

**SUBMISSION
TO THE
NORTHERN DISTRICT HEALTH BOARD SUPPORT AGENCY LTD
MENTAL HEALTH SERVICES (NORTHERN REGION)**

**IN RESPONSE TO
THE DRAFT ALCOHOL AND OTHER DRUG (AOD)
PRACTITIONER SCOPE OF PRACTICE**

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ALCOHOL AND OTHER (AOD)
PRACTITIONER SCOPE OF PRACTICE

A Submission to the Northern DHB Support Agency Ltd
Mental Health Services (Northern Region)

1. This Submission is from the Alcohol Drug Association New Zealand (ADANZ).
2. Cate Kearney Chief Executive Officer, Alcohol Drug Association New Zealand is the contact person. She may be contacted at the ADANZ's offices at PO Box 13-496, Armagh, Christchurch, telephone 03 3798626, fax 03 3775600, email cate.kearney@adanz.org.nz
3. The Alcohol Drug Association New Zealand (ADANZ) is a not-for-profit organisation and has been operating in the South Island since 1982. ADANZ's statement of purpose is
"Improving the health of the community by minimising harm associated with alcohol, other drugs and gambling".
4. ADANZ provides coordination and information dissemination services to the South Island. Our core clinical service is the National Alcohol & Drug Helpline. Other services are the National Directory of Alcohol and Drug Services; Alcohol and other Drug (AOD) Consumer Advisors and regional and national representation on advisory committees.
5. ADANZ is presenting this submission to the Northern District Health Board Support Agency Ltd Mental Health Services (Northern Region) on behalf of our organization which is informed by research and by our AOD provider forums in the South Island. The submission is in response to the AOD Draft Practitioner Scope of Practice that was circulated on 14 February 2006 as part of the consultation process. ADANZ would like to thank members of the Northern Health Board Support Agency Ltd for the opportunity to make this submission.

POSITION

6. ADANZ agrees that by establishing an AOD Practitioner Scope of Practice (PSP) that encompasses The Drug and Alcohol Practitioners' Association Aotearoa – New Zealand (DAPAANZ) and the Practitioner Competencies for AOD Workers the AOD treatment workforce will continue to raise the levels of professionalism increasingly expected in the Health, Disability, Mental Health and Addictions Sectors. An AOD PSP will also meet the requirements of the Health Practitioners Assurance Act that states practitioners must be competent to carry out the tasks

identified within their professions scope of practice. An AOD PSP will also have the potential to make the delivery of quality treatment more consistent across AOD services.

7. ADANZ recommends that any regional strategy or work on an AOD Scope of Practice is aligned with the national registration body, DAPAANZ (Drug and Alcohol Practitioners Association of Aotearoa New Zealand) and formally links with national bodies such as NCAT (National Committee for Addiction Treatment) and Matua Raki (the National AOD Workforce Development Group).
8. Although ADANZ acknowledges the benefits, there is also the possibility for services and the workforce to be limited, constrained and possibly narrow. There is potential for the creation of a two-tier workforce, those with recognized professions and qualifications being in one group (the registered or competent group) and those without such qualifications falling into a second group (support workers).
9. An AOD Practitioners Scope of Practice is of national importance to the AOD sector. There must be as much discussion, forecasting and consideration as possible to tease out what will be the impact of defining the scope of practice before we have trained a workforce in the core AOD competencies, so that the likely impact can be clearly identified and planned for.

COMMENT

10. As stated in the Development of Draft AOD Practitioner Scope of Practice: Discussion Paper¹, the addiction treatment workforce is small², complex and multidisciplinary. The AOD sector has many stakeholders with the client/tangata whaiora at the centre.
11. Until ten years ago, workers who have entered the AOD sector have mainly been those who have an experiential relationship with alcohol and drug issues and have gone on to complete entry level training and the other half of our sector has comprised people who have fallen into it by accident rather than design i.e. nurses, social workers, psychologists and psychiatrists. The future of our sector should find ways to retain all workers and also attract more into the sector through clearly defined career pathways. Defining the specific skills of an AOD practitioner is important to ensure that our workforce is recognized as competent and equal to other health professions it is more important that we ensure

¹ Northern DHB Support Agency Ltd Mental Health Services (Northern Region) 2006.

² National Addiction Centre data base has a record of 850 AOD clinical staff, identified from a national telephone survey.

improved treatment outcomes are delivered to consumers/ tangata whaiora through a well regulated and competent workforce.

WHAT IS AN AOD PRACTITIONER?

12. Identifying what it is that makes the practice of an addiction worker unique and distinguishes it from nursing, counseling, medicine, social work is useful.

