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A New Wave of Development for Treatment Services

South Island Alcohol and Other Drug Services Review

South Island District Health Boards are embarking on a new wave of development in alcohol and other drug (AOD) treatment services in the southern region following the release of the findings of the South Island Alcohol and Other Drug Services Review.

The Review has been carried out by the South Island Regional Mental Health Network on behalf of the six District Health Boards in the region with the assistance of the South Island Shared Service Agency. Following extensive consultation with clinicians, providers, Maori, researchers, consumers and family members, the Review provides a strategy for the development of specialised AOD intervention services over the next three years.

For Jane Cartwright, Planning Manager for Canterbury DHB and Project Sponsor, the Review is one aspect of DHBs' recognition that AOD abuse has a high flow-on cost in terms of health, accidents, crime, reduced productivity and social problems.

"Effective AOD treatment services are a critical element of any strategy to reduce these problems through the health system. DHBs wish to ensure that the limited AOD resources available are being utilised to achieve the best outcomes for the most people possible."

"Because many of the intensive residential treatment and inpatient detox services are South Island wide in coverage it makes sense for DHBs to take a regional perspective that builds on district needs and services."

A project reference group was established to provide expertise and local knowledge as well as acting as a small group planning forum for the Review. Paul Rout, Project Manager for the Review says while the group did not agree on everything there was a high degree of consensus on the main strategic directions for the AOD treatment sector. "The willingness demonstrated to work together and to implement

change augers well for the future of the sector as a whole."

Paul reports that there were a number of key drivers underpinning the Review recommendations including the need to:

- Provide high quality treatment that is comprehensive and flexible.
- Develop a treatment system that is responsive and adaptive to the needs of the individual.
- Reflect the Treaty relationship with Maori.
- Equip service users with the skills and environmental supports necessary to maintain recovery in the real world.
- Promote collaboration and cooperation in service delivery.
- Implement best practice principles and research.
- Utilise resources effectively, efficiently and equitably.

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Angelia Ria, AOD Contract Manager CDHB, Jane Cartwright, Planning Manager, CDHB and Paul Rout, Project Manager, SISSAL



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The ADA Connections is the official newsletter of the Alcohol Drug Association New Zealand. Articles from Connections can be reprinted as long as acknowledgment of the source is given. 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 so expressed do not necessarily represent those of the ADA.

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From the Consumer Advisors' desk



Kia Ora, Peter Ryder here

There have been lots of interesting new developments since the last issue of connections. First off we have a new AOD Consumer Advisor in place. Welcome Rhonda. Rhonda comes to ADA with a good knowledge of consumer affairs and will be introducing herself in the latter paragraphs of this column.

A number of exciting new projects are underway at the moment; we are attending a two day Hui in Wellington in connection with the Mental Health Blueprint Review re: consumer participation. This is a good opportunity to link with other AOD consumers and have input into the review.

Rhonda and I are also in the process of developing a consumer participation framework/tool (s) to make it easier for Alcohol and Other Drug Sector providers to achieve or expand on Standard Nine of the National Mental Health Standards. There is also an opportunity to provide some consumer advisor workforce training which will focus on enabling consumer participation in the Alcohol and Other drug sector.

That's all from me, Kia-ora

Kind regards

Peter Ryder South Island regional Consumer Advisor.

Consumer Advisor - Rhonda Robertson

Kia ora koutou, Hello to Everyone



Firstly I would like to thank Peter for his words of encouragement, however in reality it will be me relying upon Peter's vast skills and experiences to help guide and support me within this position. So, a big thank-you to Peter, Cate and all the Staff at ADA for helping me settle into the job. I believe that the role of Consumer Advisor is

an exciting position, an opportunity to make a constructive contribution to the way AOD services are provided.

My interest in alcohol and other drug issues, over the past decade, has predominantly been from a consumer perspective. During that time I have seen considerable change in the sector, from the funding of the Consumer Advisor positions to services becoming more responsive to the needs of consumers. For example the Women's Programme, "Circles of Change" in Christchurch, or the Christchurch Methadone Programme, Interim Prescribing Programme.

