



Reflections on the Evolution of the Addiction Treatment Sector

Cate Kearney

The Connections Editor asked that I write about the changes I had seen in the addictions sector over the past fourteen years. Always happy to help, I agreed. However, the reflections offered by George De Leon in a pre Cutting Edge hui, eloquently described addiction treatment changes that have been global. De Leon, at 79, is one of the kaumatua of the addictions treatment sector and a proponent of the therapeutic community model. I offer his thoughts on the development of addictions treatment.

The evolution of the addiction treatment field

De Leon described the origins of the addiction treatment sector as the organic growth of self help approaches such as Alcoholics Anonymous and therapeutic communities (TCs) met with the amalgam of medical and psychosocial models.

Power dynamics changed from those traditionally seen in mental illness treatment. TCs and AA saw power shift from traditional staff who were specialists, to clients who became empowered consumer specialists. Good evidence supported this approach.

As things evolved, a broader approach emerged than just focusing on the illness or the problem. Due to this broadening of approach, there evolved an unusual aggregate of service providers: housing, education, budgeting etc.

The result was that different professional groups drove the evolution of services and in particular a humanistic approach emerged beside an addiction treatment approach which was grounded in medical and mental health disciplines. Thus a net pollination including medical, (ctd page 2)



George De Leon

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Editorial

Its All About Change

Spring, a season for change and growth. Things in our world and our lives will always change, if they do not it is likely they have become stagnant, so, change is a good thing.

After many years of having the Cutting Edge organized by the National Addiction Centre, this year it was organized by DAPAANZ (www.dapaanz.org.nz). It was different. It seemed uncluttered and easy to navigate with fewer concurrent sessions. There was work to do with Sir Geoffrey Palmer and the Law Commissions report Alcohol in Our Lives; challenges by Moana Jackson for researchers; stigma issues and evolving treatment from the other key note speakers, Steven Onken and George de Leon; and much more from the other presenters. Another delightful change was the live music during the breaks, provided by the Ed Zuccollo Trio and George de Leon playing the saxophone. The power points are now available on the Matua Raki web site (www.matuaraki.org.nz/).

Matua Raki has also been changing and we take a look at who is settling into the various new roles and projects there (www.matuaraki.org.nz).

Alcohol in Our Lives: A Summary of the Law Commission's Issues Paper on the Reform of New Zealand's Liquor Laws, is another indication for change. There are various places you can get advice and assistance to put a submission together (www.talklaw.co.nz/liquor and www.alcoholaction.co.nz). Have a say.

Char Macpherson
Editor

ADANZ Changes

After almost six years with ADANZ, Cate Kearney, CEO, leaves to take up another position. Cate says she is privileged to have worked with the ADANZ team and the ADANZ Board. ADANZ has demonstrated its uniqueness in the way it bridges public health and treatment services, from its role in advocating for addiction policy and treatment, the Alcohol Drug Helpline with its range of services, and to the Consumer Services Team where emerging leaders work alongside service users and service providers. ADANZ is an innovative service that is committed to making a positive difference for tangata whaiora with addiction issues.

Cate moves on to take up a position as Service Manager, CDHB Mental Health Services. The ADANZ Board has started the CEO recruitment process and will keep the sector informed of its progress.

The Evolution of the Addiction Treatment Sector (ctd)

mental health, social services and self help occurred. Goals of treatment became both social service and addiction treatment goals. Harm reduction was also added.

De Leon stated that the above was very helpful but some unfortunate consequences occurred: there was a "great waste in evolutionary development" and the lack of governance of the system resulted in a fragmented approach to addiction treatment.

De Leon offered the following insights in building an integrated system:

- Treatment and social services organized around recovery principles.
- A process of timing required: treatment intensity followed by social service requirements (all recovery focused).
- Change the system rather than the treatments.

Concepts guiding system change

1. Standardised assessment.
2. Integrated system grounded in an understanding of disorder, recovery and client readiness.
3. Timing. Adding in services at the right time for the client is important and will lead to better outcomes.

De Leon further noted that clients must be involved in some kind of treatment for a period of time to receive a threshold dose. "threshold = durability". He made the analogy that a doctor treating a cancer patient would not give a patient five treatments when they needed 20 treatments.

Our thanks to George de Leon for his contributions to sector, to the recent conference, and for reviewing this article.

Family history and the severity of mental illnesses

People are routinely asked by doctors about their family history of medical problems such as cancer, diabetes, and heart disease. But up until now this has not been the case for mental illnesses.

New findings by an international group including University of Otago researchers make a strong case for changing current practice. They report that a short question-and-answer session about a person's relatives and their symptoms of depression, anxiety, or substance abuse is enough to predict not only whether the interviewee is at greater risk for developing each disorder, but also how severe that future illness is likely to be.

