



## Frontline Addiction Services: the P situation is not hopeless

Methamphetamines are a major concern for alcohol and drug treatment providers and the costs to society of this and other drug abuse are extremely high. They include poor health, family violence, random aggression, chronic welfare dependency, lost productivity, and criminal behaviour.



After long-term use people who abuse methamphetamines can develop a stereotyped behaviour, including paranoia and aggression. Those unwilling to seek treatment often turn up in the workload of police, criminal justice and medical emergency departments.

Many addicts come to alcohol and drug services with major problems after chronic bingeing on methamphetamines, often in combination with other drugs and alcohol. In many cases they wait until the consequences of their use have become so severe that they feel backed into a corner.

So what are we to do? Treatment of methamphetamine addiction is no different to the treatment of any other addiction. Commitment to change, support from family and peers, and therapeutic interventions based on good evidence are the key ingredients to a successful outcome.

Helping addicts become drug-free is only the first step, however. They also need support in staying drug free.

Recovery demands substantial changes in lifestyle, taking personal responsibility and learning to deal with life on life's terms. A range of treatment interventions can assist people to make these changes. For some this may include a period in a residential therapeutic community where, for 24 hours a day, they are in an environment that helps them take more responsibility.

For others, regular counselling, positive peer support, help from their families and churches, and sometimes pharmacological interventions assist them in recovery.

Active participation by the addict and his or her family is essential. Research shows long-term successful recovery includes: Being free of illegal drug use, replacing drug use and illegal activities with pro-social activities. Also real accountability for behaviour to a person who has knowledge about the process of recovery (for example to a Narcotics Anonymous sponsor, alcohol and drug counsellor, probation officer, priest, police officer, general practitioner or elder). And the development of a spiritual or ethical outlook on life.

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## Editorial

Welcome to Connections. There is an interesting range of articles in this edition and you will find something that will be of interest, that will entertain, be informative or useful and maybe a mix of everything. Everything from the treatment sectors response to the spotlight on 'P Situation' in the Herald during May, to the Talking Therapies Action Plan that was released earlier this year, Ross Bell calls for healthy drug law reform and illustrates clearly why, and Professor Doug Sellman rallies attention to the 5+ solutions related to the harms from alcohol followed nicely with Geoffrey Palmers recent media release on the Law Commissions Review of the Sale of Liquor Act.

There a number of short snippets of news, from the weird (The Priest who beat his patients with a shovel) to the wonderful (advice from 4th Century that still has temporal currency, see below). We have a few useful web links and the usual notes for your diary – something for everyone on a cold winter's day.

### Alcohol and over imbibing from 4th Century BC.

"On the effects of over imbibing in 4th Century BC, the Greek writer Eubulus describes Dionysos (aka Bacchus) as providing the following counsel regarding the consequences of alcohol consumption:

*"Three kraters [cups] do I mix for the temperate:  
one to health,  
the second to love and pleasure,  
the third to sleep.  
When this bowl is drunk the wise guests go home.  
The fourth bowl is no longer ours but belongs to hubris,  
the fifth to uproar,  
the sixth to prancing about,  
the seventh to black eyes,  
the eighth brings the police,  
the ninth belongs to vomiting,  
and the tenth to insanity and the hurling of furniture".*

This advice was quoted in Making Sense of Australia's Alcohol Guidelines: An NCETA Workforce Development Tool<sup>1</sup>. The document provides explanatory information about the new NHMRC alcohol guidelines released by the Australian National Health and Medical Research Council (NHMRC) in February 2009 and highlights whether or not New Zealand needs to consider updating our own guidelines.

**Char Macpherson**  
Editor

1. <http://www.nceta.flinders.edu.au/documents/WFD Factsheet-MakingSenseofalcohol.pdf>

### Frontline Addiction Services: the P situation is not hopeless (ctd)

Research also tells us that no single form of therapy is successful in all cases. However, ease of access to treatment and a compassionate and engaging style of interacting by the professional are essential no matter what approach is taken. Addressing a range of immediate needs and developing a clear plan on how they will be further addressed are more effective in the early stages of engagement than in-depth soul-searching for the "causes of addiction".

In the real world there is no instant miracle cure for addiction and for many the process of recovery will be a story of disappointments and successes, particularly in the first year.

