

Nau Mai haeri mai ki te pae tukutuku o
Te Rōpū Waipira Whakapōauau o Aotearoa
WELCOME TO THE ALCOHOL DRUG ASSOCIATION NEW ZEALAND

0800 787 797
alcohol & drug
helpline
10am - 10pm, 7 days



Herbal Highs (Party Pills) Legal Alternatives

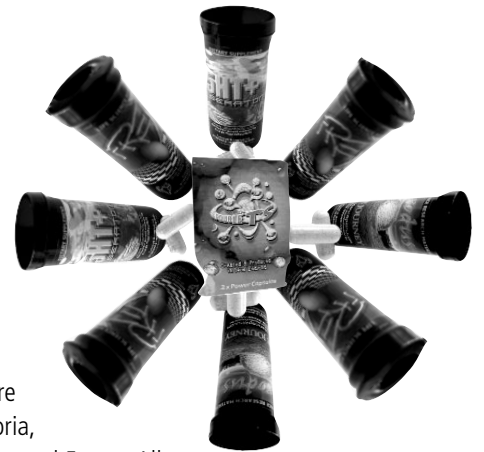
It has been seen before, that when different fashionable drugs fall in and out of favour that alternative drugs are sought. When the fashionable drugs attract too much attention particularly from the law or long term use leads to unbearable personal cost some entrepreneur will take the opportunity to make a 'killing' financially and often literally, although the later is not always intended.

Over the last several years the increasing availability and use of dance party drugs have been the focus of media, police, plus the families and friends of users. The harm that is possible from using, methamphetamine (P) in particular, is becoming more and more manifest. The resulting harms are often described in the media and are presenting more often at AOD services.

Herbal highs are the new fashion in mind altering substances. They are legal, can be and are advertised/marketed and sold on the internet as well as over the counter in many ordinary retail shops that are patronised by young people and in some instances children. They are usually also openly available from stands and booths at Dance Parties and music events.

Anecdotally, it appears that herbal highs are used as an alternative to what is perceived as the harder and more dangerous substances such as P, Ecstasy and other popular dance party drugs. For most users they extend wakefulness, energy and enhance and exaggerate feelings of euphoria, pleasure and sociability. According to the dialogue on various email threads, some users describe experimenting with various combinations of pills and components to find their own personal experience and preferences.

Herbal highs are often marketed as healthy, natural and less harmful and it is here that the issues become a concern. There is very little if any, empirical or other reliable evidence to back up such statements. Hence it is impossible to know exactly what harm or ill affects are possible from the misuse of the substances marketed as herbal highs. Although they may be herbal or contain a herbal extract, they are not necessarily safe, with side effects similar to synthetic drugs.



The pills that are generally available are Nemi, Charge, Euphoria, Rapture, Blast, Exodus and Frenzy. All contain benzylpiperazine and some trifluoromethylphenylpiperazine (TFMP). All have an assortment of vitamins and minerals for the purpose, as described by a supplier on the internet, of decreasing the after affects or avoiding a hangover or the coming down affects.

Benzylpiperazine, also known as BZP, is a Central Nervous System stimulant with an affect similar to hallucinogenic-amphetamines but less potent and posses the same type of action in the brain. This substance may be available in a stated dosage, however this should be treated with caution, due to variables such as uncontrolled manufacturing process, inappropriate packaging, and product bulking.

Dose and Cautions

Generally, tablets range from 70 to 150 mg BZP with a suggested dose of 2 tablets after food and then a further 2 capsules after an hour or two if required. Information on the internet varies but a popular site offers various cautionary suggestions in their marketing which include

- a 600ml water intake,
- not exceeding the suggested dose,
- people with medical condition or mental illness are advised not to use
- for use by people over 18
- avoid excessive alcohol consumption.

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The ADA Connections is the official newsletter of the Alcohol Drug Association New Zealand. Articles from Connections can be reprinted as long as acknowledgment of the source is given. 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 so expressed do not necessarily represent those of the ADA. Contributions, comments or general correspondence regarding the Connections should be sent to:
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Alcohol and Drug Women's Advisory Group (South Island)

Guidelines for working with women with alcohol and drug issues - from policy to practice

The Women's Advisory Group was formed by the Alcohol Advisory Council Southern Region, in response to perceived gaps in service provision for women.

