UPDATE

ADA'S PARENT DRUG EDUCATION PROGRAMME UPDATE

EAS Ltd has expanded our services to include health promotion. We are contracted to ADA to deliver Parent Drug Education Programmes to parents either through their schools, marae and other community settings in the Christchurch City region. We take this opportunity to introduce our facilitators who will deliver the programmes and an overview of the programme that has been developed and previously conducted by ADA. Evaluation of the programmes will be ongoing in order for us to provide reports to stakeholders about the effectiveness of the programmes and any adjustments we will make in our delivery.

Our facilitators are Faye Hawtin, Helen Clyde-Smith and Malcolm Pitman. We are all parents and both Faye and Malcolm are grandparents.

Faye (a Registered Comprehensive Nurse) has worked both as a Public Health Nurse and a Community Mental Health Nurse in the Northland area. Her responsibilities included promoting health to schools and health initiatives and establishing and facilitating caregiver support groups. She also owned and operated her own business that involved developing training packages and presenting seminars to the health, business and education sectors in Christchurch. Faye's motto is "Putting Value on Your Health".

Helen (a Registered Comprehensive Nurse) has worked in the Alcohol and Drug field for over 20 years. She has considerable experience in lecturing to a variety of audiences as well as facilitating small groups, both educational and therapeutic.

She was also a Christchurch Polytechnic Nursing faculty clinical tutor supervising student nurses' learning opportunities at Queen Mary Hospital. Helen is committed to promoting safe and healthy life-style choices.

Malcolm is Maori. He is experienced in the field of addiction with skills including: group facilitation, health promotion, motivational interviewing and alcohol and drug educational lectures. His commitment is to helping others combat and understand the full dynamics of addiction. Malcolm is motivated to health promotion by his understanding that education helps people explore the power within to make healthy life-style choices.

Health promotion is about learning how to make informed life-style decisions. The ADA Parent Drug Education Programme neither promotes nor condemns the use of alcohol and/or drugs. The programme is divided into three two-hour sessions that cover society beliefs about alcohol and drugs, adolescent development and communicating with young people, and information about the drugs available to young people, how parents/caregivers can tell if their child/adolescent is using drugs and where to go for help.

The EAS Team is excited about this opportunity to conduct and offer this programme!

Please contact Faye Hawtin by email fayehawtin@hotmail.com

THINK BEFORE YOU SUPPLY UNDER 18'S DRINK

The Christchurch Youth Party Network is going to be running a "Think Before You Supply Under 18's Drink" campaign from November 25 to December 15 2002. This campaign will consist of a citywide social marketing campaign and community action initiatives in the Hornby area.

The Youth Party Network consists of a number of groups and organisations working together to reduce alcohol related harm amongst young people living in the Canterbury region. This network was established in 2001 and seeks through campaigns, lobbying and support to achieve the above objective.

Motivation behind the Network comes from reports that people under the age of 18 years are drinking alcohol with increased frequency and increased quantity. The main sources of supply of alcohol as indicated by teenagers are parents and friends. Young people under the influence of alcohol are coming to the attention of the Police and justice system with increased frequency and young people themselves are reporting harm during/after a drinking session such as vomiting, memory loss and fighting.

Last year a campaign focusing on the message "Think before you supply under 18's drink" was piloted in Ashburton and Oamaru, with Balclutha as a control town for evaluation purposes. Surveys of 14-17 year olds both before and after the campaign show that there was a reduction in the levels of supply of alcohol to this age group for unsupervised drinking in both Ashburton and Oamaru. In comparison, the levels supplied appeared to have increased in Balclutha.

It is believed that harm is more likely to occur amongst the under 18-age group when drinking sessions are unsupervised. The campaign the Youth Party Network is planning to undertake aims to reduce the supply and/or quantities of alcohol provided from parents to people under the age of 18 for unsupervised drinking sessions. And to provide some practical information about other issues to think about if they are going to provide alcohol. For example, are you also providing non-alcoholic drinks? Food? Transport? And do you know where the drinking is going to occur and will it be supervised.

For more information contact:

Keryn Howard
Health Promoter
Crown Public Health
Christchurch

UPDATE

LAUNCH OF DRUGLINE 0800 787 797

The long awaited "inclusion of other drugs" on Alcohol Helpline is to be launched by Hon Annette King MP, Minister of Health, on Thursday, December 5, at 10am to 11am, at Parliament Buildings, in the Beehive Foyer.

This service will be known as the Alcohol Drug Helpline 0800 787 797 operating from 10am to 10pm daily.

