

SOUTH ISLAND ALCOHOL AND OTHER DRUG SERVICES REVIEW

FREQUENTLY ASKED QUESTIONS

Question 1: Why was the Review undertaken?

DHBs recognise that alcohol and other drug (AOD) abuse has a high flow-on cost in terms of health, accidents, crime, reduced productivity and social problems. Therefore effective AOD treatment services are a critical element of any strategy to reduce these problems through the health system.

DHBs wish to ensure that the limited AOD resources available are being utilised to achieve the best outcomes for the most people possible.

Because many of the intensive residential treatment and inpatient detox services are South Island wide in coverage it makes sense for DHBs to take a regional perspective that builds on district needs and services.

Question 2: What is the time frame for implementing the Review?

The objectives are expected to be implemented over a three year period from 1 July 2004. However the majority of new service developments will occur in the first twelve months as the funds will become available in that time.

Question 3: Who was consulted in the Review?

Two separate consultation processes were undertaken by each DHB. The first was to determine needs and the second to get feedback on the draft recommendations. Stakeholders consulted included, clinicians, providers, consumers, family members, Maori and funders and planners.

A project reference group consisting of representatives from each DHB and including the stakeholders listed above, was established to provide expert advice on the recommendations and act as a small group planning forum for the Review.

Key informant interviews were also undertaken with senior AOD research personnel.

Question 4: What are the key themes underpinning the Review?

That for AOD services to maximise outcomes for consumers the sector needs to:

- a) Provide high quality treatment that is comprehensive and flexible.
- b) Develop a treatment system that is responsive and adaptive to the needs of the individual.
- c) Reflect the Treaty relationship with Maori.
- d) Equip service users with the skills and environmental supports necessary to maintain recovery in the real world.
- e) Promote collaboration and cooperation in service delivery.
- f) Implement best practice principles and research.
- g) Utilise resources effectively, efficiently and equitably.

Question 5: What are the priorities for development?

The Review has identified the following objectives as the priority areas for development:

- a) Development of intensive outpatient programmes.
- b) Increasing the capacity and capability of kaupapa Maori services.
- c) Family participation in treatment and increased support for family/whanau members.
- d) Increased aftercare/re-integration services.
- e) Provision of a regional intensive youth day programme/accommodation treatment service.
- f) Workforce development across the spectrum of health workers in the AOD treatment sector.
- g) Improved integration and flexibility of the treatment system.
- h) Reviews of models of care and clinical pathways for key population groups.
- i) Increasing the level of gender appropriate services for women, including women with dependent children.

Question 6: What priority does the Review give to residential services?

The Review advocates for residential services being retained and expanded as a core service element but clearly targeted at people for whom outpatient treatment by itself is not considered an option. Eg. Those with low levels of social support and extensive rehabilitation needs.

Recommendations include the development of two new regional services based on an innovative model consisting of an intensive day programme linked to supervised accommodation. Specifically a youth service at Odyssey House in Christchurch and a Kaupapa Maori service for which a process is underway to develop a service model and select a provider in the South Island.

Currently the main form of intensive treatment is residential, however there is limited evaluation research evidence for the efficacy of residential treatment services compared to intensive outpatient services especially for dependent people with less complex needs. Consequently the Review recommends the greater use of intensive outpatient services for people with less severe dependency disorders, who up till now have been traditionally treated mainly in residential settings. This is not necessarily a cheaper option but is predicated on the clinical principle of enabling people to maintain their family and social links during treatment and obtain new recovery skills in the context of the real world.

The Review also believes that residential resources could be better used by the greater use of short term inpatient care, which will increase capacity, and by providers offering flexible combinations of intensive outpatient and inpatient care.

A small number of existing treatment and supported accommodation beds will be reduced (10.5 in total) where they are either redundant due to new residential developments, where there are low utilisation rates, or there is a need to develop intensive outpatient and aftercare options in combination. However the overall impact of the Review will be to increase the number of residential beds in the South Island from the current total of 117 to over 130.

Question 7: How does the Review deal with the gaps created by the closure of the Hanmer Clinics and Queen Mary Hospital?

The temporary CDHB provider arm intensive outpatient service that employs staff from the previous Hanmer Outpatient Clinic in Christchurch, will continue until replacement services are in place by February 2005.

New residential services are being developed based on the priority needs groups. See Q6. The proposed Kaupapa Maori service will meet the need for a dedicated intensive regional treatment service for Maori that will offer a more culturally effective service compared to what was previously available.

The funding (\$815,000) previously associated with the Hanmer Clinics services for the South Island population will be used to develop intensive outpatient, aftercare and weekend/day treatment retreats/wananga options across the region.

Question 8: Will the Review put some providers at risk?

The Review will not put at risk any current AOD treatment providers. However there will be a reconfiguration of service delivery within some existing providers, but the aim is not to reduce funding resources for any provider. There will also be opportunities for some to experience service growth.

The only exception is that a small number of beds (2.5) currently purchased from a large provider located in Auckland will no longer be required.

Question 9: Why isn't methadone maintenance treatment getting more resource?

Waiting lists are an issue for some DHBs, however there are limited opportunities for increasing funding of methadone without reducing other AOD services. The Review believes there is room for significant growth in the delivery of methadone and other forms of opioid substitution treatment by the greater utilisation of the primary care sector.

A major regional project will address a number of issues around opioid substitution treatment, including capacity, in 2004/05.

Question 10: How will the Review help Maori?

Improving the capacity and capability of services for Maori is a high priority in the Review. This will occur by the following:

- Increased kaupapa Maori services including outpatient services in Christchurch and Dunedin and a regional intensive day programme/accommodation service.
- More responsive mainstream services.
- Auditing of AOD services for responsiveness to Maori.
- Workforce development.

Question 11: How will the Review improve services for women?

The Review recognises that effective treatment needs to understand the impact of gender. The Review advocates for the increased use of specialised intensive outpatient programmes for women and establishing minimum access benchmarks to residential treatment for women.

The Review also recommends that DHBs include a focus on responsiveness to women in service audits and that child care options be investigated.

Question 12: Who is responsible for ensuring the Review is carried out?

Each DHB is responsible for implementing the objectives for its own district. DHBs will work together where objectives require inter-district collaboration.

Final decisions on the funding and planning of alcohol and other drug services remain the prerogative of each DHB both individually and collectively. Individual DHBs may choose to undertake further AOD service developments outside of the Review.

Question 13: What about the prevention of AOD problems?

The Review recognises that treatment is only one aspect of a broader strategy to address AOD problems. The Review's focus is on treatment services but DHBs will be addressing health promotion and early intervention issues as part of their public health and primary care strategies.