The group consists of representatives from across the South Island and leads a project to produce guidelines for working with women with alcohol and drug issues - from policy to practice.

ALAC (Southern Office) has contracted the development of these guidelines and the first written draft document is expected by June. Comments and input are welcomed, and are to be given to:



Gail Payne
 Southern Regional Manager
 ALAC
 Christchurch
 Phone: 03 365 8540,
 Email: g.payne@alac.org.nz
 or



Cate Kearney
 Manager
 Alcohol & Drug Association of NZ
 Christchurch
 Phone: 03 379 8626
 Email: catekearney@adanz.org.nz

The Content

Title: Guidelines for Working with Women with Alcohol and Drug Issues - from Policy to Practice

The Guidelines will:

- Reflect a holistic approach to women's treatment needs and therefore the guidelines for working with women.
- Be useful for training providers to use in teaching future alcohol and drug practitioners .
- Include checklists for alcohol and drug and social services that enable them to evaluate their responsiveness to working with women.
- Include guidelines for the development of policy and inservice training.

The Key Foci to be maintained during the project are:

- Encompassing the barriers to women becoming well and maintaining wellness.
- How services would work with women to achieve and maintain their wellness.

Please contact me if you have resources/input/questions/comments. I'm excited about how far we've got, and it would be great to launch these at the Cutting Edge Conference.

**"NEW LOOK FOR CONNECTIONS - let us know what you think.
 Articles, comments, feedback, ideas are all welcome.
 Contact details under Contents."**

South Island Regional Residential Taitamariki/Youth Alcohol and other Drug Treatment Service establishment planning.

Comment from the Director of Odyssey House Christchurch

The development of this new service will build on Odyssey's reputation as a provider of quality Alcohol and other Drug treatment services. We are especially excited to be invited to build on to our successful youth day programme and for this to be further extended by incorporating young women in the treatment as well. This 'enhanced' day programme is expected to be utilised as the point of entry and be available for post residential phases of treatment for Canterbury young people.

With a desire to get this service operating very quickly a cross sector Project Group has been established and is working hard within the very tight timeframes.

A Stakeholder Group, with representation of providers and referring agencies from outside of Canterbury, has been established and will meet to review operational policies as it affects their services as well as be the person able to network in their area to promote the regional service.

I would like to thank all those who were involved in the developmental work undertaken to secure this contract with the DHB and look forward to this new partnership. The long term sustainability of this new service also requires new partnerships with Education and Child Youth and Family which are also being developed. It is indeed an exciting time for Odyssey and for young people who can receive the assistance they need from such a service.

Who is it for?

Taitamariki/youth between 14 & 18 years of age with:

- A range of alcohol and/or other drug problems
- Co-existing alcohol or drug problems and mental health disorders
- Co-occurring alcohol and other drug and social problems

Key features of the contract.

- A regional service for the South Island
- A phased introduction
 - Developmental Phase
 - Enhancing the current day programme to provide comprehensive recovery focused and skill based treatment programme for young people unable to be assisted in less structured settings.
 - Implementation
 - Staged introduction of residential beds
 - Stage one - four beds (projected end of May 2004)
 - Stage two - review of service and possible extension to 10 beds (end November)
 - Stage three - after review and assessment of need inclusion of 2 additional beds (May 2005)
 - Review and full implementation
 - Outcome measure 'Taitamariki/youth with reduced substance related use harm achieving their potential, back in their own communities'

"We are especially excited to be invited to build on to our successful youth day programme and for this to be further extended by incorporating young women in the treatment as well."

Planning for the project is being undertaken by a project group with cross sector representation members include:

- John Dunlop (Project Manager CDHB)
- Peter Hegarty (Police Youth Aid)
- Shirley Johnston (Manger Kingslea, CYFs)
- Cazna Luke (Representing Maori and link person to the planned Kaupapa Maori A &OD Service)
- Jim Marsters (Odysseys Day Programme Co-ordinator)
- Shirley McKinney (CDHB YSS team)
- Chris Parsons (Education)
- Hatarei Peka (Director Odyssey)
- Maureen Rogers (Co-ordinator Youth Drug Court)

Membership of the Stakeholder Group which met on 18 March 2004

- Project Sponsor (CDHB)
- Director of Odyssey
- Chair of Odyssey
- Education Manger
- CYFS Manager
- Regional Reps (2) Mental Health Services
- City Council Manager/Councillor
- Maori (Perhaps formalised with a relationship with the Kaupapa Maori A&D service development)
- Probation Manager
- Drug Court Representative
- Consumer / Family/Whanau representation
- National Addiction Centre
- Police (Youth Aid)
- Programme provider - regional perspective
- ALAC representative

The project groups main focus is the development of the service and drafting the interagency protocols. This group will report in future communiqués on;

- the timeline for the service implementation
- specifics regarding admission criteria
- service partnerships to enable discharge planning to community of origin.

