



He Tētē Kura – A history of the Māori addiction treatment sector 1980-2008

By Terry Huriwai

An upcoming publication from Matua Raki is entitled, He Tētē Kura. It is derived from the whakataukī “Mate atu he tētē kura, ara mai he tētē kura” and expresses the continuity of history, growth and re-growth.

The starting point was simple; being involved in Māori initiatives, in the helping field, right across the board – Paraire Huata



Mataatua Marae in Mangere, 1985

Matua Raki accepted the challenge laid down by the participants at the 2004 pre-cutting edge hui in Palmerston North to record a history of the Māori addiction (alcohol and other drug as well as problem gambling) treatment sector.

Dr Paul Robertson, one of the authors of this monograph indicated that some consistent themes that emerged in relation to the beginnings of the sector were passion, commitment, a belief in things Māori and ALAC. “I think that Tammy¹ did a fantastic job not only capturing people’s memories but also their analysis of the journey and their visions for the future”.

Māori were coming in to the programme, staying three or four days or a week at the most and then they’d go, because for most of them there was the cultural sort of misunderstanding – Monica Stockdale

A number of services such as Te Ara Hou (Auckland) and Te Rito Arahi (Christchurch) for example can trace their beginnings to a hui held in 1985 at the Mataatua Marae in Mangere (the group photo is from that hui). The monograph identifies this event as the starting place for the formal development of a Māori AOD treatment sector and follows a number of initiatives in the north as well as the south. As another one of the monograph authors, I was amazed at just how much of an important role Monica Stockdale and the Taha Māori programme in Hanmer Springs had in developments within the sector. There was some truly inspirational kōrero in the interviews with Monica and the rest of those interviewed as well as things to really aspire to!”

It was run by Māori, for Māori and they put some stuff around it that helped people to connect to each other and to who they were – Tuari Potiki (Continued page 2)

1. Tammy Cave (nee Gibson) was the Māori Assistant Research Fellow, at Matua Raki who interviewed many of the key informants for this monograph.

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It's all about making changes

Alcohol and other drug use, addiction and treatment are all about making changes. Starting the process of change at a personal or individual level is often challenging and, for some, seems impossible and sometimes once underway is absolutely miraculous. It is similar when considering the AOD sector and the changes at regional and national level. He Tētē Kura captures many of the changes that occurred between 1980 and 2008 for Māori addiction treatment.

People come to and enter the addiction treatment work force for different reasons, as Ngaire Todd illustrates on page 6. When they do they have usually worked in a number of other roles and come with a certain amount of life experience and maturity having gone through their own life changes as well as career changes but they all usually come with a certain amount of passion.

System change is as challenging as individual change and as well as commitment and determination it also requires leadership and collaboration. The Mental Health Commission and the Alcohol Advisory Council of NZ (ALAC) are working together to facilitate change regarding how mental health and addiction services can cooperate, coordinate and, the goal, to collaborate – to provide integrated service to people who have complex and co-existing alcohol and mental health problems.

In 2004 the South Island District Health Boards reviewed alcohol and other drug (AOD) treatment services, an enormous task. The 2004 Review led to the Strategic Framework for Service Development with 21 different Service Need areas and 106 Service Development Objectives. The changes that have been identified in the Review of Progress are also included in this issue of Connections.

In the same way we are beginning to experience the culture change around alcohol, perhaps in addiction treatment we need a culture change in the way we see how addiction and mental health services work together.

Char Macpherson,
Editor

(He Tētē Kura continued)

He Tētē Kura records some of the service developments (including closures) over the past 28 years but also looks at workforce development during the same period. The CIT kaupapa Māori stream and Te Ngaru Learning Systems are all covered in the monograph.

The final sections of the monograph look at emergent themes in the history and attempt to take the lessons of the past in order to make sense of tomorrow.

I don't think just being Māori is good enough anymore. We can't just work from our hearts. We need to be able to show the relevance and importance of both sets of competencies working together – Margaret Manuka-Sullivan

He Tētē Kura has had mini-launches in Te Tai Tokerau (regional Kaumatua hui), Te Wai Pounamu (regional addiction and mental health hui) and at the Ngā Purei Whakataa Ruamano (Midland region Māori mental health and addiction forum) in the Taranaki. Because many people won't be able to be with us at the small official launch in September these 'mini-launches' are a way to keep people involved. What has captured many of those at these regional gatherings has been the photos and the resonance of many of the quotes – it's their story.