Over the past ten years I have been involved in many consumer initiatives, firstly with the Canterbury Methadone Education Organisation (CAMEO) a group that provided individual advocacy for people on both the methadone programme and the waiting list. CAMEO was unique, in addition to the many dedicated consumers CAMEO's greatest asset was our Advisor, Dr John Dobson. More recently I have been involved with the Methadone Monitoring Group, an initiative supported by the Rodger Wright Centre (Needle Exchange Programme).

In June, I will be visiting the West Coast and Nelson/Marlborough region, this will be a great opportunity to gain a better understanding of what AOD services are provided around the north part of the Southern Region.

I looking forward to meeting both the consumers and service providers. I can be contacted at phone no. (03) 379 4640 or e-mail: rhonda.robertson@adanz.org.nz

The Review surveyed clinicians as to the changes they observed occurring in the treatment population. The main changes noted were:

- Increased severity of disorder and complexity and level of need. Especially in terms of coexisting disorders, multiple drug use, criminal offending, Foetal Alcohol Syndrome and rehabilitation needs.
- Increased use of other drugs, especially cannabis. The use of methamphetamines is also beginning to have an impact on demand for AOD and mental health services.
- A growing number of Justice sector referrals. Accentuated by the high and growing prison population in the South Island and the increased use of home detention.
- Increased numbers of women, young people and Maori are being referred for treatment.

In an environment of limited new funding the Review has also focused on qualitative improvements in service delivery that reflect best practice guidelines. In particular:

- The promotion of family/whanau inclusive models of treatment.
- The greater use of structured outpatient programmes, including intensive day programmes, for moderate to severe dependency with less complex needs.
- Shorter term residential treatment options in conjunction with intensive outpatient options.
- Socio-ecological treatment models which focus on the service user's interchange with key social systems while living in the community. The goal being to equip service users with the skills and environmental supports necessary to maintain recovery in the real world.
- The use of new pharmacotherapies for the treatment of AOD disorders.

Key recommendations in the Review include:

Assessment and Referral

- Improve access to assessment/referral services by:
 - Implementing a stepped assessment approach in authorised agencies to use resources more efficiently.
 - Improving the level of interventions in primary and allied settings for mild to moderate AOD problems.
- Maintain a system of independent authorised assessment and referral agencies as the means for accessing residential services.

Detoxification Services

- Use existing detox resources more effectively through establishing protocols and stronger linkages between services.

Services for Maori

- Improve the responsiveness of mainstream services to Maori.
- Extend the range of kaupapa Maori services and programmes to include a regional kaupapa Maori intensive day programme/accommodation treatment service and adult and youth community based services in Dunedin and Christchurch.

Outpatient Treatment

- Increase the level of intensive outpatient programmes in conjunction with short term residential programmes.
- Trial weekend or weekday intensive treatment retreats or

wananga for rural localities and smaller DHB districts.

- Investigate the potential of computer and internet based treatment programmes and support.

Residential Services

- Reduce the volume of medium term beds in Christchurch by a small amount to help resource increased outpatient options.
- Develop short term options in standard medium term residential treatment services.
- Maintain the current level of long term treatment beds being utilised for adults.
- Develop regional residential services for youth and Maori consisting of supervised accommodation linked to day programmes.

Special Population Groups

- Increase family participation in treatment.
- Offer greater support for family members independent of the service user.
- Develop dedicated outpatient services for women.
- Develop an authorised assessment service and expanded youth service for Pacific Peoples in Christchurch and workforce development in general for Pacific workers.

Aftercare

- Increase emphasis on aftercare and reintegration, in particular using a community support work and/or social work model.