The Stakeholder groups main focus is to; critique policies being developed, from their own Stakeholder perspective, promote the work of the project and to identify risks that could impede progress.

Developments so far

In keeping with the developmental aspect of the service the first stage is the enhancement of the Day Programme: Key steps in achieving this are

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- The employment of new Youth Case Worker starting on the 5th April
- Confirming Jim Marsters as the Manger of Youth Services (Both Day and Residential)
- Having the ability to accept young women on the day programme from the week of the 5th April
- Interviews for the position of Youth Day Programme Team Leader position the week of 29 April.
- Implementing more of the traditional Therapeutic Community model components into the day programme to complement the residential service
- Consultation with current youth day programme participants on the developments of the residential service & changes to the day programme

In preparation for the first stage of the residential service the following has been achieved:

- Alterations to accommodate the first 4 youth in the residential service
- All staff positions for the residential service have been advertised and applications close on the 29th March. Suitable applicants to be short listed and interviewed soon after

- Consultation with Auckland Odyssey to provide staff training in A&OD residential treatment for youth
- Local schools have been notified of developments of the new service.
- Local neighbours have been invited to meeting for update on developments
- Admission criteria has been developed (included with this communiqué for comment)
- Depending on the recruitment of suitable and appropriate staff, as well as staff training the first 4 beds should be available no later than the end of May.

The time line we are working with is definitely flexible and developments may occur earlier than predicted.

Information included in this article was sourced directly from the official Communiqué provided by the CDHB Project Manager of South Island Regional Residential Taitamariki/Youth Alcohol and other Drug Treatment.

Hatarei Peka
Director of Odyssey House Christchurch

Changing roles at Odyssey House

Kia ora Koutou,

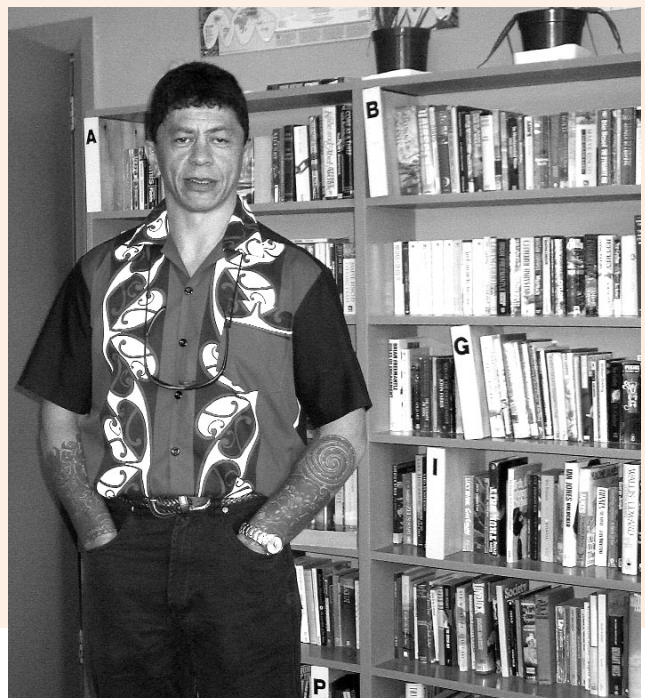
My name is Hatarei Peka and as of the 1st of November 2003 I began my new role as the Director of Odyssey House Trust Christchurch where I have been employed for the past ten years. My previous roles have been Night Supervisor, Staff Co-ordinator and Adult Programme Manager. In my previous roles I was involved more in the clinical hands on aspects of the service which will always be my main passion in the AOD field.