We need to place ourselves twenty to twenty-five years out and ask, 'what does that mean and how will we get there?' If we're still doing what we're doing today in twenty-five years time, then we will have failed – Moe Milne

Publication of He Tētē Kura is in progress. If there is no other book your service orders this year it is this one – and it is FREE. If you want a copy send an email to terry.huriwai@otago.ac.nz or go to www.matuaraki.org.nz and order online.

**Na te ngaru i kawea atu,
na te ngaru i hokia mai'
always in a place of transition and that's the only constant.**
Paraire Huata



Terry Huriwai
Matua Raki 2008

Mental health and addiction: identifying barriers

By Catherine Inder

A strategic partnership between the Mental Health Commission and the Alcohol Advisory Council of New Zealand (ALAC) aims to foster greater understanding of addiction and ensure that people with co-existing mental health and addiction problems receive optimal treatment.

As the Strategic Advisor, Addiction, I have been researching and writing a report on the barriers that prevent people with co-existing mental health and addiction problems receiving integrated treatment. The role is jointly funded by the Mental Health Commission and ALAC as part of the partnership.

Optimal treatment for people with co-existing mental health and addiction problems involves integrating treatment for mental health and addiction needs into a coherent package at the level of the individual client. This usually requires collaboration between mental health and addiction services.

When researching the report, I found that there already existed 2 very comprehensive investigations into the barriers that prevent people with co-existing problems receiving integrated treatment written approximately a decade apart. Together the reports show that while there have been some improvements in recognition and treatment of people with co-existing problems and that there are pockets of good practice, overall there has been little real change and mental health and addiction services remain largely separated along clinical lines.

The purpose of the report is to advise the Mental Health Commission and the Alcohol Advisory Council about opportunities to exert influence and make a difference for people with co-existing mental health and addiction problems. The report maps the barriers that prevent people with coexisting addiction problems accessing integrated treatment, the barriers that prevent clinicians from offering integrated treatment and the system level barriers that impede the delivery of integrated services. It also sets out the current policy response in Te Tahuhu and Te Kokiri to both addiction and co-existing problems as well as the ways in which other comparable countries

have responded. The report emphasises that delivering optimal treatment to people with co-existing mental health and addiction problems presents not only clinical but also difficult organisational problems.

Catherine Inder



The report concludes that the two fundamental barriers to improving service responsiveness to co-existing mental health and addiction problems is a lack of leadership to drive complex organisational change and the fragmentation that exists between the mental health and addiction sectors attributable, in large part, to unhelpful attitudes across both sectors. While the development of a coherent national response to coexisting mental health and addiction problems under the auspices of Te Kokiri will provide much needed leadership, the plan may be insufficient to bring about the major shift in attitudes and understanding that is required.

The report, when finalised, will be published on both the MHC and ALAC websites and made available in hard copy. It is hoped that the report will provide some clarity and facilitate constructive discussion about improving responsiveness where even terms such as “integrated treatment” provoke consternation in the mental health and addiction sectors. The Mental Health Commission and the Alcohol Advisory Council also hope to improve public understanding of the high rates and different presentations of co-existing mental health problems in people with severe mental health problems, people seeking treatment for addictions and the general population.

The next stage of the MHC/ALAC partnership is to decide, in consultation with the mental health and addiction sectors, what the two agencies can do to help foster the behaviour and practice changes that will enable the mental health and addiction sectors to more effectively co-ordinate.

