

Nau Mai haeri mai ki te pae tukutuku o
Te Rōpū Waipira Whakapōauau o Aotearoa
WELCOME TO THE ALCOHOL DRUG ASSOCIATION NEW ZEALAND

0800 787 797
alcohol & drug
helpline
10am - 10pm, 7 days



EDITORIAL:

Fancy driving to a service station with your five-year-old and you set about checking your tyres and then confronted by the noise of a car driving at speed into the forecourt and crash! You awake to a scene where you are critically injured and your five-year-old is dead!

This event happened last week and I was appalled and felt enormous empathy for that Dad whose little child is gone. It impacted on me because I have a five-year-old and I have been in that scene a hundred times myself, except with no ill-fated incidence.

There is no sense in blame but lament in the fact that silly actions often lead to life changing events and often those actions are not for the better. Each day we are presented with images of ill-fated decisions that effect the lives of others, the impending threat of War with Iraq is a clear example.

The fragility of human life is acted out in these moments. So many people lose loved ones due to actions of others who are operating under incorrect principles such as greed or misuse of power, or actions influenced by the misuse and or abuse of substances resulting in fewer people knowing us, let alone understanding us. Our identity starts to be confused and the inner pain increases with this confusion and insecurity, where we begin look to places, substances, things or behaviours to escape.

The issues around alcohol and other drugs are wide and varied and the above scenario is a common story of people who have loved well with their families and friends. The effects and impact of these substances are not selective but open to those who feel vulnerable and the impending silly actions they take. We all lose and we all carry the pain of these actions as many cultures understand, "that the harm done to one, is done to all".

Paul Traynor
Chief Executive ADA

The Alcohol & Drug Helpline
0800 787 797
10.00am to 10.00pm Daily

UPDATE

LOAD (LIAISON ON ALCOHOL DRUG) FORUMS

Currently these take place quarterly around the South Island, with each DHB region having some form of representation. Recently LOAD Forums have been held in Nelson, Christchurch, Ashburton, Timaru, Oamaru, Dunedin, Invercargill and Greymouth. The majority of DHBs chose to utilise these forums to achieve consultation and feedback from the Alcohol and other Drug Sector (AOD) on the South Island AOD Review. Project Manager Paul Rout from SISSAL led and facilitated these sessions, which included AOD managers, counsellors, DHB planners and funders, allied professionals and members of the South Island AOD Consumer Network.

The process of collating this information will be done via SISSAL and a document will be sent out in May for further consultation before final signing going

to each of the South Island DHBs. There is an advisory group working with SISSAL throughout this process.

The next LOAD Forums are due in April, and ADA is awaiting confirmation from NAC (National Addiction Centre) as to utilising a workshop for the sector at these Forums as part of its research around its current Outcome study, which it is undertaking with Auckland University.

ADA thanks services, DHBs and allied professionals for their attendance and generosity in supporting this consultation process. Updates on the next LOAD will be communicated at the earliest opportunity. If you wish to be included on the invitation list of any of these forums please email: olive@adanz.org.nz with your details.

ADVENTURE DEVELOPMENT COUNSELLING INDICATES POSITIVE RESULTS

Elaine Mossman of Canterbury University has been carrying out a PhD study on the Adventure Development Counselling (ADC) programme. ADC is a multifaceted counselling intervention for young people who have alcohol and drug or other mental health issues and is funded by the Otago, Southland and Canterbury District Health Boards. The programme integrates individual and family therapy and short intensive group wilderness therapy in the Southern Alps into an individualised intervention for each young person that meets their needs and goals. The focus in most cases is on



harm minimisation and on developing independence through mobilising the strengths that the young person, their family and other elements of the community can bring to developing solutions.

The programme in its eleventh year of operation has worked intensively with over 700 young people and their families from a wide range of ethnic groups. Young people aged 13-19 in Southland, Otago and Canterbury can currently access the programme.

