





Problem limitation

CHAPTER EIGHT

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Early intervention

Early intervention aims to reduce alcohol-related harm through timely identification and tailored advice and support for those at risk of harm due to their hazardous use of alcohol. It provides individuals or settings with the tools to make positive changes.

A programme, service or resource is an early intervention if it:

- ⚡ aims to reduce alcohol-related harm and encourage moderation
- ⚡ is available for groups/individuals that are drinking in a hazardous way
- ⚡ is easily accessible
- ⚡ has the capacity to identify those at high risk owing to their hazardous drinking
- ⚡ is a form of secondary prevention.

A programme, service or resource is not an early intervention if it is:

- ⚡ only provided to those in the early stage of life, although these people may be receiving an early intervention service, programme or resource
- ⚡ preventing or treating high-dependency/chronic alcohol-related problems.

Early intervention can be a form of prevention, aiming to prevent the slide of hazardous alcohol use into dependence, thereby reducing potential harm.

Early intervention can be delivered outside traditional clinical and medical settings if the target audience has an existing, but often unrecognised, alcohol-related problem. Screening plays an important role in early intervention by identifying those with hazardous alcohol use and motivating action. This infers that screening should take place over as wide a group of people as possible.

ALAC has a wide range of early intervention resources to help individuals and communities dealing with hazardous alcohol consumption. These are available at <http://www.alac.org.nz/PublicationsAndOrders.aspx>.



Alcohol Drug Helpline

The Alcohol Helpline began as a national service in February 1997 and in 2002 expanded to become the Alcohol Drug Helpline. It is provided by the Alcohol and Drug Association of New Zealand.

The Helpline is a confidential information and referral service for people with questions about their own or someone else's drinking or drug use. It is available 12 hours a day, seven days a week, providing free brief intervention counselling, resources and advice, including information on local treatment services throughout New Zealand.

The Helpline plays a critical role in helping people to address their hazardous drinking. It is widely promoted by ALAC, predominantly through the 'Had Enough?' campaign.

Once a person realises there is a problem with their alcohol use, there must be an easily accessible way for them to get help. The Helpline is typically the first point of contact, providing intervention tools to help them make changes or information on where to go for more intensive help.

Early intervention settings

Early intervention can be delivered effectively outside the clinical setting where it involves identifying and providing a brief intervention to hazardous drinkers who have not yet developed a dependency or presented to treatment services.

Early intervention settings include schools, workplaces, primary care facilities, hospitals, the justice system and the community.

School interventions

Schools provide an important location for early intervention because:

- ∴ one-third of all suspensions from schools are drug related
- ∴ young people who are excluded from mainstream schools tend to have poorer outcomes on many levels (with exclusion being identified as a significant risk factor) and a high risk of offending
- ∴ young people who are excluded tend to develop worse alcohol and other drug problems.

CASE STUDY

High on Life

High on Life is an alcohol and drug project in Wanganui and Taranaki secondary schools that aims to reduce drug-related suspensions. It is based on a partnership between alcohol and drug services and schools and takes a whole-school approach to improving outcomes for at-risk students.

The High on Life objectives are:

- 1 To reduce alcohol and other drug-related harm to students
- 2 To assist schools and the alcohol and other drug services to effectively work together in response to students' alcohol and drug issues
- 3 To provide early professional support for students with alcohol and other drug-related issues.

High on Life operates at two strategic levels:

- 1 A whole-of-school approach that complements the drug education component of the health and physical education curriculum
- 2 An alcohol and drug clinical support strand provided by a range of regionally based external alcohol and drug agencies whose clinicians facilitate on-site, clinical and educative support sessions for students identified as having problematic alcohol and other drug use. The guided self-change model used in the sessions is non-prescriptive and based on the principles of motivational interviewing, cognitive behavioural intervention and the stages of change model.

The uptake of the initiative in both the Wanganui urban area and the Taranaki region has been high, with all four urban schools in Wanganui and 11 of the 13 schools in Taranaki actively participating.

Before High on Life, both communities experienced high drug-related suspension rates compared with the national rate. Within six months of introducing the programme in Wanganui schools, drug-related suspensions fell from a rate of six per 1000 students to 1.3 per 1000. In Taranaki the rate was equally dramatic, falling from eight per 1000 to 2.4 per 1000 students in eight months.

The schools taking part in the programme built a small group intervention (SGI) process into their drug-related management systems and policies using the 'Smashed 'n Stoned?' resource. This process required students to attend on-site SGI sessions as a condition of their returning to school after stand-downs or suspensions for drug-related misdemeanours.

In Wanganui, self-referral was a far more common point of entry to the SGI process than in Taranaki, where shoulder-tapping by school staff and disciplinary action were the more frequent points of entry.

