HEALTH PROMOTION AGENCY'S

EARLY INTERVENTION ADDICTION PLAN 2013–2017

hpa health promotion agency

ACKNOWLEDGEMENT

The development of the Health Promotion Agency's *Early Intervention Addiction Plan 2013–2017* would not have been possible without the support of the broader addiction sector.

With the help of the sector we believe we have developed a Plan that will make a difference for addiction intervention in New Zealand in the near future and I am very excited about and grateful for this.

I would especially like to thank the sector leaders' advisory group for their significant contribution:

- **Vanessa Caldwell** – National Manager, Matua Raki
- **Ross Bell** – Chief Executive, New Zealand Drug Foundation
- **Dr John McMenamin** – General Practitioner/Clinical Director, Whanganui Regional Primary Health Organisation
- **Phil Grady** – Chief Executive, Odyssey House Auckland
- **Gerry Walker** – National Director, Addictions and Supportive Accommodation, Salvation Army
- **Dr John Crawshaw** – Director Mental Health, Ministry of Health
- **Lynne Lane** – Mental Health Commissioner, Health and Disability Commission.

I would also like to acknowledge the National Committee for Addiction Treatment and Dr Russell Willis, Children's Commissioner, for their insightful input and the strategic work undertaken by the Mental Health Commission and Ministry of Health that has informed the development of the Plan.

We look forward to continuing to work with the addiction sector and others to implement the Plan successfully.

Nō reira, ngā mihi aroha ki a koutou mo o koutou whakaaro, wawata me awhina mo tēnei kaupapa.

Clive Nelson
Chief Executive
Health Promotion Agency

INTRODUCTION

The Health Promotion Agency (HPA) contributes to promoting health and wellbeing and the achievement of government outcomes and priorities through leading and supporting health promotion programmes and activities and through its broader advisory functions on alcohol-related matters. Key areas of our work include reducing alcohol-related harm, tobacco control and minimising gambling harm. Consequently, a primary focus of our work is on reducing addiction-related harm by ensuring that New Zealanders have the necessary knowledge, motivation and skills to improve and protect their health and wellbeing and improving the physical, social and policy environments and services to better support health and wellbeing.

New Zealanders engaged in problematic substance use[1] or mild to moderate addictive behaviours are at increased risk of a range of health and social problems or are already incurring these harms but not necessarily accessing help. As well as this, some who have gone on to develop addictions may not have advanced to such a serious level if their problematic substance use or addictive behaviour had been identified earlier and appropriate interventions put in place. Consequently, and consistent with other key government strategies led by the Ministry of Health and others, improvements could be made to the broader intervention system so that it includes an earlier response to problematic substance use and addiction issues (Mental Health Commission, 2012; Ministry of Health, 2012) and it is more responsive to improving outcomes for children[2] (Select Committee on Health, 2013).

The *Early Intervention Addiction Plan 2013–2017* (the Plan) identifies where HPA can contribute to achieving a broader and more integrated addiction intervention system by leveraging off HPA's strengths and building on what it is already doing. The Plan focuses on system-level change that will benefit those experiencing harm from their own or others' addictive behaviours across the general population, while also acknowledging and addressing differences in harm and access among specific population groups.

1 'Problematic substance use' includes hazardous use (large amounts consumed infrequently) and harmful use (large amounts consumed frequently).

2 A focus on reducing the impacts of addiction on children also aligns with other key areas of work across government, including the *Children's Action Plan*, the Vulnerable Children's Bill, the Prime Minister's Youth Mental Health Project and the Ministry of Health – Children of Parents with Mental Illness and Addictions (COPMIA) work.

