



Major Concerns Expressed in Canterbury

Over the last 12 months Connections¹ have provided updates on the progress of the Canterbury AOD Treatment Project. From the scoping process to the release of the Summary Document in September 2009². Following is a response to that document and the process that preceded it.



An article (<http://www.stuff.co.nz/nationalhealth/344860/8/Limited-help-for-addicts-bizarre>) in a recent edition of the Christchurch Press highlighted serious concerns expressed in a report³ given to the Canterbury DHB, the authors being a number of leading members of the Academic and Addiction Treatment community, including NAC staff members and NCAT.

Concerns

Of their concerns two were highlighted:

1. Inequity of access to alcohol and other (AOD) treatment for individuals in contact with the Justice System, which appears discriminatory and could be considered a breach of human rights (<http://www.hrc.co.nz/home/default.php>).
2. The apparent lack of consideration of relevant local and overseas research data to inform planning, particularly research on the effectiveness of residential treatment.

The first concern was based on 1) perceived inequity of access for a group described as “Justice Clients” and 2) the research literature that shows people who are formally mandated to receive treatment have just as good outcomes as those who are not formally mandated. The report acknowledged that in a time of resource constraint there is a need to make decisions that take into account the best evidence available as well as other factors, not only financial but human resources and it is important to use these resources as practically and fairly as possible.

There are clear barriers to assessment and treatment for this group identified as ‘Justice Clients’. Access to treatment is withheld from consumers with outstanding or unresolved legal charges by some services. This approach is not specific to Christchurch it is the same in some other South Island regions e.g South Canterbury (Timaru) but not in Nelson/Marlborough.

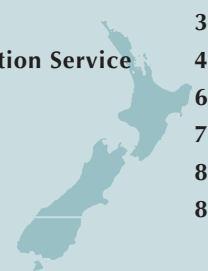
The Canterbury District Health Board (CDHB) have made it clear in their Canterbury AOD Project summary Document (Sept 2009) that Justice Clients will be offered “...Information, education and brief intervention as this level of treatment is appropriate at this point and should be provided by primary care, probation officers, prison staff etc. with the support of AOD specialists.”

The report notes that the ‘Justice Clients’ are not a homogenous group without families or whānau; they may

(Continued page 5)

Contents

Major Concerns Expressed in Canterbury	1 and 5
Editorial	2
Did You Know	2
Male Survivors of Sexual Abuse	3
Helpline – Methamphetamine Intervention Service	4
Role Modelling and mentoring	6
Save-a-Mate	7
Diary notes	8
What’s Happening with MoDA?	8



Editorial

Kia ora koutou I hope people are enjoying the crispness in the mornings, are keeping warm as the wind chill lowers, the dew freezes and the days shorten. As flu season looms, remember to arrange your flu injections early this year!

Many organizations are feeling the cold chill of the funding cuts and contract changes that follow. It seems even the most appreciated and long standing of services are not exempt from the fact that there is just not enough of anything to go around, and some services are just not valued in the same way by those guided by different ideologies.

I attended a rally in Christchurch the other day to support the staff and clients of 198 Youth Health Centre who will be closing in the next few weeks because of lack of funding (from various sources¹). The previous month I was facilitating a LOAD meeting in Invercargill and there were grave concerns for the Adventure Development's youth health service there for the same reasons. Like everyone else at the meeting I was disappointed and concerned by the news. When the service first opened there was slow but steady progress gaining the trust of the young people who started using the service because they felt comfortable coming in to a 'youth' dedicated space.

The people who spoke at the rally for 198 Youth in Christchurch had such positive stories about their involvement and progress. There were a number of experiences described from physical ailments to more serious addiction and mental health issues that if it were not for Youth 198 would have ended either in successful or unsuccessful suicide – one is as bad as the other and, dare I say, possibly more costly to the Health System generally.

