

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



## SOUTH ISLAND ALCOHOL AND OTHER DRUG SERVICES REVIEW

The South Island Alcohol and Other Drug Services Review is being carried out by the South Island Regional Mental Health Network with the assistance of the South Island Shared Services Agency Limited (SISSAL) on behalf of the six District Health Boards in the South Island.

The Review is assisted by a Reference Group drawn from representatives of the South Island provider arm services, non-governmental agencies, Maori, consumer and family advisors which has collaborated with the Project Team to offer expert advice and develop objectives and key priority areas.

Final confirmation of the Review recommendations have been delayed by two factors. Firstly, the liquidation of the Hanmer Clinic contracts has meant the recommendations have had to be revised to take into account the impact of the subsequent loss of the Hanmer intensive outpatient service and the potential devolvement of the associated funding to the southern region.

Secondly, DHBs in the South Island have requested further detailed analysis of the implications of the recommendations for each DHBs achievement against the Blueprint benchmarks and the overall impact on funding and deficits under the new population based funding formula for DHBs.

In the process of the Review specific needs have been identified by individual DHBs. The recommendations will mean different things for each of the six South

Island DHBs. Hence each DHB is reviewing the recommendations in the light of their funding needs and their local strategies and priorities for mental health. However the overall strategic priorities for service development in the region as indicated to date in the Review still stand, they are:

- a) Developing intensive outpatient programmes in conjunction with short term treatment.
- b) Increasing the capacity and capability of kaupapa Maori services including residential.
- c) Increasing family participation in treatment and increased support for family/whanau members.
- d) Increased aftercare/re-integration services utilising a social work/community support work model.
- e) Provision of a regional youth residential treatment programme.
- f) Workforce development.
- g) Improved integration and flexibility of the treatment system.
- h) Reviewing models of care and clinical pathways.
- i) Increasing the level of gender appropriate services for women

All of the above will be in relation to the sustainability of current services.

### Update on Youth Residential Service

- A co-operative venture between Health, Youth Justice, Special Education and Child Youth and Family Services (CYFS).
- Developmental and incremental service pathway.
- Day programme plus residential to be established after a trial period.

*continued*

**The Alcohol & Drug *Helpline***  
**0800 787 797**

# UPDATE

- Beginning January 2004.
  - Public consultation will be ongoing - public concerns regarding client group.
  - Key elements are a day programme plus twelve beds.
  - Service development to be evaluated so eventual configuration of service clarified for future years.
  - Age 14 - 18 years.
  - Needs of Maori and Pacific Island youth to be considered as statistics show proportionally more Maori youth will be referred to this service.
  - Project worker – John Dunlop.
  - Service provider confirmed (04/12/03) as Odyssey House.
  - This is a South Island service so liaison with other districts in the South Island essential to ensure good referral/discharge processes and access for youth.
  - Like the Youth AOD initiative this funding sits outside the Blueprint benchmarks.
  - Initial Steering group appointed, along with Mokowhiti Consultants who will project manage the first stage of the project...
  - To set up a day programme and twelve residential beds.
  - Liaison with Maori groups during service development.
  - Service specifications to be developed based on the national framework.
  - DHB will enter into an Expression of Interest process in early 2004.
- Information in this overview is gathered from the South Island AOD Services Review draft consultation document, and information supplied to LOAD and the Canterbury Alcohol and Drug Managers Advocacy Group by Jane Cartwright CDHB Planning Manager, and Paul Rout Review Project Manager, on behalf of the Canterbury District Health Board.
- Update on Kaupapa Maori Service
- Around \$500,000 pa has been allocated by MoH.

## ALCOHOL DRUG ASSOCIATION APPOINTS MANAGER.



Cate Kearney began her new role as manager of ADA on 24 November 2003. She has worked in the alcohol and drug field for seven years and comes with a background in clinical work and service coordination. In her previous clinical roles she has worked with both youth and adults

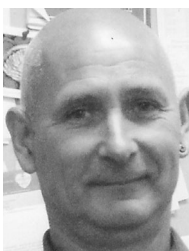
specialising in alcohol and drug and mental health interventions. Most recently she served as Women's Coordinator for Canterbury Alcohol and Drug Services (CADS) and initiated the development of a

new coordinated residential service for women with children, Circles of Change.

Cate is a member of the New Zealand Association of Counsellors and has postgraduate qualifications in Child and Adolescent Mental Health and a Diploma in Health Sciences. Cate is currently completing her Masters in Health Sciences through the Christchurch School of Medicine and Health Sciences.