HPA'S VISION FOR ADDICTION INTERVENTION

"People get help – help is timely, effective and family-centred"

HPA's vision is illustrated in diagram 1 and reflects the following principles:

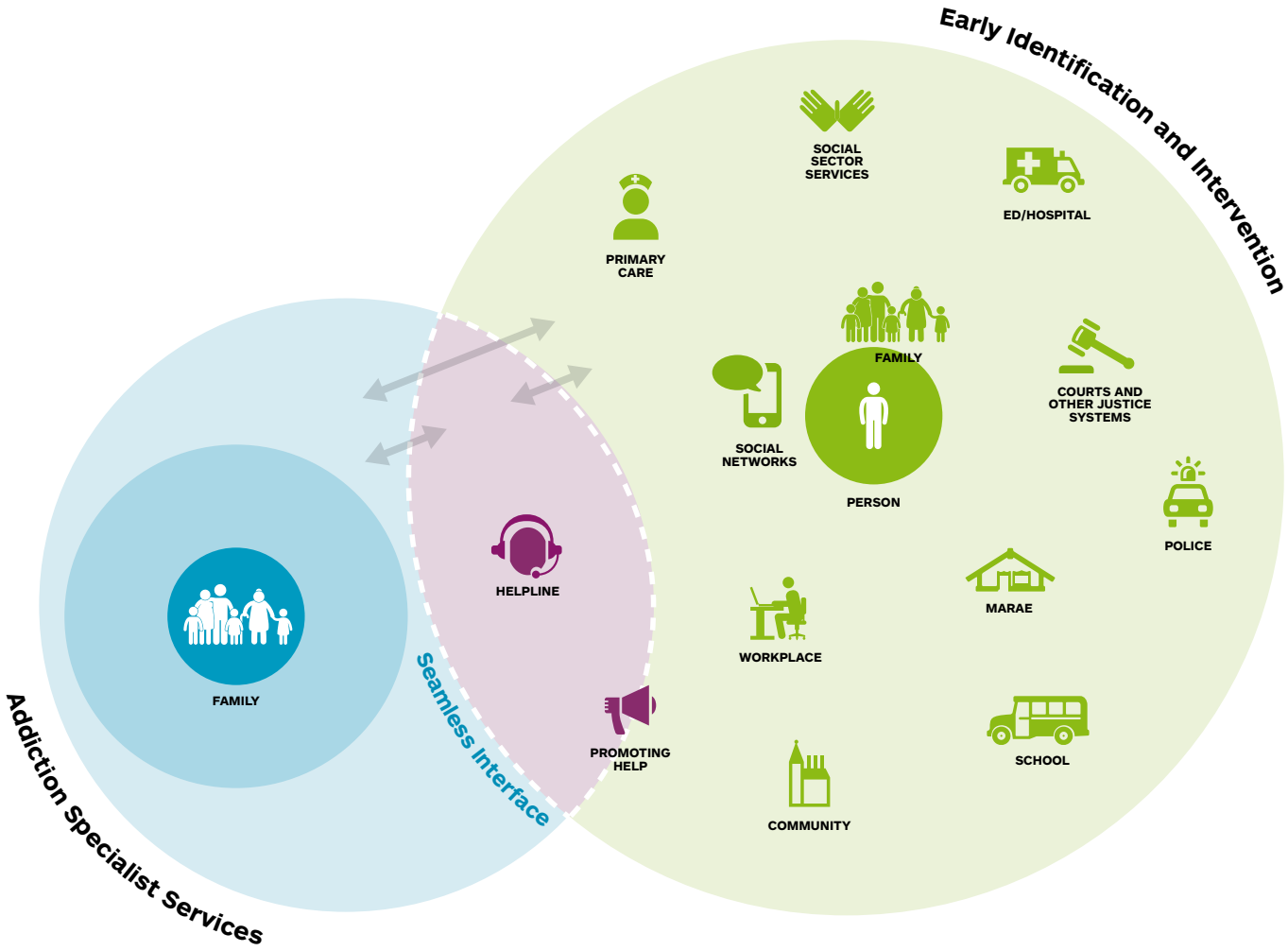
- There is early identification and help for people with addictions (including problematic use/behaviours).
- Primary care is a key intervention point for the identification, intervention and/or specialist referral for those with addictions (including problematic use/behaviours).
- Addiction intervention and treatment is fully integrated within all levels and parts of the health sector.
- Help is de-stigmatised.
- Non-health services (eg, justice and social services) identify those with addictions (including problematic use/behaviours) and seamlessly interface with the appropriate parts of the health system.
- Addiction treatment specialist services are family-centred (ie, the impacts of addiction on children and significant others are visible and interventions are provided to reduce those impacts).
- All population groups have equitable access to help.

