

Drug Foundation Policy Symposium 2011



ADDICTION TREATMENT AND RECOVERY

Who am I?

Experience

- 18 years of field research on drugs - 19 years in recovery
- Methadone programme – Counselling - Residential therapeutic community – relapse prevention treatment – self help support
- Chose a career in Addiction Treatment - Volunteer - Counsellor - Programme Director – National Director of Programmes – CEO Queen Mary Hospital – CE CareNZ (x2)
- Developed and intalled NZ’s first prison TC at Arohata
- CareNZ treats 3,500 people per year in 10 community clinics and 8 prison therapeutic communities
- Chair of Addiction Practitioners Association (DAPAANZ)
- Chair of the NZ Drug Foundation
- Chair of the WelTec Bachelor of Alcohol and Drug Studies Advisory Group
- Family experience of addiction harm is extensive
- And I’ve done some study

What have I learned?

- Addiction is ruthless, complex and often fatal
- Why someone becomes addicted is complicated (BPS) – each has their own recipe
- There is seldom a quick-fix solution – **engagement and retention** are success predictors
- Quality treatment requires a menu of options
- Supporting the client with a menu of options is a blend of art and science

- There are often multiple agencies and sectors affecting our clients' progress
- Medical input and support essential in some cases
- Science and research are moving fast
- The greatest enemies of successful treatment are ignorance, stigma and fragmented resourcing
- There is no silver bullet solution for all
- At the core of treatment is the **key relationship** – the client and the person (or people) the client *believes* can help them

What is an Effective Key Relationship?

- Empathy
- Time
- Counselling skills
- Motivational skills
- Common ground – consumer? – cultural? – social? – perspective? - understanding
- Client management skills
- Knowledge, experience and qualifications
- **Personality, humour, X Factor**

Who should hold the Key Relationship?

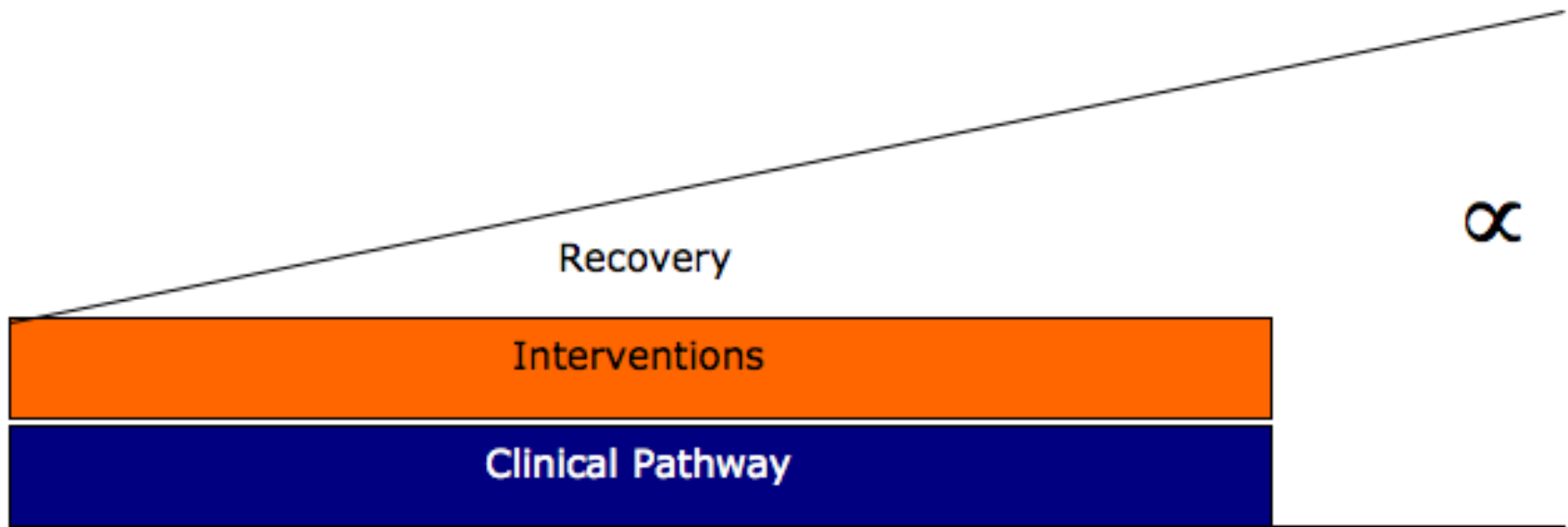
- Whoever the client wants?
- Whoever has the time?
- Whoever has the skills?
- Whoever has the \$\$?
- Whoever will be most successful?
- All of the above?

Where should the Key Relationship be?