My training background is in Alcohol & Drug counselling and Community Psychiatric care. I am currently enrolled on a number of courses through the New Zealand Institute of Management which will be interesting in comparison to my previous training.

In the short time in my new position I have found it challenging, but also exciting and have established some wonderful new relationships with others within the AOD Sector. My immediate goal is to build on and consolidate the good work implemented by the previous Director and the current staff team. My long term goal is to provide the highest quality AOD treatment for the Tangata Whaiora who are accessing our service.

My biggest achievement in life will have to be my wonderful daughter Gemma who is one of the most responsible and respectful people I know and is a good role model for a lot of our young people out in the community.

Hatarei Peka
Director of Odyssey House Christchurch



Around the South Island

Nelson

Dr Phil Townsend, A & D Service, gave a presentation on gambling- public health perspective. Ashley Koning (A & D Service) gave a presentation on legal party drugs.

West Coast

YATA on West Coast. Terry Huriwai, Ministry of Health, updated on Misuse of Drugs Act, A&D Act, Drug driving, PHOs. Joss Sturgenboom updated on DARE on the Coast.

Christchurch

Updates on youth residential, Kaupapa Maori Service, Canterbury Mental Health Strategy.
Presentation on methamphetamine by Elle King, CADS.

Ashburton

Updates on youth worker initiative and the blend of health promotion and treatment services provided by ACADS.

Timaru

Presentation from Rachel Davis, AOD Service on Work/ A&D programme for youth. Discussion about usefulness for Timaru. Well received. Working party will follow up.

Oamaru

Discussion about staff changes within Mental Health Team. Oamaru Aftercare plans.

Dunedin

Community Updates. New services. Moana House training programme. Presentation by John Caygill, CADS, on continuum of use: social to dependence.

Invercargill

Updates including Rhanna Clinic's rural services. Presentation by Deb Fraser and Blondie Lewis, Mirror Youth Day Programme. Discussed challenges for Invercargill youth and solutions offered by Mirror



Moana House Training Institute

Dunedin's Moana House has been running as a residential therapeutic community for offenders since October 1987. Over the years we have always sought new initiatives to not only expand the opportunities of those that come to live here but also to add value to the field in general since staffing has been an issue for many years. It is an even bigger issue in an area working solely with Corrections clients.



We began exploring the idea of becoming an Accredited provider with NZQA some 4 years ago. If we knew then what we know now we would have probably given up. We didn't and now we are Accredited. Our next step is to be able to deliver specific unit standards of relevance to our residents as education is a big part of what we do.

We have just run a 2.5 day gambling training workshop in partnership with Abacus and our next course is a 4 module programme in the area of Alcohol, Drugs and Addiction. This is designed for those new to the field, those who have been working in the area but with no specific training or those simply with an interest as part of the broader area of their work. Training will start in July and will be conducted on a Friday. This will include noho marae over some weekends. Depending on the results of the

pilot we may offer this course in other parts of the country in the future. We will be seeking DAPAANZ competencies for this course.

If you are interested call us 034770842 or email us on moanahouse@earthlight.co.nz. You may also wish to check out our website-www.moanahouse.org.nz

Claire Aitken, Programme Director.

Oamaru Aftercare Treatment Trust - filling a gap in the system

Oamaru Aftercare Treatment Trust was started by three people originally, who saw a loophole in the system. These three people have a combined recovery time of 39 years. The need was and is for extra support for those moving into the rural community after attending residential treatment programme for alcohol and other drug addictions.

Manager John Lang has a background in sales which comes in handy when dealing with funders and people from a wide variety of backgrounds. John sees to the general running of the office, organises funding and runs the video educational evening.

Janet Arthur has a background in counselling, facilitating and formatting programmes. She is responsible for the counselling of those people and their families who have been in a residential treatment programme at some time. Janet visits people who have no transport and who need help in the rural community in and around Oamaru. This done with support from the voluntary trustee members.

Geoff Carter has a background in management and Alcohol and other Drug counselling. He has stepped back because of health but still remains our treasurer.

We have nine Trustee members who are motivated to volunteer their time because they are all in recovery, one of whom is **Rick** who mans the office when John is unavailable and attends to other important tasks.



