

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



A New National Advisory Board for Fetal Alcohol Syndrome Disorder (FASD)



The FASD National Advisory Board was established earlier this year and comes under the guidance of ALAC. The role of this Advisory Board is to set up a interdisciplinary 5 year national strategic plan for Aotearoa New Zealand.

The FASD National Advisory Board is composed of a number of experts, including parents, from the following organisations and areas

- ALAC
- MoH
- Researchers
- Educators
- Psychiatrists / Psychologists
- Maori / South Pacific Island Representatives
- FAS Trust (based in Hamilton)

What is FASD?

FASD is a cluster of birth defects caused by consumption of alcohol during pregnancy. The brain damage caused by foetal alcohol exposure is permanent. FASD is a preventable disorder.

There is no known safe level of consumption of alcohol during pregnancy; so it is recommended that women do not drink any alcohol at all while they are pregnant or breastfeeding.



Physical effects

A foetus exposed to alcohol during the first trimester can develop distinct facial features such as shortened eye slits, flattened mid-face and ridge between the nose (indistinct philtrum) and the lip with a thin top lip. The consumption of alcohol in the second and third trimesters can result in growth retardation and a smaller than average head. Also during these

stages alcohol can impact on the development of the foetal brain and central nervous system resulting in:

- brain malformations
- developmental delay
- intellectual impairments
- behavioural disorders
- learning disabilities
- attention-deficit disorder and hyperactivity.

Behavioral indicators

Children, adolescents and adults may display an impaired sense of social boundaries and skills, and poor judgement, impulsivity, also an inability to understand cause and effect relationships. They may have difficulty with working memory, with abstract concepts such as time or money and often will not understand the consequences of their behaviour. They are likely to demonstrate a roller coaster of moods and emotions.

Diagnosis

FASD is difficult to diagnose as the behavioural characteristics could result from a variety of other causes. As yet FAS is not recognised as a disorder in New Zealand, an issue that means many people get little or no help or advice managing the developmental and behavioural symptoms. Children are often mis-diagnosed with ADHD, Bi-polar Disorder, Oppositional Disorder and Attachment Disorder all of which share similar characteristics.

FASD is not confined to low-income or particular racial groups. Alcohol is an equal opportunity teratogen (toxic substance for a fetus); no matter what social circles you occupy, your socioeconomic status or what ethnic or racial group, if you drink alcohol while you are pregnant, the baby is at risk.

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The ADA Connections is the official newsletter of the Alcohol Drug Association New Zealand. Articles from Connections can be reprinted as long as acknowledgment of the source is given. 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 the ADA. Contributions, comments or general correspondence regarding the Connections should be sent to:
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Alcohol and Drug Women's Network Group

This networking group comprises of women who have involvement in the Alcohol and Drug field, from either a working or consumer viewpoint, or for whom alcohol and other drug issues arise in their work.

The group meets 6 times a year at a range of venues that recently have included the Women's Recovery Service, He Waka Tapu, and CADS at Hillmorton. Topics of discussion cover service updates, current needs of women, developments in the AOD field for example the South Island AOD Review, and organising such events as the Women's Day.

This forum has been utilised to address specific issues, for example the need for an emergency night shelter for women and can act as a voice representing women's views for the AOD sector.

It is a great opportunity to keep up-to-date with services in the community as they are often changing and evolving in positive ways. As the needs of women change the services provided reflect this, and this forum can provide support and encouragement to new initiatives and ideas.

It is expected that the next few meetings will focus on planning the Women's Day event to be held in Christchurch next year. The last few have been very popular and have been met with an enthusiastic response.

Please feel welcome to attend this meeting if you feel it would be useful to you.



For further information contact:
 Pen Walkinshaw
 Women's Co-ordinator at CADS
 Christchurch
 335 4350

NOTES FOR YOUR DIARY

Dunedin: CELEBRATING WOMEN 26 August 2004

Elim Conference Centre 67 Harrow St – a festival for women interested in women's mental wellbeing and the alcohol and drug services. Contact Fiona Owens, Co-ordinator Women's Services, CADS 03)477-1901

Palmerston North: CUTTING EDGE 2004 2-4 September.

