



Recovery and the AOD Sector

By Cate Kearney

In recent times the concept of 'recovery' has become embedded within the planning, provision and monitoring of mental health services in New Zealand. For the alcohol and other drug sector this term brings some tensions as it is understood to have a specific meaning in AOD intervention that is quite different from the definition utilised by the Mental Health Commission. In the AOD sector, "in recovery" is the term used in 12-step programmes to describe abstinence from substances. While some consumers embraced the recovery term, others have been alienated as the term excludes harm reduction approaches.



Co-Chairs of NCAT, Cate Kearney and Kirk Mariner.

The Addiction sector has long believed that while addiction is a long term and chronic disorder, people can and do recover and better than that they can achieve long term wellness. This meaning aligns more closely with kaupapa Maori approaches that have a holistic approach to wellness/unwellness and see both as part of the ordinary (Maori) worldview.

In 2006 NCAT (National Committee for Addiction Treatment), in writing a submission on the Ministry of

Health's Te Tahuu, began a conversation about the similarities and differences between the alcohol and drug sector use of the term recovery, the implications of adoption of the Mental Health Commission's definition and how a definition could be reworked to encompass both mental health and AOD sectors.

The Te Tahuu Action Plan Definition 2006:

"...Living well in the presence or absence of mental illness and the losses associated with it. **The alcohol and drug sector share a historical understanding of recovery as a state of being; i.e. in 'recovery' which is an acknowledgment of abstinence...** "

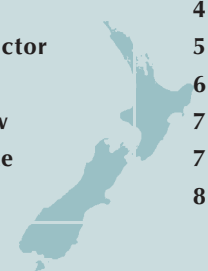
While NCAT agreed with sentence one, sentence two was reworked to read:

"The alcohol and other drug sector has a similar yet different view of "recovery", one that includes both an abstinence and harm minimisation perspective that have evolved over time, allowing consumers a choice to adopt the approach that best suits their worldview".

This new definition was not used by Te Kokiri but began a national conversation. The Mental Health Commission 2007-2015 vision in which the mental health and addiction sector services work towards well-being has been welcomed as a way to get away from semantics and focus on how consumers, their family/whanau and services can focus on wellness as the ultimate goal of engagement with addiction services.

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Ask questions then vote

Welcome to the second edition of the revamped Connections. The small amount of feedback on the changes indicates that people find the new look clean and fresh. There have also been positive comments on the content.

Thank you, and thank you to our contributors.

Contributions and updates are really appreciated. I would encourage you to send us any interesting and useful information, service updates or articles particularly related to treatment and how addictions and mental health work together. We will also welcome the odd quirky piece. Close-off for submitting copy for the next edition will be 21 November. Our contact details are on page 4.

Still talking about change, the local body and district health board elections are coming up. Local body and DHB elections have a much greater direct effect on our daily lives than the central government elections.

Candidates will be out campaigning in your communities. When they want to chat to you ask what their views are on alcohol and other drugs and also gambling in your community. Find out if they support pokies to fund charities, if they don't, ask them how they would fund those charities and NGOs that rely on gambling losses; ask about their knowledge on local reinforcement of sale and supply of alcohol; ask about their views on advertising directed at young people and if they understand what harm minimisation means; ask how they will support the Ministry of Health and Mental Health Commission's Recovery and Wellness plan for the future; find out what their policy is on the use of alcohol bans in the area... Ask lots of questions – then vote.

Have a fantastic spring.

Char Macpherson
Editor

Dancing like an idiot

By Char Macpherson
Editor



Examples set by New Zealand's political forebears could account for various politician's use of alcohol over the years. Julius Vogel missed a crucial vote on a motion to separate the North and South Islands into two separate colonies while 'drunk and asleep'. Jerningham Wakefield was locked in a committee room without liquor to keep him sober enough to vote – but the opposing whip climbed onto the roof and lowered a bottle of whisky down the chimney. By the time the division was called, Wakefield was 'paralytic'. Some years later another MP, John Joyce, was also locked in a room by a government whip and plied with alcohol to make him incapable of voting. More recently there is the image of former Prime Minister Sir Robert Muldoon's announcement on television of the "schnapps" election in 1984.