He aha te mea nui o te ao? He tangata! He tangata! He tangata!

What is the most important thing in the world? It is people! It is people! It is people!

Diagram 1 – HPA's vision for addiction intervention

People get help – help is timely, effective and family centred



WHAT NEEDS TO CHANGE?

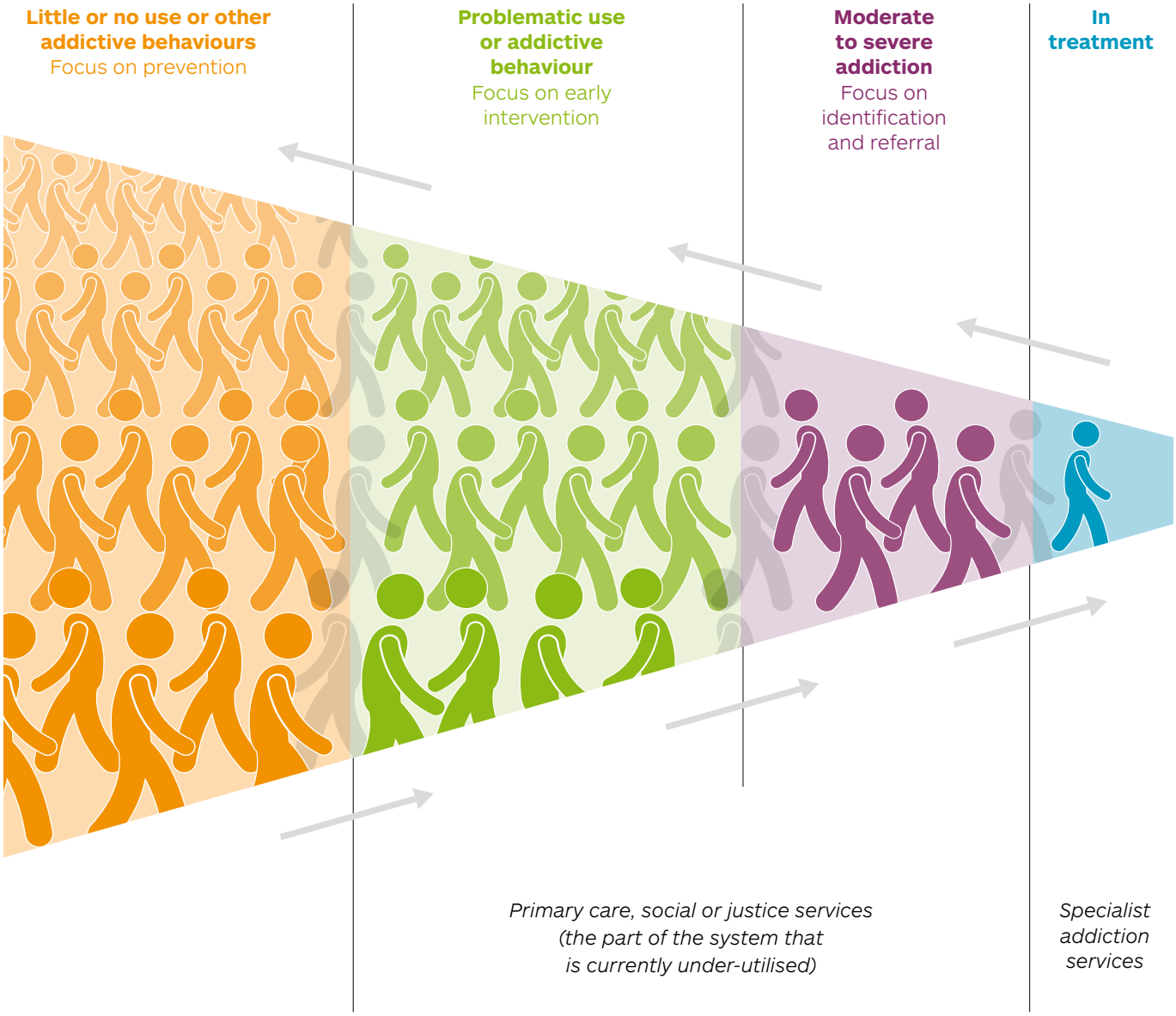
New Zealand's addiction intervention system is largely focused on treatment for individuals in specialist addiction services. This focus is appropriate for people with addictions at the more severe end. However, primary health and social services are currently under-utilised in providing intervention for people who are using substances problematically or are engaged in other mild to moderate addictive behaviours. This is in spite of the evidence about the effectiveness of early intervention in primary care (Moyer, Finney, Swearingen, & Vergun, 2002; Babor & Kadden 2005; Ballesteros, Duffy, Querejeta, Ariño, & González-Pinto, 2004; Riper et al., 2009). As well as this, the value of family-inclusive practice in addiction services is well recognised (Ministry of Health, 2005; 2006; 2012), yet individualistic models of care remain the dominant delivery mode in specialist addiction services.