Improving the Treatment System Overall

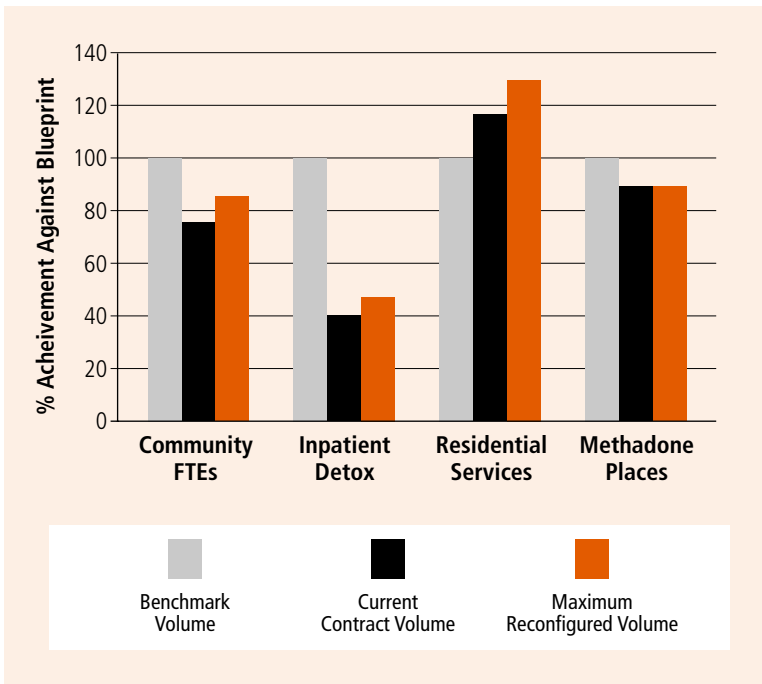
- Increase the capacity of the treatment system to deliver flexible individualised treatment packages for consumers.
- Develop partnerships with other sectors and between different treatment components to integrate service delivery.
- Review models of care and clinical pathways for key groups including those with the most severe problems.
- Increase the capability of the workforce by offering intermediate level training for priority areas.
- Negotiate funding responsibilities and boundaries with Corrections.
- Strengthen the participation of consumers/tangata whai ora in service development planning and evaluation of services.

Paul reports that in contrast to the original position of 'no new funding', **DHBs will be able to achieve over \$2.5 million worth of new AOD service developments in the next three years.** This includes over \$1 million new funding from central government for specific intensive day programme/accommodation initiatives, over \$220,000 reconfiguration of mental health services for AOD and the devolvement to the region of over \$800,000 funding previously associated with the Hanmer Clinics contract south Island services. The rest will come from a reconfiguration of existing AOD resources.

The graph on the following page illustrates the change to service volumes that will result from implementation of the Review.

The objectives are expected to be implemented over a three year period from 1 July 2004. However the majority of new service developments will occur in the first twelve months as the funds will become available in that time.

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Further ongoing AOD planning work will continue over the next three years, including reviews of models of care and clinical pathways for priority groups and significant projects addressing the needs of people with both AOD and mental health disorders and people requiring opioid substitution treatment.

“Implementing the service development objectives will require all stakeholders including DHBs, clinicians, providers, and Maori, with input from consumers and family members, to work together over the next three years to achieve the desired results” says Jane. “While it will challenge both clinical practice and our ability to manage change it is an exciting opportunity to grow the AOD sector both in size and effectiveness.”

Copies of the Review reports can be downloaded from DHB web sites in Canterbury, Otago and Nelson Marlborough, or obtained from the South Island Shared Service Agency, PO Box 3877, Christchurch. Email: paul.rout@cdhb.govt.nz.

PROFILE

Changing names and faces in AOD places

I have just celebrated my first year in Christchurch and what an awesome year it has been for both my husband and I. My daughters live in this area and my third grandson has been born since my arrival here. They have been the first males to be born in my immediate family for three generations on my mothers side. Wow! What a wakeup call. I was actually born in Akaroa but my family moved to Whangarei before I was a year old and so many years of my life have been spent in the north of Aotearoa. It is great to be home.

I trained through CIT in Auckland and have worked in the Alcohol & Drug field since the mid 80's in many varying roles including coordinating youth services, Methadone programmes, providing family, couple and individual counselling, and developing and delivering education programmes. I spent a short while in Alice Springs working with the Indigenous people in both their own environment and the local prison but my time there was cut short due to family events here in NZ.

