



National Committee for Addiction Treatment

# SHAPING the SECTOR

A briefing from the National Committee for Addiction Treatment for sector leaders, allied health and social services, and decision makers.



One side provides a **SNAPSHOT** of the treatment sector and the other side outlines how we see the sector **MOVING FORWARD** to achieve a high quality system of care that meets the needs of individuals, families and whānau.

Visit [ncat.org.nz](http://ncat.org.nz) for more information and a full bibliography.

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# Addiction in New Zealand

Issues of dependence and addiction can impact upon a broad range of people. In New Zealand around 12% of the population are estimated to experience a substance use disorder in their lifetime.

A larger number of people may experience harm from their use.

This is more common for vulnerable groups and people facing socio-economic disadvantage as they have less access to support, are more likely to live in poverty and are more likely to have co-existing physical or mental health issues. These multiple problems compound their disadvantage.

## ALCOHOL



**79%**  
of people  
drink alcohol  
each year

**22%**  
of drinkers  
used alcohol in  
a **hazardous**  
way in the  
past year



Alcohol is  
the **most**  
**common**  
substance people  
seek support for

## OTHER DRUGS



**16%**  
of people currently  
smoke tobacco

**Cannabis**  
is the most  
commonly  
used illicit  
drug



Nearly **half** of  
all New Zealanders  
have **used**  
an **illicit**  
drug

## GAMBLING

**0.3%**  
of the people who  
gamble **have**  
**problems**  
with their  
gambling



About **1 in 40** people are  
**negatively affected**  
by other people's gambling



# Impact of Addiction

The social cost from illicit drug use is estimated to be \$1.8 billion.

The majority of social harm is linked to dependency, similar to alcohol use and problem gambling. The impact and cost of addiction is not only experienced by the individual, but also by the family, friends and wider society.



**Individual**  
**40%**

## PHYSICAL HEALTH:

**SHORT TERM** – intoxication, impairment leading to injury, infections, blood borne viruses such as Hepatitis C, and overdose.

**LONGER TERM** – dependence and addiction, cognitive impairment, lung damage, heart disease, liver damage and cancer.

**SOCIAL AND FINANCIAL HARM** which can include losing employment, family estrangement, isolation, financial problems, and entering the criminal justice system.

**Community**  
**30%**

**FRIENDS AND FAMILY MEMBERS MAY EXPERIENCE SIGNIFICANT HARM** from someone else's use from domestic violence, work absenteeism etc.

**50% OF CRIME** is committed while under the influence of alcohol and/or drugs.

**INFANTS AND CHILDREN** of people with addiction problems may be negatively impacted.

**DRINK DRIVING** is a major concern for all road users.

**Society**  
**30%**

## LOST PRODUCTIVITY.

**HEALTH CARE COST** – nearly 14% of all loss of physical health in New Zealand is addiction related.

**LAW ENFORCEMENT COSTS** including police, courts, prisons, and probation services.

# Addiction Treatment in New Zealand

In 2014/15 the government spent around \$152 million on addiction treatments services. This represents around 11% of the total spend on mental health and addiction services and was roughly evenly allocated between DHB and NGO providers. This funded counselling, detoxification and withdrawal services, residential treatment, information services, health promotion, harm reduction, opioid substitution, prison based treatment units, and problem gambling services.

Current treatment services are underpinned by a recovery model with community-based services working in tandem with health, disability, social and justice sectors to improve outcomes of people.

Effective addiction services actively contribute to a range of government strategies including the Better Public Services (BPS) targets of:

- reducing welfare dependency
- supporting vulnerable children
- boosting employment skills
- reducing crime.

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## Current Government actions on addiction-related issues:

### Breaking the Cycle:

Our drug and alcohol strategy through to 2020

### The New Zealand Health Strategy: Future Direction

### Rising to the Challenge:

The Mental Health and Addiction Service Development Plan 2012 – 2017

### The National Drug Policy 2015 – 2020

### Better Public Services programme

### Whānau Ora programme

### Strategy to Prevent and Minimise Gambling Harm 2016/17 – 2018/19

### The Vulnerable Children's Action Plan

### Tackling Methamphetamine: An Action Plan 2009



# Challenges

The social and economic profile of New Zealand has changed significantly over the last decade. The existing model to address addiction-related harm can no longer effectively respond to the increased need and demand for services.

Current systems are not flexible enough to adapt to the diverse needs and complexity of people's lives. The various procurement models contribute to the fragmentation of services with output focused contracts and inconsistent reporting requirements.

There are constantly emerging challenges in the sector such as:

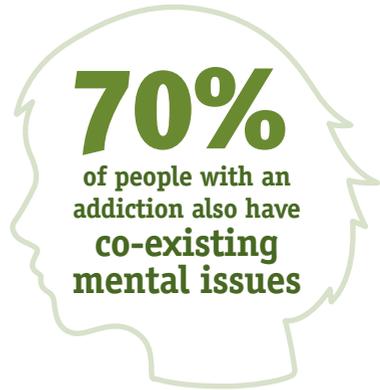
Increased ease by which people can **obtain unknown illicit drugs over the internet**



**New psychoactive substances**



**70%**  
of people with an addiction also have **co-existing mental issues**



**Static funding** combined with **increased numbers** of people **seeking a service**



The addiction treatment system **urgently needs to be re-orientated** towards a public health approach in order to meet these new challenges.