An evaluation (McClellan, 2006) of the programme in both regions resulted in the following recommendations for communities concerned about alcohol and other drug-related harm among their students (including suspension) that wish to implement the High on Life programme:

- ▮▮ There needs to be buy-in across the sectors. As such, it is important to establish an intersectoral steering group to drive the initiative, that will enhance the schools' and their communities' engagement
- ▮▮ Principals are important change agents so need to be onboard and recognise the positive outcomes of the programme
- ▮▮ A whole-school approach is important. As such, time needs to be invested before the commencement of the project to ensure there is wide buy-in from school staff, the board of trustees and parents
- ▮▮ The High on Life approach can be promoted to the school and community as an effective model for reducing harm and promoting more positive outcomes for young people with alcohol and other drug issues
- ▮▮ A collaborative relationship between health and education needs to be fostered
- ▮▮ Schools should provide upskilling for their guidance counsellors and social workers in evidence-based alcohol and other drug intervention so that schools are not entirely reliant on external providers (e.g. training in the 'Smashed 'n Stoned?' programme)
- ▮▮ Schools and communities need to consider the needs of Māori students and any influences, both societal and within the school, that may be contributing to a higher rate of representation in suspensions.

For more information, contact the ALAC Manager, Early Intervention on 0800 258 258.

Workplace interventions

The workplace creates an ideal opportunity for early intervention.

Alcohol misuse has been linked to increased absenteeism, lower productivity and higher accident rates in the workplace. Importantly, it is argued that more damage results from hazardous use (binge drinking) than dependent use, because of the higher prevalence of binge drinking. It is the group of hazardous drinkers for whom early intervention is most appropriate.

ALAC, along with ACC and the New Zealand Drug Foundation, is developing an employer-focused fact sheet for the workplace based on the findings of two commissioned reports, Alcohol and Other Drug Interventions in the Workplace: Information for Employers (ALAC, 2005) and Review of Workplace-Based Alcohol and Other Drug Early Intervention (Kirkwood, 2005).

The fact sheet outlines:

- ∴ the economic impacts of alcohol and drug misuse in the workplace
- ∴ key intervention points and strategies for employers to consider when developing alcohol and drug early intervention policies and practices in the workplace.

The fact sheet will be available at <http://www.alcohol.org.nz/Resources.aspx>.

Hospital interventions

Alcohol is a major contributor to both accidental and non-accidental injuries, accounting for an estimated 50 percent of emergency department admissions each year (D'Onofrio & Degutis, 2003).

In addition, it is estimated that between 25 and 50 percent of general hospital admissions meet diagnostic criteria for problem alcohol use or dependence (Niles & McCrady, 1991). Emergency departments are sites with clear links between alcohol and reasons for attendance, and where early intervention can be appropriate and effective.

Early, brief interventions can effectively alter the course of harmful alcohol use in people who are unlikely to seek specialist alcohol or drug treatment. Despite this, research shows low rates of routine alcohol screening by medical staff (Edwards & Rollnick, 1997), with reasons for this including a lack of awareness of, and education on, alcohol and drug issues. This can foster negative attitudes towards patients with alcohol problems and a resistance among staff to identify, assess and manage alcohol problems. Added to this are the busy workloads of hospital staff.

CASE STUDY

Hutt Valley

After an ALAC culture change presentation to the Hutt Valley District Health Board, staff identified a need and a desire to develop some form of early intervention for those entering its emergency department as a result of alcohol misuse.

The intervention involved developing a business-card-type resource that is distributed to emergency department patients when staff believe that alcohol may have played a part in their presenting issues. The card supplies an information-seeding message on one side and referral information on the reverse.

The card aims to highlight the potential role of alcohol consumption in the patient's presentation for treatment and directs them to resources or services. Patients either are given the card by a clinician at the time of their visit or access it themselves in waiting rooms.

CASE STUDY

A culture change project in Auckland City Hospital

Over a recent 12-month period, Auckland City Hospital's Medical Service undertook a project that aimed to change attitudes and equip staff with the knowledge and skills to screen and intervene for alcohol in a way that fits with current workloads. The goals of staff training were to raise awareness of alcohol as a health issue and to make detecting alcohol misuse and dependency as routine as detecting high blood pressure.

Most hospitals have well-developed admission/assessment documentation and processes – and before beginning the project, a review of Auckland City Hospital’s patient files found that 78 percent were being asked about their alcohol use. However, the data quality was inconsistent, unclear and unable to be compared across admissions. A consistent and simple tool was needed to ensure useful information was gathered when patients were admitted to hospital.

The ‘AUDIT-C’, three simple questions about alcohol use, enables ‘risky’ and ‘dependent’ drinkers to be identified and is quick and easy to use. Medical staff were given necessary background information and trained in its use and, most importantly, in ways to engage and offer effective advice to patients who screened positive in a brief conversation around their drinking.

Nurse trainers are a key and well-used element of the project. They not only carry out the training but also provide specialist assessments with patients and training with other health professionals such as nurses and social workers. In addition, a senior doctor’s support and modelling behaviour have been vital to the staff’s acceptance that this is a worthwhile project and have consistently encouraged them to be involved.

Results to date indicate a great improvement in data quality and that many brief interventions are now being offered. More importantly, the project is revealing how improvements can be made in the way doctors, nurses and health workers manage the issue of alcohol misuse and dependence in their patients.