Alcohol Drug Association New Zealand (ADA) Chief Executive, Paul Traynor said "This is a significant step in that we now can provide consistent and accurate quality other drug information for all New Zealanders". "We appreciate the support of the Ministry of Health who are funding the "inclusion of other drugs" and also to ALAC for their ongoing commitment to funding the Alcohol aspect of the helpline".

For further information: Contact Paul Traynor on (03) 379 8626 or paul@adanz.org.nz

Coming up in the Region:

South Island Alcohol and other Drug Services Review – Consultation on this is due to happen before Christmas. Check your local DHB Planning and Funding Team Manager or the SISSAL Team.

Models of Practice in Alcohol and other Drug Services in New Zealand: A Stocktake
This project is being undertaken by ADA on behalf of the Health Research Council. ADA will include as part of this work an update of the ADA National Treatment Services Directory. AOD Services will be contacted via mail over the next couple of months and asked to complete a 'profile form' similar to that of the ADA Directory and return to ADA. This work is important and this information will be secured by the HRC.

FROM THE CONSUMER DESK

Hi to you all, just to let you know what I am in the process of doing at present. As you are all aware there are a variety of complex issues that come up on a regular basis in my role as Alcohol and other Drug Consumer Advisor.

We have identified:

- The need to address the filling out and returning of Consumer Surveys from providers I will address this with service managers.
- The invitation to have a consumer representative from each AOD service to meet with other consumers/tangata whai ora. This process allows a better feedback to service managers and other consumers.

To date I have attempted to deal with these issues by facilitating two-consumer meetings bi-monthly in Christchurch. Consumers have communicated to me that this is not frequent enough! I have responded to this challenge by planning to have monthly consumer meetings. I have now formed two consumer groups in Christchurch, one being alcohol and other drugs (AOD) which Peter Ryder will facilitate and the other specifically, Methadone which I (Lynn) will facilitate.

The Nelson and Marlborough consumer groups are coming along slowly. I will be reporting back in the next ADA Connection about my current travel and visit to the Nelson Marlborough region where I have met with AOD managers, staff and consumers. Thanks are expressed to Te Whai Ora for their support and supplying a Venue for the Marlborough meetings.

Plan:

- In Christchurch Methadone and AOD consumers/tangata whai ora are planning to meet to brainstorm some ideas around a Consumer Survey.
- Service managers will be approached for access to meet to talk with consumers regarding the survey.
- Service managers will also be approached to discuss consumer representation within their service.
- This plan and approach suggested is one of consultation and collaboration re working on consumer participation with providers.

On behalf of ADA I would also like to extend a welcome to Peter Ryder who has joined the ADA team as our new Consumer Advisor. Peter is visiting service managers and consumers in Canterbury before moving down South to initiate meetings with service managers and their staff along with consumers in Oamaru, Dunedin, Invercargill, Gore and Queenstown. So, keep an eye out for him.
Contact Peter on (03) 379-4640.

See you all soon,

Lynn Iti
Alcohol & Other Drugs Consumer Advisor
C/- Alcohol Drug Association New Zealand (ADA)
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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.
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ADA CONNECTION

ALCOHOL DRUG ASSOCIATION NEW ZEALAND

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EDITORIAL:

The recent events in Bali have brought home all too clearly how vulnerable the world is and how easy it is to instil fear into the hearts of people. The hatred in the world grows along with mistrust and the attempts at peace are stymied to say the least.

The health of people is reflected in this scenario and there are still lots of good people and heartening stories that restore faith in humanity. The way we live which is 'fast,' 'consumer driven' and the 'might is right' philosophy creates concern and instability. I am reminded of the words of Edward Kennedy at his brothers funeral over 30 years ago "We don't know who next will suffer from some senseless act of bloodshed".

Like our Health system we need to look for positives and be brave to challenge the injustices which still abound. We need to collaborate and discuss more openly with each other and listen with openness and understanding to opposing views. We can create distrust and instability at a local level by our back room meetings and agreements or the bad word about those we fear of dislike and the constant knocking of things new and different. There is growth that is needed by all of us as we work with those less fortunate or who suffer ill health – 'there but for the grace of God go I.'

As the year 2002 draws to a close and with only nine weeks to Christmas it would be good to take a deep breath and reflect on what has been and the amount that has been achieved. The results from this reflection will amaze you and you will clearly see the impact you have made through extra meetings and contributions to help the keep the wheels turning.