Palmerston North Convention Centre.

Belfast, Northern Ireland: 16th International Conference on the Reduction of Drug Related Harm. See details on page 7.

If you would like your next meeting or event to be included in this column please send the information to the address in the Contents column on this page.

The Nutrition and Pregnancy Survey (Watson P, McDonald B, 1999) showed that 29% of women in Aotearoa New Zealand drank during pregnancy, 10% drinking to intoxicating levels. There is no known safe level of consumption of alcohol during pregnancy; hence it is safest to not drink at all while pregnant or while breastfeeding.

FASD Awareness Day this year marks the 30th anniversary of the identification of alcohol related birth defects in the medical community. In 1973, Fetal Alcohol Syndrome (FAS) was first formally identified

by researchers at Washington State University. Thirty years later, the rate of heavy drinking during pregnancy, after a sharp rise in the early '90s, has not declined. It's time to raise awareness in

every community about Foetal Alcohol Spectrum Disorders (FASD).



FASD Awareness Day September 9th

In late February of 1999, a small group of burned-out parents, most of who had never met face-to-face, set out to change the world. They were parents of children with FASD. Frustrated by the lack of public awareness of FASD by both public and professionals, we had sought help for our problems on the online support group, Faslink, for two years or more. And on that February day, we began to wonder:

What if, on the ninth minute of the ninth hour of the ninth day of the ninth month of the year one thousand, nine hundred and ninety-nine, we asked the world to remember that during the nine months of pregnancy, a woman should remain alcohol free? And, what if we also asked the world to remember those millions of people who will never fulfill their genetic potential, because of prenatal alcohol exposure? At this magic minute in history, could we begin to change the world?

And we began to work on it, building alliances, with only the help of the Internet. Our group grew to include about 70 volunteer coordinators in eight countries. Our northernmost volunteers are in Alaska, Yukon and Nunavut, our southernmost in New Zealand. We've had FASD Day proclamations from many cities and towns, and several U.S. states. FASDay began in Auckland, New Zealand, where "Minute of Reflection" bells rang at 9:09 a.m., at Mt Albert Methodist church. Then it moved to Adelaide, Australia, and then to South Africa, where at 9:09 a.m., Cape Town volunteers gathered to hear the War Memorial Carillon that rang when Nelson Mandela was released from prison. Volunteers in Italy, Germany and Sweden held events – and then FASDay crossed the Atlantic. There were events in every time zone across Canada and the U.S., including ringing of carillons in Toronto, Niagara Falls, Hastings, NE, and Austin & San Antonio, Texas. The westernmost activity was the community breakfast on the tiny island of Kitkatla, B.C., near the Queen Charlotte Islands, where the village bell rang at 9:09 a.m. followed by prayers in the native tongue by village elders.

This year we hope that the Anglican Cathedral bells will be rung in Christchurch 9 times on the 9 September. There will be a display in the Christchurch Public Library.

You can read more about FASDAY on <http://fasday.com/>. Information included in this article was sourced from this site and also from the ALAC information sheet Fetal Alcohol Syndrome: Information for health professionals and community services; a Christchurch Women's Day Workshop presented by Sandra Kirby and Beverly Lundell in 2001.



For further information on what is happening nationally with FASD you can contact Beverly Lundell at ALAC 03) 365-8540



TOROA Reaching Out

Information on the safe use of drugs and raising awareness of HEPATITIS C and HIV/AIDS

He aha te mea nui o te aoā
He takatā, he takatā, he takatā.
What is the greatest gift in the world?
It is people, it is people, it is people.

Toroa is a new service in Christchurch. It works to raise Hepatitis C and HIV / AIDS awareness, provides free PCR (Polymerase Chain Reaction) testing for Hepatitis C, as well as providing up to date information on safe using practices and drugs and their potential harm. It does this from a Kaupapa Māori base and has a philosophy of Harm Reduction.