The project has presented many challenges, with change happening in small steps over a long period of time. It has been vital to build relationships with other social services already working within the hospital.

To ensure the change management programme continues, recommendations include employing an alcohol and drug clinical nurse specialist to educate staff and provide patient assessments. Continued liaison is also needed between the hospital and community agencies and administrative systems to promote awareness of alcohol screening and documentation.

Justice system interventions

The link between alcohol and crime is well known, with international estimates linking alcohol with 50-70 percent of all crime (New Zealand Police, 2006). Growing numbers of prisoners and the failure of some rehabilitation programmes have also sparked calls for new and creative measures to deal with such offenders.

CASE STUDY

Taking alcohol and drug services into the justice system

A 12-month trial of the new position of 'forensic alcohol and drug clinician' in the Nelson Police District has since become a permanent service.

This service enables people who have been arrested to address alcohol and drug problems that may have contributed to their offending while they are in the justice system. This happens through both cell interventions and court referrals.

The cell intervention service is an arrest referral system that has been positively evaluated. Offenders are seen in the cells and all the way through the justice system. The clinician visits the Police station almost daily and is available to talk to new arrestees who are willing. This initial contact is to identify those who may have substance abuse problems at the time of arrest. Information on local alcohol and drug services is provided, along with feedback on how their offending may have stemmed from being drunk.

The court referral system is based on the American and Australian 'drug courts', where those with substance use problems linked to their offending are provided with services to address them during the court process. A comprehensive report is prepared linking the alcohol and drug problems to the offending behaviour (traditionally alcohol and drug reports have not made this link), giving the judge all the information they need before sentencing.

Keeping people out of jail is not the focus of the programme. Instead, it offers recommendations on treatment opportunities that offenders can take up to reduce the risks of their returning to the same situations. If the scale of their offending requires a prison sentence, that is what they get.

Often an arrest and appearance in court is the jolt people need to change. They are more likely to take the opportunity to address their alcohol problems than three or four months later, after serving a sentence.

The clinician has access to the Police cells and has an office at court, enabling brief intervention to be provided at times of crisis without long delays. They are also available in court to talk to the written assessments and expand on any detail – so a health professional, not a lawyer, is interpreting health information.

A greater range of disciplines is available within the wider service to ensure clients with complex needs are appropriately assessed and treated. Its success is attributed to the cooperation and backing given to the scheme by all involved – the Police, lawyers and those in the justice system.



Community interventions

CASE STUDY

Changing the culture at Maraenui

In 2004, Napier's Safer Community Council commissioned a crime survey that indicated Maraenui had one of the highest crime rates, and one of the highest rates of alcohol and drug abuse, in the city.

This led to a group being established to look for innovative ways to deal with Maraenui's social issues that were relevant and based on the community's strengths and resources. It comprised the senior managers of the Ministry of Justice's Crime Prevention Unit, the Public Health Unit, the Police, Housing New Zealand, Te Puni Kōkiri and the Napier City Council. The result was the Maraenui Urban Renewal Plan (MURP), which aims to build the self-esteem of this community and its young people and provide alcohol and drug interventions for those people needing them.

MURP has six objectives:

- ∴ A safe, secure, and revitalised shopping centre
- ∴ One-stop agency shop
- ∴ Establish a whānau health centre
- ∴ Community safety plan – roading, lighting, information kits, youth consultation
- ∴ Upgrade physical environment – housing
- ∴ Set up a new Trust with credible members representative of the community.

The bar at the local shopping centre – the site of a lot of alcohol and drug issues – has since been closed and fitted out as a 'one-stop shop' for agencies including Housing New Zealand, the Hawkes Bay Community Law Centre, EIT (the Eastern Institute of Technology) and Adult Literacy. In its first month of opening, more than 1100 people came through the door of the new 'Maraenui Information Centre' for help of some sort.

In another development, and after 35 years of talking, a marae is being built. Graffiti is being replaced with murals and Maraenui's physical environment has been upgraded, especially the local shopping centre, housing and lighting.

MURP also has strategies for raising the self-esteem of the community's young people. With funding from the Crime Prevention Unit, it has developed 'Ka Hao Te Rangatahi', an intensive programme initially for eight Māori youth aged between 11 and 17 who live in Maraenui.

The Police refer young people to the programme. Some have been expelled from other programmes, and each has alcohol and drug issues, either in themselves or in their family/whānau. They are young people with a history of violence and gang connections, but they have also been identified as having leadership qualities.

The programme begins with a two-week noho marae, then a weekly session of mau rākau and follow-up consultation with each youth's family/whānau. This part of the programme continues for 26 weeks.

During the two-week noho marae, the young people learn basic rules of respect, whakapapa and marae protocols. They then learn self-discipline through the traditional Māori art of mau rākau. Each person is also expected to develop some career options. Alcohol and drug problems are addressed through an experienced alcohol and drug counsellor and an anger management consultation.

Recognising the importance of buy-in from the wider family/whānau, the programme includes an initial presentation to family/whānau outlining the programme content and intended outcomes.

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