



A for Action, P for Plan: Tackling Methamphetamine

The Alcohol Drug Helpline is to be funded by the Ministry of Health to deliver clinical assessment, case management, referral and intervention services over the telephone for methamphetamine users and their families. This is just one small but important part of the plan to address methamphetamine abuse announced by the Prime Minister in October. The changes will see new investment in AOD treatment in New Zealand.



These plans come as part of a wider action plan¹ that includes restricting access to the precursor chemicals and using the proceeds of crime legislation to fund anti-P initiatives. **The proceeds will also fund an expansion of drug treatment services. The plan to develop a dedicated treatment pathway for P users, starting with the Ministry of Health investing an additional \$22 million in clinical services to ensure both short term and longer-term treatment for P addiction is available to more than 3,000 additional patients over the next three years.**

Other plans will see the assignment of 40 additional Customs officers, implementing a new Police Methamphetamine Control Strategy, and reviewing the outdated Alcoholism and Drug Addiction Act 1966 to provide a more effective

legal means for families and doctors to get P-addicts into compulsory assessment and treatment. Also included is making chief executives of Government agencies accountable for delivering on our plans, as measured against a range of targets that will be clearly set out in the actual Action Plan.

The services will be nationwide and see extra beds dedicated to treating people specifically for P use problems in Auckland, Wellington, Christchurch and Dunedin. Training and workforce strengthening is also included in the plan.

Improving the route into treatment will mean people will be able to make immediate contact with someone who can talk to them about the best way to get help, initiate an assessment and to connect them with a service that best suits their situation and availability of services and beds. The Alcohol Drug Helpline is set up and is able to facilitate this process through a structure that already exists.

The plan includes a broadening of the scope by way of prevention, education and community action. This will see services such as CAYAD working in the Community with youth being funded to address education on P. The production and availability of evidence based, best practice, resource material and information on P is also funded. These are aspects around P and its use, that have long been waited for. (Continued page 2)

1. <http://beehive.govt.nz/sites/all/files/ActionPlan.pdf>

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Editorial

Kia ora koutou

As we approach the holiday season it is useful to reflect on the developments in the alcohol and other drug (AOD) sector over 2009. The year has been coloured by much uncertainty in the sector about the future of funding, contracts and services. However along with risk comes opportunity and there has been plenty of both this year.

Our national survey of AOD providers in April 2009 indicated that many services are struggling to cope with the capacity to meet increasing levels of demand especially from Justice sector referrals. This has implications for the level of funding available to the sector, and the efficiency and effectiveness of our service designs and treatment system overall. This pressure on the system in a period of frozen funding is leading to increasing reviews by DHBs of the way AOD services are delivered across both the secondary and primary health sectors.

Canterbury has been one of the first DHBs to attempt to address these intervention system and service model issues with the comprehensive AOD project which has been approved by the Board. Changes of this magnitude often increase provider anxieties and contribute to mistrust between providers and with funders. The challenge in 2010 is for DHBs and providers with clinician and consumer input to provide the leadership, cooperation and collaboration to effect evidence based change which improves outcomes for the individual consumer and the population as a whole.

The most exciting opportunity in 2009 has been the Law Commission Review of the Regulatory Framework for the

Sale and Supply of Liquor. The review has provided us with a genuine once in a decade opportunity to raise the reality of alcohol related harm in NZ and promote healthy public policy that will reduce the levels of problems in our community. Professor Doug Sellman is to be congratulated for his superb work with Alcohol Action NZ in advocating for the 5+ policy platform. It is critical that we all continue to advocate with government to act on the Commissions recommendations when released in April.

Other national highlights this year have included the Prime Minister's methamphetamine action plan which has seen significant additional resource allocated for treatment, the implementation of the Lets Get Real framework and the continuing work on aligning practitioner competencies for AOD, problem gambling and smoking cessation. This paves the way for a more integrated approach to addiction services in the future.

While the national work gets the publicity, across the South Island many individuals and services are quietly getting on with the job of improving the quality of the work they do which also deserves to be lauded.

Thank you to everyone for their support for ADANZ and our services over 2009.

Have a merry and safe Christmas and we look forward to working with you in 2010.