Abstinence can be difficult to maintain initially, but a harm minimisation approach may achieve important steps towards it. Avoiding becoming infected by Aids or hepatitis, for example, is an important achievement, particularly for the addict's children and family.

Finding appropriate housing, improving childcare, and disengaging from criminal activities all contribute to a foundation of recovery.

Waging war on those who import and manufacture methamphetamines may make some impact. Waging war on addicts and their families won't.

The "war on drugs" approach only serves to marginalise and demonise those afflicted with addiction and often decreases their chances for rehabilitation.

Around 1100 professionals work in the alcohol and drug sector in New Zealand, including nurses, medical officers, psychiatrists, counsellors, cultural workers and psychologists.

Around 10 per cent of those seeking help through alcohol and drug services have problems with methamphetamines (75 per cent of cases are alcohol related). Better alignment between the criminal justice and alcohol and drug rehabilitation services is required, in particular to target those who are not interested in dealing with their addiction.

Treatment provides an alternative to jail for addicts who want to make the hard calls and stop using. It also is more humane and cost-efficient for the public. Every dollar spent intervening early saves an estimated \$5 in healthcare costs down the line. The Government's stated commitment to addiction treatment and prevention is welcome news and we encourage it to make good on that commitment. Recession or not, the incredible

personal and social costs of methamphetamine and other addictions mean this is a problem we cannot afford to ignore.

**If you need to find out about alcohol and drug treatment services near you, please call the Alcohol Drug Helpline: 0800 787 797.**

The frontline addiction services who contributed to this piece included: Robert Steenhuisen, manager, Community Alcohol and Drug Services Auckland; Chris Kalin, CEO, Odyssey House; Tim Harding, CEO, Care NZ; Cate Kearney, CEO, Alcohol Drug Helpline; Alcohol Drug Association NZ; Lynette Hutson, national manager, Addictions and Supportive Accommodation; The Salvation Army; Ross Bell, executive director, NZ Drug Foundation.

## Talking Therapies

Mental health service users and the mental health workforce have identified a need for better access to talking therapies is needed in mental health and addiction services in New Zealand.

Talking therapies are defined as "... a broad term covering a range of therapeutic approaches, all of which involve talking, questioning and listening in order to understand, educate and assist with people's problems" (Peters, 2007<sup>1</sup>).

Te Pou's aim is to build on the skills that exist to develop talking therapies skills across the workforce. Te Pou has found that there are varying levels, from minimal to high, of expertise among the New Zealand mental health and addiction workforce.

1. Peters J (2007) We Need To Talk. Te Pou O Te Whakaaro Nui. The National Centre of Mental Health Research and Workforce Development



Since 2007 and following research into talking therapies in New Zealand, there have been a number of documents produced:

- **We Need to Talk:** A snapshot of the issues and activities across mental health and addiction services in New Zealand (Te Pou O Te Whakaaro Nui, 2007).
- **We Now Need to Listen:** A summary of the key issues on feedback from We Need to Talk (Te Pou O Whakaaro Nui, 2007).
- **We Need to Act:** Talking Therapies Background information, summary of feedback from the consultation process, results of the literature review and action points (Te Pou O Whakaaro Nui, 2009).
- **Action Plan for We Need to Act Talking Therapies 2008 – 2011:** Processes to increase quality, sustainability and spread of talking therapies for users of mental health and addiction services in New Zealand (Te Pou O Whakaaro Nui, 2009).

The reports are provided in response to "service users calls for better access to talking therapies across mental health and addiction services; and to strengthen existing workforce development processes" (Peters, 2009, p.1). The focus of the work is on the adult Mental Health and Addiction sector but with an awareness of work conducted in child and adolescent services and primary mental health care.

**Action Plan for We Need to Act Talking Therapies 2008 – 2011:** Identified the need for processes to increase quality, sustainability and spread of talking therapies for users of mental health and addiction services in New Zealand.

Sets out specific actions, timeframes (including milestones, measures and phasing), recognises existing workforce programmes and considers who is responsible for leadership.

The report contains Talking Therapies background information and contains a summary of feedback from the consultation process and results of the literature review. It also:

- Discusses related MoH initiatives such as: Like Minds, Like Mine; National Depression Initiative and the strategic environment.
- Identifies lead roles i.e. for MH and Addiction Services; NGOs; Primary Health; Service User; Family Members; Communities; Therapist.
- Reviews related National MH Agencies including Mental Health Commission (MHC) and The Mental Health Foundation and the Positioning of National Workforce Centres.