Cate looks forward to working with the sector in a changing health environment which offers both new challenges and opportunities.

## FROM THE CONSUMER ADVISORS DESK



Hi everybody,

The last couple of months have seen a change in the consumer advisors area by way of the fact that Lyn Iti has resigned from the position of consumer advisor in late October. This leaves me as the lone consumer advisor for the South Island in the meantime. So if any

consumers/ providers from the Nelson/Marlborough, West Coast areas need to reach me they can on 03 379 4640. We will be advertising the position in the New Year. Apart from the changes the consumer advisors' role is developing well. Consumer groups in the Southern regions are working well and I'm sure that the

northern regions will pick up when we get a new advisor on board. Issues that arise in services are continuing to be addressed in a spirit of co-operation, which is gratifying to see and makes the job worthwhile so to speak. I'm sure with continuing development of the roles, standard nine (or 2.4 of the new Alcohol and Other Drug sector standard) will be achieved in most services.

So may I wish you a very merry and safe Xmas and a happy New Year, at the end of which, has been both rewarding and a challenging year for me!

All the best,

**Peter Ryder**

South Island Regional Alcohol and Drug Consumer Advisor.

# UPDATE

## CAROLINE HOUSE

Caroline House is back in residence at the Cain Street property. Prime Minister Helen Clarke was in Timaru to officially open Caroline House's recently completed major renovations and additions. As part of the occasion the Prime Minister planted a tree in the grounds and unveiled a plaque in the house to commemorate the milestone. Mayor Wynne Raymond and Aoraki MP Jim Sutton were among a hundred invited guests who marked the culmination of three years of extensive planing and fund-raising for the upgrade.

Ms Clarke said she was impressed with the huge community effort over the past three years to raise the large sum of money required to see the refurbishment project through to fruition. She said drug and alcohol addiction was a widespread problem in New Zealand, not just in the larger centres, but also in smaller areas, including South Canterbury. Although drug abuse originally started in the larger cities of New Zealand, the problem had now reached the rest of the country and community projects such as Caroline house saved lives, Mrs Clark said.

The repercussions of drug and alcohol addictions could affect individual families at any time she said. Drug abuse was not only a problem for people on lower incomes, Ms Clark said. More and more the problem was reaching middle-class professionals, as

society pressures were driving people to use stimulants such as 'P'

A recent United Nations survey, which showed New Zealand had one of the highest proportions of ecstasy and methamphetamine abuse in the world, illustrated that all New Zealander's must sit up and recognise the extent of drug addiction in this country and use a proactive approach to reduce these statistics and minimise the effect of drugs on society as a whole.

After the Prime Minister finished her speech she cut the ribbon of the new extension. She, along with Wynne Raymond and Jim Sutton were shown through the new look property.

Caroline house was refurbished to meet the needs of the residence and to look towards the future. All the renovations have been carried out to ensure there is disabled access throughout the house. The renovation work includes new kitchen and bathroom facilities, an extra lounge to address the lack of privacy with resident's family/whanau visited. The lounge will also enable education groups to be run at Caroline house. The Cain Street property gives residents easy access to the hospital and other health facilities, as well as being walking distance to parks, gardens, sports fields, swimming pool and town.

## RESULTS OF THE REVIEW/EVALUATION OF THE ADANZ SERVICES & STRUCTURES 2003

This project was requested by the Canterbury District Health Board (CDHB) who fund the services that are the focus of the questionnaire, and carried out in conjunction with the South Island Shared Services Agency Ltd (SISSAL). The brief: to develop, produce and co-ordinate a survey of alcohol and other drug providers, allied professionals, consumers, and family members with regards to evaluating the ongoing need for and structures of the following ADA regional services

- Service co-ordination and liaison including LOAD forums
- Information including ADA Connection
- Policy Advice and service advocacy
- AOD Consumer/Family advocacy services

### Thank you

Many thanks to all those who took part in the Review. Your responses were very much appreciated. Thanks also to those at CDHB, SISSAL, National Addiction Centre whose helpful advice and input aided in the

development and the preparation of the questionnaire.

### LOAD

The general perception of the LOAD Forums was positive with main benefits identified as networking, communication, information sharing and support. There are four to six meetings a year and most people went to at least three or four; most of those stated being happy with that number although 23 percent would like to be able to attend six.

The reasons people gave for not attending more meetings during the year included limited amount of time available, distant location of meetings and low relevance of information to their organisation. Furthermore the value of the LOAD Forums was also identified in the other sections of the returned questionnaires. By bringing groups together, consulting with them, sharing information meant for many that their 'voices were unified...' for the development of

# UPDATE

submissions and policy development.