My passion for the A & D field comes from my own personal experiences with substances and a strong desire to empower people who want change in their lives. My work throughout the years has been primarily in a frontline capacity but more recently I have stepped back a fraction from the coal face so to speak. My first year in Christchurch was spent working for ADA as the Clinical Coordinator for the Alcohol & Drug Helpline. Two months ago I accepted the position of Coordinator of Serenity Womens Services with The Salvation Army Bridge Programme. It is very exciting to be involved in the continual development and delivery of these amazing services for women and I look forward to the many challenges and experiences this will bring.

*Andrea Drake
Coordinator of Serenity Womens Services with The Salvation Army Bridge Programme*



Clinical Coordinator - Peter Jamieson

My name is Peter Jamison and I have just come into the position of Clinical Coordinator of the ADANZ Helpline. The position is exciting with an opportunity to catch up with so many I have known in the past as well as changes while I have been away.

This September I celebrate 25 years of marriage to Trish who is also a social worker with AOD experience. I have 2 young adult daughters and one granddaughter born in August last year, all living at home. After 21 years with The Salvation Army in various capacities including 9 in Addiction work as Case Manager, Programme Manager and Director I have been part of setting up a new Residential Mental Health service. Coming home to AOD has meant catching up on developments over the last 6 months and the ADANZ Helpline after watching it develop over the years.

I am aware that there has been one consistent thing recently at ADANZ, and that is change as building modifications happen around us and new exciting improvements begin to unfold. The Helpline is designed as a service to AOD in New Zealand and appears to function very



well on limited resources. The challenge will be to continue to develop to meet the needs presenting themselves and your comments / suggestions are valued.

peter.jamieson@adanz.org.nz

A new face at the National Addiction Centre



Dr Mark Wallace-Bell (Senior Lecturer in Addictions, National Addiction Centre) PhD (Mdx) BSc (Hons) RGN C.Psychol (UK)

Kia Ora Koutou,

As I am very new to Aotearoa New Zealand I think it might be appropriate to introduce myself before I tell you about my current work at the National Addiction Centre and my plans for the future around tobacco control and treatment of nicotine addiction.

As I write this article it is World Smokfree Day. This is an international occasion and Aotearoa New Zealand can consider itself a forerunner in tobacco legislation. It was one of the first countries to sign and ratify the World Health Organisation tobacco control treaty, the Framework Convention on Tobacco Control (FCTC), which has the potential to reduce the terrible toll of nicotine addiction world-wide. In my opinion Aotearoa New Zealand is leading the world in smokefree legislation to limit the harm done by cigarette smoking.

The opportunity to work at the National Addiction Centre came up towards the end of 2003. The NAC was going through a period of expansion and wanted to recruit a number of clinical academic staff. With my background as a nurse and psychologist and clinical research in nicotine addiction I fitted in well with the aims and objectives of the centre. I started my career as a General Nurse in 1986 working in Intensive Care and emergency departments in London. I later graduated from the University of Middlesex (London) with an honours degree in psychology in 1992. Following this I worked as a researcher on several health psychology projects before enrolling as a PhD student. My PhD focused on the effect of smoking

cessation on anxiety and processing of smoking-related stimuli. I gained my PhD in 2001 and then went on to work as a full time lecturer in health psychology at Middlesex University. I then registered as a Chartered Psychologist and developed my research and clinical interests in smoking cessation. In 2002 I moved to St George's Hospital Medical School, University of London to work in the Centre for Addiction Studies as a Lecturer in Tobacco Addiction and Honorary Clinician with responsibility for clinical tobacco-related research. Here I was involved in developing smoking cessation services for general and mental health hospital patients.

I moved to Aotearoa New Zealand with my family early in 2004 for a change of jobs and a change of lifestyle. I started work with the National Addiction Centre in Feb 2004 as a Lecturer in Addictions with a focus on nicotine. I am currently involved in developing tobacco-related research projects investigating the efficacy of long term NRT in heavy smokers. My teaching responsibilities at the National Addiction Centre include joint co-ordination of post graduate papers PSME 416 "Addiction and Addictive Behaviours" and teaching/supervision for PSME 404 "Alcohol and Drug Disorders - Assessment". I am also responsible for developing two new papers on Motivating Behaviour Change in collaboration with Canterbury University due to be offered in 2005/2006. The NAC is also involved in a wide range of work force development activities within the alcohol and drug field. This year the NAC is hosting a number of one-day short courses for Mental Health workers in A&D, and various upskilling short courses for workers in the field. This is the first time I will be involved in these courses and I will make sure that nicotine addiction will be discussed. I look forward to the opportunity of increasing awareness of tobacco issues in the A&D field and debating the pros and cons of tobacco control and smoking cessation with all those involved.

