



Woven Together: Co-Existing Addiction and Mental Health Problems

By Cate Kearney, NCAT

The Addictions sector regularly sees people who experience both addiction and mental health issues. It is estimated that 75% of those entering an alcohol and other drug service are likely to have a diagnosable mental health disorder.¹



'Tokanga' by Tania Noa

Over the past 10 years, the Addictions sector has improved in the diagnosis of co-occurring problems, due to the work of Matua Raki and training providers. As yet, however, we have not systematically progressed different methods of intervention to ensure that people get the right service, whichever doorway they enter.

While service users cope with the “bad”, “mad” or “sad” construct in regard to their problems, researchers, clinicians, services, and policy makers have highlighted the need to provide integrated care to those who experience addiction and mental health problems.

In Te Kokiri, The Mental Health and Addiction Action Plan 2006 – 2015, a specific action is to “develop a coherent national approach to co-existing mental health and substance use/abuse disorders”. This national approach is to be developed, and implemented with DHBs demonstrating service delivery alignment, by 2011.

A February 2008 meeting hosted by the Ministry of Health sought to progress the above Te Kokiri action. This meeting was attended by all four workforce development programmes, regional workforce coordinators and key sector stakeholders such as NCAT. The Mental Health Commission presented their work on the co-existing project, unpacking what is meant by integrated care and providing definitions of integrated treatment, services and systems. While this project is in the early stages of formulation, it was evident that the project could positively add to the addiction sector development. Further discussion occurred around the content of a national guidance document that would in turn inform Workforce Development Programmes.

Possible Ministry of Health themes that might comprise national goal areas for a guideline document:

- areas of service philosophy
- service development
- integrated systems
- workforce development (Continued page 2)

Contents

Woven Together: Co-Existing Problems	1 - 2
Editorial	2
Moana House	2
Substance Use Disorders	3
Matua Raki	4 - 5
Co-Existing Disorders	5
AOD Services Review	6
What's in a Name	7
Māori Representative on NCAT	7
Law Commission	8
Diary notes	8



Nothing stays the same

Changes and relationships: this edition of Connections is about the relationship between addiction and mental health and some of the changes that are going on. This was seen most recently at the Christchurch and Nelson LOAD Forums.

The 2008 year is well under way. It started with a number of changes that involve people moving between organizations as well as organisations physically moving from one island to another. For example, Matua Raki not only has a new Director, Annemarie Wille, they also have a new host and have moved their operation to Wellington. People too have been on the move; Tuari Potiki, geographically and from his position as ALAC's South Island Project Manager in Christchurch to Wellington, to become the Manager of Strategic Operations. Tracey Potiki will be missed at He Oranga Pounamu and around Te Waipounamu, as the Project Co-coordinator for Te Whare Tukutuku, the Māori alcohol and drug network. She has also gone north to Wellington.

Change has occurred at the National level with Mental Health Commission gaining a number of new faces. MHC is also settling into a project with ALAC to consider how best to bring the mental health and addiction sector closer together so that treatment for people with co-existing disorders can be better integrated.

It is difficult to get addiction and mental health workers in the same room but when it happens and the conversation starts, similarities are identified and there are often some interesting solutions to be shared.

Speaking of change, 2008 being election year, the Mental Health and Addiction Sector along with the rest of Aotearoa New Zealand may be faced with working with a new Government. What will this mean? Will all the District Health Boards remain and how will that effect non-governmental organizations and funding? There are many questions regarding the possible change in government, it is a topic that will be delved into in the next edition.

Char Macpherson
Editor

(Woven Together continued)

Current Activities relating to Co-Existing Disorders

- Mental Health Commission Guidance on models of integrated response
- Matua Raki Co-existing Disorders project
- NAC Team Study (Alcohol and Depression)
- Revision of Co-existing Guidelines, NAC
- DHB level activities (vary from very few to a range of projects)
- Alcoholism and Drug Addiction Act 1966
- National Service Framework Project

Over the year, Connections will bring you more information about the development of the Co-existing Disorders Project.

REFERENCES

1. Adamson SJ, Todd FC, Sellman JD, Huriwai T, Porter J. 2006. Co-existing psychiatric disorders in a New Zealand Outpatient Alcohol and other drug clinical population Australian and New Zealand Journal of Psychiatry; 40:164-170.

