

# LOAD

## INVERCARGILL

Minutes Friday 16<sup>th</sup> February 2007

### Apologies

Chris Nolan, Malcolm Creagh

### Updates

Anne McSoriley Quiet time for Public Health.  
Sandy Dawson Operational Manager at SF Southland.  
Maania Niha Ararua Health and Social Services. Health promoter. Role to work in the community to organise hui, events, promotion events. Target project – HP for rangatahi AOD.  
Matthew Rewcastle SHRP Southland. Running Needle Exchange for one year. Harm reduction, Hepatis C education. Work going well. Looking at setting up rural outreach.  
Joe Oxley Rhanna Clinic Manager. Talking later.  
Fran Wilhelm Family Advisor.  
Gemma Ball Youth Project for SDHB. Also on advisory board for Werry Centre. Currently doing project for CAFS reviewing pamphlets for youth appropriateness.  
Allan Sonneveld CAFS unit. Works closely with Rhanna & Adventure Development.  
Cate Kearney Coordination. Helpline stats around “P”, family and users seeking help.  
Madeleine Peacock ADC.  
Clive McArthur ADC and Youth A & D Service. Service to young people 20 and under. Just in process of appointing another person. Contracting process with SDHB re youth services extended scope to allow ADC to work with parents only for a limited time. Working with Nga Kete’s new youth worker. Great to have Gemma here; would like to see role extended.  
Danielle Maxwell Public Health South. Working with schools and alongside alcohol and drug workers.

### Discussion

Youth Role. Werry Centre role in youth mental health workforce development.

Mary Napper SDC Invercargill.  
Alcohol Strategy getting closer. Very positive advisory meeting on 31.01.07. Hope to have something ready for advisory group for March and then out for consultation . Focus groups have been very helpful.  
Jo Bremmer. Field worker for SF (Supporting Families working with families with Mental Health and Addiction issues and youth (e.g. can accept referrals from CAFS).

Discussion

SF – Service change; referral pathway; DHB boundaries.

### Presentations

#### **Rhanna Clinic – Joe Oxley**

- Background. MH all working life. Trained at Tokonui Hospital as a Psych Nurse. Returned to Southland in 1995. Always had an interest in co-existing works. Started Methadone Programme at Rhanna Clinic.
- Rhanna Vision for integrated and coordinated services.
- Established 10 years ago. Clinic very abstinence based; preparing people to go to residential treatment at Queen Mary.
- History of running day programmes. Some work required around introduction of methadone and harm reduction information.
- New Building 3 years ago.
- Staff composition case workers; GP 1 day a week for methadone.
- Services provided; individual counselling, evening clinics, LTNZ assessments, court assessments, referrals to residential services, rural clinics; OSTP; Big Group – support group.
- Te Kokiri – plan for MH and Addictions Sector for the next 10 years.
- Practical examples:
  - Intake coordinator, new position
  - Better reception admin support services
  - Meeting with justice – intersectorial work
  - Looking at services sharing templates for assessment to streamline access.

#### *Questions and Answers*

Waiting list approximately 48. Down 1.5 FTE case workers.

Working with other agencies.

HPCAA – Rhanna’s place in this.

Action Plan

**BZP Presentation**  
**ADANZ – Cate Kearney**

**BZP Submission**

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/legalparty-pills/index.html>

**Questions and Answers**

It was requested Cate forward the power point presentation and submission form.

**Attendance:** 14

*Meeting closed 12.40pm*

**Next Meeting** 25<sup>th</sup> May 2007

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).