Mark Wallace-Bell.

Focus on Workforce Development

Both the Mental Health Workforce Development Plan 2000-2005 and The South Island Alcohol and Other Drug Services Review have identified that workforce development is a significant issue in the AOD Sector and that additional focus is required to build a competent and sustainable workforce.

A shift in the skill base of AOD workers is required to address changing needs particularly with regard to interventions for cannabis abuse and increasingly for methamphetamine abuse, assessment and treatment for co-existing disorders and working with young people. It has been identified from all areas of the Alcohol and Other Drug Sector that training programmes are required to address these issues.

Recruiting suitable staff to work with specialist populations such as youth justice clients, co-existing disorders Pacific and Mori will be difficult given the workforce shortage in the Alcohol and Other Drug sector as a whole and with regard to these population groups in particular. The workforce shortage is being exacerbated by the high turnover of staff in the alcohol and other drug sector as figures gathered by in the National Addiction Centre shown below.

There are about 700 A&D Treatment Workers in New Zealand. We know this because in 1998 a Telephone Survey was conducted by the NAC (then known as the NCTD) of a random sample of about 250 from the database, which had been put together specifically for the purposes of the Telephone Survey. Since then, this database has been kept up to date through a process of ongoing checking while the Rolling Telephone Survey has been conducted.

There have been three waves of interviewing 50 randomly selected workers from the updated database in 2000, 2001 and 2002. It is from these secondary surveys that the startling figure of 38% per annum loss of treatment workers from the field was found.

A more thorough review of the database in preparation for a repeat of the 1998 Telephone Survey is now being undertaken and Karen de Zwart of the NAC has been writing to all managers of services regarding this. I wanted to thank all those who have been so helpful in making this a priority because the reviewed database is now in the finalization stages prior to randomization for the repeat of the 1998 Telephone Survey beginning in about a month's time.

The information collected in these surveys is invaluable for the ongoing development of our field. In particular findings from the upcoming survey will be informing the five year strategic plan for workforce development being undertaken this year, for the Ministry of Health, as part of the National Addiction Treatment Workforce Development Programme which is described below.

A National Addictions Workforce Development Programme

We are very pleased to announce that a new contract has now been signed between the Ministry of Health (MOH) and the National Addiction Centre (NAC) regarding a workforce development programme for the addiction treatment field in New Zealand.

This programme is being funded through the Mental Health Directorate of the MOH and is similar to two others in the Mental Health area: at the Werry Centre, University of Auckland, directed by Dr Sally Merry focussed on Child and Youth Mental Health; and the Te Rau Matatini programme centred at Massey University, Palmerston North under the overall direction of Professor Mason Durie, focussed on Maori Mental Health. There are clearly many opportunities for collaboration between the three programmes.

We are also very pleased to announce that this new addiction workforce development programme will be managed by Ian MacEwan based in Wellington, where one of two new satellites of the NAC will be established. The other will be in Hamilton with Dr Murray Hunt, Dr Vicki Barratt and Ms Vicki Carer being key figures, linking with Dr Joel Porter in his new role with the Centre for Gambling Studies in Auckland.

An advisory group has been established, which will provide guidance to the programme and develop a five-year workforce development strategic plan. Key projects include:

- Development of a national addiction workforce development strategy;
- A scoping project involving a repeat of the 1998 National Telephone Survey of alcohol and other drug treatment workers, along with more extensive interviews of people exiting the addiction treatment sector early as well as those who've stayed a long time;
- Development of a national addiction training provider network;
- A series of one-day clinical update short-courses for alcohol and other drug treatment workers;
- A series of one-day addiction short-courses for mental health workers;
- Developing and piloting a Maori addiction treatment short-course;
- Developing a clinical helpline for alcohol and other drug treatment workers.