Paul Rout
CEO
ADANZ

A for Action, P for Plan: Tackling Methamphetamine (ctd)

It is good to see that this Government is taking on board some of the expert information being made available by bodies like NCAT. For example, the first position paper provided by NCAT pointing out the fact that treatment does work and is cost effective. With every one dollar spent on treatment there is a saving of \$4 to \$7 of the costs resulting in harm from the misuse of alcohol and other drugs.

In the past most of the resources have been spent at the borders with customs and on enforcement while many of the of the treatment services have struggled with little or

no increase in funding.

Where possible services that have the structures in place to start the new initiatives and increase their services have been contracted immediately, after nine months contracts will be contested and tendered for in the usual way. By-passing the time consuming and arduous task of tendering means the extra services can become available immediately or as soon as possible.

All of the above aside, it is still important to acknowledge the harm from using tobacco and alcohol are still by a long way, the most costly to our society.

New Fact Sheet from NCAT: P

The National Committee for Addiction Treatment (NCAT) presented a new fact sheet at the last Addiction Treatment Leadership Day, on methamphetamine 'P'. The sheet is titled Credible and compassionate addiction treatment: Sector ready to work with Government.

<http://www.ncat.org.nz/factsheet.html>

The production of the fact sheet ties in nicely with the announcement of the Government Tackling Methamphetamine: an Action Plan delivered in October 2009 <http://beehive.govt.nz/sites/all/files/ActionPlan.pdf> in which \$22 million has been allocated to treatment.

The NCAT Fact sheet points out the addictiveness of 'P' and its connection to self destruct and violent behaviour and to irreversible brain damage, the tendency to exacerbate pre-existing mental health issues, and that about 3% become regular users.

Help is not always accessible for the 22% of 'P' users who NCAT estimate have sought help. The increased resources indicated by the Government will be essential in correcting this.

The sheet identifies, that although addiction is a chronic relapsing disorder, it is possible to recover and people do. What is essential to effective treatment is described in 10 bullet points. Support is also offered for the government's intention that treatment becomes a sentencing option.

It is noted that comprehensive assessment is essential and that it should be continual to meet people's needs.

The paper also notes that a number of medications are being trialled for managing 'P' withdrawal or dependence, although, no standard pharmacotherapy has yet been isolated.

The paper lists and explains what is needed for successful treatment:

- A focus on health
- Increased development of treatment options
- Stronger workforce
- Courage and determination.



ADANZ New CEO

The Alcohol Drug Association of New Zealand (ADANZ) has appointed Paul Rout to the position of chief executive from November 16th. Paul was formerly general manager of the Association's national Alcohol Drug Helpline as well as senior manager for the Association's treatment policy development projects.

Paul Rout



"The importance of investing adequate funding in alcohol and other drug treatment is at last being acknowledged by government. It is a crucial time to be involved in a sector that is gaining recognition of it's key role in building safer families and communities through reducing the harmful impact of alcohol and other drug problems," Paul Rout said.

In the past year, Paul has been heavily involved in establishing new Māori and Pasifika lines for the Alcohol Drug Helpline along with piloting a continuing care call back service. He has also project managed a survey and report for the Ministry of Health on Improving Access to Alcohol and Other Drug Treatment, and prepared a paper on the costs and benefits of addictions treatment.

Prior to that, Paul was the manager of the Association's Problem Gambling Coordination Service, and held management roles in the South Island Shared Services Agency mental health team, the Department for Courts, and the Canterbury Community Council on Alcohol and Other Drugs.

He replaces Cate Kearney, who has been appointed to a mental health management position with the Canterbury District Health Board.

Alcohol Action NZ enters a new phase

The first phase of a national alcohol campaign begin undertaken by the new group Alcohol Action NZ is now over with the successful launch of the group. The launch involved forty two meetings on the topic “Ten things the alcohol industry won’t tell you about alcohol” undertaken by Professor Doug Sellman in which a “5+ Solution” to the national alcohol crisis was promoted:

1. Raise alcohol prices
 2. Raise the purchase age
 3. Reduce alcohol accessibility
 4. Reduce marketing and advertising
 5. Increase drink-driving counter-measures
- PLUS: Increase treatment opportunities for heavy drinkers.