Gary de Lautour is the Kaiwhakahaere of Toroa and lives in Christchurch with his partner and their two delightful daughters. Gary is passionate about his work. His response when asked what inspires him was clear, "The aim to stop blood borne viruses spreading and to reduce the harm associated with drug use." He started working at the Rodger Wright Centre as volunteer before moving in to the role as the Māori Outreach Worker and then into his current role with Toroa.

The Initiative

In 2002 the Rodger Wright Center sold over 250,000 syringes. Māori made up almost 18% of the Rodger Wright Centre's client base and with only 6.9% of the Canterbury region population being Māori, it was recognised that there was a need for a service to provide education information and resources in a way that was culturally appropriate. The Rodger Wright Centre took the initiative in August 2003 and Toroa evolved.

Toroa is governed by a board who have a wide range of experience and knowledge and was registered as non-profit organisation in March this year. This means they are now able to access external funding. However, attracting funding is competitive, time consuming and not always successful. Gary looks forward to the time when there is enough funding that they can devote their time to the work they set out to do.

The Kaupapa

The Māori philosophy towards health is based on a wellness or holistic health model. For many Māori the major deficiency in modern health services is taha wairua (the spiritual dimension). As a Kaupapa Māori service Toroa carries out its work guided by two of Mason Durie's models. He Whare Tapa Wha the four cornerstones of Māori well being,

- Te Taha Hinengaro Mind
- Te Taha Tinana Body

- Te Taha Wairua Spirit
- Te Taha Whanau Family

And Te Pae Mahutonga (Southern Cross Star Constellation) bringing together elements of modern health promotion that can work for Māori and non- Māori

- Te Mana Whakahaere Autonomy
- Nga Manukura Community leadership
- Waiora Physical environment
- Mauriora Cultural identity
- Toiora Healthy lifestyles
- Te Oranga Participation in society

Delivering the message

Toroa deliver slick in-house presentations, workshops and provide information and resources to many organizations, institutions and groups. Up to date information is available from Toroa and the Rodger Wright Centre and covers

- safe using practices
- HIV/AIDS awareness
- drugs and their potential harm
- Hepatitis C awareness

Gary pointed out some of the issues that clients face include solid matter deposits in the body such as chalk deposits and fiberglass in the lungs, liver fibrosis and kidney abscesses, all of which can be reduced by using filters. External issues include abscesses at needle sites, scarring and track marks with scabs or open wounds, Cellulitis or redness and swelling or puffiness that may have a wound and Endocarditis, a bacterial infection of the heart. These are just some of the issue there are many more. These issues or harms can be reduced or eliminated by using good practice and clean equipment.

To reduce the harm from drug use Toroa and the Rodger Wright Centre makes an assortment of clean equipment available that can be exchanged once used. This combined with practical, useful information and confidential, safe access makes the service so effective.



track abscesses



healthy liver



liver with fibrosis

Toroa works in partnership with the Rodger Wright Centre who extends their service to outlying and rural areas such as the West Coast by using a Peer to Peer service. Kits containing clean equipment and filters are put together and delivered to number of people known to clients. The clients can then exchange their kits, keep up with current safety information and maintain their good practice.

An important aspect of the exchange service is that the kits include containers in which old or used syringes can be kept securely until sent back and disposed of safely. This means that whanau family children friends, visitors and public in general are also safer from carelessly discarded pics (needles).

In other countries HIV/AIDS is more commonly spread through shared and dirty equipment, however in Aotearoa New Zealand Hepatitis C (Hep C) is more common. Because of this another important service is Hep C testing.

If a person has been tested to check they have had contact with Hep

C, they may also require a PRC test to confirm whether or not they have the virus. These tests are important so clients can get information about managing Hep C and know to take care not to increase the chances of passing the virus on.

