of 1998 to 36 in the first six months of 2002. Although the numbers were not great, the increase was significant. Dr Theron noted that the management of those patients posed safety and resource difficulties.

Dr Angela Ryan spoke next on the mental health problems, which are in particular mood and psychosis. Auckland services have observed an increase in drug induced psychosis, both remitting and persistent. The management of those individuals have also proved difficult, commented Dr Ryan. Once more safety is a concern to others, as often paranoia is a component of

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the psychosis and to staff trying to treat the client.

The regional Alcohol and Drug Service then presented data on the 'size of the problem'. Although in terms of other substances the percentage of the population using Amphetamines is not large, the increase is certainly very concerning. In terms of RADS they have seen a rise in problematic Amphetamine use from around 5.8% in the first six months of 1999 to around 17% in early 2002. This increase is also reflecting in national statistics. Of particular concern is where the increase lies, which is mainly within the 15-25 age group.

Detective Sargeant. Richard Schurr of the National Drug Intelligence Agency outlined the measures employed to stem the problem. He noted the increases in clandestine labs, seizures through customs and increases in arrests for possession. He expressed concern at the possibility of 'Ice' crystalline methamphetamine arriving in New Zealand in quantity. He acknowledged that the police resources were limited and they were struggling to stay on top of the problem.

In the afternoon focus groups were held, where various services were represented. Areas covered were defining and responding to the problem, engaging the user, which services should deal with the problem where and why?

It was interesting to observe services evolving ways in which they could work together and the gaps currently and potentially. Services such as the National Alcohol and Drug Helpline were mentioned as examples of the provision of good quality information that was delivered in an accessible, non-judgmental manner. It was considered that young adults may be more likely to be attracted to a helpline, or technology such as web sites rather than mainstream services.

As we traveled back to Christchurch we reflected on the day and the implications for South Island services:

- There is likely to be an increasing need for resources in social services, health and justice.
- Effective intervention packages need to be considered and developed.
- The potential for a rapid escalation of problematic use is present as the trend continues southwards. The illegal importation of products such as 'Ice' may support that escalation
- The management of co-existing drug-induced disorders will challenge existing mental health services.

We are fortunate in being able to foresee potential problems and have before us a rare opportunity to collaborate, implement and develop interventions that will address the rising tide of Psychostimulant use.

Alasdair Kerr

FROM THE CONSUMER DESK

Hi to you all,

Both Lynn and I have been busy with our consumer groups in the South Island since the last issue of the ADA Connection, which we are glad to say are growing at a steady rate. Dunedin is particularly strong with nine members to date. Nelson is growing, as is Blenheim and Invercargill. Oamaru, Timaru and Gore are coming along at a slower pace. Christchurch groups are operating healthily as is the West Coast. There has been good progress in communication between providers and consumers via our groups and we see this as one way of meeting the standard.

The consumer survey is now circulating among services, and we are looking forward to collating this information and feeding back the results to you. So keep them rolling in!

Our challenge for the future is to build these networks and provide a good bridge between consumers and providers of services.

Cheers for now,
Peter and Lynn,
Consumer advisors.

The ADA CONNECTION is the official newsletter of the Alcohol Drug Association New Zealand.

Contributions including letters are welcomed. Submission does not guarantee publication. Contributors enjoy all reasonable liberty in the expression of their views. Views so expressed do not necessarily represent those of the ADA.

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