It seems that New Zealanders are not the only ones to have politicians who drink 'unsafely'. Recently noted in the Australian media under the headline – Howard: 'I was drunk at work' ...on one occasion, after over-indulging at a farewell dinner for a close friend in 1990, Mr Howard admitted entering the chamber drunk. There are also questions still unanswered about various French and American politicians and what may have affected their behavior over time.

And so we might ask why is our alcohol policy delayed at the legislature? Perhaps in the absence of effective alcohol warning labels the following could be considered.

New alcohol warning labels

1. Consumption of alcohol may lead you to believe you are invisible.
2. Consumption of alcohol may make you think you are whispering when you are not.
3. Consumption of alcohol is a major factor in dancing like an idiot.
4. Consumption of alcohol may cause you to tell the same boring story over and over again until your colleagues want to strangle you.
5. Consumption of alcohol can impede your language causing you to 'thay shings like shnap eletshin.'
6. Consumption of alcohol may create the illusion that you are tougher, handsomer and smarter than some really big guy named Bubba.
7. Consumption of alcohol may result in pregnancy.
8. Consumption of alcohol may lead you to think people are laughing WITH you.

Recovery: where are we going with it?

By Char Macpherson

Looking Back

Earlier this year the Mental Health Commission produced a new publication, "Te Haerenga mo te Whakaoranga 1996-2006: The Journey of Recovery for the New Zealand Mental Health Sector". Te Haerenga tells the story of the development of mental health and addiction services in New Zealand. Te Haerenga highlights key elements of the development of services over the last decade, much of it through the voices of those who use services, and their families and whānau, alongside the voices of service providers and policy makers.

The Mental Health Commission and its Vision to 2015

The Mental Health Commission is made up of three Commissioners, one of whom is the Chair Commissioner, Ruth Harrison (pictured).

At a recent meeting in Christchurch, Ruth Harrison described the "Commission's vision for New Zealand, to be a place where people with mental illness and addictions have personal power, full participation in their

communities and access to a fully developed range of recovery-oriented services.

She went on to say that to achieve the above, the Commission intended to take a lead, through advice, monitoring and promotion. The latest Commission document – Te Hononga 2015, Connecting for Greater Well-being attempts to create a picture of this vision for 2015.



Mental Health Commission Chair, Ruth Harrison

Here and Now

The Mental Health and Addictions sectors have come a long way in the last ten years. The number of non-governmental services within the community have increased and consumers tell us now that there is 'some' choice. There is increasing consumer involvement in the community, policy development and in work force development, also important to note is that consumers get payment for the value of their input. These points are all evidence that things have changed from the days of exclusion, confinement and constraint found in some institutions.

However, there are still people, along with whānau/family, who are experiencing the effects of addiction and whose mental health is compromised, sometimes to extreme ends who must wait while their condition gets worse so they fill the 'criteria'. Their choices are limited in how or where and when they will be assisted and supported to plan and begin or regain their 'recovery' so they can become well. Even though it has reduced noticeably, there 'is' still stigma and discrimination, both in and out of services. This means, we in the mental health and addiction sectors and allied fields must continue to work on the language and definitions we use to communicate. We also need to consider what barriers there are in physical as well as organisational and systems – within as well as between services and sectors.

Treatment and Recovery

By Paul Rout

Historically alcohol and other drug clinicians have defined recovery differently from mental health in equating 'recovery' with 'abstinence'. Ironically this has meant that clinicians working in opioid substitution treatment have been reluctant to incorporate recovery language into the treatment model because it doesn't fit the more harm reduction approach of the service.



