



## EDITORIAL:

Ballot boxes are now closed and another chapter in the life of community representation in Health has begun. The turn out for these elections to Local and Regional Council and District Health Boards were the poorest in a decade. I don't know why and neither does anyone else from all reports to date.

Interesting when people espouse the ideology of community consultation and representation at local level as the way forward. The community by its non-voting could be interpreted as either we are not interested or what is the point as the same or high profile people will be elected. We hope that this is not the case and we need to be proactive about this important area and seek to develop positive and effective relationships with DHB members and their committees.

At any rate congratulations to all those who put their names forward and for those elected. Given the financial constraints on each DHB we in the alcohol and drug sector are only to aware that your task is not easy especially with a deficit before you start. We hope that as District Board members you will remain faithful to the directive of the Minister of Health and that of the directives in the National Health Strategy, of collaborating and consulting with the various sectors, cultures and your local community.

These times ahead are challenging for us all and with funding being stretched we need to keep open to other ways of working with each other and our services. This call to partnerships is essential if we are to continue to offer professional and well-supervised services. The DHB's need to remember that cost cutting must never be in the area of essential services nor to run down

effective and well managed services. The Health Sector has already been restructured too many times and this recent restructure has seen services threatened while bureaucracy increases and administration and management costs soar. The not-for profit sector will be asked to trim its costs while mainstream services may be run down or continue under other auspices e.g. alcohol and drug workers and service acting as Mental Health generalist workers/services.

This time is critical for alcohol and drug which is already the "cinderella" of the Health system. However, alcohol as a billion-dollar industry alone has its toll and effects hidden from the public eye and drugs well, we don't want to profile those too much.

The Ministry of Health Thirteen Health Priority Toolkits, which will be guides for the DHB's, are telling in their influence. If one takes the time to look at the 'alcohol and drug' toolkit's preface you will be surprised that as the sixth health priority it also has a direct impact on seven of the other twelve health priorities.

However, I confess that it amazes me as to how such an important area of health can be relegated to such insignificance. I pray that the stories and impact and extent of other drugs as witnessed by our neighbour Australia never darken our shores. If they do we will get the biggest wake up call as a nation we have ever had...so, let us as communities and DHB's and government respond to these issues and concerns in a real and concerted way to ensure our nation has appropriate supports and information.

**Paul Traynor**



# STAFF UPDATE

## WELCOME

### New Consumer Advisor - Lynn Iti

Kia Ora, and Hi to everyone from your A & D consumer advisor. I'm Lynn Iti and I'm pleased to be working alongside Heather Hapeta who is patiently teaching me the ropes. I am back in the work force after a long break. Whilst raising my four children I have been involved with the Christchurch Consumer Group for the last eight months. Naturally as I have been employed as a consumer advisor I have a history of consumer use. I am looking forward to meeting you all.

**You can contact me on (03) 379 4640 or my email address [Lynn@adanz.org.nz](mailto:Lynn@adanz.org.nz)**



## FROM THE CONSUMER ADVISORS DESK

Firstly I want to say a big and warm welcome to Lynn Iti the new consumer advisor working alongside me. Lynn's role will see her looking after the Nelson/Marlborough DHB area also methadone consumer groups, as well as the many other areas that we will share.

Recently I undertook a brief (non-robust) survey of consumers who work in the A & D field. The reason for this was to see if their experiences, knowledge and perspective were different to consumers who don't work in the field.

The participants were self selected and the form was posted to a few agencies, passed around at LOAD meetings and passed on by consumers and workers.

Areas I asked for information about was in the area of role strain, stigma, agency attitudes, and if the respondent's consumer status was an advantage.

Although there were some limitations to the survey e.g. some answers were both yes and no; some received an incomplete survey and the sample was small the answers were interesting.

A brief overview of the statistics from the results

- 19 respondents
- A & D Worker 5 years
- Recovery 9.8 years
- Qualifications range nil to MSc, MA, RN and A & D diploma (50% gained qualifications after recovery)
- Positions ranged across Manger, Counsellors Consumer Advisor, nurse etc

### Comments of interest to agencies include.

- Agencies fear relapse and negative input on the agency: threatened by my abstinence vs. service stance of harm reduction
- Consumer status used against me...all the issues I bring up are laid at the door of my consumer status and therefore dismissed
- I feel isolated because of heavy drinking in the A&D field
- I feel isolated because I now social drink...drinking is a sin in abstinence based services.