L-R John Lang, Janet Arthur, Rick Couchman

With the options for residential treatment growing narrower e.g. the closing of Queen Mary Hospital and just like the de-institutionalisation of Mental Health rehabilitation looking like the cheaper option for government, services like Oamaru Aftercare Treatment Trust are necessary. It is more efficient for rural sectors like Oamaru and the surrounding areas.

Our aims are to maintain support with minimal disruption to the consumer's life, including family health and well-being.

We are looking at providing daily Outpatient Treatment Programmes from Monday to Friday 9am-12pm. Oamaru is a small rural community with particular needs, so it is important that we get the programmes right. Because of this we will trial each one day programme with the aim of building up to 5 individual day programmes. The first will be on **Healing the Inner Child** and will be on Fridays. The following programmes to be trialed will include:

Relapse Prevention looking at core issues and the danger signals that trigger relapse and strategies to overcome these.

Communication looking at how to have fun in recovery.

Psychodrama (this programme along with Healing the Inner Child may be open to

participation from those healing other issues).

Our other aims include:

- The continuation of the Monday Educational video evenings, extending to Friday afternoons.
- Extending the home visits to surrounding areas as needed.
- Continuing to develop the community educational presentation on the effects of alcohol and other drug abuse, both on the individual and family members and where to get the available help.
- We are also hoping to employ a 2 day a week worker, if we secure the funding.

Because our service is visionary, our main problem is funding. Until now we haven't been able to find a contract niche to fit into for health funding criteria. With the generous help of Robert Gonzales (the Manger of Oamaru Hospital) we have found this contract niche.

The need was and is for extra support for those moving into the rural community after attending residential treatment programme for alcohol and other drug addictions.

We have secured funding in bits and pieces - enough to keep us going for two years but of course, if we had bulk funding we would be better able to use our energies on providing a much needed service. We also recently formed an alliance with Asco to provide 'culinary herbs' to restaurants in this area. A self help approach to funding takes focus away from our primary purpose but it keeps O.A.T.T. afloat until hopefully, the wheels of government funding slowly grind in our direction.

You can contact us for further information
Telephone 03) 4343 203

Email oatt@ihug.co.nz

Oamaru Aftercare Treatment Trust

153 Thames Street

Oamaru

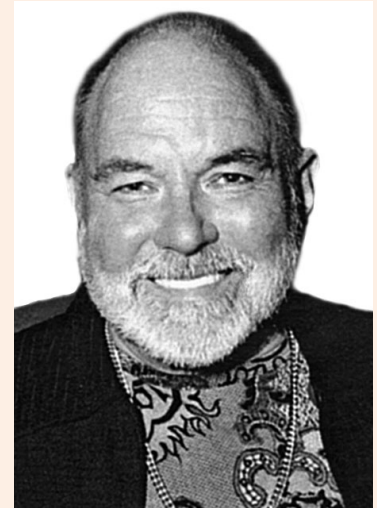
In Memorium

David Claydon Smith

David Smith died recently in Christchurch after a long illness and will be sadly missed by his family, friends, colleagues and all those whose lives he touched while working in the drug and alcohol field during the past 20 years.

For the last 14 years David was Clinical Director of the Vincentian Centre and played a major role in establishing its programmes. David's passion and dedication for helping all of those who sought recovery will be well remembered together with his quick wit and sense of humour.

David was a colourful character hugely compassionate and was very giving of himself. His courage, friendship and love will live on forever for those lucky enough to have known him.



“there's always challenging and pertinent issues arising and these are dealt with mostly at agency level”

From the Consumer Advisors' desk

Kia Ora

The continuing development of the Consumer Advisors' role has meant that I travel to the south of the South Island on a bi-monthly basis. During this time I develop a relationship with the managers of A O D services in these areas. The out-come of these meetings have been positive in the fact that I have a good working relationship with all services that I visit on a regular basis. I meet with A O D service in Invercargill, Gore, Dunedin, Oamaru and Timaru.

A typical trip 'down South' would consist of holding consumer groups gaining their opinions, issues, bouquets, bric-bats etc. and feeding this information back to service managers. This works well, there's always challenging and pertinent issues arising and these are dealt with mostly at agency level. Here is a brief overview of progress in each area.

Invercargill I meet with the managers at Rhanna clinic, Te Huarahi, The Salvation Army bridge programme. I also hold three consumer groups in Invercargill. Good progress is being made in the area feedback from group to service level. Gore I meet with the managers of Gore Counselling and Gore Mental Health Services. Dunedin Good progress in consumer groups I meet with managers of C.A.D.S., the bridge, Moanna House and hold three consumer groups.