Paul Rout

However the wider mental health view of recovery focuses on the quality of life of the individual in 'the presence or absence' of a disorder. It also recognises the holistic connection between the broader life issues such as employment, housing and social support and the manifestation and treatment of the disorder.

This broader view of recovery has influenced the AOD treatment sector and led to new approaches such as the Community Reinforcement Approach. However the "recovery" approach continues to raise challenges for the AOD treatment sector.

Specifically:

1. What is the scope of treatment?
2. How is the service user involved in planning their own treatment goals and programme?

3. How do we measure treatment outcomes and how do we define "success"?
4. What service relationships do we need to build with other health and social service agencies?
5. How do you incorporate significant others into the treatment process?
6. What are the implications for the human resource skill set needed in the treatment workforce?
7. How do we balance the resources allocation across the range of services from intensive clinical intervention to community support and advocacy and aftercare/reintegration?

Paul has had links with and worked in the addiction sector for over twenty years. More recently when employed with the DHBs South Island Shared Services Agency Ltd, he wrote the South Island AOD Review 2004.

Disclaimer and Contact Information

Connections is the official newsletter of the Alcohol Drug Association New Zealand. Articles from the newsletter can be reprinted as long as ADANZ is acknowledged.

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 expressed do not necessarily represent those of ADANZ.

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Effective Interventions and what this means for the AOD Sector

By Jenny Wolf

In 2006 the Government began the Effective Interventions initiative to improve the way in which the mental health and AOD treatment needs of people within the criminal justice system are met.

In May 2007 Cabinet approved a package of proposals known as the First Steps Programme designed to start addressing those needs.

The First Steps Programme includes a variety of projects, pilots and initiatives in three settings: Police, Courts, and Corrections, and will consider mental health and AOD issues for the general offender population and for Māori, Pacific peoples, women, and youth.

The Ministry of Health has been mindful to ensure commensurate with the pilots, services have the existing capacity to respond, and is looking to progress concerted planning around identified gaps in AOD treatment service capacity. The gap identification will assist with the AOD sector's readiness to respond to increased demand based on offender needs. The Ministry is also compiling a plan focussing on Workforce, with a range of scholarships, internships, and a range of training initiatives to equip the skillbase of the AOD workforce. These activities will be lead by a combination of Workforce programmes, including Matua Raki.

The Ministers of Health, Corrections, Justice and Police are yet to sign off the plans for the next steps (after end July), and the AOD sector will be kept updated of future initiatives with more detail once the Effective Interventions plans have been approved.

For any queries contact:
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(04) 816 3597

*Prime Minister Helen Clark (centre) tours the new Otago Corrections Facility with Prison Manager Jack Harrison (right).
Photo courtesy of the Department of Corrections.*



Mirror Services, Aroha Ki Te Tamariki Trust

By Deb Fraser

Takarangi Metekingi used to remind us that working with young people would keep us sharp, and he certainly wasn't wrong. Established in 1991 Aroha Ki Te Tamariki Trust has steadily developed to be the model child, youth and their family/whanau service in the Otago Area. We currently have two autonomous services.

The first is the Mirror Counselling Service for children and young people under the age of 19 who live in the greater Dunedin area who are experiencing challenges in their lives. Although a generic service, specialist assistance is provided for alcohol and other drug and mental health issues. However, young people may present for a range of reasons such as; personal, peer and family challenges and behaviour issues. Family therapy is provided to those that require a systemic approach, and psycho – social education groups are run regularly for parents of children with challenging behaviours, along with a range of children and adolescent groups.

