

# LOAD

## TIMARU

### Minutes Wednesday 14<sup>th</sup> February 2007

<b><u>Apologies:</u></b>	Ann Sheeley
<b><u>Karakia:</u></b>	Bruce Wikitōa.
<b><u>Welcome:</u></b>	Cate Kearney, ADANZ
<b><u>Updates</u></b>	
Jan Thomas	Timaru Needle Exchange. TED has been vandalised and problems re clients – unhappiness about this. Trying to set up a mobile service for North Otago. Will try to do 5 – 6 trips in the next two months.
Hilary Phillips	Caroline House.
Irene Cloudsley	Caroline House. New NA meeting in Timaru, 7pm on Friday evenings in church hall. Contact points A & D service and Timaru Needle Exchange.
Julie Russell	New to Caroline House team.
Vivienne Cutter	Support worker, Caroline House.
Christine Taylor	Caroline House.
Diane Welsh	Offering an education programme on a 1 – 1 basis. Going very well. Good feedback. Outreach service to be reviewed shortly – going 4 / 12.
Hamish Milne	C & PH SCDHB. 05 FTE. Child and Youth Project. Smoke Free enforcement and liquor licensing. Interested in BZP – came across responsible retailers scheme (run by Dunedin CAYAD). Plan to work closely with retailers YATA project. YATA project going well with year 10 students – parent pack under review by ALAC.
Janelle Wallace	C & PH Child and Youth Project working on youth directory. Approaching schools with child and youth project.
Ian Jeffrey	Key worker A & D Service see more methadone clients.
Terry Cummings	Client Advisor Victoria House.
Gurbux Rasmussen	Manager Victoria House. Some staff changes. Here to link in.
Bruce Wikitōa	Kaumātua / Cultural Advisor for SCDHB. Works across 3 hospitals.
Darrell Evans	Key worker A & D service. Doing both methadone and general.
Janice O’Driscoll	Public Health nurse and youth health nurse. Free clinic for 14 – 25 years olds, 2 – 4.30pm Tuesdays in Polytech in E block.
Mary Ann Wilson	Clinical leader of A & D Service. Been busy over Christmas / New Year. Some staff changes. Social worker and registered nurse due to come onboard as key workers.

**Cate Kearney**

**ADANZ**

#### **BZP Submission: Classification of BZP**

#### **Background EACD**

#### **BZP CLASSIFICATION**

SUBMISSION to NDP - Due 23 March 2007

#### **BACKGROUND**

April 2004 EACD recommended

- Research on harms required
- Examine options for new classification to incorporate control, regulation, 18+ while leaving access unchanged
- Ban advertising in major media

EACD in December 2006 recommended that BZP be reclassified as

- CLASS C1 (Schedule 3, Part One) of the Misuse of Drugs Act 1975
- Remove from Schedule 4 – no longer a restricted substance
- Include all other BZP derivatives
- Continue to work on regulatory framework and enforcement

#### **OTHER C1 ILLEGAL DRUGS**

- Schedule 3, Part 1 of MODA contains a range of illegal substances that are deemed to pose a moderate risk of harm and have no therapeutic purpose.
- Cannabis fruit, plant and seed, coca leaf, catha edulis plant (‘khat’)

#### **THE QUESTIONS**

- Should this reclassification occur?
- Why?
- What else needs to be considered?

**MAKE a SUBMISSION** to the National Drug Policy Team

- By 23 March 2007
- <http://www.ndp.govt.nz/legalpartypills/index.html>

## **Strengths Model of Recovery**

### **An Overview – Lee Cordell-Smith**

- Paul Liddy brought model to SCDHB in 2001.
- SCDHB providing training to clinicians outside district through contract with SISSAL.
- Strengths model is not a therapy: it is a model of case management.
- Recovery in AOD has been there for years but was a new concept for mental health services.
- Mental health – paradigm shift: systems being developed to create community membership.
- Critical elements to recovery:
  - Identify as a competent human being
  - Personal choice or control
  - Hope
  - Purpose
  - Sense of achievement
  - Presence of at least one key person

#### Discussion of recovery as a process:

- The strengths principles: psycho-social rehab (earlier model 20s – 40s); six strengths principles; clients strengths, attributes / helper / helpee relationship / hope core psychotherapeutic skill.
- Primary setting is community.
- Key worker, relationship essential and primary in process.
- Self determination
- Belief that people can continue to grow and change.
- Focus on strengths as case management model and then incorporate different tools.
- Tools: strengths assessment, goal planning; group supervision.
- Some outcomes: reduced DNAs reduction in drug use and severity; high numbers of p in employment; reduction in criminal justice system; high levels of client satisfaction.
- Satisfaction survey – 57% overall 20% response rate.
- Quality Projects for 2007; strengths fidelity audit.
- Review of referrals to TACT Leisure – Employment Coach; Outcome evals for MMCT – MH Smart.

### **SCDHB Updates**

#### **Steve Boyd and Margaret Hill**

- Methadone provider review: common approach to delivering MMT. Start 12 / 12 ago. Exercise completed Audit on services for baseline. Timaru did well in its audit.

#### **Questions and Answers:**

Will people be able to move between services more easily?

Not necessarily easier but greater clarity around how to move. Common SPF.

Will it be picked up by more DHB's?

Not at this stage. But TAS is looking at the approach.

District Annual Plan

Some additional services funded PH; Brief Intervention Service extended to youth. In next 6 / 12 looking at community-based services for youth 13 – 18 (20) with addictions.

**Karakia:** Kuamatua Bruce Wikitoa.

*Meeting closed at 12.10 p.m.*

*Attendance: 18*

Further information and agendas available on [www.adanz.org.nz](http://www.adanz.org.nz).

Please note: These minutes are a summary of opinions expressed by meeting attendees. If anyone would like further information please contact Cate Kearney at [cate.kearney@adanz.org.nz](mailto:cate.kearney@adanz.org.nz)

**Attendance List**

<b>Name</b>	<b>Organisation Name</b>	<b>Address/Phone No</b>	<b>Email</b>
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Janice O'Driscoll	Public Health Nurse	Public Health Service Garden Block, Timaru Hospital, 03 684 1510	
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