New Diploma for Addictions

Moana House Training Institute in Dunedin has recently received accreditation for their new Addictions training qualification. The Qualification is called Te Taketake – Diploma in Applied Addictions Counselling – Level 6.

Senior Lecturer at the National Addiction Centre, Simon Adamson congratulates Moana House and said the addictions field really benefits from a having a range of quality courses and what this development means is that Te Taketake has been formally recognised for its quality.

Simon has been an external examiner (for the past four years) for part one of the Diploma, Te Aka, and said that *“Taking part in the examination has allowed me to see the standard of learning which has occurred through the course and it is my impression that the programme allows students to develop very good clinical skills. The tutors, Paraire Huata, Sean Manning and Claire Aitken are skilled clinicians who have a sophisticated understanding of the learning needs of their students and individualise teaching accordingly. He goes on to say that “the course is of a high standard, and the examination is undertaken with the utmost integrity...”*

For more information please contact:

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Prevalence of Substance Use Disorders, Comorbidity and Disability

The report, Substance Use Disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey final report (2006), covers data from the survey that were subjected to further analysis. The analysis was to determine the prevalence of substance disorders in New Zealand and their patterns of onset and impact for adults in New Zealand, it is information that was not available before this survey. The following information has been taken from the report.

Substance use disorders

Substance use disorders are widespread in New Zealand: 13.8% of the population are predicted to meet criteria for a disorder at some time in their lives, with 12.3% having already done so and 3.5% having a disorder in the past 12 months. The onset of substance use disorders occurs mostly in the late teenage years and early 20s with 75% of those who develop a substance use disorder doing so by 25 years of age.

Ethnic comparisons

The prevalence of substance use disorders is higher for Māori and Pacific people than for the 'Other' composite ethnic group. For disorder in the past 12 months the prevalences are 9.1% for Māori, 4.9% for Pacific people and 2.7% for Others, which indicates that Māori and Pacific people have a greater burden due to substance use problems. Much of this burden appears to be due to the youthfulness of the Māori and Pacific populations and their relative socioeconomic disadvantage.

After adjusting for sociodemographic correlates the prevalence of substance use disorder remained higher for Māori (6.0%) than for Pacific people (3.2%) and Others (3.0%). The observed prevalences were 35.4% for Māori, 21.4% for Pacific and 17.9% for Others. drinking remained higher for Māori (29.6%) than for Pacific people (18.1%) and Others (18.6%). Pacific people were less likely to drink than Māori or Others.

Drinking is equally common among Māori and Others (about 80%), but Māori have a higher prevalence of hazardous drinking and a higher prevalence of alcohol disorders. For Pacific people not much more than half of the population drink but those who do drink, drink nearly as hazarously as Māori and the prevalence of alcohol disorder among drinkers is only slightly and non-significantly lower than that for Māori.



A slightly different pattern occurs for drug disorder. Māori are much more likely than Pacific people or Others to use drugs. Among Māori drug users the prevalence of drug disorder is higher than that for Other drug users, even after adjustment for sociodemographic correlates. The prevalence of drug disorder in Pacific drug users is intermediate between that for Māori and Other drug users and not significantly different from either.

Treatment contact has also been identified as low in ethnic groups with a substance disorder: 4% for Pacific, 12% for Māori, and 14% for Others.

Comorbidity and disability

As noted in other parts of this edition people with substance use disorders often experience other disorders. According to the study 40% experienced an anxiety disorder and 29% experienced a mood disorder in the previous 12 months. Comorbidity between substance use disorders was very common. People with substance use disorders have higher prevalence of some chronic physical diseases, such as chronic pain and respiratory disease, and of chronic disease risk factors, smoking, high blood pressure and, of course, hazardous alcohol use, than people without mental disorders. Substance use disorders and anxiety disorders are associated with similar degrees of disability. Mood disorders are associated with more disability than anxiety or substance use disorders.

REFERENCES

1. Wells, E., Baxter, J., & Schaaf, D. (2006, November). Substance use disorders in Te Rau Hinengaro : the New Zealand mental health survey : final report. Prepared for ALAC. Auckland: Auckland Uniservices Ltd.