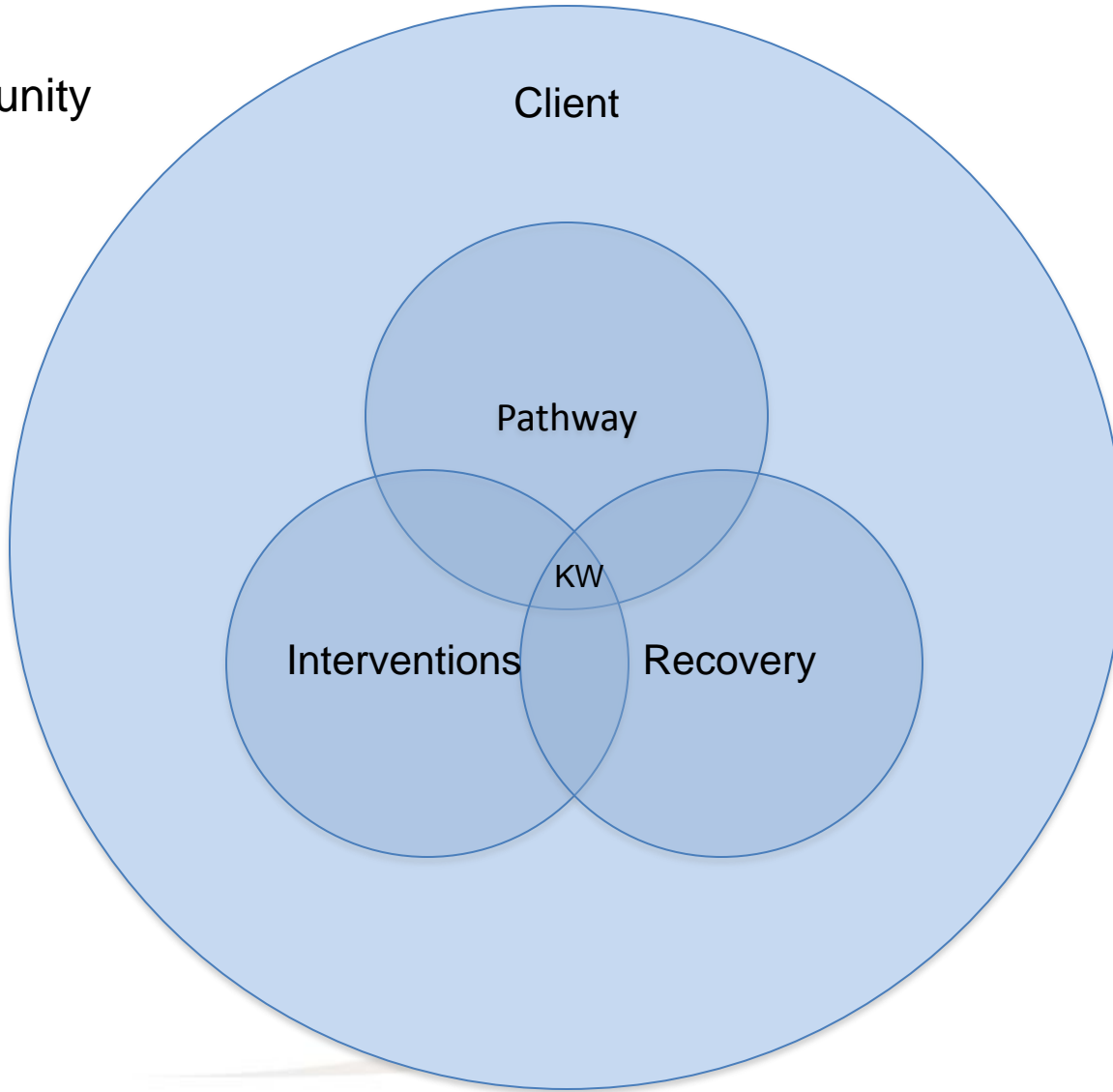
- Primary Health?
- DHB?
- NGO?
- Corrections?
- Courts?
- All of the above?

Treatment & Recovery

Family – Community - Society



Community



Caution

- DHB are hiring nurses not addiction practitioners
- Our specialist workforce is not valued
- There is little consistency across the regions
- Our workforce is at risk of becoming generalist
- There is a shortage of doctors and nurses
- Integration is good but assimilation is not
- Stigmatisation can grow when budgets are strained
- Recovery has become a commonly used term but is often misunderstood

NGO Case Study

CareNZ Wellington 1990:

- 4 FTE service
- Highest qualification was an undergraduate certificate
- Passionate staff with a high level of consumer participation
- My experience

NGO Case Study

CareNZ Wellington 2011:

9 FTE service

3 Double Bachelor Degrees

incl. BA&DS & BCr, BA&DS & BN, BA&DS & BPS

10 degrees total

1 in final year of MPsych

1 Registered Psychotherapist

4 currently in CEP training

Walking Backwards into the future

- We used to imprison people addicted to alcohol or other drugs
- 60 years ago Psychiatry treated addiction
- *I'm OK – You're not OK* – Diagnose/Prescribe
- The Church became involved
- *I'm OK – You're not OK* – I'm going to save you
- Then came self help
- *I'm OK – You're OK* – Lets walk through this together
- Have we come the full circle??

What is the answer?

- Support people affected by addiction to build and live a sustainable recovery
- Use best possible interventions based on need
- Value the Key Relationship Worker
- Involve family/whanau and community
- Build an effective and consistent National Plan
- Fund accordingly
- Think long-term

Conclusion

- The Addiction Treatment Sector of NZ must value the frontline **key relationship worker** as highly as those who deliver specific interventions
- Across agency and sector integration is essential but must be based on mutual support, respect and common goals
- Our goal must be sustained recovery – not just a temporary improvement

CareNZ Vision

A world where addiction is viewed as a health issue and immediately and effectively addressed by the whole community