### Consumer groups...

- Most agencies have no consumer advisor or consumer groups.
- 60% said their consumer views were sought by agency. (Not a formal process.)
- Consumer groups needed? Mixed reaction with some saying the staff can speak for consumers and others saying staff can easily be silenced. Consumer advisors were seen as more beneficial than groups
- Role strain (tension between being a consumer and on staff) was experienced by 45% of respondents; others spoke of good personal supports & work supervision.

### Is there a stigma against consumers in your agency? No = 9 Yes = 6

- Would you use your service or recommend it to friends and family? 5% said no.

If you would like to know more about this brief survey please call me and I will bring the full results with me on my next trip to the various areas.

### Heather Hapeta



## DHB UPDATE

Thank you to all of you who completed the Alcohol & Drug Sector Survey we recently sent out. The results did not come as a complete surprise, as we expected most people knew very little about District Health Boards. As it turned out, only 3% of respondents felt they had enough personal knowledge about the form and function of their DHB to be able to educate others. In order to improve this information void, and to help the sector digest the extraordinarily complex changes that have taken place, here are the main points to know about District Health Boards.

Portions of the following have been reproduced from the Ministry of Health website [www.moh.govt.nz](http://www.moh.govt.nz).

District Health Boards are responsible for providing or buying Government funded health care services for the population of a specific geographical area. There are 21 DHBs in New Zealand and they have existed since 1 January 2001.

The statutory objectives of DHBs are to improve, promote and protect the health of communities; to promote the integration of health services, especially primary and secondary care services, and to promote effective care or support of those in need of personal health services or disability support.

DHBs also have the objectives of promoting the inclusion and participation in society and independence of people with disabilities; reducing health disparities by improving health outcomes for Maori and other population groups, and to reduce toward elimination, health outcome disparities between various population groups.

DHBs are expected to show a sense of social responsibility, to foster community participation in health improvement, and to uphold the ethical and quality standards commonly expected of providers of services and public sector organisations.

The DHB is required to determine the health and disability needs of its population, as set out in legislation and accountability documents. One of the questions in the survey asked how DHBs access information about the health needs of the population that they serve. There are a variety of sources available, including central agencies (Ministry of Health, Statistics New Zealand, ACC, New Zealand Health Information Services etc) and contracts with research organisations, such as the various schools of medicine. The Ministry of Health has produced guideline documents to assist DHBs with this process, and in the majority of cases, Shared Service Agencies have been formed to assist with this process.

The South Island Shared Services Agency (SISSAL) is a Crown Entity, established by the six District Health Boards in the South Island. It provides support, information, analysis and advice to the DHBs at both regional (South Island) and district levels, including needs assessment, health planning and contracting functions as required by the DHBs.

From 10 December 2001, the newly elected board members will assume their role. Following is the provisional results of the DHB elections. The Minister of Health Annette King will appoint a further 4 members to each board to ensure the right balance of skills, experience and cultural background for each board. The Minister will also appoint the chairperson and deputy chairperson from within the total membership of the board.

### Nelson Marlborough

Liz Richards  
Lois McTaggart  
Christine Tuffnell  
John Moore  
Sharon Brinsdon\*  
John Inder  
Colin Murray

### Canterbury

Randall Allardyce  
Erin Baker  
David Morrell  
Philip Bagshaw\*  
Alison Wilkie\*  
Robin Booth  
Olive Webb\*

### Otago

Malcolm Mcpherson  
Peter Snow\*  
Judith Medlicott  
Peter Barron  
Barbara Earl  
Mary Gamble  
Patricia Taylor

### West Coast

Malcolm Stuart  
David Tranter  
Julie Kilkelly  
Mohammed Shahadat  
Robyne Bryant  
John Vaile  
Marguerite Moore

### South Canterbury

Neil Anderson  
Ron Luxton  
Michael Mair  
Zbigniew Jan Poplawski  
Terence Kennedy  
Olwen Norton  
Ian Moore\*

### Southland

Jeffrey Cunningham  
Jan Wilson  
Paul Menzies  
Neville Cook\*  
Lesley Soper\*  
Kenneth Hopgood  
Keith Kennedy\*

(\*Indicates re-elected member)

## Useful Contacts

### Nelson Marlborough DHB

CEO Glenys Baldick  
Planning Funding Manager  
Julie Rodgers  
[www.nmdhb.govt.nz](http://www.nmdhb.govt.nz)  
Phone: 03 546 1723

### West Coast DHB

CEO Sue Belsham  
GM Planning and Funding  
Graham Savage  
[www.westcoastdhd.govt.nz](http://www.westcoastdhd.govt.nz)  
Phone: 03 768 0499

### Canterbury DHB

CEO Jean O'Callaghan  
Planning and Funding Manager  
Karlene Edwards  
[www.cdhd.govt.nz](http://www.cdhd.govt.nz)  
Phone: 03 364 0460