Matua Raki: New Host, New Location, New Director

Matua Raki is the national Addiction Treatment Workforce Development programme. 2008 has brought a change of host for the next 12 months, to Te Rau Matatini, the national Māori workforce development programme, also funded by the Ministry of Health. This provides an opportunity for co-location in Wellington and infrastructural support. The new director is Annemarie Wille with many years of experience in both AOD and workforce development.

The Matua Raki work-plan is a mix of continuing activities with some new activities. There are five projects focussing on Māori workforce, led by Terry Huriwai. In collaboration with Auckland District health Board Māori Mental Health, work is continuing on piloting and evaluating the Māori Practitioner Competencies. The next phase of the Takarangi Competency framework will contribute to a wider roll-out and involves the development of a Training package based

on the competency framework. Matua Raki is continuing to support a Kaiwhakatere Network, providing opportunities for Maori leadership to meet, and supporting a Pre-Cutting Edge Conference Hui in September 2008. It is likely that the Pre-Cutting Edge hui will centre on the roll-out of the Takarangi Competency Framework and or a Kaumātua hui. Terry is also completing a History of Māori Addiction Treatment capturing development in Maori service provision from 1980 to the present.

Several of the activities in the current Matua Raki workplan continue to be undertaken by the National Addiction Centre. Doug Sellman is developing an Orientation to the Addiction Field resource, in particular aimed at supporting new entrants to the specialist addictions sector. Daryle Deering is focussed on supporting Advanced Nursing pathways and recognition of specialist Addiction Nurse roles. Simon Adamson is undertaking the National Telephone Survey 2008 snapshot of the workforce. Fraser Todd will be updating the Assessment and Management of Co-Existing Disorders

From left to right: Terry Huriwai, Rhonda Robertson, Annemarie Wille, Maureen Weinstein and Ian MacEwan.



Manual (1998). The NAC is also delivering the Annual Short Course at six locations in October and November 2008. The focus will be working with youth and young adults.

Matua Raki continues to support the National Training Providers' Network to meet and Ian MacEwan is organising a 2-day seminar for tutors later in the year. Ian has also recently completed a report on mental health and addiction sector responses to co-occurring disorders *Mental Health and Alcohol and Drug Co-existing Disorders: An integrated Experience for Whaiora?*, available on the Matua Raki website.

Matua Raki has two consumer focussed initiatives for 2008, led by Rhonda Robertson. The Consumer Auditing Training project will support the inclusion of consumers in auditing teams and participation in internal auditing processes at service-level. An auditor trainer will be contracted to provide a two day auditor training package based on the various sector standards and a practice audit. The Project will provide an opportunity for up to ten consumers to participate in audit training. Course costs will be covered and for those applicants who live outside of the training location, travel and accommodation will be arranged. The auditor training course will be delivered late July 2008, the location and venue is yet to be confirmed. Application forms for the audit training will be disseminated in April through the Aotearoa Alcohol and Other Drug Consumer Network (AAODCN) and service providers who have dedicated consumer roles or by contacting the Matua Raki Consumer Project Manager.

Matua Raki continues to support the Aotearoa Alcohol and Other Drug Consumer Network (AAODCN). The first AAODCN meeting will be in Auckland in May with another meeting in Wellington in October. Matua Raki will also be offering assistance for those consumers who may not necessarily be employed in a dedicated consumer role but are involved in consumer issues in a voluntary capacity.

Matua Raki is also involved in the combined Ministry of Justice and Ministry of Health Effective Interventions projects which include accelerated workforce development for those in the addiction workforce providing for clients within the Justice system.

The Matua Raki website has been updated, and we invite you to make use of the site to post sector vacancies, training and conference events and latest news

www.matuaraki.org.nz

Co-existing Disorders: Integrating Treatment Advice

New Strategic Advisor

Catherine Inder was appointed to the role of Strategic Advisor, Addiction in November 2007. She has a background in law and policy. The role is jointly funded and accountable to both the Mental Health Commission (MHC) and the Alcohol Liquor Advisory Council (ALAC).

The Focus

Catherine's focus is writing a report for the MHC and ALAC Boards on the barriers that prevent the delivery of integrated treatment for people with co-occurring mental health and substance use disorders.

The Aim

The aim of the report is to facilitate constructive discussion across the mental health and addiction sectors about how best to provide integrated treatment for people with co-existing disorders and to build commitment for change across both sectors.

More details on this role in the next Connections.

Disclaimer and Contact Information

Connections is the official newsletter of the Alcohol Drug Association New Zealand, funded by the 6 South Island DHBs.