“We couldn’t have hoped for a better launch of Alcohol Action NZ” said Professor Sellman. “Forty-two meetings involving nearly 5000 people in 30 different towns and cities that all came off so smoothly - it was a great enthusing collegial effort across the board”.

Professor Sellman drew particular attention to two colleagues whose work behind the scenes was critical to the success of the launch: Lindsay Atkins, who was the main organiser of the meetings and who liaised with Councils and colleagues at each venue; and Char Macpherson who was the main organiser of addiction treatment colleagues assisting on the night at each venue.

Phase two of Alcohol Action’s “evidence-crusade” has now arrived and is being referred to as the MAIN EVENT.

Activities over recent months including writing submissions, building support and engaging in public debate have helped ensure that the Law Commission will produce a strong report recommending the types of changes to alcohol laws that will really make a difference – the 5+ Solution. The public reaction to the campaign has confirmed the group’s belief that there is widespread public alarm about New Zealanders heavy drinking culture and that the conditions are right for change. However, certain forces exist that remain highly committed to maintaining the status quo.

Professor Sellman suggests there are two sides to the public debate. On one hand are those whose only ‘vested interest’ is trying to stop suffering and unhappiness. This side of the debate is epitomised by the recent historic national stand by leading

Doctors and Nurses in New Zealand advocating for change through the 5+ Solution. The other side is the alcohol industry, which has an overriding vested interest in maintaining profits that, in New Zealand, come largely from dangerously heavy drinking.

“The industry can’t wait for this whole process of the Law Commission Review to be over” says Professor Sellman. “They will be working as hard as they ever have over the next six months to ensure they have the Government under control”.



Professor Doug Sellman

Professor Sellman suggests the National Government will be reasonably relaxed about much of the 5+ Solution but because their natural instinct is to shy away from putting controls back on the industry, particularly the large corporates, they will find pricing and marketing policy changes difficult to enact. “They will only do these things if they know for sure the majority of New Zealand public want these changes”.

However, National is also considered to be a political party that cares about reducing crime and violence, and controlling alcohol is the number one way to do it. They are also seen as a party that promotes protection of families and who like to be seen as ensuring social stability; both of which are obvious casualties of heavy drinking.

These then are the points of discussion and advocacy that will feature in Alcohol Action’s MAIN EVENT over Christmas, New Year and up until the appearance of the new liquor bill, probably in May 2010.

If you want to join Alcohol Action or get on their email list for future updates go to: www.alcoholaction.co.nz

New Residential Option: Ashburn Clinic Addiction Programme

For over 125 years the Ashburn Clinic has provided treatment for those with addictions to alcohol and other drugs. Combinations of medical, psychiatric, educational and therapeutic interventions are used and over the years this approach has been useful for many people who have needed a period of residential treatment to break their addiction cycle.

With increasing demand for inpatient service, the Ashburn Clinic offers a specific, intensive, time limited, abstinence-based programme aimed directly at adults who wish to begin the road to recovery from addiction to alcohol other drugs and gambling.

The Addiction Programme began in July 2009 and has three distinct phases:

- Stage one is an optional, detox programme.
- Stage two is a two week assessment period, where both patient and the Clinic decide if they are suitable for entry into the Programme.
- Stage three is an eight week, intensive programme combining the full range of treatment options available at the Ashburn Clinic.

The Staff

The Ashburn Clinic has been fortunate to attract a highly trained team to deliver this programme. Consultant psychiatrist Sheila Doshi, DAPHANZ registered senior nurse Lorraine Watson and senior occupational therapist Sarah Redfearn will head the team, but Ashburn Clinic's entire therapeutic community will support the programme building on our past experience and success in this area.

Cost

The Ashburn Clinic Addiction Programme will be available to both privately and publicly funded patients. Each stage is costed individually to give a degree of financial certainty to patients, companies or funding agencies.



While the programme is specifically aimed at alcohol other drug and gambling addictions, the Ashburn Clinic's wider psychiatric experience does allow them to consider other health issues which are often associated with addiction and build these into each patient's individual treatment plan. With a full range of health professionals at the Clinic providing support, the Ashburn Clinic Addiction Programme will offer an effective treatment for those who are unable to respond to community based treatment.

For more information, contact Lindsay Smith on 03 476 2092 or email ashburn@ashburn.co.nz

Disclaimer and Contact Information

Connections is the official newsletter of the Alcohol Drug Association New Zealand, funded by the 6 South Island DHBs.