There have been many concerns expressed about the young people who use the services that are being closed^{2,3}. Most of our health services are mainstream, and for many young people mainstream is full of anxiety creating barriers and they are unlikely to go there if they 'feel' they will be judged or their privacy may be at risk - where will they go now? There are stories of success, the wellness achieved, the growing up, the development of confidence based on inspiration of the staff and the support found at 198 Youth. It reminded me that the understanding and the ability to work 'successfully' with young people is an innate skill that many do not have and are unable to learn.

Char Macpherson, Editor

1. <http://www.scoop.co.nz/stories/GE1003/S00058.htm>
2. <http://www.scoop.co.nz/stories/PA1003/S00267.htm>
3. <http://www.scoop.co.nz/stories/GE1003/S00062.htm>

Did you know?

These people were either addicted to or misused alcohol and other drugs, and had various comments to make about their drugs of choice.

Charles Baudelaire's (1821 - 1867) drugs of choice were alcohol and opium and offered this advice, "Always be drunk ... Get drunk militantly. Just get drunk."

William S. Burroughs' (1914 - 1997) drug of choice was heroin and he said "Junk is not like alcohol or weed, it's a means to increased enjoyment of life. Junk is not a kick. It is a way of life." Burroughs stopped doing smack in the 1970s, after decades of near-constant use.

Brendan Behan (1923 - 1964), his drug was alcohol. The larger-than-life Irish dramatist, poet, and novelist said, "I only take a drink on two occasions: when I'm thirsty and when I'm not."

Jack Kerouac (1922 - 1969) preferred alcohol and was heard to say, "I'm Catholic and I can't commit suicide, but I plan to drink myself to death." And so he did.

Ernest Hemingway (1899 - 1961) preferred alcohol. Notorious for making fun of his fellow writers who sought relief from their own alcoholism (when Fitzgerald admitted that alcohol had bested him, Hemingway urged him to toss his "balls into the sea - if you have any balls left"), he himself was an increasingly messy drunk. George Plimpton once famously observed that by the end, Hemingway's ruined liver protruded from his belly "like a long fat leech."

Hunter S. Thompson (1937 - 2005) was not to limit his drug intake and tried anything that was known to alter the mind and said "I wouldn't recommend sex, drugs, or insanity for everyone, but they've always worked for me."



Hunter S. Thompson

<http://samadblog.blogspot.com/2010/01/it-never-got-fast-enough-for-me-gonzo.html>

Let's not talk about it!

Male Survivors of Sexual Abuse

Ken Clearwater

Child Sexual Abuse and lets not even imagine that little boys get sexually abused. And what if they did they will get over it boys are tough aren't they?

It wasn't until Mike Lew M.Ed., an American psychotherapist appeared on The Oprah Winfrey Show in 1987 to talk about the sexual abuse of boys and men did this subject appear on any agenda.

In 1988 "Victims No Longer" became the first book written about and for, male victims of childhood sexual abuse.

How many men have been to prison, the mental health system and through drug and alcohol rehab who have suffered sexual abuse in childhood? We don't know exactly but from my fifteen years of experience working with male victims of childhood sexual abuse I would say 65 to 80% and that is under estimating.

How many of you working in the field have had a bloke disclose he suffered sexual abuse in childhood? And if he did, how did you handle it? For many who hear this disclosure it is the biggest "can of worms" and best not to open it. Why do we struggle to deal with this issue? So many times I have heard from the men we work with that they disclosed within the mental health, prison or drug and alcohol rehab system and were told this was not the right place to deal with it or that is best dealt with when you leave here.

If a man discloses to you he was sexually abused as a child listen to him, acknowledge you are hearing him and don't make a judgment. If for whatever reason you can't deal with it let him know, be honest. Also, let him know you are there to listen because for whatever reason he chose you to share this traumatic part of his life. He will have given you a gift. Do not throw it away because you can't deal with it. Then if possible seek help for him, most of all don't promise something you can't deliver.

If you have any concerns in relation to males who have suffered sexual abuse please contact us. Currently we have a Trust in Waikato, Auckland and a support group in Dunedin.

The goal over the next two years is to have support throughout New Zealand for male victims of childhood sexual abuse. In Christchurch we offer one on one peer support, peer support group every Tuesday night from 5:30 – 7pm, access to ACC approved counsellors, telephone (Monday to Friday 9 - 5) plus cell phone and email support. Also we are available to talk to any group or agencies.