A system-level shift is needed so that:

- the addiction intervention focus is extended to also capture the much larger group of people who are not necessarily dependent (or severely addicted), but are experiencing harm related to their problematic use or mild to moderate addictive behaviour and may later develop addiction/dependency issues if not identified or addressed early enough (see diagram 2)
- the broader health and social system responds to substance use and other addictive behaviours more proactively. For instance, people who are using substances problematically or are experiencing mild to moderate addiction issues are not likely to discuss concerns with health professionals, nor do they present with symptoms specific to their problematic use. This differs from mental health where a person is more likely to raise matters that are, or present in a way that is, symptomatic of a potential mental health issue. Therefore, to be effective, an early intervention response (eg, screening and brief intervention [SBI]) is required for people who are problematic substance users or are at risk of developing addictions – one that is more routine and opportunistic, and takes place within a broad range of settings where people typically interact (eg, social networks and health and social services)
- there is better integration and communication between primary and secondary health services so the health system is effective at reducing the impacts and escalation of addiction
- addiction treatment services are family-centred by actively working to reduce the effects of addiction on children and other family members. Despite the growing recognition among government and addiction services of the value of family-inclusive practice, the vast majority of adult services still focus on the individual without working to reduce harm for children and other family members (Matua Raki, 2012). Early intervention for children affected by a parent's addiction is important because it is likely to have a preventive effect on the children developing their own addiction and/or other problems, and children are arguably the group most vulnerable to the negative impacts of others' addictions. There is, however, good evidence that early intervention for infants, children and young people is effective at preventing the development of serious issues (Office of the Prime Minister's Science Advisory Committee, 2011)
- there is more equitable access to intervention and overall health outcomes for those population groups who experience greater levels of harm, in particular Māori, Pacific people (Wells et al., 2006), young people (cited in Buckley et al., 2013), and children.[3] This will require early identification of substance or addictive behaviours in the range of settings where these population groups present (including non-health settings).

3 Parental substance abuse can have significant negative impacts for children (including unborn children) and is identified as a risk factor for children developing their own mental health and addiction issues.

Diagram 2 – The Addiction Intervention System Response Depending on Severity



Adapted from McLellan, T. (2010). Addressing substance use disorders: *Translating science to policy in the 2010 Drug Control Strategy* [PowerPoint presentation].

HPA'S CONTRIBUTION TO SYSTEM-LEVEL CHANGE

HPA recognises that it will take a real commitment, concerted effort and a whole-of-sector approach to achieve system-level change and to be effective in preventing and reducing addiction-related harm. The Plan outlines the specific steps that HPA is committed to taking over the next four years as its contribution to this change.

HPA believes the ways it can best contribute are by supporting sector leaders to find their own innovative ways to improve early intervention, demonstrating how a broader, more integrated addiction intervention system could work in practice (eg, in real-world primary and secondary health care and social settings), telling these success stories, and providing the necessary knowledge, tools and resources to promote effectiveness.

Ehara taku toa i te toa takitahi engari, he toa takatini
Success is not the work of one but the work of many

IN SCOPE

The Plan focuses predominantly on the way the system, in particular the primary health care system, responds to identifying and intervening with problematic use and other addictive behaviours, and the interface between health promotion and intervention. It also focuses on the early intervention end of the continuum, which includes a specific focus on children of parents/caregivers with addictions at the more severe end of the intervention spectrum.