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Did you know?

- In New Zealand the total crime cost due to harmful alcohol and drug use is estimated at \$1.1 billion. This includes costs to the victims of crime, the use of police resources, court related costs and prison.
- The total social cost of harmful alcohol and drug misuse for the year 05/06 was estimated at \$6.881 billion.
- Harmful alcohol use cost New Zealand an estimated \$5.296 billion in 05/06.
- It is estimated that police spent \$306.3m or 32% of the police budget on Alcohol and drug related offending / issues in 05/06. On alcohol only, this equalled 172.2m, 18 % of the police budget.
- At least a third of all police recorded offences in 07/08 were committed where the offender had consumed alcohol prior to committing the offence.
- At least a third of recorded violence offences and family violence incidents in 07/08 were committed where the offender had consumed alcohol prior to committing the offence.



With regards to serious offending, such as homicides and incidents where force was used by police, approximately half of the alleged offenders or victims were affected by alcohol.

On an average day:

- 62 individuals are either driven home or detained in police custody due to their state of intoxication.
- 342 offences occur where police note alcohol was involved in the offending including:
 - 30 offences for breach of a councils liquor ban
 - 100 offences for drink driving
 - Approximately 5,923 compulsory breath tests and 2743 mobile breath tests are undertaken
 - 41 licensed premises are visited to monitor compliance with the Sale of Liquor Act.

In Australia, alcohol-related crime is estimated to cost AUD \$1.7billion a year, with AUD \$750m alone spent on policing.

Alcohol-related harm is a major cause of death and hospitalisation, with 3000 lives lost a year and 65,000 hospitalisations.

Forty percent of people detained by police attribute their offence to alcohol consumption. A substantial proportion of assaults are alcohol-related with a significant number of hospitalisations each year associated with these assaults.

And - did you know that during December Police in New Zealand highlighted the work they do to tackle alcohol-fuelled crime and antisocial behaviour during the blitz on the weekend of the 11th and 12th of December.

The crackdown – code named Operation Unite - a first of its kind, is a comprehensive and coordinated action by police forces in New Zealand and all states and jurisdictions in Australia.

The Ministry of Health were only alerted to this operation a short time before it was to go ahead. The alert noted that a number of police stations intend handing out local treatment provider phone numbers to some people during the course of the weekend, as well as access to help information for victims of domestic violence. The alcohol and drug service contact information given out may result in increased demand to services. From press release: OPERATION UNITE: A POLICE BLITZ ON DRUNKEN VIOLENCE, 19 November, 2009.

It will be interesting to see if there is a rush on services and how, with varying length waiting lists around the country, these services will cope. Go to <http://search.scoop.co.nz/search?q=operation+unite> to check some of the results.

Leadership

“Leadership is a combination of strategy and character. If you must be without one be with the one with strategy.”

General Schwarzkopf (Operation Desert Storm)

Today's healthcare environment recognizes that "Health services of the future may require a different mix of workforce skills to those of the present" (MOH,2000, p.29). Furthermore it is anticipated by the Ministry of Health that there will need to be "highly competent managers, clinical leaders and management systems" to support this workforce and it will take more than a good leader with passion to be effective in achieving the health outcomes required. Understanding what strategies that can be added to 'the team leaders toolkit' to achieve desired outcomes, is important.

The Leader's Toolkit: Attributes of a Leader

- Understand one's role.
- Have passion, creativity, intuition and drive.
- Be able to recognize and take appropriate risks.
- Be able to engage others.
- Understand power and how to use it.
- Recognize that the leader's perception may be different from that of the team.
- Be able to bring about change.
- Be innovative.
- Have sound clinical knowledge.
- Be able to motivate people.
- Be able to prioritize.
- Have good communication skills.
- Be flexible in your approach.
- Seek to maintain your level of knowledge.

Cammock² asserts that successful organizations need to understand that leaders and managers are different and need to be able to work in partnership and that one is no more important than the other.

The Leader's Toolkit: Leadership

Envisioning: Connecting, listening, Learning, encouraging, decision making, creating discussion, reflection, seeing the whole picture, vision, clarifying the purpose.