## ADA Connection

Again the general response was positive in regard to the ADA Connection with comments that it delivered well researched and useful information. Most people read 'most' of the it, 36% said they read all of it. More than half of the respondents said their Connections were kept for future reference, a point that was considered to indicate the level of value placed on the information presented in it.

There were a small number of suggestions on how it could be improved including the addition of more pictures and colour; the production of an annual index so that specific articles could be more easily found.

## Policy Advice and Submission Writing

Because many organisations did not have the resources to research and put together submissions of their own, submission writing was identified by 61% of respondents as a useful way in which ADA supported the field. It was also stated a number of times that ADA was unbiased and credible, however a small number expressed concern about whose point of view was being made. Others commented on the high level of consultation through the LOAD forums and other liaison roles and ADA's general overview of the AOD sector. Keeping the field up to date with current developments and information was also identified as supportive for the AOD field.

## Consumer Advisory Services

The value of allowing the consumers as well as staff to have a voice in decision making was identified as the biggest benefit delivered by the Consumer Advisors. Over 60% of those who responded said that ADA was the appropriate place for the Consumer Advisors to be based.

Information and knowledge sharing, increased awareness and challenging services to be aware of consumer needs were seen as important aspects of the Consumer Advisors role. The most often identified improvement to the Consumer Advisory Service was the need to have more paid positions, two positions were considered inadequate to meet the needs of the South Island. Further to this the need for rural services was also pointed out by more than one respondent.

## Summary

In general ADA was considered to be an important and valued part of the AOD sector, adequately delivering all the services that the review was interested in. While carrying out the services of networking, liaison, the dissemination of relevant and salient information it was identified by most, that ADA was able to manage the Consumer Advisors and provide the supporting services of submission writing, policy advice, and development. In delivering these services, ADA was seen to be providing valued support to the AOD field.

**Char. Macpherson** Project Policy Officer ADA

## ADOPT NOVEMBER PROGRESS REPORT

Following ethics approval from the National Ethics committees in the second part of this year, data collection began (quantitative postal survey, qualitative interviews and focus groups).

We would like to thank the sector for the good response rate to the treatment outcome questionnaire of treatment providers that was distributed nationally. The majority of services reported using some form of treatment outcome measure, including consumer satisfaction surveys. The services strongly endorsed the need for outcome measurement, but acknowledged a gap between what they were doing and what they wanted to do. TRANX Christchurch won the draw for the morning tea.

In conjunction, over fifty people will have provided information to this project via focus groups and individual interviews. This group comprises a mix of consumers, clinicians and counsellors, Pacific, Asian, youth workers, managers, funders and policy makers, and researchers. These focus groups highlighted a range of themes, including the challenge of capturing the diversity of outcomes for alcohol and drug consumers and service providers.

Input was also sought from a Maori expert advisory group. A number of issues were raised, but general support for routine outcome measurement was given. Clear recommendations for development of a specifically Maori focused process of development were given and the need for further consultation with the range of Maori stakeholders emphasised.

Another key challenge is the use of terminology and clarity of understanding between the use of the words "outcome", "outcome measures" and "outcome measurement systems". This is not surprising given the emphasis on improving the quality of the treatment and service outputs as opposed to individual consumer outcomes.

Currently the information gathered is being reviewed and analysed. The key findings from the literature review will be drawn together with the input from the focus groups and interviews. It is planned that recommendations will be presented at key meetings early in 2004, with a final report to the MHRDS at the end of March.

**The ADOPT Research Team**

# UPDATE

## LOAD (LIAISON ON ALCOHOL AND DRUGS) AROUND THE SOUTH ISLAND

LOAD meetings occur at least quarterly in seven regions around the South Island. This column will be a regular feature in Connections. Its purpose is to keep services and communities in touch with issues in other areas.

### NELSON

#### *Youth*

A variety of issues concerning youth were expressed. Out of region services are not effective for youth when family whanau support is unavailable because they are out of their area. With the youth services based in Christchurch, will there be appropriate aftercare?

#### *Forensic*

There is a Forensic AOD worker and a Mental Health Nurse in the Criminal Court. However there is also the need for a Maori court worker.

#### *AOD Review*

Lack of support was voiced for the South Island AOD Review Recommendations.

The recommendations are based on the Population Based Funding Formula, an arbitrary unproven equation for New Zealand population.

### CANTERBURY

#### *Methamphetamine*

Concern shown about what is happening with methamphetamine ('P') particularly for youth.