I have had the opportunity to present this year at the LOAD Meetings in Christchurch, Timaru and Ashburton and the feedback tells me the importance of the work we all do for our communities. As our workloads increase and the funding diminishes this is a time we need to be working together and networking.

In 1997 at Auckland University there was a Conference Sexual Abuse of Males: New Zealand's Untold Story: by DSAC (Doctors for Sexual Abuse Care) and it was noted that 62% men in psychiatric care had been sexually abused in childhood and only 4% had disclosed before being asked. A Senate Committee Report (Australia, August 2004, page 168) cited an Australian study of 27 correctional centres in NSW found that 65 per cent of male and female prisoners were victims of child sexual and physical assault.



Specialist Support for Male Survivors

As the sexual abuse of males began to be acknowledged in the 1990's, the only specialist male survivor support agency **Male Survivors of Sexual Abuse Trust** began in Christchurch and has continued until today. Let's talk about male survivors of sexual abuse because it is about time to help those affected. Check out "Taskforce for Action on Sexual Violence" (page 88) just released to Parliament.

For more information, contact Ken Clearwater, National Manager, MSSAT. Male Survivors of Sexual Abuse Trust (MSSAT). 141 Hereford Street.

PO Box 22-363, Christchurch

Call 377 6747 or 027 353 3854.

mssat@survivor.org.nz www.survivor.org.nz

Alcohol Drug Helpline – Methamphetamine Intervention Service

Nicki Cooper

The Ministry of Health is funding ADANZ to employ an additional 1.5 FTE clinical staff to support the Government's Methamphetamine Action Plan. The Methamphetamine Intervention Service is part of the Alcohol Drug Helpline but offers a more comprehensive telephone based service to methamphetamine users.



This is an innovative service which will allow stimulant users an alternative way of accessing drug and alcohol treatment services.

MIS can offer:

- Advice on how to reduce the harm caused by drug use
- Information on treatment options
- Self-help material specifically designed for 'P' users
- Call back service – where a consumer can be called back at a time that suits them
- Brief interventions – help with cutting down and/or staying off
- Assistance with finding and getting treatment
- Comprehensive assessment – in order to access residential treatment
- Case management
- Regular reviews of plans and goals
- Cultural support – via our Maori and Pasifika staff members.

When a consumer who is using 'P' calls the Alcohol Drug Helpline, they will be asked if they would like to speak to a specialist methamphetamine worker. The worker may be available straightaway, if not they will call back at an agreed time.

The worker will then talk with the consumer about their drug taking, general health and current concerns. Together with the consumer, the worker will agree to a plan to help the consumer start making the changes they would like to make.

Since the beginning of January 2010 when the MIS was started, we have received approximately 70 referrals. Many of the callers are poly-drug users and their calls are often around managing the 'comedown/crash' from stimulant use. They often have a wide range of complex issues they would like to address. Initial feedback from consumers and themes emerging so far would indicate that:

- A good proportion of stimulant users don't seek help until they are in a crisis situation; interventions then need to be delivered in a timely manner. Conversely, a significant number of callers have a high degree of functionality in other areas of their lives – employment, relationships etc.
- A significant proportion do not wish to access existing AOD treatment as they perceive it to be focused on users of depressant drugs.
- The majority of users would in no way fit the narrow stereotype created by the media - they have found it very unhelpful with regards to others understanding their needs.

In terms of engagement with callers, the following points are useful:

- Being accessible, flexible and reliable – demand for interventions are often outside of typical Monday to Friday, 9 - 5 hours.
- Developing an understanding of using-cycles, pharmacology and the culture of stimulant use.
- Providing harm reduction advice: diet, water, sleeping, planning, injecting, safe sex.
- Providing the person with reassurance which may include confidentiality.
- Development of rapport and trust.