As well as investigating the outcomes of the ADC programme Elaine also examined the factors contributing to success in the treatment of adolescent mental health (including substance use disorders). Analysis of the outcome data (CBCL & YSR, Achenbach, 1991) found that participation on the programme resulted in 'statistically' and more importantly 'clinically' significant improvements in overall mental health, according to the adolescent clients themselves and their parents/caregivers. These improvements were found to be lasting in a six month follow-up. The evaluation has also helped the ADC programme to identify potential areas for improvement to further improve the success they are having with their clients.

The analysis of drug and alcohol consumption data revealed some of the complexities involved in collecting valid and reliable self-report consumption data. ADC clients reported on their level of substance use at the start of the programme and also at the end of treatment the youth were asked to report retrospectively on their pre-treatment level of substance use. The degree of improvement in the ADC clients level of substance use varied depending on which reports were used. The retrospective reports indicated far higher levels of pre-treatment consumption than were initially reported by

UPDATE

the youth at the start of the programme. One likely explanation of this retrospective shift is that youth felt more comfortable to report illicit behaviour such as substance use as counselling progressed and the client-counsellor relationship developed. An important implication of this finding is that programmes who are comparing pre-treatment reports to post-treatment reports may be underestimating the effectiveness of their programme or that young people under-reporting during assessments may be turned down for treatment.

The research has now switched to exploring factors that appear to contribute to successful treatment outcome. This will involve the analysis of interview and observation data, with special attention given to the aspects of the treatment that the youth perceived to be

most helpful. The ADC programme staff and Elaine wish to acknowledge the financial assistance from ALAC for this research.

Short intensive wilderness therapy integrated into individual and family therapy may represent a viable and less expensive alternative to longer term residential based treatment for some adolescents. ADC has been described as an international model of best practice in wilderness therapy with adolescents (Crisp 1996).

For those wanting further information about the programme contact the director of the programme **Colin Goldthorpe** (03 4677940) or colin.goldthorpe@minedu.govt.nz

FROM THE CONSUMER DESK

Hi to you all and we hope the New Year finds you all well.

Grass root consumer participation has been an on-going issue.

Peter and I have been networking and concentrating on this in the South Island. Consumer groups are running efficiently, with core members attending regularly in each region.

We are in regular consultation with service providers to relay and communicate consumer issues.

One effective way we have been working with consumers and providers is to have a consumer representative from each service on our consumer

groups. This is still our goal and we have achieved this within a number of services. This enables us to get an overall view of service provision in the south island. This is also a way to achieve consumer participation within the services.

Our challenge for the future is to maintain and build these grass roots consumer networks.

Our consumer survey is in the second draft stage and we would like to thank you for your input into the first draft. We apologise for the delay with the survey and we will endeavour to get it to you within the next month.

Cheers for now

Lynn and Peter ADA Consumer Advisors.

TREATMENT WORKS WEEK 2003 JUNE 23 TO JUNE 27

This is the opportunity to flag that this week is coming up and ask you to start your committees to organise a response to promoting this week. The National Treatment Forum agreed that this is an important week and we are still developing in our response to it. We want to make 2003 better than ever, so ask communities to raise awareness about the good work of treatment; and to alert your community to the issues and concerns around alcohol and other drugs and practical ways to respond and what works currently.

ADA will again coordinate this week on behalf of the National Treatment Forum. Our website has an

updated version of the Treatment Work Kit, which gives good information, media clues and a whole lot of other information. www.adanz.org.nz

We are asking communities to work with AOD services and health promoters to forward the work carried out by treatment services and the benefits of this work. The NTF has no funding to support initiatives but via ADA will provide the coordination activity letting people know what is happening in different places. Remember, if you do one thing, do it really well!!! Let's celebrate the work of "treatment" and we ask all AOD services to support this initiative in 2003. "Treatment Works"

WORKSHOP

ADA OFFERS CANNABIS WORKSHOP

- TRAINING FOR THE CHRISTCHURCH AOD WORKERS AND ALLIED PROFESSIONALS

COGNITIVE BEHAVIOURAL THERAPY INTERVENTIONS:

Presented by NDARC (National Drug and Alcohol Research Center)

BACKGROUND

Cannabis is one of the most widely used substances in New Zealand after alcohol.