The Hep C test service is:

- Free, just make contact using details below
- Test packs can be sent out to a clients address or an address they nominate
- Clients can be contacted for ongoing support if they wish-or not
- Is confidential and safe

Gary deLautour
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Cutting Edge 2004

Palmerston North Convention Centre
September 2 - 4, 2004

Principal Sponsor: The Alcohol Advisory Council of New Zealand

The overall theme of the Cutting Edge 2004 is "Integration" and a majority of the submitted abstracts for papers, workshops and posters, relate to this theme.

In addition to the range of notable keynote speakers there will also be an array of fascinating streams at this year's Cutting Edge Conference.

The keynote speakers are as follows:

- Dr Gillian Tober, Research Head of the Leeds Addiction Unit, UK (the ALAC speaker) who will be reporting the findings of the UK MATCH trial;
- Dr Duncan Raistrick, Consultant Psychiatrist and Clinical Head of the Leeds Addiction Unit, UK, who will be speaking on the integration of addiction treatment and mental health;
- Dr Michael Baigent, Consultant Psychiatrist, Adelaide and Chair of the Section of Addiction Psychiatry, Royal Australian and New Zealand College of Psychiatrists, who will be giving a presentation on the treatment of methamphetamine dependence;

- Dr Martin Kennedy, Research Director of the Gene Structure and Function Laboratory, who is this year's eminent academic outside of the field, will present on the role of genes in the aetiology and treatment of addiction;
- Two prominent speakers from the Maori and Pacific A&D field are currently being finalised.

The overall theme of the Cutting Edge 2004 is "Integration" and a majority of the submitted abstracts for papers, workshops and posters, relate to this theme. The integration of addiction into mental health seems like an "old chestnut" now, but still presents a major challenge in service provision for most regions. On the immediate horizon is the impending integration of problem gambling services with traditional alcohol and other drug (AOD) treatment services.

The development of a clinical approach to nicotine dependence is again virtually unrepresented at Cutting Edge 2004. This is the most prevalent addiction in New Zealand (25% of the population) but

Cutting Edge will provide one venue for ongoing dialogue discussion and debate about how we evolve our services for the good of the people we serve.

because of historical quirks is "dealt with" largely through Public Health measures. Clearly we need a balanced overall health system with both Public Health and Clinical Treatment arms working in close synergy as we need for all drugs, including alcohol.

We are very grateful once again for ALAC's major input, making this conference so accessible financially to the field.

CUTTING EDGE 2004
Looking forward to seeing you there!

Doug Sellman
Director
National Addiction Centre

Minimising the Harm: Maximising the Impact

15th International Conference on the Reduction of Drug Related Harm
Melbourne Australia 20-24 April 2004



Melbourne was the site of the latest in a series of International conferences organised by the IHRA (International Harm Reduction Association). Future conferences are to be held in Belfast, Vancouver and Tehran.

During 5 days of conference, delegates had to choose from up to eight concurrent symposiums, each with 4-5 presenters. Symposiums included coverage of:

- Pharmacotherapies
- Drug policy
- Tobacco
- HIV/IDU in an Asian context
- Changes in Drug Use

A major focus of the 15th conference was the role of law enforcement in harm reduction with law enforcement representatives from Mongolia, Hong Kong, Iran and others. Harm Reduction comes in many forms and has many strands; street based needle and syringe programmes in Vancouver; the shooting of 2500 drug users in Thailand last year; to customs hauls at Auckland airport.

Presentations ranged from:

- Ketamine use among rave party goers in Hong Kong
- Accounting for action/inaction at overdose events / UK
- Prison based HepB vaccination programme/England
- Buprenorphine and opioid addiction treatment Ukraine
- Methamphetamine Psychosis. Australia
- Wheel Filter use in NZ

Other presentations were incredibly dry with dense layers of statistics, although there was an animated and hilarious tale of a harrowing, up hill battle to start services for HIV+ drug users in Thailand plus LEAP (Law Enforcement Against Prohibition) from the USA.