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# Call for a healthy drug law reform

Ross Bell

New Zealand Drug Foundation

AT THE HEART  
OF THE MATTER.  
NZ DRUG  
FOUNDATION.  
Te Tūāpapa Tarukino o Aotearoa

*The Misuse of Drugs Act has been around for nearly 34 years. Back then, many New Zealanders had little or no exposure to drug use. Today, nearly half of New Zealanders under 65 acknowledge using cannabis at least once. We have had the benefit of 34 more years of scientific research, which provides for a much better understanding of the best ways to reduce drug harm. When it comes to policy and legislation, we know what works and what does not.*

*The Act is now being reviewed by the Law Commission, providing a rare opportunity for New Zealand to bring its drug law into the 21st century. Drug Foundation's executive director Ross Bell argues that the review of New Zealand's drug law must be based on modern thinking and best evidence.*

*"This has never, ever worked, so let's keep on doing it."*

Why do we expect that one of the most complex social and health issues can be solved through tough action by police, the courts and prisons? The faith many have in the criminal justice system to fix social ills is misplaced. Indeed, the system itself can be the cause of some of those ills.

Getting 'tough on drugs' or fighting the 'war on drugs' doesn't create communities free from drug harm.



Ross Bell, New Zealand Drug Foundation

We need to understand that the social and health harms from drugs can only be addressed through humane social and health policies and interventions. We do them a disservice when

we demand Customs, Police and Courts to fix the problems created by social exclusion, poverty, the human condition and even genetics. They are simply not equipped or qualified to do this – yet this is where we invest our energies and resources.

In Australia (we don't have New Zealand data, but confidently assume it will be comparable) 57 percent of expenditure on illicit drug policy goes to law enforcement, with only 23 percent to prevention efforts, 17 percent to treatment services and 3 percent to harm reduction initiatives. Acknowledging there is still debate about the best mix of investment, it's safe to say we have a long way to go before we even reach a balance of approaches.

New Zealand's obsolete drug law must be reformed so that it can complement the more balanced National Drug Policy. A health-based drug law would respect human rights, including the right of people to equal access to health services. It would reduce the barriers that currently stop people seeking help for drug-related problems and make it easier for them to access services such as harm reduction programmes or treatment.

Do not be mistaken. This is not a debate about 'hard' versus 'soft' drug law. Recent World Health Organisation research illustrated that "drug use is not simply related to drug policy, since countries with more stringent policies towards illegal drug use did not have lower levels of such drug use than countries with more liberal policies."

Instead, we hope that as New Zealand reviews its domestic drug law, and as the international community reviews global drug control, we need to be open to new approaches, informed by the best evidence and be prepared to challenge previously held tenets.

David Cameron, UK's Conservative Party Leader, has lamented that "If one takes a slightly progressive – or, as I like to think of it, thoughtful – view [of drug control], one can sometimes be accused of being soft. I reject that utterly." So do we."

## Oh and did you know:

In the UK:

- Over a third of adults in England & Wales have used illicit drugs
- More people have used cannabis than voted for Labour at the last election
- 13,000 children were arrested for drug offences in 2006/07
- Over 1 million adults used class A drugs last year

From <http://www.release.org.uk/nice-people-take-drugs/>

## Talking Therapies (ctd)

The New Zealand Guidelines Group (2008) for Talking Therapies carried out a brief review of recent literature and focused on the following key areas:

**Dialectical Behavior Therapy (DBT):** No strong evidence pertaining to efficacy – it is suggested that this is likely due to be lack of suitable studies.

**Cognitive Behavior Therapy (CBT):** Was recognised for treatment of depression and anxiety disorders and there was pressure to use CBT with other disorders. There was less evidence for treatment of anxiety symptoms in schizophrenia / relapse prevention in bipolar disorder/substance use disorders /children’s obsessive-compulsive disorders and anxiety disorders; for eating disorders there was evidence for bulimia only.

**Motivational Interviewing (MI):** Short term intervention for substance use disorders. Can be used as stand alone or integrated into other therapeutic models, e.g. CBT, important for engagement in substance abuse area and in medication adherence in chronic MH.