Catherine Inder: 04 474 8913 cinder@mhc.govt.nz

A word or two on alcohol

By Lynere Wilson

Reading 'The Press' recently, it would be easy to be feel helpless about our ability as a society to change the way we use and abuse alcohol. Routinely there are articles in the media telling us about violent acts committed under the influence of alcohol. In response to two violent acts in Christchurch where alcohol has been implicated, Mayor Bob Parker is quoted as saying "This is nothing new and parents just feel a sense of powerlessness. There is an inevitable realization that we can only tinker with the symptoms".¹

In the past I might have felt a sense of powerlessness to change the way alcohol harms our community. But as a person new to the world of Addiction Services and through my work for ADANZ I've had the opportunity to think more about alcohol and other drug issues and hear some – though not all – intelligent debate within the sector. What a shame these debates don't make their way to 'The Press'.



Lynere Wilson

Lacking courage to make changes

We've been trying for a while to find a solution and there is clearly no easy answer but I do not accept that we are helpless and powerless. What I think we lack is the courage as a community to deal with these complex issues. To take it seriously it might mean that alcohol becomes more expensive or less easy to access. Many of us have come to enjoy the cheaper prices we can pay for a bottle of wine while doing the weekly shop but this freedom has come at a cost. Am I or are you willing to consider giving it up in order to have less harm from alcohol in our community?

Where to start

Our use of alcohol is so long standing and entrenched in our society that we need to address it at a number of different levels. As a novice to the AOD area my suggestions to bringing about change would start with my own role as a parent. My drinking habits and attitudes to alcohol are going to influence my children's attitudes. Just like safe sex messages, am I prepared to have those important conversations with my children so that it is OK to talk to me about their ideas and actions with alcohol? And is it OK for them to challenge me about my drinking?

For those people who have a problematic relationship with alcohol, treatment does work. In particular we need more treatment for those that find their way into the justice system for alcohol and drug related crimes. I'm not saying people shouldn't be held accountable for their actions but to get progress in their lives they need to be able to address their addiction over a sustained period of time.

Conscience voting

In case you hadn't noticed, it's election year and I think it is time to stop making alcohol and drug issues matters of conscience for our Members of Parliament and their political parties. It exposes an important issue to opportunistic and moralistic ranting. Let's see some policy statements from political parties so we know where they stand. Congratulations to the Green Party for being open.²

I'm glad that the Sale of Liquor Act is being reviewed though I wish it hadn't taken the death of a liquor store owner to apparently get it started. The density of alcohol outlets is related to levels of violence, this has been clearly shown in Australia.³ We also need to look at the price we pay for alcohol and the impact this has on consumption levels.⁴

More action less tinkering

Finally, I think its time the Christchurch City Council started a consultation process to review their alcohol policy. You can find it on the Council web site.⁵ Now I'm no expert on policy or how local government functions, but it seems to me that good local government policy provides the foundation for determining what local government actually does. I think the existing policy is very lack lustre. There is no mention of the National Drug Policy, evidence based decision making or reduction of alcohol related harm beyond the issue of advertising on council property.

Here's an ideal opportunity for the Council and our Mayor to show courage in the face of the alcohol industry and create some public debate on what the Christchurch community wants to see the Council do in relation to an Alcohol Policy.

I don't think this is just 'tinkering at the edges'. Debate and discussion allows people the opportunity to consider the issues and form or change opinions. And it would provide the Addictions and the Public Health sector with a forum in which to place the evidence related to alcohol harm that people may not otherwise get to hear about.

1. The Press, 23 June 2008
2. <http://new.greens.org.nz/node/17463>
3. See <http://db.ndri.curtin.edu.au/media.asp?mediarelid=88>
4. See <http://www.ndri.curtin.edu.au/pdfs/publications/R207.pdf>
5. <http://www.ccc.govt.nz/Policy/AlcoholPolicy.asp>

Lynere Wilson is the Coordinator for NCAT she is a recent addition to the ADANZ team. She comes to the addictions sector after a number of years in mental health services and managing a small NGO. She is enjoying the opportunity to extend her skills in a new area. She has just completed a Master in Health Sciences with the University of Otago.

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 Nationwide Services Framework Project

By Roz Sorensen
Senior Project Manager

The latest news on the service specification review includes addiction and Māori services see the 'Next phase' on page 6.

Background

The Ministry of Health and DHBs are jointly leading a project to revise:

- the mental health and addiction component of the service cover document and
- the mental health and addiction service specifications

Service specifications are an essential component of the contracting process and audit. Furthermore they are central to the implementation of vision and strategy for the Mental Health and Addictions sector.