Clearly this programme is a major step in the further development of the addiction treatment field in New Zealand and represents a serious commitment by the MOH to assist our field to continue to grow in strength as a specialty area within the Mental Health sector.

The NAC views this contract as the start of a new era. For the past seven years the Centre has worked hard to establish itself as an ongoing concern, sitting within a University and aiming to be closely aligned and responsive to real life treatment concerns. We remain very grateful to ALAC for those first seven years of core funding, encouragement and support. This has enabled the NAC to build a strong foundation in clinical research, teaching, and connection with the treatment field. Now we are able to extend the infrastructure of the NAC northwards, and in collaboration with national colleagues, facilitate workforce development for the betterment of people with addiction problems in Aotearoa.

Doug Sellman
Director, National Addiction Centre
doug.sellman@chmeds.ac.nz

Treatment Works Week 2004

Monday 21 to Friday 25 June

Treatment Works Week highlights the work in prevention and treatment activities for people and communities affected by drug abuse and misuse including alcohol, tobacco, prescription, and other drugs. Alcohol and other Drug treatment services become actively involved in this week to promote the benefits of treatment.

This national week had successful events in Auckland, Hamilton, Wellington, Christchurch, Dunedin and Invercargill. It is the treatment sectors opportunity to say "we are here, we are active and we offer services and strategies that improve people's quality of life and reduce alcohol and other drug related harm".

It is estimated that there are one in four New Zealanders who will meet the criteria for alcohol and other drug abuse or dependence during the course of their lives. It is also estimated that up to ten friends, family and colleagues lives will be impacted by the effects of that person's alcohol or other drug use.

Ministry of Health figures show the most commonly used drugs are alcohol, tobacco and cannabis in that order.

Other than cannabis, most illicit drugs are used regularly by a very

small percentage of the population. However the number of people who had used illegal drugs other than cannabis had increased from 1990 to 1998. Recent information identifies the increase in use of drugs such as ecstasy, methamphetamine (P) and similar psycho stimulants.

The Alcohol & Drug Helpline 0800 787797, a national service, has identified an increase in calls relating to "P" methamphetamine. In 2001 methamphetamines had not been included as a category and 0.5% (60 calls) were related to amphetamines. In 2002 this had increased to 1.4% (143 calls) compared to 7.8% (1245 calls) in 2003.

The availability of "legal", "natural" and "herbal" drugs have also increased. While there are no statistics for the use or effects of long term use of the chemicals in these drugs, it is likely popularity of these substances will continue to increase with young people.

There are many different methods of treatment for people with alcohol and other drug problems. No single treatment approach has been demonstrated to be superior to all other. The overall goal of treatment is to reduce or eliminate the use of alcohol or other drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest or reverse the progress of associated problems.

In Memorium



Margaret McKirdy

Margaret McKirdy died suddenly on April 14 of this year. She was known to many of us in the sector for her work with young people in schools and for the last nine years, at 198 Youth Health Centre as Team Leader of the Mental Health Team.

Margaret's sudden death after a long and chronic illness took many of us by surprise. Below are some words prepared by her colleagues and friends, Dr Sue Bagshaw, Clinical Director, and Chris Woods, Chairperson, 198 Youth Health Trust.

Margaret McKirdy was a person who was passionate about justice and fairness, which is probably why she equated so well with the young people she worked with.

She was the first clinical member of staff we appointed at 198, and she was very patient with us as she floundered through those first early days when we developed our job descriptions together as we responded to the needs of the young people that came to see us.

Margaret was caring and compassionate, qualities that were strained when she became ill. In spite of that she was always able to put on a brave face, and she said that she appreciated the loving sanctuary that 198 gave her, and, of course, that is precisely what she helped to create for all the young people who have come to see us over the last 9 years.