**The Therapeutic Alliance:** Was integral to use of all psychotherapies

**Minority cultures:** No research was found that identifies which psychotherapy works for New Zealand Māori, Pacific or Asian populations.

The We Need to Act report also includes feed back that identified funding training as an issue. Talking therapies are core to effective MH service delivery but there is no specific funding stream for talking therapies work. The Ministry of Health provides the main funding stream, funding services under the National Service Framework ((NSF) currently under review). Funders & planners have to work within parameters of NSF.

Other agencies that fund talking therapies include: Primary Health Organization, Ministry of Social Development, Ministry of Corrections, Accident Compensation Commission (ACC), Ministry of Education.

This article was based on information in the April Issue (25) of the MoH Mental Health Newsletter and from a presentation made at the May LOAD meeting in Otago by Trudy Dent Nurse Specialist Otago DHB. For more information Talking Therapies and the full reports please go to the Te Pou website <http://www.tepou.co.nz/> and put talking therapies into the search box.

# Priest Dismissed for beating patients as part of their therapy

The priest in charge of a drug treatment centre where patients were allegedly beaten has been dismissed, the Serbian Orthodox Church said.

Archpriest Branislav Peranovic was no longer in charge of Crna Reka centre, near Novi Pazar, Bishop Artemije said.

The centre remained open on the request of patients, the bishop added, but would be shut if beatings occurred.

This occurred after a video of an assault, published by Vreme magazine, shows a man appearing to assault a patient by hitting him with a shovel<sup>1</sup> and punching his face.

One former resident said staff had offered to cure his addiction with “pleasant conversation” and beatings.

The priest running the centre said a “heavy hand” was needed. “Whoever has a junkie in the house knows what I am talking about,” Archpriest Branislav Peranovic told B92 television.

Criminal charges against the centre and the priest have been filed by the government’s human rights watchdog, Sasa Jankovic, Reuters news agency reported.

1. <http://news.bbc.co.uk/2/hi/europe/8063855.stm>

## 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. 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 expressed do not necessarily represent those of ADANZ. Contributions, comments or general correspondence regarding ADANZ Connection:

The Editor, ADANZ, PO Box 13-496, Christchurch.

email [char.macpherson@adanz.org.nz](mailto:char.macpherson@adanz.org.nz)

Phone (03) 3798-626 Fax (03) 3775-600

General inquiries, correspondence, address changes and ADANZ membership subscriptions should be made to:

Phone (03) 379-8626 Fax (03) 377-5600 Email [ada@adanz.org.nz](mailto:ada@adanz.org.nz)

Postal Address: ADANZ, PO Box 13-496, Christchurch.

Office Address: Level 1, Latimer View House, 215 Gloucester Street, Latimer Square, Christchurch.



# Upcoming National Liquor Control Campaign

Professor Doug Sellman, director of the National Addiction Center in the Department of Psychological Medicine at University of Otago, is to give a series of lectures on the alcohol industry.

## The 'Liquor Control Campaign'

Liquor is alcohol with an edge and Control implies (appropriately) that the current situation is out of control. The recent BERL estimate (Slack et al 2009) of \$5.3 billion of social costs from alcohol per year gives some shape to the enormous drag on the New Zealand economy that alcohol causes.

The campaign is focused around a set of evidence-based solutions, based on the seminal WHO sponsored publication Alcohol: No Ordinary Commodity (Babor, Caetano, Casswell et al 2003). These solutions are collectively being referred to as the 5+ Solution:

1. Increase the price
2. Increase the purchase age
3. Decrease the accessibility
4. Decrease the marketing/advertising
5. Increase drink-driving surveillance

PLUS Increase intervention opportunities for regular heavy drinkers

The first goal of the campaign is to set up a national network as a vehicle to encourage as many New Zealanders as possible to express support for the upcoming recommendations of the Law Commission's Public Consultation Document that are compatible with the 5+ Solution.

The official launch of the Liquor Control Campaign will be at the Cutting Edge Conference in Wellington and continue through a national lecture series that the University of Otago is supporting as Professor Sellman's sabbatical leave (September – November).