Service Cover Document

This accountability document states the government's expectations of the population's access to mental health and addiction services funded by Vote Health.

The first task of the stakeholder project reference group, established in August 2007 to support this project, was to revise the mental health and addiction component of the service cover document, which this group progressed with seven drafts, and the document now enters a Ministry process in readiness for application for the 2009/2010 year. In addition, the Project Reference Group developed a framework to house the service specifications and they prioritised service groupings for future service specification development.

Stock take

A stock take was undertaken of the service specifications and more specifically the purchase unit codes that were currently in use. DHBs were also asked about their service specification development and willingness to share this information with other DHBs.

Consultative hui

Earlier this year regional hui were held in four main centres: Auckland, Hamilton, Wellington, Christchurch and Dunedin. (Continued page 6)

(Nationwide Services continued)

Stakeholders participated in focus groups to inform the service specification work programme commencing with service groupings: Adult Mental Health services, Child and Youth services and Consumer services.

Technical Groups

Technical groups for these three service groupings (and Eating Disorder services) were established in March and commenced a process of review, revision and development of the suite of specifications specific to their grouping. Generating a new draft each month, and consulting with stakeholders, we expect these groups to reach a final draft by the end of August, to be submitted to the Ministry of Health and DHBNZ processes.

Next Phase

The next phase of service groupings to join the work programme will include: Addictions, Kaupapa Māori, Family/Whānau, and Pacific.

We are eager to speak with stakeholders regarding these groups of services and their service specifications. What are the issues? What aspects of the service specifications need to be changed? What are the service specification gaps?

To address these questions, meetings with stakeholder groups are being held this month (July). Existing forums and network meetings will be attended by project personnel as well as some more specific hui will be held.

There is an expectation that transitional plans will be developed to support the transitional process from current service specifications to new or revised specifications. Further to this, a guidance document and training package to assist implementation will be produced.

Participate and Contribute

It is important that you make the most of any opportunity to input into the consultation meetings.

If you have queries or would like an opportunity to participate and contribute to the project, remember Cate Kearney (cate.kearney@adanz.org.nz) and Rhonda Robertson (rhonda.robertson@matuaraki.org.nz) are the AOD sector reps on the overall committee and Simon Phillips (Simon.Phillips@huttvalleydhb.org.nz) and Nicky Ehau (nicola.ehau@nmhs.govt.nz) are the Māori reps.

Changes in the Wakatipu: Getting into addiction treatment

By Ngaire Todd,
Southland CAD Service & WCMHT

I have lived in Queenstown all of my life. Well, mostly as one does when they are trying to discover what it is they really want to be doing I sought training and work experience that was not available in Queenstown.

My parents came to Queenstown in 1968 and purchased The Arthur's Point Hotel on April 10th, the day the Waihine sank. They remained in the industry for 37 years when at 73 years my mother decided she'd done her dash. She was



the longest standing licence holder in the Wakatipu at the time and probably still is.

During my childhood at Arthur's Point, I distinctly remember wanting to be a nurse but, as a Queenstown kid does with parents in the hotel trade I left school and stayed to help them out. At 30 I decided to be a Midwife. I worked in Vanuatu for four months as a volunteer delivering 50 or so babies and returned to complete my nursing degree in 2006 leaning towards Mental Health. I went on to complete a Post Graduate Certificate in Mental Health Nursing. During this time I was fortunate enough to have a placement with Community Alcohol Drug Service (CADS) under the supervision of Peter Freeman who was a great mentor and support person.

I have always been interested in addiction and the psyche of addiction. I had watched it from the other side for a long time. In October 2007 I noticed a job "Addiction Specialist..." with the Wakatipu Community Mental Health Team (WCMHT), "...2 years post grad experience" it was so frustrating. While I had been studying the talk among

the other students had been that it was hard to get into community mental health nursing. I looked again in January this year and the job was still there, I applied and got the position. Life skills, maturity, being a long term local all helped I'm sure. I started here on April 10 2008, exactly 40 years since my parents had purchased The Arthur's Point Hotel.

