

LOAD

WEST COAST

Meeting Record Friday 26th October 2007

Welcome: Margaret Adams, Rata Alcohol and Drug Service

Apologies: Kevin Hague, WCDHB; Gill Gamble, CAMHS Grey Hospital

Karakia: Bob McAuliffe

Service Updates

Paul Eathorne, WCDHB; Guru, Social Worker new to the West Coast; Joe Hall, WCDHB; Marty Roughan, ADA rep; Jill Wilson, Strengthening Families, increase hour 24 families, new pilot for increased funding; Jim Morgan, Homebuilders – big brothers and sisters running loss and grief programme; Bob McAuliffe, CYFS – working closely with addiction services and families; Rebecca Hodgkinson, Rata Te Awhina Trust – youth; Mangu Johnston, Rata Te Awhina Trust – health promotion; Tara Coates, Community and Public Health; Carol Rodden, Greymouth High School; Vivienne Wright, Youth worker with CYFS; Diana Hay, Needs Assessor WCDHB; Pauline Schroder, AOD Caseworker Hokitika; Jan Watson, Greymouth Activity Centre; Kim McPherson, Coast Care Trust; Roger Berwick, Coast Care Trust; Hecta Williams, WCDHB; Dr Williams, WCDHB ; Ian Newcombe, PGF Family Focus; Nola Rochford, District Manager, Westland, CMH Hokitika; Anne Kerr, District Manager, WCDHB Greymouth.

West Coast A & D Service Update

Methadone – total clients 62 and 4 on waiting list. New position in Westport methadone / AOD (AOD manager) LTNZ new funding – classes to be held now rather than 1 on 1 – 2007 Survey completed for Opioid Substitution Treatment, Cannabis levels and driving

Presentation

Cate Kearney, ADANZ, introduced a session on WCDHB AOD Services Plan. Record below of discussion subsequent to presentation.

DISCUSSION

Strategy One:

Q: What is family forum?

A: A forum involved families once a year.

Q: Is there emphasis on treating families?

A: Agree this is a point where we struggle.

Comment: There are choices in AOD around involving family by AOD.

Q: How do families become involved if family member / user doesn't present?

A: Methadone involving families more now has improved relations. Open door policy.

Q: How do we work with family can we improve this?

Strategy Two:

- Lack Maori AOD workers on coast.
- Would like to see more Maori input at Multi Disciplinary team meetings and more consultation.
- MH review recognises shortfall – in final draft – may change the way it is currently run.
- Is there a position for a dedicated Maori AOD worker? Being considered.
- Other programmes in NZ are running well.
- Self help group among iwi and hapu.
- Are there outreach services?
- Positive feedback on wording in document.

Strategy Three:

- Need to be more specific about direction.
- Who will do it?
- Outreach clinics are important.

Strategy Four:

- What does upskilling involve?
- Co-existing disorders one of concern on the coast
- Positive Outlook in outer areas MH / AOD in Hokitika.

Strategy Five:

- Lack of resources, long waiting lists
- There is still need for self help groups etc.
- Each service is specialist in their own right.
- Specialist service needs to be the gateway to other services.

Strategy Six:

- Positive results using telemed for methadone establishment

- Issue around community service support worker quite difficult to provide.

Strategy Seven:

- Expectations on DAPAANZ levels – what is the vision?
- It is not viable to employ specialist AOD worker but important to have their knowledge available to other services.
- It is important for services to know what specialist service require.

Overall Impression of the Plan

- Comprehensive – need good foundation if not this will never happen (anything missing).
- Good to see PHO involvement.
- Positive points are already happening.
- Approve of recovery approach.

Do the Strategies Cover the Needs of the West Coast?

- There are possibilities in the plan for the Coast.
- Always issue of geographical problem.
- Be aware of culture of areas – because age transient e.g. Franz & Fox.

Gaps

- Health promotion is lacking on the coast. Not enough resources in promotion.
- Youth problem with expectation on drinking culture.
- CYFS concerned re lack of AOD youth workers. Resources are inadequate.
- Gap in plan – ‘Youth’ AOD.
- Outreach clinics have not worked in the past.
- Possibility of joint services.

Priorities

- Psychologist / AOD specialist. Brief and early intervention.
- Youth problems. Need people and expertise to work with youth.
- Collaboration between services.
- Strengthening families offer to coordinate collaboration.

Hecta has suggested a group of community service workers to be involved with this plan. Open to suggestions with WCDHB plan.

Services – Rata, PHO, specialist, LOAD, Community service groups.

Next Step? Incorporate discussions and suggestions from today. Advisory committee approval (Board) funding, time resource etc unsure of timing possibly put it to the meeting end of November 07.

Meeting closed 12.05pm. Next meeting February 2008.

Attendees: 23

Meeting dates available on www.adanz.org.nz. Please note: These notes are a summary of opinions expressed by meeting attendees. If anyone would like further information please email reception@adanz.org.nz

Attendance List

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|------------------|------------------------------------|---|--|
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| Diana Hay | WCDHB (Psychiatric Needs Assessor) | PO Box 387, Greymouth Hospital | diana.hay@westcoastdhb.org.nz |
| Gillian Morgan | Homebuilders WC Trust | 24 Guinness St, Greymouth 03 768 6665 | greyoffice@homebuildersspt.co.nz |
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