The Plan covers all forms of addiction[4,5] (including problematic use and mild to moderate addictive behaviours). However, the primary focus is on problematic alcohol use. This is because:

- there is still some way to go to address problematic alcohol use in New Zealand, particularly in relation to an early and effective system response to it
- 20–25% of drinkers consume alcohol hazardously and are at risk of inflicting harm on themselves or others
- HPA has a unique statutory advisory and research function for alcohol.

Key areas of HPA's work that fall outside the scope of this Plan (but contribute to reducing addiction-related harm) include supporting the implementation of the Sale and Supply of Alcohol Act 2012 and approaches focused on creating environments that reduce addiction-related harm. Also important, but beyond the scope of the Plan, are supply and control initiatives and addressing contextual factors such as poverty.

4 Addiction has been typically defined as a persistent and compulsive need for habit-forming substances and activities that are known by the user to be harmful.

5 It is likely to be counter-productive to deal with one substance or addictive behaviour in isolation given the often co-existing and complex relationship between substances and addictive behaviour (cited in Lubbook, 2010).

AREAS FOR ACTION

The areas for action identified in the Plan align with the overall outcomes towards which HPA is working, build on what it is already doing, leverage off HPA's unique strengths and collaborative partnerships, are consistent with key government priorities and seek to add value. The Plan has also been informed by a sector leaders' group[6], which was established to provide expert advice and insight into the development and implementation of the Plan.

While the Plan reflects what HPA can do, HPA acknowledges that this vision for addiction intervention can only be achieved through the continued contribution of other key players such as the broader addiction sector and Ministry of Health.

The Plan consists of four broad and overlapping areas of action to be implemented over a four-year timeframe, which allows sufficient time to test the success of each particular area of action while also maintaining relevance. Each area for action details:

- what HPA wants to achieve
- why HPA thinks it is important
- how HPA will do it.

The actions and timeframes for completing this work are subject to change if more effective ways of achieving our desired outcomes become evident.

AREA FOR ACTION 1: SHIFTING THE THINKING

What do we want to achieve?

The purpose of this action is to shift thinking away from the view that addiction intervention only occurs at a specialist treatment level to a broader view that primary care (and, to a lesser extent, social services) also forms a crucial part of the addiction intervention system. The aim is to get key players in the health and social sectors to see that early intervention (including intervention for the child affected by a parent's addiction) is doable, best practice, cost effective and beneficial for enhancing outcomes.

Why is this important?

When the term 'addiction' is used people (including planners and funders, the specialist treatment sector and primary care) tend to think that this is only the domain for specialist intervention. It is, therefore, important to broaden this view so that it captures the large group of people who are not necessarily dependent (or severely addicted), but who are experiencing harm or causing harm to others from their problematic substance use or other mild to moderate addictive behaviour, and may later develop dependency.

6 This group was not intended to be a representative group, nor has its establishment precluded engagement with other key sector leaders such as the National Committee for Addiction Treatment (NCAT), the Addiction Practitioners' Association, Aotearoa–New Zealand (DAPAANZ), Care NZ, Kina Families and Addictions Trust, the New Zealand Society on Alcohol and Drug Dependence (NSAD) and other key organisations and individuals in the sector.

How will we do this?

Activity Timeframe	Timeframe
Identify and support health sector experts and opinion leaders to be champions for change so that early intervention occurs.	Ongoing
Use key sector events to help shift thinking to a broader view of the addiction intervention system and the benefits of family-centred practice eg, The Cutting Edge addictions conference.	Ongoing
Provide policy support and advice on early intervention to government, District Health Boards, primary care, specialist addiction services and other agencies.	Ongoing
Use sector leaders to test thinking, refine the Plan and explore how we can better achieve the vision for addiction intervention eg, sector leader groups and Pacific and Māori advisors.	Ongoing
Investigate ways to increase family-centred practice in addiction treatment services eg, evaluation of how services are using the *Ruby's Dad* resource.	2013/14
Identify other ways to shift thinking within the relevant sectors eg, using sector publications to increase knowledge about the benefits of early intervention.	2014–2017

AREA FOR ACTION 2: DE-STIGMATISING SEEKING HELP

What do we want to achieve?