Discussion about the value of education for youth when youth are not ready.

Need for more up to date information on 'P' to be made available.

Interest in final recommendations from the South Island AOD Review.

### TIMARU

#### *Service*

Longer waiting time for residential due to Hanmer closure. No service for Maori youth.

#### *AOD & Youth*

Concern about methamphetamine ('P') particularly for youth.

Are schools able to deal with serious alcohol and other drug issues.

Issues with family not just youth.

### INVERCARGILL

#### *Services*

Lack of co-ordination between services want change but are too busy to follow through on plans.

Need for early intervention services.

SADD funding under threat.

#### *Rural*

A lack of rural services has been identified.

Population - 27 % of Southland population live in rural areas.

### WEST COAST

#### *Services*

Difficulty providing services and groups - distances consumers have to travel / childcare.

The lack of residential or day programmes for the West Coast.

Access issues and lack of choice.

Location of AOD Service in Hospital grounds.

Clinic for methadone clients – could it be moved to GP.

#### *Staff*

Resources for travel over large areas – stress from driving.

Community council arose out of LOAD meetings – identifying issues, which could be followed up on by smaller group. Changes likely as staff change.

### DUNEDIN

#### *Youth*

Contracts for youth service offered with very short time frames to submit proposals

Longer term residential detox needed.

Dual diagnosis – who works with this group?

Supported accommodation pre and post treatment.

#### *Methamphetamine*

Media spin increases fear and public concern – over emphasis of psychosis and 'P'.

Unable to manage detox in community.

#### *Services*

Detox service at times under utilised.

New prison will impact on services – increase AOD load, no youth wing.

#### *Mental Health Review*

What does this mean for AOD sector and AOD Review?

Will services be lost or merged Redundancies?

# MENTAL HEALTH STRATEGY

## “AN INTEGRATED SYSTEM OF CARE FOR MENTAL HEALTH SERVICES”

The Canterbury District Health Board produced a strategic plan (Directions 2006) to define priority areas for Canterbury. Mental Health (including alcohol and other drugs) is one of these priority areas and the document signalled a plan for the development and delivery of mental health services would be developed.

The Mental Health Forum made up of community representatives with an interest in mental health services responded by forming a working party known as the Mental Health District Advisory Group (MHDAG). Each member has responsibility for communication and consultation within their area. The AOD sector has two representatives, elected through the LOAD forum.

MHDAG has met and discussed key issues, which inform the Mental Health Strategy. The Planning and Funding Team of the CDHB have led the preparation of this strategy. The strategy will be presented to the CDHB Subcommittees/Board in March 2004.

The Mental Health Strategic Development Plan acknowledges significant change has occurred in the past 10-20 years within the mental health sector. The system has moved from a traditional base of hospital care to services that include Kaupapa Maori, community services, greater consumer participation and a developing workforce both in Mental Health and AOD sectors.

It is now accepted that the mental health sector is ready for the next challenges. There is an understanding that service type and delivery are directed by government policy and Population Based Funding (PBF) as set out in Blueprint for Mental Health which aims to provide services to those most affected by mental illness, judged to be 3% of the population (at any time). “There is a common understanding that sustainable quality services must be provided from within current funding”.

### Strategic Goals

- The experience of consumers/tangata whaiora and family/whanau/significant others is recognised by funders and providers.
- Services are integrated; provided in the right place, at the right time and by appropriately trained people.
- The Recovery approach underpins service development and delivery.
- Early intervention will play an important part of service delivery.
- Ways of working are improved to facilitate access to services.
- Mental Health promotion/destigmatisation activities reduce the ‘difference’ of mental illness.
- Rehabilitation happens mainly in the community; in order for this to happen there are a range of personalised and flexible approaches to supporting people to live in their own environments in the community.
- The specialist mental health service will focus on specialist and regional (intensive, acute and regional) services and will work with community based providers to assist their management of those consumers/tangata whaiora with mental illness.

For many in the alcohol and other drug sector there will be concerns as to how this strategy impacts on a sector already adjusting to South Island Alcohol and Other Drug Services Review recommendations. The strategy states that the Review “will influence direction for those services in our district”

*Further discussion around this document will occur at the next Christchurch LOAD meeting (due at the end of January). Submissions to this plan can be made to Denise Denley, Secretary, Planning and Funding Division, Canterbury District Health Board, PO Box 1600, Christchurch or email: . Please ensure submissions are received by 5 February 2003.*

*Information in this article is taken from Draft Mental Health Strategy Background document November 2003.*

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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