

\$10 Million to reach more New Zealanders with alcohol and drug problems. But what about the price of alcohol?

NATIONAL COMMITTEE FOR ADDICTION TREATMENT – POSITION PAPER NOVEMBER 2011

The National Committee for Addiction Treatment (NCAT) is the national voice of the addiction treatment sector. The membership reflects the diversity of the sector and includes representation from the broad constituency involved in treating alcohol, drug and gambling problems.

Each year around 130,000 people in NZ have an alcohol and drug problem sufficiently serious to meet the clinical criteria for a Substance Abuse or Dependence Disorder.

If you broaden those criteria to include people who often binge drink, consuming on average, over seven standard drinks in a session, the number goes up to 785,000 people.

Besides the impact on health alcohol and drug abuse is linked to crime, violence, welfare dependency and educational underachievement.

Alcohol and drug services receive \$120M through Vote Health and treat around 35,000 people per annum.

75% of the people who present to these services have problems with alcohol.

In addition, 500 beds are available in the prison Drug Treatment Units for inmates with alcohol and drug problems.

Addiction is everybody's business. General Practitioners, School Counsellors, Probation Officers, Police Officers and other frontline workers regularly intervene in alcohol and drug abuse.

The Government recently announced \$10 Million additional funding for services to intervene with alcohol and drug abuse. This aims to reach at least an additional 10,000 people.

The funding includes:

Proposal Outcomes Sought Investment (\$)

1. \$1 Million for screening and brief alcohol interventions for thousands of New Zealanders
2. \$2 Million for nationally consistent and enhanced youth alcohol and drug services to treat an additional 2000 young people each year

3. \$1 Million to improve locally accessible programmes for 1400 drink drivers to achieve a reduction in repeat drink driving rates
4. \$3.5 Million for low cost, high volume community based treatment for 5,800 offenders with alcohol and drug problems to reduce alcohol and drug use, offending and victimization
5. \$2 Million for a pilot Drug Court for 100 adult offenders in greater Auckland to reduce serious alcohol and drug abuse and offending
6. \$0.5 Million for workforce development to deliver a range of effective alcohol and drug interventions

NCAT strongly endorses the increase in funding of treatment interventions as a positive start. It stresses that the funding and planning of these interventions needs to be highly coordinated through a "whole of Government" approach, building on expertise and economies of scale in current services.

While treatment is effective in turning people's lives around for the better, effective regulation is urgently needed to turn the tide of New Zealand's harmful drinking culture. Treatment alone is not sufficient to reduce the harm caused by alcohol and drug abuse.

Public health policies, endorsed by the World Health Organization, that are most successful include:

1. Raised alcohol prices
2. Raised the purchase age
3. Reduced alcohol accessibility
4. Reduced marketing and advertising
5. Increased drink-driving counter-measures

New Zealand is at the crossroads. Without an evidence-based public health policy on alcohol and drugs the call for more and more funding for treatment interventions will continue.



TRANSFORMATION – FROM PRISON TO RECOVERY

There are many ways for people to achieve well-being and recovery and this is one such story. What it reminds us is that treatment can be effective and make a difference in people's lives.

The day I was paroled from prison brought the promise of a new life. It started the day I went to treatment in a Therapeutic Community. I had spent 20 of my 34 years in and out of detention, 12 of those years in adult jails.

I am Maori, born in New Zealand and brought up in Australia. My mother was diagnosed with schizophrenia and often in hospital; my step-father worked long hours; my brother only came home after prison sentences. The rest of us kids looked after ourselves.



I excelled academically and at sports and hoped to be a professional sportsman. But there was a lot of embarrassment because we did not have much money, and I started getting in trouble from about 10 or 11, first shoplifting food and things I needed for school.

My crime escalated to burglary and car theft around the age of 13 or 14, when I started drinking and smoking weed and experimenting with LSD, and was first locked up, although only for a few days in a youth detention centre.

After that I was in and out of detention for similar offences. Around the age of 16, one of my friends started using heroin. I was drawn to things that were dangerous or illegal, and I loved it. Heroin gave me energy initially, and confidence. This was the beginning of my heroin addiction and also my life of more serious crime.

I was sent to jail for three years when I was 19 and my twin daughters were just three weeks old. In jail I continued my drug addiction, and contracted Hepatitis C from sharing needles.

After three years I was released, went to see my kids, then went straight out and scored drugs. Before long I was doing anything to get money - from burglaries to robbing banks and holding up drug dealers – and then back in prison.

That was the cycle. I spent more time inside institutions than outside until I got clean. Although I didn't want to be there, I knew how to do jail time and I felt okay.

While I was inside something happened to one of my daughters. I could talk to her but I couldn't do anything to help. My thinking started to shift.

I asked to transfer to a prison with a Drug Treatment Unit (D.T.U). I went there in order to get out of jail, but I started to change. I am grateful for the preparation I received there and stay in touch with the D.T.U. When I was released I had been almost two years drug-free, but I didn't know how I would cope living on the outside.

I was paroled to residential treatment in a Therapeutic Community and was their first graduate from a D.T.U. The programme was probably the hardest experience of my life but the most rewarding.

I was re-introduced to my Maori culture, giving me a direction to find my identity. That was just the beginning. I was helped to learn to communicate, which I had always struggled to do. I was taught that it is okay to ask for help - this was big for me and taught me humility.

Because my family were in Australia, I had to ask former residents I didn't previously know to support me at the Therapeutic Community's family groups. This helped create a support group of people, some of whom are still in my life today.

I was taught that there is a better life if I work for it. Today I am coming up for five years drug-free. I now work for a residential addiction treatment centre. It is my first job and I am 37. I am finishing my first year of a degree in drug and alcohol studies. I am finding out more about my Maori culture, and also trying to find my biological father, which is another journey.

I was introduced to Narcotics Anonymous 12 Step meetings, and today I live my life around those principles. The unconditional love I found within N.A. shaped me.

Treatment has taught me that there is a better life if I want it, but I have to work for it, which I have done.

I've made heaps of mistakes and could have ended up back in my old lifestyle, but I applied what I learned and reached out for support, and it saved my life. I am ever so grateful.

(Reprinted with permission of the Auckland based residential addiction treatment provider.)



National Committee for Addiction Treatment

For an annotated version of this position statement see
www.ncat.org.nz/statement.html

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