### South Canterbury DHB

CEO Craig Climo  
Funding Manager  
Margaret Hill  
[www.scdhd.co.nz](http://www.scdhd.co.nz)  
Phone: 03 684 4000

### Otago DHB

CEO Dr Bill Adam CEO  
Community Consultation Officer  
Paul Martin  
[www.otagodhd.govt.nz](http://www.otagodhd.govt.nz)  
Phone: 03 474 0999

### Southland DHB

Mary Bonner  
Project Officer  
Lisa Christian  
[www.southlandhealth.co.nz](http://www.southlandhealth.co.nz)  
Phone: 03 214 7224

### South Island Shared Services Agency (SISSAL)

PO Box 3877  
Christchurch  
Phone: 03 372 1000  
Fax: 03 372 1015

**General Manager:**  
**Manager Mental Health:**  
**Provider Services Managers:**

Philip Pigou  
Wayne Turp  
Paul Rout  
Lucy Sandford-Reed  
Cazna Luke

### District Health Boards New Zealand (DHBNZ)

PO Box 5535  
Wellington  
Phone: 04 473 5359  
Fax: 04 473 1567  
CEO: Dr Bruce Gollop

## DHB UPDATE

### Who is DHBNZ?

District Health Boards New Zealand (DHBNZ) represents all 21 District Health Boards in New Zealand. The organisation has been established to:

- provide a forum and structure to represent their interests of DHBs
- enable DHBs to take actions that are consistent with sector's collective interests, and with the need to build sector capacity and capability
- bring a front line operational perspective to the development of sector policy
- create a forum in which DHBs can develop a coherent and considered strategic view on key policy and operational issues impacting on the health sector

and provide a shared capacity that can:

- develop national frameworks for pricing, contracting, service development and specifications
- operationalise strategies through the application of project management capacity and disciplines, and facilitate the sharing of project resources across DHB's
- identify and promote best practice- this will include initiatives and strategies in health improvement, clinical development, organizational development and workforce strategies
- undertake applied analysis to inform strategies for workforce planning and development, and sector employee relations and agreements
- coordinate DHB operational activity related to planning and funding national services

So, now you know.

### Documents to have in your bookcase:

The following is a list of publications, discussion documents, strategies etc, that are relevant and of use to anyone working in the sector today. Yes, there are a few, and some may not be of particular relevance to your service, but every organisation should at least have one complete set, available for all to read if interested. Most are available from the Ministry of Health, [www.moh.govt.nz](http://www.moh.govt.nz), or otherwise stated.

In no particular order:

- National Drug Policy, Ministry of Health (MOH) 1998
- Looking Forward: Strategic Directions for Mental Health Services, MOH, 1994

- Moving Forward: The National Mental Health Plan for More and Better Services, MOH, 1997
- National Alcohol Strategy, ALAC and MOH, 2001
- A National Strategic Framework for Alcohol and Drug Services, MOH, 2001
- Blueprint for Mental Health Services in New Zealand, Mental Health Commission (MHC), 1998
- National Mental Health Funding Plan 1998-2002, MOH, 1998
- He Nuku mo nga Taitamariki, a national workplan for child and youth mental health services, MOH, 2000
- Tuutahitia te wero: Meeting the challenges, Mental Health Workforce Development Plan 2000-2005, MOH 2000
- Maori Mental Health Strategy, Towards a National Maori Mental Health Strategy, draft discussion document, MOH, 2001
- Mental Health Promotion Strategy, Building on Strengths, A Springboard for Action, consultation document, MOH, 2001
- New Zealand Strategic and Action Plan for Public Health, Discussion Document for Consultation, MOH, 2001
- He Korowai Oranga, The Maori Health Strategy, due for release December 2001, MOH
- The Primary Health Care Strategy, MOH, 2001
- National Mental Health Sector Standard, NZS 8143:2001, MOH 2001
- The Health of Older People Strategy: Health Sector Action to 2010 to support positive aging-draft document. MOH 2001
- The New Zealand Health Strategy, MOH, 2000
- The New Zealand Disability Strategy, MOH, 2001
- Practitioner Competencies for Alcohol and Drug Workers in Aotearoa – New Zealand (ALAC)
- Drug Use in New Zealand, comparison surveys, 1990 & 1998 (Alcohol & Public Health Research Unit APHRU)
- Decade of Drinking, Auckland 1990-1999 (APHRU)
- Drugs in New Zealand, National Survey, 1998 (APHRU)
- New Zealand Drug Statistics, New Zealand Health Information Service 2001
- The Health and Disability Sector in New Zealand, A Directory, July 2001
- Recovery Competencies for New Zealand Mental Health Workers (Mental Health Commission)
- Protocol for Methadone Maintenance Treatment in New Zealand, draft document, MOH, 2001
- Priorities for Maori & Pacific Health: Evidence from Epidemiology, MOH, 2001

If you know of any others that should be on this list, please give ADA a call!