"You often say you would give but only to the deserving, the trees in your orchard say not so, they give that they may live, for to withhold is to perish". (Kahlil Gibran)

Paul Traynor
Executive Director ADANZ

The Alcohol Helpline
0800 787 797

UPDATE

HEALTH NEWS - SUICIDE RISK RUNS IN FAMILIES

A person is more likely to commit suicide if a family member has taken his or her own life or has a history of psychiatric illness, a new study suggests. Danish researchers tracked 4,262 people between the ages of 9 and 45 who had committed suicide and compared them to more than 80,000 controls. They evaluated the suicide history of parents and siblings, history of psychiatric illness among parents and siblings and other data.

Those with a family history of suicide were two and a half times more likely to take their own life than were those without such a history. And a family history of psychiatric illness requiring hospital admission increased suicide risk by about 50 percent for those who did not have a history of psychiatric problems themselves. Both types of family history boosted risk, but the effect was strongest for individuals whose family history included both suicide and psychiatric illness, the researchers report in this week's issue of The Lancet. In previous research, experts have found that clustering of suicides within families occurs and that suicidal behaviour in part might be genetically transmitted.

"To our knowledge, this is the first study demonstrating that the two familial factors [suicide and psychiatric illness] act independently on increasing the risk of suicide," says Dr. Ping Qin, lead author and a researcher at the National Centre for Register-based Research at Aarhus University in Denmark.

"Though we cannot conclude that there is a genetic factor associated with suicide, the findings from this large population-based study do suggest that the aggregation of suicide in families is likely due to a genetic factor rather than other non-genetic factors,"Qin says. "And this genetic susceptibility is likely to act independently of mental illness."

More study is needed, she says, to find out exactly why a family history of suicide or psychiatric illness raises the risk of an individual taking his own life. Lanny Berman, executive director of the American Association of Suicidology, says the study simply reinforces "what we have long known. With regard to family history of suicide, the pathway may be genetic, biochemical, and/or psychological.

With regard to a family history of mental disorder requiring hospitalisation, the same explanation might describe increased risk for similar mental disorder in offspring, and these mental disorders, in turn, are risk factors for suicide." Another expert, Dr. Andrew Leuchter, a professor and vice chairman of the Department of Psychiatry at the David Geffen School of Medicine at UCLA, says the new study "confirms findings we have known for some time: that suicide does tend to run in families. We have known for some time that if you have a first-degree relative – mother, father, sister, brother – you are at higher risk for committing suicide.

"But, the significant addition of this study suggests there are independent and significant contributions both of a family history of suicide and a family history of psychiatric illness." He adds a caveat, though: If you have a family history of both, you are not doomed. "Both family history of suicide and family psychiatric history are important risk factors, but they still account for only a minority of all suicides." Qin agrees. In her study, she says, family suicide history accounted for 2.25 percent and family psychiatric history for 6.8 percent of the more than 4,000 suicides. Regardless, she says health professionals should evaluate both suicide history and psychiatric illness history when they are assessing a person's suicide risk.

What To Do

For information on helping the suicidal person, try the **American Association of Suicidology**
www.suicidology.org/index.html

or **Suicide Awareness Voices of Education.**
Symptoms of Depression and Danger Signs of Suicide
www.save.org/symptoms.shtml

Kathleen Doheny
Health Scout News Reporter

STEPS TO FEELING SAFE

- *Feel good about yourself*
- *Be conscious of your body language*
- *Develop a confident air*
- *Focus on breathing to control emotion*
- *Be healthily alert about what's going on around you*
- *Trust your gut instincts*
- *Follow your gut instincts*
- *Walk away from danger when you can*
- *Learn physical self-defence*
- *Live a happy life*

Dealing with people and handling relationships:

Clinical Psychologist Cynthia Davis from Melbourne suggests that emotional intelligence and spiritual intelligence are crucial for relationships. Alcohol and other drug and other support Services are forever involved with people who are struggling or trying to cope with change in their life. More often than not they are disconnected from their families, friends and themselves. Many of us as the helpers come to our workplace with struggles of our own and our roles can separate us or provide a blockade from the grim reality of life - that we are all in some sort of relationship or have need for one!

Davis was recently quoted in a Brisbane newspaper (The Courier Mail) as suggesting that we need to develop the element of spiritual intelligence via meditation or other inner life skills which helps to envision unrealized possibilities as we transcend the methodical plod of life. "We use it also to answer the basic philosophical questions about life – where have we come from and where are we going?" Davis says.

We also need to develop emotional intelligence, which comes from self-awareness, passion and relationship practicalities such as communication and listening skills. It is also about emotional management which is about avoiding extremes of either being overwhelmed by feelings, which Davis suggests is where women tend to be and being disconnected from feelings which is where men tend to be.