Individuals in all parts of society use it. Over the past ten years, increased cannabis use in adolescents and young adults has resulted in negative consequences both educationally, psychologically and socially. While anecdotal reports suggest standard interventions are effective in reducing cannabis use, there is little researched evidence on effective interventions for cannabis dependence.

National Drug and Alcohol Research Center (NDARC) is in Sydney, Australia. This Center is noted for research on women's services and the introduction of statewide evaluation processes for all alcohol and drug services. For the past three years it has run the only randomised control trial for cannabis dependence.

This research, funded by the Commonwealth of Australia, compares treatment interventions. The findings suggest significant reductions in cannabis use when the therapeutic intervention, Cognitive Behavioural Therapy (CBT), is delivered in a systematic way. This intervention also functions as a Brief Intervention across a variety of settings, e.g. two sessions delivered by general practitioners resulted in a reduction in cannabis use, particularly with younger adults.

NDARC have developed booklets, utilizing CBT interventions, that take individuals through six stages: information about cannabis, preparing for change, strategies for change, managing withdrawal, putting it together and relapse prevention. These booklets are only available to those who have undertaken specialist training. NDARC offer this training by skilled CBT specialists and have conducted 50 workshops in all states and territories of Australia.

ADA

ADA has recently accepted a contract to provide a drug line additional to its national toll free alcohol &

drug helpline. As well as this, ADA's position in the field is as an information, advocacy and co-ordination organisation.

This training provides an opportunity to upskill workers with an evidence-based intervention for cannabis dependence. ADA is committed to keep the costs to a minimum so as to allow this expertise to be actively utilised here in New Zealand.

AIM

To offer training to the alcohol and other drug field on a scientifically evaluated intervention that includes a booklet* to use with consumers

TARGET GROUPS FOR WORKSHOPS

NDARC suggest this training is very useful to alcohol and other drug workers and professionals such as nurses and General Practitioners.

WORKSHOP DELIVERY

Two types of workshop are to be offered:

- 1) 4 hour workshop for those with little knowledge of CBT (nurses, GPS students) to be offered on Thursday 3 April 2003 1pm to 5pm
- 2) 4 hour workshop for those with experience of CBT to be offered on Friday 4 April 2003.

Workshop capacity: 15

Cost: \$75 plus GST per person

Venue: Conference Room 1
Mancan House

Booking: Cnr Cambridge Tce/Manchester St
Send cheque and nomination of your workshop - advanced or general to Bronwyn Bindon
CBT Workshop c/- ADA
PO Box 13 496 Christchurch

*Booklet

3 booklets and 1 guideline per participant. (Included in registration cost)

Additional booklets are available from NDARC at AUS\$1 per copy.

Please note: ADA will obtain additional copies to sell on to the field on the training day and have requested to have a subsequent supply to meet needs of participants. (This may mean an order system via ADA)

UPDATE

4TH INTERNATIONAL CONFERENCE ON DRUGS AND YOUNG PEOPLE

4th International Youth Conference "Drugs and Young People" May 26 to 28 - Wellington Convention Centre co-hosted by Australian Drug Foundation and ALAC.

This is the first time this conference has been held outside Australia and is a wonderful opportunity for

Kiwis to have access to international speakers including some of our own and share in this experience. Don't miss out - put your pennies away and get along to this event.

For further enquiries: www.adf.org.nz or contact ALAC Wellington.

PROPOSED WEST COAST LOAD (LIAISON ON ALCOHOL DRUGS) YOUTH FORUM

For the past twelve to eighteen months the West Coast LOAD forum has raised concerns around alcohol and other drug issues that directly relate to youth. It has for a long time appreciated that this is a community problem that has escalated over the past few years.

Initiatives to address this problem have been dealt with in isolation. What is often presented is that these issues are seen as a 'youth problem' rather than the effects of a culture that has developed around the use and misuse of alcohol and other drugs on the Coast.

The Forum appreciates that this is a generational issue and apportioning blame only entrenches us in an unhelpful situation. The culture we are dealing with needs to be challenged and the community needs to develop strategies that can positively address a way forward to address these needs and concerns.

