

## The Alcohol Helpline Keeps Developing

The challenge to extend this service has long been a commitment and vision of ADA. Three years ago, ADA Manager Paul Traynor, set up a meeting with HFA General Manager's Kath Fox and Elizabeth Cunningham, proposing that the "inclusion of other drugs" be attached to the Alcohol Helpline. This proposal was rejected on the grounds that there was not enough funding despite agreeing that such a move had merit. ADA has mooted this "inclusion of other drugs" idea in a variety of settings over the past couple of years including the alcohol and drug field and allied professional all of whom have been supportive of this move.

In 1999 as part of the initial HAD ENOUGH? Campaign ADA was invited by ALAC's Treatment Manager Ian MacEwan, to extend the then Helpline's hours of operation from 2pm to 10pm to 10am to 10pm along with the inclusion of brief intervention counselling. This inclusion of brief intervention counselling and extension of hours took place on August 16 1999 and from this time the helpline service has not looked back and in fact has grown from strength to strength. The Brief Intervention Counsellors have responded to every challenge placed before them as have the volunteer helpliners. ADA manager Paul Traynor says, "the response and the success of this service very much lies in the commitment and dedication of ADA personnel."

In 2001 ADA started via Paul to initiate discussions about the addition of other drugs again. The brief intervention counsellors have been vocal in their support for this as

has other A & D professionals. Paul Traynor has taken this message personally to the Minister of Health, Annette King MP and as a result was invited to put a proposal to "include other drugs" to her, which Paul subsequently did. Ministry officials have started to be involved as well as supportive of this initiative. However, due to changes in responsibility within the Ministry of Health, Paul was called to resubmit his "inclusion of other drugs proposal" to the Associate Minister of Health Tariana Turia who has assumed the portfolio responsibility for alcohol and drug. ADA has again resubmitted the proposal in July 2001 as well as formally meeting with the minister. ADA received a very positive hearing and support for this initiative from the minister.

What has been achieved?

Well, to date ADA has support from the National Treatment Forum, Alcohol Advisory Council New Zealand, Alcohol and Drug services, and Allied Professionals. The Ministry of Health now supports this initiative and it would seem that the only thing that delays its inception is funding. This time however there is a commitment to find the dollars to ensure this development happens. ADA is committed to this process and sees this development as critical for the ongoing development of the Helpline as well as offering the New Zealand public a place where people can access information, support and referral on alcohol and other drugs. So, watch this space!!

## Policy Development Position Update

It is hard to believe that we are almost into the last quarter of 2001. Before long it will be summer barbecues, trips to the beach, and of course, Christmas. However, there is much to be accomplished in the policy development position before then, so here is an update.

I am developing a project to improve the relationships between the six District Health Boards and alcohol and drug services in the South Island. It is envisaged that the outcome of this project is improved communication and understanding of the relevant members of the DHB, to the issues and needs of the alcohol and drug sector. It would also facilitate greater awareness among service managers of the need for a unified voice when presenting service gaps and funding needs to the DHB members. This project will also incorporate SISSAL, the South Island Shared Services Agency Limited, and DHBNZ, formally the Crown Health Association. I will be shortly sending out a survey to all A&D services, asking questions about what information you would like to see come out of this project. Please fill it out when it arrives, as the success of the project depends entirely on the participation of the sector.

I am also interested in investigating the club drug scene among the city's bars and nightclubs. As a former

worker of what were among the most popular bars in Christchurch at the time, I am aware of the subculture that exists among late night bar employees. Working all night in a party atmosphere and trying to sleep all day to recover, certainly changes your perspective on what is considered "normal" behaviour, and with the increase in availability of certain club drugs in Christchurch, I am interested in how their use is viewed among the workers. Deliberate targeting of harm minimization information to bar staff and managers could prove to be an effective means of information dissemination. I will keep you posted.

Until next issue...

**Gill Redfern**  
ADA Policy Development  
Coordinator



## From the Consumer Desk

A reminder as to the role of South Island A & D Consumer Advisor. This position is about partnership, consultation, systems advocacy and advocacy for consumers in general. I **advise services** about consumer issues. I am not a consumer advocate per se but work with, for, and on behalf of A & D consumers.

**NOTE** 'Services' means ALL A & D agencies whether an NGO or from the various provider arms of all South Island DHBs. 'Consumers' mean people who have used, or are using, an A & D service.