The findings come from the Dunedin Multidisciplinary Health and Development Study, which has followed 1000 people born at Queen Mary Hospital in Dunedin in 1972-73 from birth through to age 32. The researchers have been tracking the physical and mental health and lifestyles of study members since they were three years old.

"We already knew that mental illnesses tend to run in families, and are among the most heritable of all disorders," says Professor Richie Poulton, Director of the Dunedin Study and one of the research authors, "what we didn't know was how closely family history was linked to the seriousness of mental illnesses, and that's what this study has helped us find out."

Family history could therefore be used to identify those in need of early intervention or more aggressive treatment for mental illnesses. For various reasons, however, family histories have not been used in the diagnosis of mental illnesses before now. Professor Terrie Moffitt of the Duke Institute for Genome Sciences and Policy, a co-author of the research, says that health professionals have tended to avoid questioning people about their family history of mental illnesses because of the stigma attached to them.

"There's a sense that families are not as open about mental disorders," Professor Moffitt says. A second reason is that the "bible" of psychiatry, the Diagnostic and Statistical Manual of Mental Disorders (DSM), makes no mention of family health history.

Professor Moffitt and other experts are currently in the process of revising the current version of the DSM, so future editions may well include family health history as an important part of screening for mental illnesses.

Funding for the study came from the New Zealand Health Research Council, US National Institutes of Mental Health, UK Medical Research Council, and the William T Grant Foundation (USA). Coauthors on the study include Barry Milne, Terrie Moffitt, Avshalom Caspi, HonaLee Harrington, and Michael Rutter. The report appears in the July issue of Archives of General Psychiatry. University of Otago Press Release, 07 July, 2009



Comment

The report was noted by Dr Fraser Todd from the National Addiction Centre, as a salient lesson in the importance of family history of mental illness and substance use.

However, it is incorrect to say that "family histories have not been used in the diagnosis of mental illnesses before now". A family history of mental illness and addiction has been an integral part of all comprehensive mental health and addiction assessments for quite some time, is frequently used to inform the making of diagnoses especially in those with the more strongly heritable disorders such as bipolar disorder and addiction, and has been widely taught as such for the last decade at least. It is especially important in the area of Co-existing Problems and was an important part of the comprehensive assessment outlined in The Assessment and Management of People with Co-Existing Substance Use and Mental Health Disorders resource manual (November 1999)¹.

What is interesting is that it appears that the density of mental health and addiction problems in the family predict severity of illness. Clinicians have sensed that but up until now there has been no or very little clear evidence on it, so this research is very helpful.

1. Todd F C, Sellman JD, Robertson PJ. The Assessment And Management Of People With Co-Existing Substance Use And Mental Health Disorders. A commissioned paper for the Alcohol Advisory Council of New Zealand, the Ministry of health, New Zealand and the Mental Health Commission, November 1998.

Matua Raki Changes

Significant changes have taken place in Matua Raki over the last year, leaving the organisation well placed to continue its work supporting and developing the addiction-related workforces.

Matua Raki is the National Addiction Workforce Development Centre, funded by the Ministry of Health and located within Te Rau Matatini (the National Māori Workforce Development Programme) in Wellington. Matua Raki works to develop the addiction treatment and related workforces to support consumers/tangata whaiora and their families and whānau to reduce addiction-related harm.

2009 has brought many changes and challenges. The Director, Raine Berry, started in August, and 10 new staff have been recruited this year, including project managers for the Working with Justice Clients and Pacific projects, and project leaders for the Training & Development and Research & Evaluation projects. Terry Huriwai is now Senior Advisor, and Rhonda Robertson remains as Consumer Project Leader. Interim Director Ian MacEwan has returned to his position heading DAPAANZ, and Programme Manager Hinerangi Bidois has returned to Rotorua where she is doing contract work.

Raine is well-known to the AOD sector, having worked in many positions within addiction, including nurse, therapist and counsellor, lecturer at the National Addiction Centre,

The Matua Raki team, clockwise from top left, Rawiri McKinney, Guy Burns, Kerry Fote, Katherine Hartle, Mahinarangi Maika, Adrienne Fruean, Rhonda Robertson, Ana Mules, Tangihaere Walker, Lealofi Sio, Shani Naylor. Centre: Raine Berry and Terry Huriwai.



and National Programme Manager of WelTec's Counselling and Alcohol and Drug Studies Programmes. Most recently she worked part-time for Nelson Marlborough Health as Rural Addictions Counsellor, and did contract project work, mainly in the opioid substitution treatment area.