These issues are a growing concern nationally ie that our youth are marginalised, not completing school, being manipulated by subtle advertising messages around alcohol and other drugs, in need of education as are parents and the community.

The Coast has some particular differences to the rest of the country:

1. Isolation ie about 1.5 persons per hectare and a six hour journey by car from one end to the other.
2. There are three major centers each with their own identity: Westport, Greymouth and Hokitika along with a myriad of smaller centers with their own identity.
3. That on a per capita basis it is a low socio-economic group compared to other areas of New Zealand
4. That there is major generational unemployment
5. There is a definite culture around alcohol and the right of its access to young and old
6. The isolation issues raise safety issues around alcohol especially drink driving

The concerns are for the community and the LOAD Forum believes that we as a community need to start addressing these issues now and develop strategies that will lead to improved health for our young people and therefore healthier communities. We are aware that many parents and schools feel overwhelmed by these issues and concerns, as do Police, social, health and youth workers. The Alcohol and other Drug Services have long identified the growing problems associated with the misuse of alcohol and other drugs and to date much of their concern has fallen on deaf ears.

The LOAD Forum drew a mark in the sand stating that we have discussed these issues long enough and we need as a community to address this problem and the related community concerns. We believe we need to work and develop community partnerships to address the culture of drinking and drug use on the Coast and how this effects our youth and our community.

The Forum agreed unanimously to call a Coast-wide Youth Alcohol and other Drug Health Forum to raise and address other related concerns. The co-ordinating group of LOAD whose members are from West Coast DHB, Community Public Health, Westport /Buller Safer Community Council and Road Safety Co-ordinators will work with the Alcohol Drug Association New Zealand (ADA) to make this Youth Health Forum happen. (It is anticipated that this Forum will happen in early May in Greymouth and an invitation list will be drawn up including youth. (The coordinating group will meet on March 10 2003 at CPH to action this Youth Health Forum)

Paul Traynor

Facilitator for LOAD (Liaison on Alcohol Drugs) Forum

DRUG AND ALCOHOL PRACTITIONERS ASSOCIATION AOTEAROA NEW ZEALAND

Much work has been done on setting up and getting underway our Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ) that will represent practitioners throughout New Zealand, thus giving identity and voice to our sector that for so long has struggled to be heard.

We now have well over 300 members which is remarkable in just six months and the membership continues to grow rapidly. This is very encouraging and confirms our research that indicated our field wants to identify as a professional body of people with specific and measurable skills that must be valued and developed.

This year is devoted to establishing the Association as an incorporated society with a constitution and a code of ethics. Other key tasks are creating a database of members that will be the principle tool for communication, developing the accreditation process for assessing competency of individual practitioners that wish to become accredited and most importantly, putting in place a democratic system for the ongoing leadership of the association.

These are a big set of tasks and will require focus and dedication by all involved. All the present Board is in full time employment, so from time to time we will be contracting in the services of people to help with these tasks. The Ministry of Health is being very supportive and has indicated that they will be helping us with both knowledge and some funding, in particular with the

establishment of a practitioner accreditation process. We are very grateful of this support, which will allow us to achieve our goals in a much-improved timeline than would otherwise be possible. We must also acknowledge the Alcohol Advisory Council who sponsor the Workforce Development Group that has been the principle driving body in making the association a reality.

If you have not yet joined the Association we encourage you to do so. We will shortly be sending out our constitution and an update on our progress with the accreditation process to all our members. You can join by sending your details below along with a cheque for \$20 to the address below.

Anyone involved with the sector can join the Association and we encourage you to do so, even if you are not looking to become an accredited practitioner. As the Drug and Alcohol Practitioners Association Aotearoa New Zealand (DAPAANZ) grows in numbers so it will also grow in voice, a voice that can support the people that for so long have worked hard to improve the lives of New Zealanders, often without the respect given to other professions. Our goal is to change that by identifying the sector and raising the standards of practice so we can feel proud to be part of our profession.