People who come to our services and even workers have common needs and as fellow human beings when all is said and done our realities do not lie too far from each other. Supporting the client/consumer/Te whai ora is a way of ensuring that we treat each other with a dignity that ensures our value and purpose is not only built on best practice but also on being people of respect and integrity. Emotional Intelligence is a relatively new concept its principles are timeless.

Suzanne Daley
Personal and Community Safety Centre, Brisbane

UPDATE

ALAC LAUNCHES NEW ALCOHOL HEALTH PROMOTION GUIDELINES: 'STRENGTHENING COMMUNITY ACTION ON ALCOHOL'

ALAC launches the long awaited Strengthening Community Action on Alcohol resource at the Partnerships conference in Rotorua on the 14th October, 2002.

Strengthening Community Action on Alcohol is a practical guideline developed to support the health promotion workforce by stimulating and fostering best practice in reducing alcohol-related harm.

The resource is written for those working to facilitate community action around alcohol issues. It takes its name from one of the five guiding principals of the Ottawa Charter for health promotion: strengthening community action, and aims to provide health promoters with some theory, strategy and skills to help reduce alcohol-related harm within the communities in which they work. It is specifically designed for those new to the field of alcohol health promotion, but will be used as a reference tool for those with more experience.

In New Zealand progress has been made over recent years to reduce alcohol consumption and specific alcohol-related harm such as drink driving. There still remains cause for concern around other alcohol-related harm as evidenced by levels of violence, injury and binge drinking particularly among high-risk groups such as youth and Maori and Pacific peoples.

Strengthening Community Action on Alcohol takes a comprehensive look at alcohol issues in New Zealand, defining the context in which alcohol health promotion is practiced and outlining best practice models to reduce alcohol-related harm. Settings and priority areas in which we work are described: including drinking environments, drink driving, alcohol advertising, violence and injury, Maori, Pacific peoples, youth, and fetal alcohol syndrome. Case studies illustrate what is currently being done in the community and some of the key skills required of health promoters are outlined.

"The health promotion workforce has been calling for the development of such a resource for some time now and ALAC is thrilled to be able to offer this comprehensive action guide to reducing alcohol-related harm" says ALAC's Chief Executive Officer, Dr Mike MacAvoy. "Working together towards common goals, with common terms of reference, will increase our likelihood of reducing alcohol-related harm."

A number of workers from around the country have been involved in guiding the content of the book since the project began in early 2001. Health promoters, both new and experienced, have contributed in an attempt to make it relevant and informative.

For further information about Strengthening Community Action on Alcohol or to order a copy contact the Alcohol Advisory Council of New Zealand on 0508 258 258.

For further information about this release contact

Carmen Collie
Project Manager –
Strengthening Community Action on Alcohol
Alcohol Advisory Council of New Zealand
Phone 09 916 0335

Ron Tustin
Northern Regional Manager
Alcohol Advisory Council of New Zealand
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PARTNERSHIPS CONFERENCE'S QUEENSTOWN AND ROTORUA OCTOBER 2002

Over the last eight years, ALAC has organised national conference, Working Together, to meet the needs of agencies, which have an interest in alcohol issues in licensed premises. The partnership conferences held over the second and third weeks of October are designed to be more accessible to the community, allowing a wider range of organizations to participate and discuss issues of alcohol related harm beyond, and including, licensed premises.

The objectives of the conferences were:

- *To share strategies and practical ideas in order to add value to our work.*
- *To provide opportunities for networking and knowledge sharing amongst community stakeholders.*
- *To improve consistency in the implementation of alcohol-related legislation.*
- *To acknowledge, develop and extend the range of community-level partnerships to reduce alcohol- related harm.*

Much work and organization went into these conferences and congratulations to those who supported these opportunities. The conferences highlighted the wealth of expertise among participants along with their willingness to 'partner' around associated alcohol related issues, sharing insights and supporting each other in their work.

The next partnership conference will be held in 2004.

LIAISON ON ALCOHOL DRUGS (LOAD FORUMS) IN THE SOUTH ISLAND

In the last ADA Connection we advertised the last round of meetings. The LOAD Forums facilitated by ADA are conducted on a quarterly basic in Ashburton, Timaru, Dunedin, Invercargill, Greymouth, Nelson and Christchurch. This ensures that there is an opportunity for networking, liaison, discussion, in each DHB region in the South Island.