Articles from the newsletter can be reprinted as long as ADANZ is acknowledged.

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Review of Progress made against the South Island Alcohol and Other Drug Services

By **Katie Brown**, Project Manager, SISSAL

The South Island Alcohol and Other Drug (AOD) Services Review, completed in May 2004, was undertaken by the South Island Regional Mental Health Network (SIRMHN) on behalf of the six South Island District Health Boards (DHBs) to “assist in the implementation of the goals and objectives in the South Island Regional Mental Health Strategic Plan.”



Katie Brown, Project Manager, SISSAL

The review examined the inter-relationship and integration of services within the AOD treatment system, and with other sectors. It sought to identify AOD service needs of specific population groups, including Maori, Pacific, adolescents, women, people with co-existing disorders, older people, opioid users, offenders with AOD problems and family/whanau of AOD dependent people.

Through the review, the Strategic Framework for Service Development was developed. Implementation of this framework by DHBs and AOD Service Providers would further develop specialist AOD treatment services in the South Island.

In the framework, 21 different Service Need areas and 106 Service Development Objectives to address the Service Need areas were identified. The Service Need areas and Service Need Objectives covered the full range of specialist AOD services.

As the implementation period for the Framework had ended, the SIRMHN requested SISSAL undertake a review to understand the progress made against the framework.

Specific objectives of the review were:

- to understand the extent to which the South Island DHBs and the region as a whole have implemented the Framework and
- to recognise progress made within the South Island AOD Service sector.

For this review, DHBs and AOD Service Providers were asked to indicate where they were at in their implementation of each of the Service Development Objectives included in the framework, as well as service gaps and service successes. The Project Manager carrying out the review received feedback electronically via a Feedback Template and through meetings with DHB Mental Health Planning and Funding Staff, and some AOD Service Providers, including the Alcohol Drug Association New Zealand (ADANZ).

The review is now complete and a draft report was submitted to the SIRMHN in February. While the report is not yet final, the review did identify that the majority of Service Development Objectives had been achieved and continue to be addressed by the DHBs and AOD Service Providers. Once the report is made final, more specific findings will be shared with the wider AOD sector. Recommendations made in the review will be included in the South Island Region Mental Health Strategic Plan (2008 – 2011) and other associated work plans.

Harm Reduction vs War on Drugs

In Vancouver disposable crack-pipe mouth pieces are given to people addicted to crack cocaine as a harm reduction strategy to help avoid the spread of blood-borne disease, including HIV and hepatitis. The safe injection site, Insite, has been shown to reduce the overdoses and blood-borne infections. It is the only service of its kind in North America and has worked under an exemption from Canada's Controlled Drugs and Substances Act, this could stop in June.

Earlier this month A United Nations monitoring body was reported to have identified a distribution of the “safe” crack kits as contravening part of the UN's Convention Against Illicit Traffic in Narcotic Drugs. The report will possibly lead to the closure of Insite. Will these actions have a trickle down impact on NZ Drug Policy?.

What's in a Name?

By Cate Kearney and Char Macpherson, ADANZ

A recent article¹ explored the linguistic constructs attached to the different terms used to describe co-existing disorders. The article argues that the way in which we conceptualise the problems experienced by service users, influences the structure of our services and the content of our interventions. The writers suggest that one way to reduce the silo'd approach to treatment was to move away from the current "partisan" terminology.

"Partisan" Terminology

- **Dual diagnosis** is a medicalized term and focuses on the diagnosis
- **Co-morbidity** focuses on the "morbid" process and diagnosis
- **Co-existing disorders** focuses on the disorder

"Non-Partisan" Terminology

- **Co-existing mental health and substance misuse problems** wordy but correct
- **Co-existing problems** preferred name as it has no allegiance to either medical or social methods of treatment and therefore allows clinicians to focus on working with the service user to alleviate these problems.

therapy are woven together into a model that works for all people regardless of whether the problem is a substance use or mental health disorder, or both.