For details and more information for those who want to be part of the email group of people interested in this national alcohol campaign contact

Lisa Andrews: [lisa.andrews@otago.ac.nz](mailto:lisa.andrews@otago.ac.nz)

Doug Sellman: [doug.sellman@otago.ac.nz](mailto:doug.sellman@otago.ac.nz)

# Law Commission Review of the Sale of Liquor Act

New Zealand has a heavy binge drinking culture where too many people drink too many drinks in a session in a way that exposes many of them to hazards, Law Commission President Sir Geoffrey Palmer said at a recent conference in Wellington.

The Law Commission is currently undertaking a root and branch review of The Sale of Liquor Act. Sir Geoffrey told the ALAC Working Together Conference there were two central issues that had influenced his thinking so far.

"The first is the heavy burden placed on the Police as a result of alcohol. It is contributing significantly to a serious law and order problem. Secondly, the health effects of alcohol have been greatly researched in recent years and the news is not good."

With law and order issues it was easy for people to say 'It's someone else's problem' because not everyone who consumed alcohol got involved in domestic violence, fights, drink driving or taken into police custody due to serious intoxication, he said.

"In contrast, the health and injury issues are more pervasive and do affect a large number of ordinary New Zealanders."

Sir Geoffrey said alcohol placed a significant burden on government health expenditure across a range of different services and specialties.

Sir Geoffrey said the Law Commission needed to make recommendations about the legal framework for the sale and supply of alcohol. "These need to be based firmly on the evidence about how alcohol consumption contributes to alcohol related harm. What the Commission takes from much of this health research is that the more New Zealanders drink, the more New Zealanders will suffer the burden of chronic diseases and injury.

"Likewise, any changes that will reduce the amount that we all drink will reduce that burden. As a country that faces serious challenges in meeting the health needs of its population, we need to think very seriously about supporting the sorts of policies that will make some difference in reducing alcohol consumption if we are serious about improving the nation's health."

[http://www.alac.org.nz/MediaRelease\\_2009051501.aspx](http://www.alac.org.nz/MediaRelease_2009051501.aspx)

# Mental Health and Addictions News

The broadened interest by Government is in line with research (Te Rau Hinengaro: The New Zealand Mental Health Survey, 2006, Ministry of Health) which shows that about 47% of New Zealanders will experience a mental illness and/or an addiction at some time in their lives, with one in five people affected within one year.

[www.moh.govt.nz/mentalhealth](http://www.moh.govt.nz/mentalhealth)

## Health Practitioners Competence Assurance Act

The Director-General of Health has provided his report on the review of the Health Practitioners Competence Assurance Act 2003 to the Minister of Health. The Minister tabled the report in Parliament on 3 June 2009. Overall the review finds that the Act has been received well by the sector and is operating as Parliament intended. The review does, however, identify some areas where the Act requires minor improvement and recommended 18 minor legislative changes.

The Director-General's remaining recommendations highlight areas where responsible authorities, the Ministry and DHBs can work together to improve their operation. These recommendations do not require amendment to the Act.

[www.moh.govt.nz/hpca](http://www.moh.govt.nz/hpca)

## Good news for Addiction Workforce Practitioners

Of the 18 minor legislative changes recommended by Director-General, one is particularly significant to the addictions sector workforce. Recommendation 11 states *"that the restricted activity concerning psychosocial interventions be revoked by Order in Council."* The lifting of this restriction removes the need for Addiction practitioners to be supervised by registered health practitioners.

The Executive Director of DAPAANZ, Ian MacEwan applauded this move, stating that after three years of sector advocacy and hard work it was "good to see it gone". DAPAANZ acknowledged the support of the Ministry of Health in seeing that this specific restriction was reviewed. Matua Raki, NAC and NCAT were all key bodies that advocated with the Ministry concerning the unintentional effect that the clause had on the Addictions Sector workforce. Our thanks to all involved.

## New Nationwide Service Specifications in place for July 2009

This project began in May 2007. The aim of the project has been to review revise and update the service specifications

for mental health and addiction services to ensure that specifications reflect the services that are needed.

**Phase One:** Adult Mental Health, Infant Child Adolescent and Youth, Consumer Led Services, Eating Disorders. This development work is completed and signed off. It is expected that these specifications will be available for use from 1 July 2009.

**Phase Two:** Kaupapa Māori, Addictions, Family Whanau, Pacific. These specifications have been subjected to wide sector feedback. A panel has met and recommended their adoption. The amended drafts will be presented to a group within Ministry of Health, DHB and DHBNZ representatives, in August, as part of the sign off processes.

