Drug Foundation Policy Symposium 2011
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 installel 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
• 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

Recovery

Interventions

Clinical Pathway
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 MPsychoh

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