**Gill Redfern**  
ADA Policy Development  
Coordinator



**The Alcohol Helpline**  
**0800 787 797**

# SERVICE PROFILE

## DUNEDIN'S HOME-BASED DETOX SERVICE UPDATE

South of the 45<sup>th</sup> Parallel, Richmond Fellowship's Alcohol and Drug Detoxification Service has seen some significant changes to its Home Based Service since the launch in Sept 1998.

The initial pilot has now gone onto a National Contract, and the service was renamed from the original Social Detox title.

Last Christmas we relocated to the newly established Community House, a historic building, renovated to group together several community and volunteer organisations, such as Compulsive Gambling Society, Citizens Advice, Disability Information Service, Family Support, Budget Advice, Barnardos, etc. This relocation has proved to be most advantageous, with it being a very central location, and also put us in close proximity to other health care providers.

In July we moved from being a 5 day a week service, with a seven\day cover, to being a dedicated 7 days a week service. This enables us to pick up weekend referrals from such services as Accident and Emergency and the Emergency Pysch Services. We continue to foster closer working relationships with these services based on a Shared Cared model.

Our residential component of this service has been enhanced recently by the addition of The Ashburton Clinic facility (this is a private hospital) for those clients requiring brief residential care. This provides extra medical and nursing cover for the clients, assessed to requiring more supervision, than what can be provided in their own home.

For those Statisticians out there, we have been involved in a database design specific to detox. This has been a most interesting challenge. We now have statistical data on all referrals and outcomes for the last 3 years. There have been some interesting discoveries. Unfortunately, as yet have not found any comparable home-based service here in NZ to measure our performance outcomes against. We would welcome any information that could lead us to a match. So next time we update we will have some statistical information.

**Lorraine Watson and Brendon Malone**  
**Phone 03 471 6170**  
**PO Box 5846, Dunedin**

## WOMENS SERVICES UPDATE

### Circles of Change

Is a new regional service for women with children. It is an eight to twelve week residential service for women with children aged six months to twelve years. This service co-ordinates existing supported accommodation and alcohol and drug day programmes. Child care is provided through a range of options. The service consists of a planned process of referral, entry into residences, programme participation and reintegration into their own communities with plans for aftercare.

The key agencies delivering this service are: The Bridge and the Vincentian Centre. The contract is held by the Alcohol Drug Association (ADA). A big thanks also goes to the Christchurch City Mission who were involved in service development. Another big thanks to the Ministry of Health who fund this new venture.



Referrals can be made through accredited assessors.

**Enquiries can be directed to**  
**Cate Kearney,**  
**CADS, 364 4760.**

### The Bridge Addiction Service

Are extending their services for women. As well as Serenity Haven, a longer term residential programme for women, they will now offer a community based service to support chronic relapsing, dual-diagnosis women. This programme will involve home visits, community based groups and links to other community supports. **Contact The Bridge on 338 4436.**



### Day Programmes

The Vincentian Centre and Women's Recovery Service, Christchurch City Mission run day programmes for women.

### Women's Networking

Is a networking forum for women concerned with alcohol and drug matters. The meetings are bi-monthly (the month LOAD does not happen). Our next meeting is an end of year celebration. Please bring lunch to share.

**Date** Thursday, 8 November 2001  
**Time** 12 - 1.30 p.m.  
**Venue** Women's Recovery Service  
276 Hereford Street  
Christchurch

# ALCOHOL HELPLINE

This service continues to grow and develop and we appreciate the financial support, which comes in the form of funding from the Alcohol Advisory Council. We are also thankful for the great support we have received from Ian MacEwan ALAC's Treatment Services Manager. Ian along with Michael Bird (Producer) has directed another successful and innovative "Had Enough" campaign which continues to bring callers to the Helpline. The recent FAS/FAE campaign has also injected an increase in calls in the past month. The Helpline received 164 calls directly related to Fetal Alcohol Syndrome and/or Effects.