Most of the research and presentations had similar themes;

- Illicit drug use is not going away
- AIDS/HIV is going to destroy the economic base of at least one major nation (South Africa) within five/ten years, and
- at least one small nation in the next year or two (Papua New Guinea)
- pointed to correlations, in newly capitalist/free market transitional countries (eg. Eastern Europe), between high unemployment, and deteriorating or non-existent health services leading to epidemic levels of AIDS/HIV infection
- Explosions in levels of new infection among IDU can occur, in cities (New York, Edinburgh, Bangkok, Narva (Estonia), Santos (Brazil), Moscow 80 to 90% of new infections are IDU). Across provinces Manipur (India) from under 10% to more than 60% in six months, Yunnan (China) and across whole countries such as Myanmar, within months, not years.
- Difficulties health professionals have engaging hidden/suspicious and at risk populations. The difficulties were not as readily

insurmountable when peers were involved.

Here and there bright spots in the darkness:

- a mobile methadone programme in Tehran (ordering of methadone tablets has increased from 1200 tablets four years ago to an expected 1.4 million next year),
- a skateboarder with a back pack of clean fits in Prague,
- peer interventions in St Petersburg (80% of tested IDU are HIV+)
- IDU family support programmes in Adelaide.
- recent recognition by South Africa of the existence of AIDS/HIV.

New Zealand and the South Island in particular, are very very lucky that sensible pragmatic solutions to the then upcoming risk of AIDS epidemic were implemented in the late 1980's. A recurrent thought I had throughout the conference was of Fred Dagg singing 'We don't know how lucky we are'. All our jobs would be that much more

It was an eye opener to see and hear the damage moralistic judgmental 'head in the sand' policies have had throughout the world. The effect on IDU their families their communities is beyond our imaginations.

difficult if we had the levels of HIV/AIDS infection found in most other nations.

It was impossible to hear all of the speakers I wanted to hear. I didn't get to more than two of the films in the film festival section. Another week still wouldn't have been enough time to see and hear all I wanted. There wasn't enough about the more advanced European programmes that we could learn most from. At the same time the new information I gleaned will keep me thinking for some time yet. Does this sound like an argument why I should go to Belfast next year? You bet 'cos we don't know how lucky we are.

Graeme Fyfe
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Needle exchange outlets are nation wide and can be found in the following regions

Northland, Auckland, Waikato
Bay Of Plenty, Hawke's Bay & Gisborne
Manawatu, Taranaki & Wanganui
Kapiti Coast & the Wairarapa, Wellington & Hutt Valley
Nelson, Marlborough & West Coast
Canterbury & South Canterbury, Otago & Southland



The Reduction of Drug Related Harm - Next Conference

The 16th International Conference on the Reduction of Drug Related Harm
Belfast, Northern Ireland 20 - 24 March 2005



The theme will be 'Widening the Agenda'.
"The Department of Health, Social Services and Public Safety for Northern Ireland, in association with IHRA, looks forward to welcoming you to Belfast

The Conference programme is currently being developed and will include sessions on alcohol and tobacco as well as ensuring that the issues which typically form the core of IHRA conferences will continue to be addressed and debated. The organisers are also keen to ensure that the conference continues to appeal to those with a

long history of working in the harm reduction field, as well as to those for whom it is a relatively new phenomenon.

Please feel free to visit the official conference website on <http://www.ihra.net/>

Guidelines for Alcohol and Drug Services Working with Women Policy to Practice

The Alcohol Advisory Council of New Zealand, South Island, has convened a reference group, the Alcohol and Drug Women's Advisory Group (ADWAG). The purpose for this group is to progress treatment for women with problematic alcohol and other drug use, and concurrent considerations.

Over the past nine months ADWAG and two project workers have worked on a practical and we hope useful document that will assist services to further develop innovative and evidenced-based ways to work with women. The guidelines include a tool that will allow agency's to evaluate their services responsiveness to women from "policy to practice".

Background information was collated by ADA that included a stocktake of women's services in New Zealand. The Alcohol and Drug Directory of Services (2003) was used to compile the services specifically for women and a description of what was available through those services.