In 2001 we opened the Whakaata Tohu Tohu/Mirror Youth Day Programme for 13 – 17 year olds who have moderate to severe drug and alcohol issues and who live in the Otago/Southland area. This programme is based in Waitati and runs simultaneously with the school terms. It operates

in a therapeutic environment with a kaupapa maori framework. Young people attend the programme four days a week and either go to school or work experience for the other day. A structured programme is delivered throughout the term. Each day has different programme components from a challenging outdoor group activity, Te Ao Mamara or knowledge group, Taku Manawa/Personal Power, Te Hikoi Wairua/Alcohol and Other Drug Group, Te Mahi A Toi/Creative Expression and Whakawatea/Challenge Group. The duration of the programme is matched to each young person's personal plan. Supported accommodation is provided to Southland clients. Although it has been challenging to match some young people to placements, a total of 35 have been provided with supported accommodation placements.

Both services focus on being child and youth friendly, ensuring the environment is somewhere they feel ok to come to and that their contact with the service is positive.

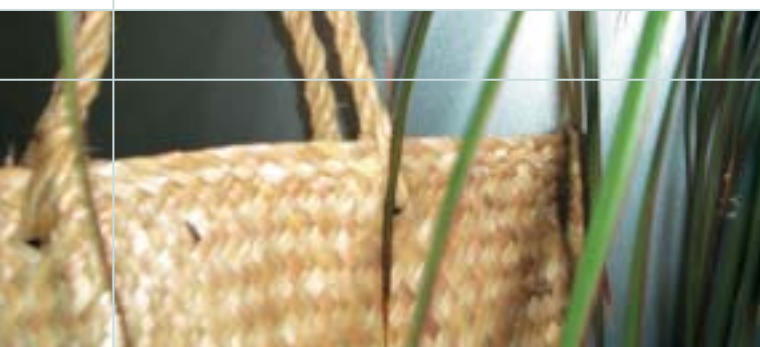
Mirror Services is managed and guided by Deb Fraser, who has been with the service since 1995. The organisation has a commitment to the Treaty of Waitangi and its principles and our mahi over the years is reflected in the range of services we offer. We recently received an increase in FTE's for the counselling service and have filled a new position for Kaimarie Hauora Maori, and two further FTE's for Mental Health and Alcohol and Other Drug. One of the new roles being implemented is to provide an intake and service matching process and brief intervention. A total of thirteen staff are employed with Aroha Ki Te Tamariki Trust.

The Mirror Team.



New publication: Pacific Health Review

The Pacific Health Review is a new research based publication focused on major health issues affecting Pacific people including research on AOD and tobacco use and effects. The Review is described as “an independent summary of some of the most significant recently published research with a local commentary on why it is important”. The Pacific Health Review is a quarterly publication and is supported by the Ministry of Health.



Included in the first edition:

In the first edition of the Review, there are a number of reports on studies of tobacco, alcohol and other drug use.

The studies are summarised and include:

- Pacific Islands Families Study: maternal factors associated with cigarette smoking amongst a cohort of Pacific mothers with infants, (Erick-Peleti et al 2007)
- Comparison of tobacco, alcohol and illegal drug usage among school students in three Pacific Island societies, (B J Smith et al, 2007)
- Influence of smoking by family and best friend on adolescent tobacco smoking: results from the 2002 New Zealand national survey of Year 10 student (Scragg R and Laugesen M, 2007)
- Changes in characteristics of New Zealand Quitline callers between 2001 and 2005 (Li J and Grigg M, 2007)

The Pacific Health Review link:
www.pacifichealthreview.co.nz

Misuse of Drugs Amendment Bill update

There is sufficient cross-party support to make progress on the Bill says Associate Minister of Health and Leader of the Progressive Party Jim Anderton, who announced the introduction of the Misuse of Drugs (Classification of BZP) Amendment Bill to the House on 22nd August.

“I am pleased to announce that the Bill to ban BZP and related party pills has been given sufficient cross-party support to be introduced, progressed, and in force by Christmas,” Jim Anderton said.

“The Bill has a commencement date of 18 December 2007, which means, if it is passed without alteration by Parliament, BZP will be banned from that date. Therefore, anyone supplying, manufacturing and exporting these products will be liable to a penalty of up to a maximum of eight years imprisonment from 18th December 2007,” Jim Anderton said.