The service is confidential and available 10am – 10pm everyday via the Alcohol Drug Helpline 0800 787 797

For more information regarding the Methamphetamine Intervention Service please contact Nicki Cooper, Service Co-ordinator, (03) 379 8626

(Major concerns in Canterbury, continued from Page 1)
 be awaiting court which may not eventuate in a conviction. Also, they are in this group for many different reasons, varying lengths of time, and are always at various stages of progress within 'the system'. For a few, brief intervention and the provision of information is adequate but for many involved in the justice system, their level of addiction and co-existing mental health and related problems are likely to respond best to comprehensive, individualised and long term treatment. However, this was considered not viable or available to those with unresolved or outstanding legal charges. This seems illogical as for many in this group the reason behind much of their illegal behaviour is addiction and often coexisting mental health issues.

Evidence base?

Further concerns in the report are related to the 'process' where it states decisions were made but did not consider local or overseas evidence/data; or in accordance to our national policy on integrated approach to addiction treatment for people with addiction and legal issues, for example funded DHB Court alcohol and drug assessor roles, the national health/justice interface focus, and the significant funding increase for residential programmes as part of the methamphetamine project.

Other concerns noted in relation to the Summary Document and the process informing it:

- Opioid substitution treatment is excluded.
- There is a lack of differentiation between types of residential treatment and the complexity of needs amongst client groups for whom residential treatment may be suitable.
- In particular, no acknowledgement regarding the effectiveness of Therapeutic Community programmes.
- The importance of length of stay and engagement in therapy during the various stages of treatment for different levels of addiction, has also not been considered.

The report cites both local and international research to suggest that these areas and approaches to treatment are effective, cost efficient and that there are local services established to provide appropriate types of treatment.

In the final comments it is acknowledged that "... providing AOD treatment for 'Justice Client' is daunting." This is true in the current financial climate along with the funding silos that exist for this group. The authors of the report, go on to say " to exclude people involved in the Justice System from specialist addiction treatment, even on the basis of 'charges pending', is bizarre and as grossly inequitable as excluding them from specialist cancer or heart disease assessment and treatment. It is even more bizarre given the close relationship between offending and addiction when the Justice System connection can enhance treatment effectiveness."

To set up a small working group of key stakeholders to consider the issues identified and to develop an appropriate plan for the development of equitable and coordinated client care pathways for individuals and their whānau is suggested by the authors of the report. It would be useful if this could happen before the Implementation Plan is signed off.

1. http://www.adanz.org.nz/IM_Custom/ContentStore/Assets/13/0b896445a1e3e1470b76409c100cb86e3/v8%20March%202009.pdf
 2. http://www.adanz.org.nz/IM_Custom/ContentStore/Assets/16/32cb2818b2984071fb1949ed0a7b26b9/Canterbury%20AOD%20Project%20Paper%2030%20September%202009%20for%20BOARD.pdf
 3. Major Concerns About the CDHB Alcohol and Drug Project Summary Document (September 2009) Sellman, D; Deering, D; Adamson, S; Todd, F. (March 2010)

Disclaimer and Contact Information

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

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.

Contributions, comments or general correspondence regarding ADANZ Connection:
 The Editor, ADANZ, PO Box 13-496, Christchurch.
 email char.macpherson@adanz.org.nz
 Phone (03) 3798-626 Fax (03) 3775-600

General inquiries, correspondence, address changes and ADANZ membership subscriptions should be made to:
 Phone (03) 379-8626 Fax (03) 377-5600
 Email ada@adanz.org.nz
 Postal Address: ADANZ, PO Box 13-496, Christchurch.
 Office Address: Level 1, Latimer View House, 215 Gloucester Street, Latimer Square, Christchurch.



Role Modelling and Mentoring: A cost effective form of prevention?

Young people need supportive caring people in their lives as well as their parents. The Big Brothers organisations have been doing this for some time. It began in 1905 in the United States, by Ernest Coulter, a law clerk who repeatedly observed young boys coming through the New York City courts, many lacking in male influences. He began spending time with one boy and seeing the effects of the relationship started to link like-minded men with boys who needed guidance.