The Matua Raki Advisory Group (MRAG) has been established to inform and support Matua Raki in achieving its work programme. Matua Raki continues to work collaboratively with the National Addiction Centre, where it was formerly hosted.

Earlier this year, Matua Raki published He Tété Kura - Māori Addiction Treatment 1980-2008, which reviews the growth of the Māori addiction treatment sector and examines the lessons for a new generation of workers and leaders.

Matua Raki's new website is now up and running. It can be found at: www.matuaraki.org.nz. The website aims to be a resource for the addiction sector, and information is regularly being updated.

Other Matua Raki projects can be found on the website.

Copies of He Tété Kura and A Question of Visibility are available from the Matua Raki office.



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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News from the Alcohol Drug Helpline

Established in 1995, the Alcohol Drug Helpline **0800 787 797** has continued to meet the needs of the increasing number of people who call every day because their lives are impacted in one way or another by alcohol and other drugs.

Dedicated Māori and Pasifika lines

Recently there have been two new dedicated lines opened, the Māori line **0800 787 798** and Pasifika line **0800 787 799**. There are two new counsellors on the Māori line and one on the Pasifika line. The counsellors provide confidential information, insight and support. They also offer a continuing care call-back service, aiming to increase engagement, support and motivation to change people's alcohol and other drug use.



The 2009 Alcohol Drug Helpline team

Workforce development

Over the last six months the Helpline has developed a dedicated competency framework for the Helpline brief intervention counsellors. The competencies are aligned with relevant national sector competencies such as Let's Get Real, AOD Practitioner Competencies, New Zealand Recovery Competencies such as the Takarangi Competency Framework and Seitapu.

Call-Back Pilot

The Call-back pilot that was started in February this year is being evaluated using a case file study and interviews of callers using a standardised questionnaire. Results will be available in October 2009. To date there have been 250 callers who have been involved in the pilot where a client is called at a prearranged time by a Helpliner Brief Intervention Counsellor on an agreed frequency. The aim is to deliver a series of brief interventions that maintain and support a client's decision to address their harmful use by themselves or help to develop and sustain their motivation whilst waiting for specialist AOD treatment.

Let's get real and Te Pae Kaiāwhā

Te Pou is New Zealand's National Centre of Mental Health Research, Information and Workforce Development. Its key objectives are to build a strong and enduring workforce to deliver mental health and addiction services to all people; and to develop a culture of continuous quality improvement in which information and knowledge is welcomed and used to enhance recovery and service development. Te Pou, on behalf of the Ministry of Health, has recently released two key pieces of work that meet these workforce and service development objectives; resources to support the implementation of the Let's get real framework within mental health and addiction services and a website dedicated to supporting mental health and addiction services in primary care.

Let's get real

Let's get real is a framework describing the knowledge, skills and attitudes required by everyone working in mental health and addiction services. Let's get real was launched by the Ministry of Health (MOH) in September 2008. A short DVD which provides an overview of the Let's get real framework can be viewed at www.tepou.co.nz.

The framework has seven Real Skills:

1. Working with service users
2. Working with Māori
3. Working with families/whānau
4. Working within communities
5. Challenging stigma and discrimination
6. Law, policy and practice
7. Professional and personal development

Alignment with professional competencies and the National Service Framework

Let's get real creates common language and shared understandings about what it means to work well in mental health and addiction services. It does not replace other specialty area or individual health professional competency frameworks. You will be aware that the practitioner competencies for alcohol and drug workers in Aotearoa – New Zealand, developed in 2001, are currently being reviewed by Matua Raki. This provides an opportunity for these to be aligned to Let's get real.

Let's get real assists services to meet the requirements of the Ministry of Health National Service Framework (NSF). Service specifications from this are an essential component of the contracting process that specify the types of contracted services. Tier One service specification, a mandatory document, includes an objective for developing the workforce and Let's get real assists services to meet this.

Implementation is focused on bringing the Real Skills and their associated values and attitudes into organisational systems, processes and training.

Te Pou is supporting the implementation of the seven Real Skills and has developed a number of resources known as the Let's get real enablers to facilitate this. The enablers are all now available for download at www.tepou.co.nz. CDs containing all the enablers can also be ordered through the website, if this is more convenient for your organisation.

The enablers include a:

- Let's get real Overview – an introduction for everyone



- Guide for Managers and Leaders - guidance on utilising the Let's get real enablers within an organisation
- Team Planning Tool – a guide to including Let's get real in service planning
- Human Resources Tool – a guide to integrating Let's get real into human resource processes
- Learning modules – self directed learning modules for each of the seven Real Skills and the values and attitudes
- Education Tool - for education and training providers.