Oamaru One consumer group here and this works well. I am able to bridge the gap between consumers of the services and the mental health service. I also visit both Janet Arthur Counselling and O.A.T.T both of which are consumer driven services.

Timaru Good steady progress here between the service manager at Timaru A.O.D. services and the consumer group. I also visit Caroline House and am looking toward visiting 101 Stafford St. mental health drop in service on my next visit there.

Overall. Services are developing a good understanding of how to include consumers in the development of services and for the most part are only too happy to work toward this. We are in the throes of employing another Consumer Advisor at the moment to complete our Advisory picture. This person will be covering the areas north of Christchurch.

If you have any queries regarding the Consumer Advisory role or wish to speak to us personally about anything around the role please feel free to contact me on 03 479 4640

Kind regards

Peter Ryder South Island regional Consumer Advisor.

However there are no measures taken to check ages or to highlight the need to consider other drug or chemical interactions or toxic reaction possibilities.

Negative Effects

Negative effects that are possible from using BZP range from between:

- **Mild**
muscle aches, heart palpitations, dilated pupils, teeth grinding
- **Moderate**
agitation, paranoia, vomiting, abdominal and or chest pains
- **Severe**
Hyperthermia, stroke, seizure, coma, renal failure, death.

There is also evidence that BZP crosses the placenta and is likely to affect the foetus. Taking BZP is not considered safe during pregnancy.

Toxicological Interactions

Serotonin (excess) Syndrome may arise due to an interaction between agents which:

- Inhibit serotonin breakdown (e.g. monoamine oxidase inhibitors or 'MAOI's', MDMA, St John's Wort)
- Enhance serotonin release (e.g. lithium, levodopa, amphetamines, cocaine)
- Are metabolized to serotonin (e.g. tryptophan)
- Likewise inhibit serotonin re-uptake (e.g. tricyclic antidepressants [TCA's],

dextromethorphan, St John's Wort, trazodone, meperidine [pethidine])

There is still very little reliable information about BZP and herbal highs, however for those who wish to see what there is, useful internet sites to explore include:

- www.erowid.org/chemicals/
- www.stargate.co.nz
- www.herbalhighs.com
- www.dancepills.com

Information has been taken from the National Poison Centre's information sheet and various web sites.

Alcohol and Drug Services in New Zealand

In 2002 an initiative that would significantly contribute to the alcohol and other drug sector's knowledge base came from a small meeting of stakeholders organised by the Mental Health Research and Development Strategy (MRHDS). Two ideas arose out of the meeting. The first was to review past outcome literature. It was also agreed that with regard to alcohol and other drug services there was a need to describe information about who receives what services from whom and how. ADA was engaged by the Health Research Council to carry out the project - Models of Practice in Alcohol and Drug Treatment Services in NZ: A stocktake 'who receives what services from whom and how?'

other drug treatment services in New Zealand. Although the National Alcohol and Other Drug Treatment Service Directory provides good information about what services are available and what they offer, there is a strong need to expand on this knowledge.

There was a high number of clients with dual diagnoses presenting to alcohol and other drug treatment services, there were also more women and Maori clients. Although alcohol, cannabis and opioid use still represent the largest substance misuse groups, there is a growing number of clients presenting with amphetamine use problems.

Models of Practice in Alcohol and Drug Treatment Services in New Zealand: A stocktake 'who receives what services from whom and how?'

Elizabeth Ridder and Yvonne Mohr for ADA

client outcomes, and utilising input from consumer advisors.

While many services stated that they would benefit from increased funding to manage an increasing demand, detailed records were kept by a small majority of services. Further to this, only half of the services returned their questionnaire thus, there is little information to support the call for increased funding.

The full report has been published and is available on the Health Research Council of New Zealand website: <http://www.hrc.govt.nz> Or by requesting a copy from Jess Malcolm, HRC Communications Officer jmalcolm@hrc.govt.nz



Odyssey House in Auckland

The literature review revealed that there is little research providing comprehensive up-to-date information about alcohol and

treatment services are also meeting some of the recommendations put forward in past research. These include improving training and supervision for their staff, monitoring