Those found in possession of a Class C1 drug are normally liable to a maximum of three months imprisonment and/or up to a \$500 fine. “However, Cabinet was mindful that these products have been legally available for some years, so the Bill includes provision for an amnesty for possession of less than five grams for personal use. With a commencement date of 18th December 2007 the amnesty will be up on 17th June 2008,” Jim Anderton said.

Jim Anderton.



Diary Notes:

DAPAANZ Competency Based courses

Considering a qualification in addiction treatment, adding to your kete of skills, or as important, sustaining the passion for your work in AOD and with addictions? Places on many of the courses and papers are sought after and often require planning, particularly if you want to apply for a scholarship. The following table contains the DAPAANZ Competency Based courses and qualifications offered by various training providers, details of the various papers and individual courses can be found on the provider websites.

Qualification: **Bachelor of AOD Studies**

Provider: Weltech

www.weltec.ac.nz/counselling-alcoholdrug/1bads.php

Qualification: **PG Certificate HSc Alcohol & Drug Studies, PG Diploma HSc Alcohol & Drug Studies**

Provider: University of Auckland

www.postgrad.auckland.ac.nz/uoa/for/postgradstudents/prospectivestudents/study_options/subject/subjects_a/subjects_a.cfm

Qualification: **PG Diploma**

Provider: National Addiction Centre (NAC)

<http://addiction.org.nz/>

Qualification: **PG Diploma Rehabilitation**

Provider: Massey University

<http://cohss.massey.ac.nz/massey/depart/cohss/study/outlines/2007/147xxx.cfm>

Qualification: **Te Aka, Te Rea, Working with Pacific Clients**

Provider: Moana House Training Institute

<http://moanahouse.org.nz/list.asp?listid=1>

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|---------------|-----|-----------------------------------|
| Abbreviations | AOD | alcohol and other drug |
| | PG | post graduate |
| | HSc | Health Sciences (Faculty or Dept) |

Information on a range of scholarships and application forms can be accessed from the Matua Raki web site:
www.matuaraki.org.nz/scholarship.php

National Addiction Centre one day workshops

Two clinical topics Social and Behavioural Network Therapy and Motivational Approach to Working with Co-Existing Disorders 9am-4pm on the following days:

Dunedin 10th September

John Caygill, (03) 477 1901, johnca@healthotago.co.nz

New Plymouth 16th October

Rose Whitwell, (06) 753 7838, rose.whitwell@tdhb.org.nz

Hamilton 17th October

Bianca Leonard, (07) 839 4352, leonardb@waikatodhb.govt.nz

Christchurch 18th October

Ngaire Wilson, 335 4350, ngaire.wilson@cdhb.govt.nz

2007 DHB Elections

Friday, 21 September, start of voting period.

Saturday, 13 October, Election day and close of voting.

Monday, 10 December, newly elected DHB board members take office.

For more information on the DHB Elections:
www.moh.govt.nz/dhbelections

6th Australian and New Zealand Youth Health Conference

23-26 September 2007 in Christchurch, New Zealand.
information: www.collaborative.org.nz

Motivational Interviewing with Adolescents

Auckland, 12-13 November, 2007

Hamilton, 15-16 November, 2007

Dunedin, 22-23 November, 2007

information contact Joel Porter at:
joel.porter@pacificcmc.com.

Harm Reduction 2008 IHRA's 19th International Conference

11-15 May, 2008; Barcelona, Spain.

www.ihraconferences.net – the new website for more information and updates.

Pre Conference Workshop Kina. Families & Addictions Trust

An open pre conference workshop will be provided on November 3rd prior to the APSAD/Cutting Edge conference in Auckland (please check website within the next month for more information on this and other training information). www.kinatrust.org.nz
Or contact us info@kinatrust.org.nz.