The philosophy behind this position is to provide a consumer voice which will help agencies create effective mental health/A & D services for the consumers of those services.

Regular, frequent and structured opportunities for consumer input into service delivery ensures that consumers are represented and their views heeded in the development and delivery of those services. **If your agency requires support in developing this input - please contact me.**

The principles in both mental health and A & D consumer/tangata whai ora participation are fundamentally the same, both having their roots in partnership, community development human rights, autonomy and self determination.

There are different levels of consumer/tangata whai ora involvement. For example, as individuals, working for a service provider and/or in the managerial/governance area, completing a questionnaire, or belonging to a consumer or focus group as needed.

Currently there are inconsistencies between job descriptions, tasks, titles and conditions of employment within the consumer workforce. This creates confusion for both providers and consumers/tangata whai ora.

Inadequate job descriptions for consumer advisors and no **clear terms of reference** for the various consumer/tangata whai ora groups appear to be the main problems.

One example is calling a person a consumer 'rep'. A 'representative' implies they are speaking on behalf of a group, this is fine when they are doing so, however, most of the people given those titles (by services) do not **represent** anyone, nor did other consumers select them.

Services need to be clear, are they asking for an individual 'view', a group perspective or an overview. Conversely, do you need **advice** from someone with consumer skills and experience, and who hears enough consumer views to give a considered opinion.

The term Consumer Advocate is another area of concern. People employed in these positions are often unpaid, unsupported and have no training in advocacy but are employed by a service who then believe they have consumer involvement in their service. The same is true for peer support.

**Thank you** to the consumers (employed as A & D workers) who sent the questionnaire back to me. Results out soon!

By the time you are reading this, I hope ADAnz will be conducting interviews for the advertised new consumer position. Once this position is filled we will be able to have more face to face contact with services and consumers all over the South Island.

I look forward to hearing from services as to how I can help you and consumers develop a strong effective and credible consumer voice in your area.



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The ADA CONNECTION is the official newsletter of the Alcohol Drug Association New Zealand.

Contributions including letters are welcomed. Submission does not guarantee publication. Contributors enjoy all reasonable liberty in the expression of their views. Views so expressed do not necessarily represent those of the ADA.

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## EDITORIAL:

Recently, I was reading the latest FADE News and was musing on some challenges they presented in a special feature on Alcohol and Drug Policy. The article suggests that the current underpinning of the National Drug Policy on "harm minimisation" is not working. Part of this seems to be identified as a conflict with "harm prevention" (a new concept that was apparently touted in a recent Evaluation Report (October 2000) on the Drug Education Development Report).

It intrigues me that we continue to add confusion by our bias, rather than using common sense and clearly understanding basic concepts. "Harm minimisation" is a wide concept inclusive of, and respectful to, fundamental choices. It understands clearly that people can use strategies to reduce harm to themselves or others, which includes abstinence from alcohol and/or other drugs. It is interesting that the new concept has arisen "harm prevention". I have always seen the conflict between the concepts of "harm reduction" and "harm minimisation" and now people want to add to the mix!

The idea of raising the debate on the National Policy around alcohol and other drugs is always healthy and a good opportunity to educate the general population. I believe the current Drug Policy in New Zealand is well founded despite the negative reaction and misgivings to Australia's drug policy presented through this feature. Australia, like New Zealand, has presented some wonderful health promotion, education and treatment options that operate out of the basic tenets of "harm minimisation".

In the discussion on present drug policy, it concerns me that the article focuses on the failure of harm

minimisation on Cannabis and Youth. With such a stance it clearly sets an emotional scenario to stir public reaction around drug and alcohol policy. I believe we clearly need to look at this without the emotional tags and that the focus remains on the whole population, not just youth. Alcohol and drugs impact largely on us all, and will continue to do so. Abstinence is always a choice that seems to appeal more to older people than our young population.

We need to be promoting healthy choices around alcohol and drug taking behaviour and this of course includes abstinence. Some people will choose to cut down the quantity they are using and others will restrict their frequency of usage, or take other necessary precautions, such as using clean needles. What people need is quality information and support so their choices are informed. Through research, we know that the earlier we intervene the earlier we are able to reduce any harm.