The purpose of this action is to reduce barriers to seeking help for New Zealanders who are using substances problematically or are engaged in other risky addictive behaviours. Often these individuals are also dealing with other complex health and social problems that are typically exacerbated or triggered by their problematic substance use or addictive behaviour. There are, therefore, opportunities to use the addiction early intervention pathway to identify and put in place appropriate support and help for other health and social issues that these individuals may be experiencing eg, family violence.

Why is this important?

In relation to alcohol, New Zealanders have a fairly high tolerance of binge drinking. This is evident in our high level of acute alcohol-related harm in comparison with other countries (World Health Organization, n.d.). Despite this, there is emerging evidence to show that those experiencing difficulties related to their drinking and other addictive behaviours also experience stigma in seeking help. Also, there are some population groups who experience inequitable access to help eg, Māori access help at the lowest rate of all ethnicities (Wells et al., 2006).

How will we do this?

Activity Timeframe	Timeframe
Ensure social marketing campaigns and other HPA communications and resources make appropriate reference to support services.	Ongoing
Develop and implement specific approaches to improve access to help for Māori, Pacific and young people.	2014–2017
Identify further opportunities to increase the use of routine SBI in primary care and other health and social settings.	Ongoing
Explore opportunities for using routine SBI as a pathway for identifying other health and social issues (eg, family violence) and for referring individuals to the appropriate support services.	2014–2017
Identify and implement effective initiatives that will increase help-seeking and intervention for women who are drinking during pregnancy.	2014–2017

AREA FOR ACTION 3: DEMONSTRATING SYSTEM-LEVEL CHANGE

What do we want to achieve?

The purpose of this action is to demonstrate how HPA's vision for addiction intervention could work in practice.

Why is this important?

Early intervention in primary care and family-inclusive practice in specialist addiction services have both been on the health agenda for a significant period of time. Despite this, there has been limited implementation of these approaches in primary care and addiction services.

HPA's ability to produce evidence of how alcohol SBI could work in real-time primary health care was effective in gaining the necessary resources and support to increase the use of alcohol SBI in primary health. As such, demonstrating how effective early intervention for addiction can work in practice is important for getting commitment and action for change from key implementers such as government agencies, District Health Boards and service providers.

How will we do this?

Activity Timeframe	Timeframe
Develop, implement and evaluate projects that demonstrate how HPA's vision for addiction intervention could work in practice (with a specific focus on population groups experiencing the greatest burden of harm and unequal access to help).	2013–2015
Identify and support innovators and early adopters to implement and evaluate initiatives that demonstrate how the broader addiction intervention system can work more effectively to intervene early (with a specific focus on population groups experiencing the greatest burden of harm and unequal access to help).	2014–2017
Support initiatives aimed at enhancing maternal, infant and child: mental health; other health; and social outcomes (with a specific focus on population groups experiencing the greatest burden of harm and unequal access to help).	2013–2015
Conduct research and test whether SBI can be effectively implemented in Pacific health services.	2013/14

AREA FOR ACTION 4: TOOLS AND RESOURCES

What do we want to achieve?

The purpose of this action is to increase effective tools and resources that support people to reduce or stop their problematic substance use or other addictive behaviours. This is needed because the number of people accessing help for their problematic substance use or other addictive behaviours is significantly less than the number of people who are experiencing harm (or causing harm to others). HPA would like to see a wide range of help available to a much greater proportion of the population incurring or causing harm and, in particular, to those who are not likely to access services and will benefit from a low-level intervention.

Why is this important?

Tools and resources provide people who are using substances problematically, or are engaged in other addictive behaviours, with the means to make positive change. Tools and resources also equip services and settings (both within and outside the specialist addiction sector) to intervene early.

How will we do this?

Activity Timeframe	Timeframe
Review current tools and resources and conduct a needs and gaps analysis to determine what specific self-help tools and resources are required to support individuals and family members and what tools and resources are needed to support services to intervene early (with special emphasis on groups who are less likely to access help and resources).	2014/15
Develop or support the development of priority tools and resources (identified in the needs and gaps analysis outlined above).	2015–2017
Collaborate with others to evaluate the effectiveness of current training and resources for improving the confidence and competency of the workforce to implement SBI in primary and secondary care settings.	2015–2017

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