Currently the only stand-alone services are four based in Christchurch. These services include

- Circles of Change, a coordinated service for women with children, provided by Salvation Army Bridge and Vincentian Centre

Two residential services

- Salvation Army Bridge,
- Serenity Haven

And two day programmes

- Christchurch City Mission Women's Recovery Service
- Vincentian Women's day Programme.

The stocktake results indicated eight services over both the North and South Islands that offered women's groups if they were needed.

If there are other services that we are not aware of please contact ADA.

Gail Payne and Cate Kearney

THE LAUNCH AND MORE DETAILS
The Guidelines will be launched in September at the Cutting Edge conference. A more detailed article on the guidelines will be included in the next edition of Connections.



Gail Payne

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Latest Statistics from the LTSA

Road fatalities

Deaths to 30 June 2004	213
Deaths to 30 June 2003	231
Fatal crashes to 30 June 2004	187
Fatal crashes to 30 June 2003	201
Deaths for 12 months to 30 June 2004	443

Note: Figures are based on the 12 months to December 2003. Since there can be several contributing factors to a single crash, the figures represented by this graph add up to more than 100%

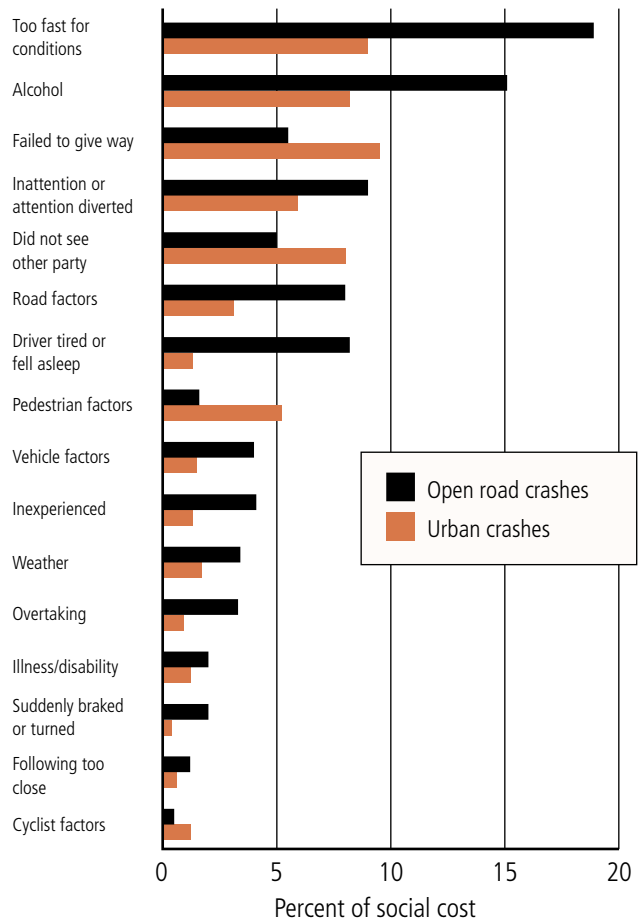
*Social cost calculations include loss of life or life quality, loss of output due to injuries, medical and rehabilitation costs, legal and court costs and property damage.

Information and stats from the Road Safety NZ Newsletter July 2004 (LTSA).
<http://www.ltsa.govt.nz/publications/rsnz/docs/rsnz-jul-04.pdf>

A QUIRKY LITTLE FACT

Ruth Leversedge of CAAP - Community Alcohol Action (road safety) Programme, run in conjunction with Christchurch City Council and LTSA, tells us that in Christchurch alcohol impaired drivers involved in crashes tend to drive cars more than ten years old.

Factors contributing to crashes measured by social cost*



Looking for a lifestyle change?

1.0 FTE AOD POSITION

with Adult Alcohol and Other Drug Service
 Greymouth

Centre of the wonderful West Coast

Contact: Roger Berwick rberwick@wcdhb.org.nz