I think any discussion on the review of the New Zealand Drug Policy in 2003 needs to be informed and based around the most up to date research and outcomes from current drug education, health promotion and treatment options. New Zealand does not exist in isolation and it is naïve to believe that our drug policy can be considered without reference to our neighbour, Australia. Although their issues are more pronounced than our own, the drug trade is global and where there is money to be made, drugs will be sold. Issues of appropriate policy actions need to be debated, but let us keep the focus on the big picture, rather than emotional arguments over definition.

**Paul Traynor**



## SERVICE PROFILE

### Farewell to Dianne Lawrence

Dianne Lawrence began her illustrious career in the late 1970's after completing a Diploma in Social Work. One of her student placements in 1979 was at the Hanmer Springs Clinic, where her interest and passion for alcohol and drug social work was fostered, and where Dianne returned in 1983 as a primary therapist. In 1985 Dianne shifted to Mahu, where she was employed until shifting to Community Alcohol and Drug Service in 1991, and where she now leaves to embark on personal interests.

There have been many changes in the health environment since Dianne started her career back in the early 80's. When she commenced employment at CADS, there were in effect, four separate units in operation. Dianne is most proud of being involved in the integration of CADS services during the mid 90's, which now sees all sectors working together and overlapping for the benefit of each client.

On discussing the way of the future for health service delivery, Dianne used the analogy of building a house.

"You start with a good plan of what the house should look like when it is finished, and then get the specialists to identify the steps necessary to get there. They all must work together so the plumber and the electrician come in before the plasterer and the carpet layer, and they must all

be clear about each other's expertise. You would not expect the plasterer to do the work of the electrician, for example! The completion of the house is only improved when the trades-people listen to what the client wants, and this represents the consumer movement. The whole process has to revolve around partnership between the specialists and the clients, with each trusting the other to do the job to the best of their ability." Dianne believes that the customer service model of service delivery would also suit healthcare. So, what has Dianne planned for life after CADS? She and her husband have bought and renovated a travel home, which they intend to travel around New Zealand in. But don't expect her to stay away for too long. "I will still continue with some private work and want to keep involved in the health sector" commented Dianne; "I need to feel useful!"

**Dianne leaves CADS on August 31, and will be sorely missed by all.**

ADA, along with many others in the alcohol and drug field, wish Dianne all the best for the future, and after a well deserved rest, welcome her continued involvement for many years to come.



### The Bridge Team, Dunedin

We have finally moved to 44 Filleul Street, Dunedin. This means that 18 Cargill St. is solely used now for the residential clients, while the program is run at our new premises. It also enabled us to establish separate areas for female clients, which means improvement of safety and clearer boundaries.

The result of a recent strategic planning meeting was that our top priorities for the next twelve months are in the areas of aftercare, awareness and utilisation of our Day Program, and making our services more accessible for women. Lots to do, so we better get going.



## UPDATE

### Helpline Co-ordinator



It has again been a busy month for the Helpline. Calls are still averaging around 30 per day and the 'Had Enough' campaign continues to contribute to this. We are also preparing for the Helpline number to be listed as a contact point following an upcoming documentary on Foetal Alcohol Syndrome. Sandra Kirby from ALAC will be providing two briefing points for Alcohol

Helpliners to ensure that we are fully informed prior to the documentary airing.

Recruitment for our 11<sup>th</sup> Wave of trainees began this month and I am currently in the process of interviewing prospective Helpliners. I am pleased with the amount of interest from the community and feel sure we will have a full course when we start training September 12<sup>th</sup>.

### Greetings from the Parent Drug Education Co-ordinator

Since the last connections, I have been busy with Treatment Works week in Nelson, Christchurch and Dunedin. Shortly after that, 3 friends and myself took off to Fiji for a week! Highly recommend it! Back at work, St Andrews Parent Drug Education Evenings have been postponed to August, due to illness. Cashmere High and Papanui High are booked in the 4<sup>th</sup> term. I will be facilitating a 2-day workshop with Youth for Christ youth workers on alcohol and other drugs in September, so I have been busy developing this.

I am currently attending the College of Education and completing my Certificate in Adult Teaching - currently doing the Course Design component. Which is timely as Karen Gillie (Helpline Co-ordinator) and myself are launching into a training needs analysis of the South Island! I have enrolled in a Maori language course at Canterbury University - starting August, which I am looking forward to. I attended a Health and Education Strategic Alliance meeting this week which is looking at strengthening the relationship between

On a sadder note, Nicci Best, my fellow Helpline Co-ordinator, has decided not to renew her contract with ADA. Nicci was a great asset to the Helpline and I will certainly miss her wide skill range and sense of humour. She will be spending more time developing her private practice and we wish her all the best with this.