Hopeless with computers, Margaret was always more a people person, able to get people to feel at ease and have a laugh, no matter what else was going on for them. She was proxy Mum to many, and a friend to both young and old. She was a bossy English teacher, a counselor, an organizer always looking for gaps and ways to fill them; she was a friend and trusted colleague. She taught and supervised students and counseling colleagues. She served on committees and in choirs, and did her best to think around corners!

Her family is missing her - not only her mother and children, but also her wider whanau, not just the siblings and cousins, but the family she left behind at the schools where she first worked, at church and at 198.

Her memory is kept alive as we continue to help each other develop, grow and change for the better.

AOD Budget Highlights

The alcohol and other drug-related health initiatives comprised:

- \$1.4m this year and \$1.06m for each of the next three years for agencies working with young people in the central North Island
- \$135,000 for prevention training to allow those working with patients to better identify signs of potential problems and risky behaviour
- \$191,000 for each of the next two years and \$157,000 in the third year to pilot placing alcohol and other drug clinicians at court
- \$344,000 this year and \$194,000 next to provide evaluations for the 15 community action on youth and drugs sites established recently
- \$3.06m over four years to a discretionary fund for inter-departmental drug policy projects
- \$140,000 for each of the next four years for a ministerial committee on drug policy and the national drug policy
- \$1m for year of the next four years for needle and syringe exchange programmes
- \$300,000 this year and \$283,000 for each of the next three years in additional funding for the New Zealand Drug Foundation

Communiqué 3 from Odyssey Christchurch

South Island Regional Residential Taitamariki/Youth Alcohol and other Drug Treatment Service establishment planning March 2004.

With the June date for accepting referrals to this new service quickly coming upon us this communiqué will include some of the confirmed arrangements and outline ongoing developments.

Odyssey is pleased that they have been able to recruit suitable staff to compliment the existing youth team with the expected start date for most at the end of May. After a short training/induction period it is planned for the residential service to begin on 14 June.

Organisations considering making referrals can now approach Jim Marsters (Manager of Youth Services) for referral information, at the address at the bottom of the communiqué.

Criteria for Admission

- Youth must be aged between 14-18 years old to attend the Residential Programme.
- All Youth will need to have had a comprehensive assessment and have met criteria for substance dependence D.S.M 1V
- Youth must not be in need of medical detoxification. If youth require detoxification this is the responsibility of

the referrer.

- Youth who present with co-existing disorders would need to have been stabilized prior to admission. Medications prescribed by a physician are acceptable.
- Any history of arson, assaults and sexual offences will require further follow-up before acceptance.
- To actively participate and benefit from the programme youth need to be cognitively able.
- Planned admissions only.
- Exit Plans would need to be formulated in consultation with Odyssey Youth Service prior to admission.

Developments since the last communiqué

In preparation for the first stage of the residential service the following has been achieved:

- Alterations to accommodate the first 4 youth in the residential service have been completed
- Discussions with the Ministry of Education have identified the Southern Regional Health School as the preferred educational provider and contract discussions are proceeding.
- The CDHB is currently working with a provider to finalise the details of the evaluation process for this service. The evaluation is expected to be confirmed in readiness for the commencement of

the service

- Consultation with local schools and neighbours has been undertaken in a positive way.
- A survey of the incidence of youth experiencing alcohol and other drug addiction for whom a residential component of treatment may be indicated has been undertaken. This survey gathered some retrospective information as well as ensuring service providers from throughout the South Island were aware of this new service development. Responses were received from 19 Organisations throughout the South Island. A summary of the findings from this survey will be included in the next communiqué.

The project team continues to support the work of Odyssey and are currently working on Memorandum of understandings with:

- Child Youth and Family and Community Corrections regarding funding support for their referrals
- Police regarding actions following young people unauthorised leaving of the programme

Any comments or communication regarding services should now be made to
Jim Marsters
Manager of Youth Programmes
Odyssey, PO.Box 34009, CHRISTCHURCH

An apology to the FAMILIAL TRUST for getting it wrong.

In the Identifying and Meeting the Needs of Family/Whanau & Friends article in volume 3 number 1 edition of Connections the www.address for the Familial Trust were incorrect and should have been www.familialtrust.org with no nz on the end.