By 1916, Big Brothers had spread to 96 cities across the US. Big Sisters were later introduced, and in 2003 the programme made its way to New Zealand. There are now approximately 280,000 children throughout the world connected with a Big Brother or Big Sister.

The impact of positive support

There is a body of research that shows if children have access to positive support it has a big impact on their wellbeing and where they go in life. International studies by Big Brothers Big Sisters have shown that after 18 months of spending time with a mentor, the kids are 46 per cent less likely to begin using illegal drugs, 27 per cent less likely to begin using alcohol and 52 per cent less likely to skip school. They are more confident in their performance in school, one-third less likely to hit someone in a violent confrontation, and generally start to get along better with their families.

In a recent interview (Press March 2010) Matthew Button, programme director of Big Brothers/Big Sisters Christchurch said "We're trying to build resilience into young people. When we look at why some kids end up on the road to committing criminal offences and why some kids from the same background do not, there is often one differing factor in their lives,". When a positive mentor - a parent, sibling or in our case matched Big Brother or Big Sister - is put in a child's life, they gain a strong resilience to bounce back during difficult situations."

In 2009, 101 children were mentored in Christchurch. Big Brothers/Big Sisters now works with 10 schools throughout Christchurch to match kids in need or mentors with volunteers. The matching process starts with the organisation approving a volunteer Big Brother or Big Sister, then taking their information to a school's liaison. The liaison chooses which of the students in their school would most benefit from that mentor, based on common interests.

Once a mentorship is in place, the goal is not to focus on the child's negative behaviour, but on the mutual interests between them and their Big Brother or Big Sister. The goal is not to focus on the negative behaviour of the child, i.e. naughtiness or what they do wrong but to share interests and enjoy them; common interests and stuff to do are found by talking and getting to know each other. Once these have been established "...it is possible to break the cycle just by showing one kid that you're interested in them."

South Island branches of Big Brother and Big Sisters can be found in Nelson, Buller, Grey District, Westland, North Canterbury and Christchurch details for contact can be found at <http://www.bigbrothersbigsisters.org.nz/locations/>



Save-a-Mate

SAM

New Zealanders are known for their heavy drinking while cannabis, P and ecstasy are also common here. What happens when you mix alcohol, drugs and prescription medications?

That's a question Save-a-Mate (SAM) aims to answer. The New Zealand Red Cross drug and alcohol harm minimisation programme educates youth about the risks of using alcohol and drugs, and how to reduce their adverse impact.

"A person on asthma medication might decide to have a night on the town with some ready-to-drinks – and find themselves in trouble as the medication interacts with the alcohol," says Ms Lou Woodney, SAM trainer.

It can be a complex equation, she says. Among the factors are what combination of drugs and alcohol someone has taken, their weight, size and gender, what other medication they are on, the purity of the illegal drugs they have taken and whether they have a mental illness.

The aim isn't to take a heavy-handed moralistic approach.

"It's New Zealand Red Cross policy to come in with a more organic approach. We know people are going to drink and take drugs, even though they know the risks. But they're still going to do it anyway."

"We want to give them knowledge about what to do and the effects of drugs and alcohol on the central nervous system."

The programme should correct a lot of fear and misinformation.

"If they find their friend vomiting on the footpath outside the bar, people are often likely to start laughing or do nothing because they're drinking or out of it themselves. They think if they call an ambulance, the police might get involved and then they're in trouble themselves. They're too scared to call 111. Some of the conventional wisdom – such as letting a person sleep off an episode – can be downright dangerous. Sleeping actually slows down the body's filtration rate. Plus, the person's tongue might drop back and obstruct their airways, or they could choke on their own vomit. Instead, it's much better to keep an eye on people and to call 111 if they are in danger."

SAM teaches young people how to recognise warning signs



related to drinking and drug taking such as continuous vomiting, dilated pupils, hallucinations, anxiety, paranoia or fidgeting.

"It's giving people these very basic tools – first aid tools – that can make a huge difference."

She remembers talking to a SAM group in Petone. One participant recounted her Friday night out with a friend who'd drunk so much she couldn't walk straight, was slurring her words and vomiting. She said she'd flipped her friend on her side before she'd gone to bed.