Resources sent out as part of the FAS campaign between 1 September and 13 October:

Drinking and your baby	4889
Baby or the bottle?	4610
FAS Info for health professionals & community	765
Alcohol and Pregnancy	376
The unseen effects of Alcohol on your baby	253
When you drink-so does your baby	240

## Call numbers Update:

Time frame	Total calls	Valid calls
January 1 to October 13 2000	7831	7045
January 1 to October 13 2001	9258	8605

## Of the total calls:

51.5%	Referred to A & D agencies and support groups
26.6%	Other
13.9%	Strategies for coping with another persons drinking/ or drug use
10.6%	Referred to non A & D help agencies or persons
8.9%	Effect of alcohol and drugs on health/behaviour
7.5%	Strategies for stopping drinking
4.5%	Strategies for cutting down
4.5%	Weekly drinking assessment
3.8%	Upper limits for responsible drinking

In previous issues of the ADA Connection we have advised on the desire to include other drugs. We have moved a step closer in this direction after a public statement by Associate Minister Hon. Tariana Turia MP stated the following at the National Alcohol and Drug Cutting Edge Conference in Napier last month.

"The extension of the ADA Alcohol Helpline to include other drugs is seen by the Association as a natural development. Resourcing of this expansion is currently being investigated." Our hope is that this will eventuate and be operational in the 2002 - 3 financial year.

**For further information, referral, advice and support phone the Helpline on 0800 787 797 10am to 10pm daily.**

## CONFERENCES AND INFORMATION UPDATE

### 5th Annual New Zealand - Australian Conference on Addictive Disorders

YOUTH - Drugs - Alcohol - Suicide

Focus on Prevention and Intervention

Date: 17-19 April 2002

Pre-conference Workshops: 15-16 April 2002

Place: Wellington, New Zealand

Venue: Wellington Convention Centre

Sponsored By: Little Flower Trust

### Where Does Prevention End and Treatment Begin?

Conference: 3 & 4 December 2001

Victorian Alcohol and Drug Association

VAADA is the peak body representing the Drug and Alcohol field in Victoria. This is the 14th annual conference hosted by VAADA for people working in the field.

### Registration of Interest:

Lindi Martin-Project Officer, VAADA

3 Alexandra Parade

COLLINGWOOD 3066

Phone: 9 416 0899

Fax: 9 416 0899

vaada@infoxchange.net.au

### Australian Naltrexone Buprenorphine Conference -

The finest science: the strongest social support.

### Venue:

Sydney Congress Hall,

140 Elizabeth Street,

Sydney on 7 and 8 November 2001.

Conference co-ordinator: Jann George

email: nalconf@yahoo.com.au

http://www.geocities.com/nalconf

Phone: (07) 3 844 4000 or (07) 3 878 6439

Fax: (07) 3 878 6352

### The MHS (The Mental Health Services) Annual Conference. Sydney 20 - 22 August 2002.

The conference will focus on three broad themes for mental health services. The mental health of individuals, populations and organisations.

For more details see [www.themhs.org](http://www.themhs.org) or email [enquiries@themhs.org](mailto:enquiries@themhs.org). **Submissions/abstracts close Friday 8th March.** Very few A&D topics were presented this 2001 conference in Wellington and believe this is a place the field needs to be seen and heard given the number of A&D consumers who have a dual diagnosis.

### Party Drugs Put Pressure on Customs (The Press 17 October 2001)

Police and customs are under pressure as demand surges for illegal party drugs such as speed and ecstasy. Customs seizures for amphetamine-type stimulants climbed to record highs last year according to the Customs Service annual report issued yesterday.

There is "the increasing threat of a significant drug market in amphetamine-type stimulants being established in New Zealand," the report says...Police have called for more powers to control methamphetamine - also known as speed. Widespread methamphetamine use was driving up violent crime rates, Police Association president Greg O'Connor said.

The Association wanted methamphetamine reclassified as Class A instead of Class B.

### 2002 Directory of Alcohol and Drug Treatment Services

A recent mail out requesting services to update their service and client information for the 2002 Directory has been completed. We are now awaiting returns. This is the first notification that after the 8th December 2001 no further changes for the 2002 Directory will be accepted. **The 2002 Directory can be purchased for the price of \$70 (this includes GST and Courier charges) on the 1st of February, 2002.** Like all things in today's market our costs continue to increase and we have tried to keep the cost increase of the 2002 Directory to a minimum.

It is planned that in mid to late 2002 that the Directory of services will be available on ADA's website.

The ADA CONNECTION is the official newsletter of the Alcohol Drug Association New Zealand.

Contributions including letters are welcomed. Submission does not guarantee publication. Contributors enjoy all reasonable liberty in the expression of their views. Views so expressed do not necessarily represent those of the ADA.

Articles from Connections can be reprinted as long as acknowledgment of the source is given.

All correspondence, inquiries, address changes and ADA membership subscriptions should be made to:

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