So here I find myself in the Wakatipu team. There have been a few changes since I began: I now work a 0.5FTE position with the Southland CAD Service and 0.5FTE with WCMTH. I learn from them and am fortunate to have the support of both teams. As the sole AOD worker for the Queenstown team I am developing relationships with Nga Kete Matauranga and Adventure Development who also provide AOD services in the area. I enjoy learning and am not afraid to seek advice. I am aware of the "uniqueness" of living in Queenstown, it does appear to be different but really it is just the same as anywhere else, only things cost more. I am privileged to be able to provide a speciality service to the people of the Wakatipu area, there is a need here and a satisfaction with being able to do it for my own community.



Diary Notes

Motivational Interviewing Workshops

7 - 8 August Auckland: ADVANCED MI
14 - 15 August Christchurch: ADVANCED MI
4 - 5 December Dunedin: ADVANCED MI
11 - 12 December Wellington: ADVANCED MI
17 - 18 December Auckland: Introduction to MI

Maximum number in each workshop is 25

Please email Joel Porter:

joel.porter@pacificcmc.com for more information.

Alcohol and Other Drug Related Brain Impairment

1 - 3 September, 2008, Melbourne, Australia

Visit www.arbias.org.au or www.bia.net.au for information. Alternatively, email events@adf.org.au or telephone +61 (03) 9278 8137

Cutting Edge 2008

4 - 6 September, 2008, Christchurch

To register online or for more information, go to www.cuttingedge2008.org.nz

1st Global Conference on Methamphetamine: Science, Strategy and Response

15 - 16 September, 2008, Prague, Czech Republic

More info <http://www.globalmethconference.com/>

2008 Joint Conference with the Travelsafe Committee of the Queensland Parliament and the Australasian College of Road Safety.

18 - 19 September, 2008, Brisbane

Submit an abstract go to the following link for info brochure <http://www.acrs.org.au/srcfiles/ACRS-Seminar-Qld-Feb-08LoRes.pdf>

Family Inclusive Practice Forum

October 16, 2008

Building on momentum of recent family inclusive training Kina Trust is planning to host a one day forum with a focus on everyday practice in FIP. Keynote speakers are Peter Adams and Paraire Huata as with practical workshops. Low cost registrations will soon be open for this day which is supported by ALAC Central Region, but will be open to participants from other areas. Strictly limited to 40 participants. Watch for more information on A&D list and the Kina Website www.kinatrust.org.nz
Kina Families and Addiction, PO Box 1106, Napier.
Ph 06 8351731, 021 247 6149

Australasian Professional Society on Alcohol and Other Drugs (APSAD) Conference 2008

23 - 26 November, 2008

Sydney Convention and Exhibition Centre, Sydney, Australia.

Please see the website for further information
<http://www.apsad2008.com/>

National Co-existing Disorders Project Forums

Regional forums for addictions and mental health workers to give feedback and promote dialogue.

Dates for the regional forums:

12 August Midland
14 August (provisional date to be confirmed)
Christchurch
26 August Auckland
16 September Central

More information will come through your local networks.

Mental Health Foundation Calendar

This site lists MH events:

<http://www.mentalhealth.org.nz/page.php?p=47&fp=6&sp=>

Drug and Alcohol Findings

This site bridges the divide between research on the effectiveness of responses to drug and alcohol problems and the practitioners who provide those interventions, with a focus on UK-relevant research:
<http://findings.org.uk/index.php>

The Volatile Substance Guide for Retailers

is web-based and can be found at www.volatilesubstances.co.nz

Useful snippet:

DHBRF e-newsletter

- Provides DHBs with information relevant to DHB core business i.e. funding and planning activities
- Identifies research that could inform planning for public health services
- Identifies less relevant research which may have more of a biomedical focus
- Monthly communications focus on one of the priority population health goals as outlined in the New Zealand Health Strategy
- Information is taken from an annual HRC report identifying publications produced by New Zealand research teams or funded by the HRC between May 2005 and June 2006

Information included represents highlights of findings of high-quality research, readily available at the time of writing. To subscribe or unsubscribe to DHB eNewsletter send an email to jlawson@hrc.govt.nz
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