As the remaining co-ordinator I will be expanding my hours to take up some of Nicci's tasks. ADA has also appointed two assistant co-ordinators Alison Dann and Maree Wilson (current brief intervention counsellors) and a roster administrator, Romane Abell one of our current Helpliners. I am very excited about this new development and the wealth of experience these three people bring to the training, appraisal, support and administering of the Helpline Volunteer base.

I look forward to updating you in the next issue.

**Karen Gillie**

health and education and how we can work in partnership. This meeting was a recommendation from those who attended the Regional Health and Education Strategic Alliance Partnership Meeting that was held in June this year in Christchurch.

Lastly, but by no means the least, I am facilitating in-service training with South New Brighton School staff in September looking at developing a working alcohol and other drug policy for the school. Part of this process includes community involvement, so I will be facilitating an evening with the community to discuss their concerns/issues on this. It is yet another way to get a clear message out to the community about Harm Minimization and how it works.

'Til next time

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## UPDATE

### Treatment Works Week in the South Island

Firstly, a big thank you to all those who were involved in this year's Treatment Works Week. The effort around the South was appreciated and once again demonstrated the commitment we have to working together. Well done everyone.



**John Howard, Youth Expert**

An important part of this week was ADA's commitment to hosting three one-day conferences in Nelson, Christchurch and Dunedin. John Howard a youth expert from Sydney was our keynote at these three conferences and was extremely well received. Just under 300 people attended each conference and the feedback was just outstanding in terms of appreciation for what John offered and for his down to earth common sense approach to working with young people. John was very impressed by the innovation of youth workers and their programme's and applauded their enthusiasm to learn more about their client group.



The launch of the South Island was held in Christchurch and again was well supported. ADA manager Paul Traynor, caught up with Clayton Cosgrove MP recently who attended the launch. Clayton said, "he was extremely impressed with the week and complemented A & D services on their involvement as well as the great occasion of the launch." Clayton was impressed with the great array of services in Canterbury especially those working with youth.

### National Treatment Forum Update

The annual meeting for this Forum will take place the day before the Annual Alcohol and Drug Cutting Edge Conference on September 12. People are free to attend this forum and to nominate themselves or others to the Forum Executive. Nominations need to be sent directly to Ian MacEwan c/- ALAC PO Box 5012 Wellington. Please ensure you advise the person whom you are presenting for nomination.

There are many issues that will be dealt with by the Executive on the day as well as its reporting back to the field. Discussions will be held on the following four areas in particular. 1. Concept of a New Zealand Alcohol and Drug Peak Body 2. The current DHB situation 3. Treatment Works Week and where to from here? 4. Consumer involvement and representation in the Alcohol and Drug field.

Your involvement and support of this day is encouraged. It will be held on September 12 at 10.15 am, at the War Memorial Conference Centre, Marine Parade, Napier. See you there!



ADA would like to applaud all those individuals and service areas in the South who have got behind this initiative and worked to bring about another successful Treatment Works Week. The role of co-ordination is important in supporting the local efforts during this week. Some people believe that all we have to do is mention the week and give people ideas and the rest will be history.

On the contrary, it requires ongoing communication and effort to enthuse and encourage people to be involved and support them in their ideas and plans. ADA has been committed to this role in the South over the past two years with plenty of support from both A & D and allied professionals. The results of this effort have meant that the message has continued to be told and that local communities are more aware of the impact of alcohol and other drugs. We are only starting out in this endeavour and there is much to do in 2002. The secret is to plan early and to work at things that can be managed in a cost-effective way. On a special note thanks to all those allied professionals who were generous with their time and energy their contribution made a difference.

We should also applaud our friends in the North who got involved and did some pretty amazing things well done to you as well. I guess the challenge is to work in a more co-ordinated way in 2002 and continue to raise the profile of alcohol and drug especially in this DHB climate.

### Cutting Edge 2001 September 13 to 15 War Memorial Conference Centre, Napier.

The places for this year's Cutting edge are filling fast so if you have not registered you better get in and get it done! As at August 15 there were 200 registrations and I am told the cut off point this year is 250! So, first in will get the allocated places. It is been touted as a great Conference - interesting workshops, speakers and a great location. See you there. For further details contact **Lisa or Mo at NCTD (03) 364-0480**

**The Alcohol Helpline**  
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