There are a generic skills held across many of the professions many of which are involved in an AOD multidisciplinary team; included in the skill set particular to AOD workers

- The ability to develop a relationship of trust based on empathy, experience with and understanding the behavior specifically associated with addiction and substance use and utilization of the approaches that will lead to positive behavior change³
- The ability and experience to carry out AOD and addiction specific assessment - unless AOD clients can be engaged fully, particularly at the first contact and early stages of treatment the opportunity to take advantage of their initial motivation to change behavior can be missed or lost
- The knowledge that is consistent with dual diagnosis and AOD use, for example substance induced depression
- Detoxification and drug knowledge
- Substance use and addiction behaviour-specific interventions⁴ which include among others
 - Motivational Interviewing (MI)
 - Cognitive Behavioural Therapy (CBT)
- Relapse Prevention Skills and behaviour replacement strategies
- Specific nutritional information
- A spiritual dimension based on a range of paradigms, including a cultural context is considered an important component in the process of intervening with those with AOD problems.

The skills of the AOD Practitioner share some common micro skills that are used by other professions but the core use of motivational interviewing began in this sector and as such is a core skill for any AOD Practitioner.

³ Rollnick S. and Miller W. R. (2002) *Motivational nterviewing preparing people to change addictive behavior*.The Guilford Press. London

⁴ Seivewright N.A & Greenwood J. (1996). What is important in drug misuse treatment? *Lancet* 347: 373-76

ISSUES TO BE CONSIDERED

13. Perceived barriers will likely be reduced if people can see clearly identifiable career pathways with realistic strategies on how they may follow those pathways; strategies that actually fit the reality of many of those in the AOD workforce.
14. Defining or confining who and what they can practice in the AOD treatment field will exclude some types of practice that may be useful or effective for some consumer/tangata whaiora. Also, to retain the breadth of informal knowledge and experience that is held within the existing AOD workforce, attention must be paid to the setting in place of the formal two tier division that may disadvantage a number of groups within the AOD workforce and avoiding the barriers that are likely to be perceived.

GROUPS WITHIN THE AOD WORKFORCE

15. Groups within the AOD workforce who have had limited access to acquiring formal training and qualifications because of geographic, social and or economic restraints are likely to be disadvantaged in their careers' because of the limitations placed on them by the AOD PSP. Many Maori, Pacific Island Peoples and other ethnic groups as well as people in rural communities fit into this section of the workforce; Maori tend to be over represented in support worker roles and under-represented in the clinical professions⁵.
17. The number of Maori and Pacific Island Peoples who have registered with DAPAANZ has been encouraging. However, informal discussion with Maori groups suggests that the two tier system such as the one described in the draft AOD PSP, may be perceived as a barrier to advancement, slowing and limiting the development of the Maori AOD workforce rather than encouraging it. Funding communication and close liaison and consultation at all levels with Maori and all groups where information regarding Matua Raki, WFD and professional advancement pathways can be clearly identified and accessed will reduce perceived barriers.
18. Further possible implication of the issues related to Maori, is that qualified and competent leadership within this group is small and therefore, extremely pressured. Removing barriers and encouraging Maori AOD workers to advance to the practitioner level is likely to reduce these pressures and essential if the sector is to respond effectively to the disparities in Maori health in particular resulting from the misuse of alcohol and other drugs and addiction.

⁵ Matua Raki: National Addiction Treatment Centre Sector Workforce Development Programme 2005-15. National Addiction Centre, Aotearoa New Zealand. (2005)

19. Issues have also been identified in rural and isolated areas such as Invercargill and the West Coast, where access to training is complicated by the double barrier of distance and time. A plan for practitioners working in or with clients from rural environments, should be developed and include skills that are specific to people in rural and physically isolated areas.

QUESTIONS TO BE CONSIDERED

20. Considering the comments and issues above, a number of questions arise such as; will the AOD PSP potential introduce a two tier workforce, will practices that cannot be measured as successful such as the practice of alternative therapies, reduce clients/tangata whaiora choice or potentially effective therapies?
21. How are the Practitioner Competencies for Pacific AOD Workers Working with Pacific Clients in Aotearoa New Zealand and the Maori Practitioner Competencies (in development) to be included?
22. Are there people with valuable experience and knowledge but no formal qualification and if so how will they be retained, for example, kaumatua or those people who have provided successful and competent service for many years and who have acquired specific AOD knowledge? The combination of a specific cultural expertise, AOD knowledge and mana is almost impossible to separate and quantify and hence its value is only likely to be felt rather than measured.

RECOMMENDATIONS (at this stage)

23. More time is required for a well informed, meaningful and useful response to be made to the document under development. The AOD PSP is a particularly important document.
24. It is recommended that this regional AOD PSP be linked to national strategies and groups in order that duplication does not occur.
25. The PSP will have far reaching effects much of which will be positive but some also potentially negative, because of this, practitioners and all stakeholders need time to digest the implications of what its development means and what that will in turn mean to the sector now and in the future. Although some in the sector do not see a need for a scope of practice for AOD practitioners, the development of the AOD PSP is required according to the Health Practitioners Competence Assurance Act (2005) and seems unavoidable so it is essential that all stakeholder groups have some understanding of it and a say in its development.

26. It was noted that there were no consultation meetings in the South Island, something that should be considered if consultation is to be extended.
27. ADANZ wishes to thank the Northern District Health Board Support Agency Ltd, Mental Health Services (Northern Region) for the opportunity to make this submission and for the work in the development of the AOD PSP to date.