Tim Harding
Chairperson DAPAANZ

Drug and Alcohol Practitioners Association Aotearoa New Zealand **APPLICATION FOR MEMBERSHIP**

Name: _____

Address: _____

Position: _____ Workplace: _____

Telephone (Hm) _____ (Wk) _____

Fax _____

E-mail _____

Please make cheque out to ALAC (receipts will be issued)

Send to: **Ian MacEwan**
Senior Advisor, Treatment
Alcohol Advisory Council
P O Box 5023
WELLINGTON

**Membership
Fee \$20**

WOMENS SERVICES

Women-only services are now an established option within a broad range of services for those experiencing difficulty with alcohol and other drugs. In the 1990s, services and individuals in the field advocated for funding to establish specialist services for women. We are fortunate to have four dedicated services for women in Christchurch.

Two services offer day programmes within women-only services, the Vincentian Women's Day programme and Women's Recovery Service, Christchurch City Mission. These programmes, while different in their philosophies, seek to address change in an appropriate and targeted way. As well as day programmes there are two specialist residential services available for women. Serenity Women's Services, The Bridge, offer longer-term residential care for women with chronic relapsing alcohol or drug use. They also offer community follow up through their specialist outreach worker. The fourth and newest service is a residential service for women with children aged six months to twelve years, Circles of Change. This service co-ordinates delivery of supported accommodation for women and children, day programmes for women and matches children to a range of child care options.

Given that we have the services it is now time to move on and examine what it is about these services that makes them effective. Anecdotal reports suggest Women's Services intervene effectively in the disruptive cycle of alcohol and drug use. However, it is not enough to say that women's services are effective because women are treated in a gender specific environment.

To this end, the four Women's Services in Christchurch are participating in research that seeks to establish why women choose these services, their needs apart from alcohol and drug use, treatment goals and motivation. As well as this the study enquires into women's physical and psychological health. This research was preceded by an earlier study that asked consumers for their perspectives of Christchurch Women's Services. The feedback in this short study suggested high need and satisfaction with physical and emotional safety in the four Women's Services. Consumers also strongly identified with the need to improve relationships and address violence and sexual abuse.

This research will continue for the next year and will be discussed in LOAD forums around the South Island.

WOMEN'S DAY 2003

This year is the bi-annual event one day conference, Women's Day. This day was initiated in the 1990's as recognition of the diverse needs of women with alcohol and other drug (AOD) issues. The day is for consumers, AOD professionals and allied workers. The day continues to be for women only. This year the Women's Day is organised by Women's Networking. Women's Day will begin at 9am and after the opening there will be a networking meeting for all participants. This will be

followed by a variety of workshops offered in four streams; Alcohol and other Drugs, Mental Health, Celebrating Women and Holistic Approaches.

Venue: Horticultural Hall

Time: 9-4.30pm

Date: 16 May 2003

Cost: \$15 waged/unwaged, Koha cost includes lunch, morning and afternoon tea.

Call for Workshops, Papers, Posters

You are invited to present a workshop (1 hr 15 mins) or paper (20 mins).
Posters on services, research, new innovations are also welcome.

Abstracts by 4th April

To

Cate Kearney

CADS

Private Bag 4733

Christchurch

For general information or queries about registration, please contact:
Women's Recovery Service 03- 3656601

Women's Networking

with the Alcohol & Drug Field presents

an Announcement of a forthcoming:

Women's Day

with a focus on Alcohol and other Drug Issues

“Celebrating Women”

Friday 16 May 2003

9.00am - 4.30pm

Venue to be confirmed

Come and enjoy a day of
Workshops, Research, Entertainment
Lunch provided

**Register your interest for further information or your willingness to provide
a workshop to Women's Recovery at the Christchurch City Mission**

Phone 365-6601 Fax 365-9936

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.

Articles from Connections can be reprinted as long as acknowledgment of the source is given.

All correspondence, inquiries, address changes and ADA membership subscriptions should be made to:

Paul Traynor, ADA

PO Box 13-496, Christchurch.

Phone: 03-379 8626. Fax: 03-377 5600.

Email: paul@adanz.org.nz

Office: Morley House, 1st Floor,
25 Latimer Square, Christchurch.

www.adanz.org.nz