Engaging: Team building, networking, good communication skills, re-communication skills, re-communicating the vision.

Enacting: Involving others, delegation of tasks, follow-up on progress, encouraging, supporting, coaching, recognizing the effort, rewarding good performance, fronting up to non-performance.

Political, economic, technological, and consumer challenges are placed on health care services and those

who work in them. The need for services to work together in coordinated ways, has become increasingly urgent. It is clear that there is a pressing opportunity for leaders of teams to drive this process. While working in the healthcare environment can at times seem like working in a war zone, on these occasions General Schwarzkopf quote is worth considering, be with the leader who can strategize and if you are the leader - learn the art of strategizing.

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2. The Dance of Leadership: The Call for Soul in the 21st Century (2003).

AOD Competencies Review

DAPAANZ is leading a project to review addiction treatment sector competencies inclusive of Alcohol and other Drug (AOD), Problem Gambling and Smoking Cessation treatment. From August through November, meetings throughout the country indicated support in principle for development of an Addiction Treatment Competency Framework comprising shared core competencies in problem gambling, smoking cessation and AOD treatment while retaining specialised competencies in each area above the core level.

Direct benefits to service users with multiple addiction issues and support for holistic treatment approaches are noted by those providing feedback as key reasons to develop core competencies that are more inclusive across these three key areas of addiction.

The meetings supported inclusion of core competencies for:

- working with Māori
- working with Pacific peoples
- recognition and referral of common co-existing issues
- working with families
- a public health approach.

On the basis of the feedback the project team is now developing DRAFT core addiction competencies and, in addition to these, practitioner competencies in Problem Gambling, AOD and Smoking Cessation. Draft competencies will be distributed for broader consideration in mid 2010. If you would like to participate in focus groups or you are available to review draft competencies before the consultation phase please contact Paula Parsonage, Project Manager at: 09 378 1843 or hsd@xtra.co.nz. Your input and participation would be greatly appreciated.

Diary Notes

International Gambling Conference 2010

24 - 26 February 2010. Crown Plaza Hotel, Auckland www.pgfnz.org.nz

5th Australasian Drug Strategy Conference:

Restoring the Balance

8 - 11 March 2010. Melbourne, Australia www.adsc2010.com

Addiction Treatment Leadership Day

25 March 2010. Christchurch

www.matuaraki.org.nz

Evolving Communities Beyond Services: The Building Bridges Trust 5th conference

14 - 16 April, 2010. Wellington

www.buildingbridges.co.nz/site/building_bridges_trust/

Harm Reduction 2010: The Next Generation

Sunday, April 25, 2010 - Thursday, April 29, 2010

Liverpool, England

www.ihra.net

Healing Our Spirit Worldwide: The Sixth Gathering

3-10 September 2010. Honolulu, Hawaii

www.papaolalokahi.org

Training

Motivational Interviewing Workshop

4-5 March 2010. Christchurch

Contact joel.porter@pacificcmc.com

Matua Raki training links

www.matuaraki.org.nz/index.php?option=com_weblinks&view=category&id=20&Itemid=16

Canterbury DHB AOD Project Update

As reported in Connections in March the aim of the Canterbury DHB AOD Project is improving the journey for people, and their families, who are experiencing alcohol and drug problems. Within the current context of limited resources and increased demand for services, there has been the opportunity to think outside the "box" and focus on what might be possible.

The first steps included a workshop and subsequent working group meetings where the themes to be worked with were identified and a framework developed. The second stage was further working group meetings where the detail was developed around the following key themes:

- Screening and early intervention
- Assessment (brief and comprehensive)
- Peer Support
- Intervention services
- Evaluation

The detailed information on these themes can be found on pages 13-17 of the AOD Project Summary (September 2009)³.

Now, the ideas from the working groups were used to develop a system model. The model has been widely circulated for comment and has been endorsed by The Board and Advisory Committees of the CDHB. An implementation plan is now being developed.

The AOD Project Summary is a 27 page document and also includes the system model and a lot more detailed information on the project and is available now (see foot note for link).

More information can be sought from:

Sandy McLean
Service Development Manager
CDHB Planning and Funding

3. link to the latest AOD EOI and this has the Summary document attached.
<http://www.cdhb.govt.nz/planning/funding.htm#rip>