**Phase Three** starts in June 2009 and includes service specification development for Maternal Mental Health, Asian and Refugee, Forensics, Older People. This work is expected to take up to six months. The first face to face meeting is on 24 June 2009.

[www.midlandmentalhealthnetwork.co.nz](http://www.midlandmentalhealthnetwork.co.nz)

## 2008 Illicit Drug Monitoring System (IDMS) report

This report includes new questions on diverted pharmaceutical drugs, new questions on mental health and youth developmental problems, more detailed questions on drug related harm, a question on the reasons for using drugs, detailed questions on economic aspects of drug use, an extended section on drug use and driving, and a more detailed section on opioids. There are also important findings in regard to methamphetamine and ecstasy trends, data on mental health, drug treatment and youth developmental factors.

[http://www.shore.ac.nz/projects/idms\\_study.htm](http://www.shore.ac.nz/projects/idms_study.htm)

## Community Action on Alcohol Fund (CAAF)

ALAC is pleased to announce the introduction of its new Community Action on Alcohol Fund (CAAF)

### Impact of the Fund on existing funding streams

The CAAF will replace existing ALAC community grants – namely:

- Youth Access To Alcohol (YATA) Grants
- Strengthening Community Access to Alcohol Grant Funding
- Te Putea Hapori Community Grants

Application Form and Information from:

<http://www.alac.co.nz/ScholarshipsAndGrants.aspx>

Summary Application Closing Date for Round One of the Fund must be received by ALAC by the 30 June 2009. For further information contact: Brian Hayward, Community Action Co-ordinator. Phone (04) 917 0708 Mobile 021 530 239

## Diary Notes

### Leadership Day

2 July, 2009, 9.00am – 3.30pm

Jubilee Building, 545 Parnell Road, Parnell, Auckland

### Thinking Drinking 3: Action for Change

Wednesday 5 – Friday 7, August, 2009, Brisbane, Queensland, Australia

<http://www.adf.org.au/browse.asp?ContainerID=thinkingdrinkin3>

### Hoodie Day

12 August, 2009

In 2009, Hoodie Day will be held on the United Nation's International Youth Day New Zealand Aotearoa Adolescent Health and Development

[www.youthweek.co.nz](http://www.youthweek.co.nz)

### Research and Values: The underpinnings of public health practice

1– 4 September, 2009, Dunedin/Otepoti

[www.pha.org.nz](http://www.pha.org.nz)

### 2009 National Cannabis Conference

7 – 8 September, 2009, Powerhouse Museum, Ultimo, Sydney, Australia

[www.ncpic.org.au](http://www.ncpic.org.au)

### Cutting Edge 2009: Our Place, Our Future

9 – 12 September, 2009, Te Papa Tongarewa, Wellington

This year, DAPAANZ (Drug and Alcohol Practitioners' Association) is the organiser.

[www.cmsl.co.nz](http://www.cmsl.co.nz)

### Australian Therapeutic Communities Association Conference

14 – 16 September, 2009, Association Rydges Hotel, Capital Hill, Canberra, Australia

Australian Therapeutic Communities

[www.atca.com.au](http://www.atca.com.au)

### Healing Our Spirit Worldwide (HOSW) The Sixth Gathering

3 – 10 September, 2010. Honolulu, Hawaii, USA

[www.hosw.co.nz/HOSW2010Aotearoa.html](http://www.hosw.co.nz/HOSW2010Aotearoa.html)

## Useful links and websites

### Mental Health and Addiction: A new way of networking for Support Workers

[www.supportworkers.ning.com](http://www.supportworkers.ning.com)

One of the world's first online networking sites for mental health and addiction support workers has been launched in New Zealand.

The Aotearoa Mental Health and Addiction Support Workers 'ning' has been set up by Platform in collaboration with Te Pou, Careerforce and Te Rau Matatini and was launched at the National Support Worker's Summit held in Wellington.



### Addiction Treatment Research Monograph

The monograph from the 2008 Cutting Edge Conference is now available on the ATRIG page of the NAC website: [www.chmeds.ac.nz/departments/psychmed/treatment/pdfs/monograph2008.pdf](http://www.chmeds.ac.nz/departments/psychmed/treatment/pdfs/monograph2008.pdf)