The next LOAD Forum dates are:

Nelson:	November 28, 2002	Seminar Room, Ground Floor, Franklyn Hall, Cnr Franklyn & Waimea Roads.	10am - 2pm
Greymouth:	November 29, 2002	Greymouth Activity Centre, 14-18 Richmond Quay, Greymouth.	10am - 2pm
Christchurch:	December 6, 2002	Weltec, LOAD, Level 1, 392 Moorehouse Ave, Christchurch.	10am - 2pm
Ashburton:	December 9, 2002	ACADS - Rakaia Meeting Room, ACADS, Elizabeth St, Ashburton.	10am - 1pm
Timaru:	December 11, 2002	Caroline Bay Community Lounge, Caroline Bay, Timaru.	10am - 1pm
Oamaru:	December 11, 2002	Oamaru Aftercare Conference Room, 153 Thames St, Oamaru.	2pm - 4pm
Invercargill:	December 12, 2002	Rhanna Clinic, Elm Court Building, Elles Road entrance 2, Invercargill.	10am - 2pm
Dunedin:	December 13, 2002	Clifford Skeggs Gallery Room, Town Hall, Dunedin.	10am - 2pm

UPDATE

UPDATE ON THE ALCOHOL DRUG HELPLINE

ADA wishes to express their thanks to Alistair Kerr from CDHB CADS team and to the CADS Team Leader Chris Alleyne who generously released Alistair to assist ADA in the Drug Training for the volunteers and Brief Intervention Counsellors. Since July we have been providing training to volunteers and BICs as well as new recruits ensuring that we are on track to launch the "inclusion of others drugs" into the helpline in late November early December. Our launch is dependent on the Minister of Health Hon Annette King MP whom we have requested launch this inclusion of other drugs.

This is a significant occasion for New Zealand to have access to quality resources, information and referral to alcohol and other drug services. ADA is also revamping its web-site to assist in this provision of information and we are grateful to the expertise of our project manager Suzanne Jones (previous Communications Manager at ALAC) and our web designers Innovative Media. This development to include other drugs has been very challenging for the whole service and we are grateful for the dedication and support of our staff and volunteers. The service won't exist without their goodwill and generosity especially the volunteers.

Callers ringing the Helpline will be greeted "Kia Ora, Alcohol Drug helpline how may I help you?" ALAC has committed to continue funding the Alcohol focus of the helpline while the Ministry of Health has agreed to fund the "other Drug inclusion" as well as the provision of additional funding for promotion of this aspect of the service. ADA will work with both parties in its delivery of this service. ***The Helpline will operate the same number 0800 787 797 10am to 10pm daily.***

We did some testing on the name of the line again and its presentation and the overwhelming feedback from service managers, workers, consumers, allied professionals and young people was Alcohol Drug helpline. People voted strongly for the emphasis on help especially students.

AN UPDATE ON PROGRESS WITH THE DRUG AND ALCOHOL PRACTITIONERS'ASSOCIATION (DAPA)

1. The constitution is with the solicitor for final tidying up before DAPA is formally registered and is on its way.
2. Trustees are: Claire Aitken, Tim Harding, Ashley Koning, Takarangi Metekingi, VG Naidu, Paul Schreuder, Fraser Todd, Jenny Wolf. There are a couple more awaiting confirmation, including a Pacific practitioner.

   The trustees will act as the interim board. Elections for the board are planned for August 2003, probably at Cutting Edge.

   Sue Ellis, Terry Huriwai, Sheridan Pooley and Ian MacEwan will play supporting roles..
3. As of today there are 205 paid up members. A membership database is established.
4. The Ministry is ready to contract DAPA to develop the infrastructure for the management of the workeraccreditation and to begin that accreditation.
5. The trustees meet by conference call on the 14th October to confirm interim office holders and plot things to do, like bank accounts, signatories, negotiators with Ministry etc.

Ian MacEwan
Senior Treatment Advisor
Alcohol Advisory Council New Zealand

EARLY NOTICE

A two-day conference for managers of alcohol and drug residential treatment services.

A mini-conference to discuss issues of:

- *funding*
- *the blueprint*
- *"rationalisation" of service provision*
- *promotion of services to referrers*
- *recruitment and retention of staff*
- *in-service training*
- *other issues*

Venue: Brentwood Hotel, Kilbirnie, Wellington.

Dates: 3-4 February, 2003

Costs: Your travel, overnight accommodation (special rate of $118 plus GST) and your evening meal. ALAC will pay for venue hire, lunches and morning and afternoon teas.

Please let me know of further agenda items and if there is anyone you would like to address us and on what subject (relevant to the kaupapa, of course).

Ian MacEwan
Senior Treatment Advisor