For further information, go to www.tepou.co.nz, email letsgetreal@tepou.co.nz or phone 09 373 2125.

Primary mental health website

Te Pou is pleased to announce Te Pae Kaiāwhā - First steps to wellbeing, a new website dedicated to supporting mental health and addiction services in primary care. Te Pou has developed the site www.primarymentalhealth.co.nz on behalf of the Ministry of Health as a result of feedback from the primary mental health and addiction sector.

Responding to mental health and addiction issues has long been a core part of the work of primary care teams. In fact,

research shows that over a third of all GP visits in New Zealand have a mental health or addiction component. In recognition of this, the Ministry of Health is now providing specific funding to all primary health organisations (PHOs) in New Zealand to deliver services to those people in their population with mild to moderate mental health and addiction issues.

The workforce delivering these services is continuing to grow and diversify thus creating workforce development opportunities and challenges. Te Pae Kaiāwhā is a tool to support this workforce and enhance the quality of mental health and addiction services being delivered. A database of mental health and addiction related activity occurring in PHOs nationally can be accessed and added to via the site. Profiles of promising practice occurring throughout the country are also featured. The site creates opportunities to learn, share information and connect with others in the sector.

Over the coming months Te Pou will seek your input as to how we may enhance the content and functionality of the website and welcome your feedback.

Emma Wood
National Workforce Manager



Training

Update on current best practice workshops

Invercargill, 1 October

Christchurch, 2 October

Wanganui, 8 October

Porirua, 9 October

Rotorua, 5 November

Auckland, 6 November

The one-day workshops, supported by the Ministry of Health, are an update on current best practice approaches and are not intended to provide comprehensive training in co-existing disorders. The day will be of most relevance for services and practitioners who want to be better prepared to work with clients with multiple complex needs, especially those who have addiction and mental health issues, and will include issues related to offending.

Presenters:

- Dr Fraser Todd
- Mr Paraire Huata
- Ms Claire Aitken
- Dr Simon Adamson
- A bound course handbook is provided to all participants
- Registration is FREE
- DAPAANZ members are eligible for 15 continuing education programme (CEP) points
- Morning/afternoon tea and lunch is provided
- Each training day will run from 9am to 4:30pm.

The workshops are not part of the launch of the upcoming Clinical Practice Guidelines for working with Co-existing Substance Use and Mental Health Problems (unpublished at present). The Clinical Guidelines are due to be launched, along with the Service Delivery Guidelines, by the Ministry of Health early next year (2010) and will form the foundation of a comprehensive sector approach to training in this area. There will be an update on the progress of the proposed Coexisting training at each of the sessions.

For more information, contact Project Manager Tangihaere Walker: tangihaere.walker@matuaraki.org.nz, or phone 04 4999 340, 027 4822 880.

Or Project Coordinator Adrienne Fruean:

adrienne.fruean@matuaraki.org.nz, or phone 04 4999 340, 027 4822 881.

'Supporting People, Supporting Change' September and October Workshops

Te Pou will be working in each region to support services to implement the Let's get real framework. Workshops for Non Government Organisations (NGOs) to explore how they can integrate the Let's get real framework in their organisation and how the enablers may support them to do this.

The dates of these workshops are:

Invercargill - Thursday, 1 October

Christchurch - Friday, 2 October

Whangarei - Thursday, 22 October.

Te Taketake-Level 6 Diploma in Applied Addictions Counselling in 2010.

Moana House Training Institute Dunedin

The course is of 2 years duration. The dates for 2010 are March 11, 12, 13; April 8, 9, 10; May 6, 7, 8; June 10, 11, 12; August 5, 6, 7; September 2, 3, 4; November 4, 5, 6. Each years training is worth 100 DAPAANZ points.

Pacific Training Programme for 2010: Jan 20, 21, 22 and March 1, 2. This course is for a full 5 days and is worth 40 DAPAANZ points on completion of whole course and the passing of course competencies. Closing date for both is November 30th, 2009. For more information and enrolment forms go to www.moanahouse.org.nz or contact Claire Aitken: claire@moanahouse.org.nz

Diary Notes

Australian Drugs Conference

1 - 2 October 2009. Melbourne, Australia
www.australiandrugsconference.org.au

Alcohol Interlock Symposium

25 - 28 October 2009. Melbourne, Australia
www.interlocksymposium.com

APSAD Australasian Professional Society on Alcohol and other Drugs 2009 Conference

1 - 4 November, 2009. Darwin, Northern Territory, Australia
www.apsadconference.com.au/registration/

Evolving Communities Beyond Services: The Building Bridges Trust 5th conference

14 - 16 April, 2010. Wellington