Ms Woodney said "You probably saved her life because she could have had a passive flow of liquid coming into her mouth," She then told her. "That's how people choke and die. The simple act of putting her on to her side before she went to bed probably saved her life."

Ms Woodney has had a great response from delivering the five-module course to bar staff, youth and social workers, at-risk youth and Wellington city safety officers Walkwise.

SAM workshops are available in Wellington at the moment and will soon be available in Auckland, Christchurch and the Hawkes Bay.

Workshops are free for not-for-profit organisations and community groups. Contact New Zealand Red Cross on 04 499 5827 to find out more.



Diary Notes

Cutting Edge

23 – 25 September 2010

Call for abstracts close: 5pm Friday 30 April 2010

Notification of outcome of abstracts: Friday 14 May 2010

Printed version of abstracts due: Monday 24 May 2010

Registrations open: End May 2010

Early bird registrations close: 31 July 2010

www.cuttingedge2010.org.nz

Working with families experiencing challenging and complex issues

29 - 30 April 2010 Nelson, 6 - 7 May 2010 Dunedin

There is no cost for this training supported by the Matua Raki National Addictions Workforce Development Centre. Each workshop provides 20 DAPAANZ points
Info and Register at info@kinatrust.org.nz

Are You Confident in Dealing with Disclosures of Sexual Violence?

Youth and Sexual Violence: Wednesday, 19 May 2010,

Thursday, 8 July 2010 and Wednesday, 6 October 2010

Auckland - \$195 + GST

Dealing with Disclosures: Tuesday, 8 June 2010,

Wednesday, 25 August 2010 and Tuesday, 19 October 2010

Auckland - \$195 + GST

Bookings close the Friday prior to workshop. To book, please email bronwyn@rapecrisis.org.nz or call Kylie or Sue on 09 360 4001 ext 207. www.rapecrisis.org.nz

Drugs and driving

14 April 2010 Angliss Conference Centre, Melbourne

Call 1300 85 85 84 or email druginfo@adf.org.au

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

14 - 16 April, 2010 Wellington

Info and register at www.buildingbridges.co.nz/site/building_bridges_trust/

Harm Reduction 2010: The Next Generation

25 - 29 April 2010 Liverpool, England

Info and register www.ihra.net

Healing Our Spirit Worldwide: The Sixth Gathering

3 - 10 September, 2010 Honolulu, Hawai'i, USA

Info and reg <http://www.hosw.co.nz/HOSW2010/Aotearoa.html>

What is happening with the Mis-use of Drugs Act (MoDA)

The Law Commission are at the stage where they want to hear your views on our preliminary proposals as well as any further ideas you may have for reform to the current legislation.

An issues paper has been produced by the Law Commission, on the Misuse of Drugs Act which reviews the current approach to drug regulation and makes some preliminary proposals for how New Zealand's drug laws can be updated.

Sharing insight, knowledge and experience by participating in the consultation process can be extremely useful to the Law Commission's work on restructuring this Act. This can be achieved in various ways. You can download or print the Issues Paper from the Talklaw website: click this link '**Controlling and Regulating Drugs**' (3.7 MG) or **Summary Document (6 KB)**. Both documents include the policy options developed in the course of preliminary consultation for people to respond to.

The NZ Drug Foundation have developed a detailed and useful submission toolkit for anyone to use <http://www.drugfoundation.org.nz/moda/toolkit/about-this-toolkit>. and for those who want to know how they can I find out more about this Review? Check the Law Commissions web site www.talklaw.talkdrugs.

The following organisations have mailing lists to keep subscribers up to date with useful information: Alcohol Action , NZ Drug Foundation and Alcohol Health Watch who have a mailing list specific to the MoDA called Alcohol Law Reform Mailing.

Sign up at <http://talklaw.co.nz/talkdrugs> to participate (anonymously) on the online discussion forums. You can also make an online submission on this site. Click this link to email a submission or post a written submission to the Drugs Review Project Coordinator at: Drugs Review Submissions, Law Commission. PO Box 2590, Wellington 6140.

