

Notes from preliminary consultation with addiction treatment sector Addiction treatment Leadership Day, Wellington, 11.10.07

An hour-long session seeking initial informal input on key priorities for the National Alcohol Strategy was led by Peter Barnett, the Special Rapporteur contracted by ALAC on behalf of the Inter-Agency Committee on Drugs (IACD) to consult with the treatment sector and compile a report for the Committee on action priorities for the Problem Limitation pillar of the Strategy.

There were wide-ranging ideas put forward on what were the key issues in relation to alcohol intervention/treatment, and healthy discussion of these developed. The hour available was not long enough to identify/agree priorities amongst the issues raised, but this can be taken further in subsequent focused consultation with sector groups and interests. An invitation was made to those present to indicate their willingness to participate further in this process; several people did so and these contacts will be followed up on.

Key areas/priorities/points noted from the discussions were:

Workforce Development

- Time lag between setting up structure and time taken for training completion and for benefits of training being realised
- Recruitment into the sector – particularly targeting young people, tomorrow's leaders
- AoD trained staff migrate to other areas – they use the AoD training and experience as an add-on to other (eg mental health, general nursing etc) qualifications and practice skills
- Practitioners need specific alcohol training around understanding withdrawal and knowledge of pharmacotherapies to reduce craving
- Need to upskill allied sectors – eg primary care, child health, MSD/other social care agencies, education, employment, housing
- Specific skills/knowledge training and support needed for judiciary to enable them to steer offenders towards treatment
- Much more development of the consumer workforce and leadership across all levels in the sector
- Career pathways needed – is addiction treatment really a career/profession? Is it seen as one? HPCAA implications and effects on staff
- Apprenticeships and other innovative mechanisms to attract, develop and retain staff

Alcohol Misuse Treatment and Modalities

- Treatment pathways for chronic alcoholism – need research traditional and new ways for effectiveness
- Alcohol to be treated for separately? But widespread prevalence of poly-drug (including alcohol) use/misuse, and of co-existence of both mental and physical health problems in people with (maybe primary) alcohol-related problems
- Shortage of detox and residential facilities
- Availability of wider range of subsidised pharmacotherapies
- Acknowledgement of rongoa and other cultural and alternative/complementary models and therapies needed
- Emergency Departments are poorly resourced for identifying, offering brief interventions for and/or appropriately referring people with alcohol (and other drug) problems
- Day programmes need to be evaluated for effectiveness (cf similar call in other countries) and models that work developed further

- Research into what interventions for alcohol misuse work (and produce long-lasting benefit for consumers) and why
- Situations where AA does not work for some people
- The aftercare part of the treatment continuum needs to be recognised and resourced as an essential component and not just an add-on or token gesture

Advocacy for Alcohol Misuse Issues

- Prioritisation of alcohol within AoD – needs to reflect its much greater harm to individuals, families, communities, society and economy compared with other addictions
- Need visible and meaningful commitment to and resourcing of the alcohol treatment sector
- Query and debate re should alcohol be considered, identified and policies developed for separately – pros and cons
- More work in evidence-based, effective education, prevention and early intervention needs to happen in schools and other education system strata
- NGO treatment sector struggles to compete with DHB services in terms of funding, staffing, recognition of its unique contribution to the overall service mix
- Increased paperwork and systems/process mechanisms to do with standards compliance, accountability etc are severely eroding practitioners' clinical time and effectiveness with service users
- We need coherent approaches to all issues around alcohol misuse and treatment/interventions

Population Groups

- Alcohol is widely used for self-medication by people with mental health problems
- Drink driving interventions need specialist resources
- Impacts of poverty, poor housing and food on alcohol misuse need greater recognition and strategies to address
- The issues re women and alcohol need greater attention
- The area around pregnancy and alcohol needs clarification, uniform advice/responses and higher profile
- Older people and issues with alcohol mixing with prescribed medication
- Safety of and interventions with intoxicated people – police, community services, capacity, capability
- Individuals are different, have particular circumstances, and respond variously to treatment interventions – it is very difficult to strategise collectively to encompass this variety
- The large and complex area of the justice system at all levels requires much greater focus, resourcing and inter/intra-agency / inter/intra-sectoral collaboration
- Consumers, families/whanau and communities need to be engaged and consulted with on issues around alcohol, its misuse and interventions to address problems