REFERENCES

1. Vellman, Richard and Baker 2008 Moving away from medicalised and partisan terminology: a contribution to the debate, *Mental Health and Substance Use: Dual Diagnosis*, 1:1 2-9

Addressing the 'Dynamics of Health'

Ariari o te Oranga – Dynamics of Health, was offered as a term to Te Ngaru Training Systems during training of Mental Health kaimahi by the late Eru Potaka-Dewes in 1996. Ariari o te Oranga has been used for some years now by Otago therapeutic community and training institute Moana House and a number of services in the North Island. Unfortunately the term has not been adopted more widely. If it is used, however, then it must be very clear that that is what you are doing – addressing the Dynamics of Health.

Māori representative on NCAT

Hone Makatea attended a Māori caucus hui at Hone Waititi Marae at the end of 2007. At the hui a request for nominations was put forward for two Māori representatives to be on NCAT. Hone accepted one of these positions after some debate and says he is looking forward to being an advocate for Māori on this committee.

Hone has a background in AOD and has been in a number of roles over many years. He currently works as a cultural therapist for Moana House, and is skilled in the area of challenging behaviours' and personalities. Moana House is a dedicated therapeutic community assisting offenders to achieve their potential in becoming contributing members of society. Hone is currently a member of Te Whare Tukutuku the South Island AOD Network (Leadership) Group for Māori. He sees his new role on NCAT as an opportunity to take a proactive approach to issues that affect hauora Māori and to work with likeminded people across a range of activities.

Hone Makatea



Law Commission Reviews Misuse of Drugs Act

Your comments are invited

The Minister of Health has asked the Law Commission to review the Misuse of Drugs Act 1975 and the penalties imposed under it. Val Sim from the Commission spoke at the recent Addictions Treatment Leadership Day in Christchurch giving a brief overview of the process and time frame of the review.

The Review will include consideration of the way in which the statute should reflect the Government's overall drug policy, its alignment with other related statutes, the structure of offences and the effectiveness of the current classification system. This review is now in its beginning stages and the Law Commission is inviting comments. Feedback on these particular questions would be of value:

- Is the Act consistent with National Drug Policy?
- What parts of the National Drug Policy need to be in legislation and why?
- When are we justified in criminalizing and why?
- Can we criminalize to prevent harm to self or others?

These are early days of the Review and Commission is looking for information that gives a picture of how the Act functions as it is in its present form. Although it is acknowledged that the Act is a patchwork of amendments – more than 20 with the 1978 Detection, Enforcement and Punishment amendment being bigger than the actual Act itself. It has also been described as outdated, not meeting needs or aligning with national policy. However, the desire is to not 'throw the baby out with bath water'. As well as what does not work, the Commission want to know about anything that is right and does work.

An issues paper will be written after this stage of consultation and public submission. This initial invitation to comment will run until the end of June 2008. Proposed changes are anticipated to be out for public submission at the end of 2008.

You can email: Law Commission: com@lawcom.govt.nz
Write: Law Commission, PO Box 2590, Wellington
Ring: Allison Bennett on 04 9144834 or Val Sim on 04 9144814 or check the website: www.lawcom.govt.nz
Misuse of Drugs Act Review Terms of Reference are available on their website www.lawcom.govt.nz

Diary Notes:

Hauora Māori Scholarships

Applications close **11 April, 2008**

Further information available online:

<http://www.maorihealth.govt.nz/>

Central Region Addiction Network Forum – Models of Treatment across Cultures

23 – 24 April, 2008. Palmerston North

Information: Rawiri Evans: 04 473 9591 or 027 3114595.

email: r.evans@matatini.co.nz

Phillip Parkinson: 04 917 0740 or 027 247 4505

email: p.parkinson@alac.org.nz

Pacific Spirit Conference 2008: Winds of Change

8 – 9 May, 2008. Auckland

Enquiries to Metua Faasisila – m.faasisila@alac.org.nz

Involve 08: Relate.

'Quality relationships and young people'

2 – 4 July, 2008. Wellington

www.involve.org.nz

Creating Synergy Conference

June, 2008

Synergy between research and practice within Drug & Alcohol and Mental Health

http://www.uow.edu.au/conferences/synergy_v_2008/index.html

2008 International Addiction Summit

10 – 12 July. Melbourne, Australia

A Climate for Change

Advancing Theory, Research, Policy & Practice in Addiction

<http://www.addictionsummit.org/>

Conference on Alcohol and Other Drug Related Brain Impairment

1 – 3 September 2008. Melbourne, Australia

INSIGHTS and SOLUTIONS

Information www.arbias.org.au or www.bia.net.au

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