# Vision

**Addiction affects people throughout Aotearoa New Zealand, across all demographics and all stages of life.** We know more than we ever have before about what works to reduce the harms from addiction and how to make the best use of limited resources to achieve significant improvement in people's lives. Addiction treatment covers the whole continuum of interventions which seek to reduce the harms of addiction in our communities.

Addiction treatment services currently provide positive outcomes for over 45,000 people each year but there are many more that seek help. With some investment, the system can be improved and enhanced to better meet current and future challenges.

NCAT's vision is of addiction services that are:



Provided by a **responsive and flexible addiction workforce** that is integrated within a public health model and which includes those with **lived experience of addiction.**

**People-centred, family-focused** and able to assist people on a **self-defined journey** of wellbeing and recovery.



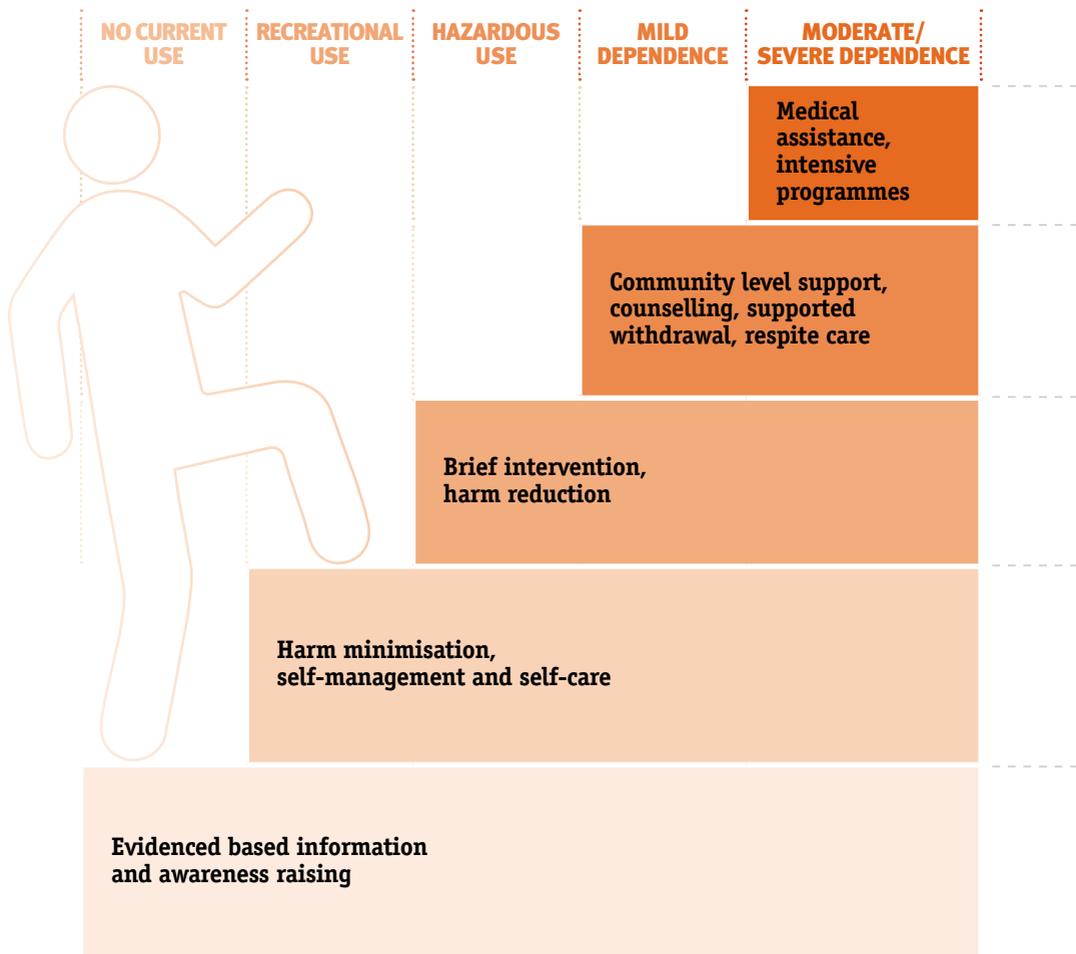
Commissioned under a **social investment** approach to provide **evidence-led cost-effective** prevention, harm reduction and treatment services.

# Range of Responses Required

**A wide range of responses are required to minimise the harms associated with problematic alcohol, drug use and gambling.**

This includes providing accurate, evidenced-based information to the public to enable good decision making, community-based support services to address addictions and hospital services to treat those with high and complex needs.

Increased use of technology, integrated and flexible services that are focused on people's needs, as well as improved funding mechanisms, would all contribute to a more efficient and effective system.



# Responsive Flexible Workforce

**A layered care approach means people are engaged with the intervention that best suits their needs for each condition they are experiencing.**

Implementing this approach involves the general health and social workforce, working in collaboration with a specialist addiction workforce, in a wide range of settings.

Leading the shift to a people centred service delivery system is the consumer and peer workforce situated at all points of intervention. This vital workforce supports people on their recovery journey, offers advice on service design and delivery and evaluates service delivery.

## What the workforce looks like

Highly specialist services for people with complex needs who are supported by multidisciplinary teams that include **addiction practitioners, nurses, social workers, psychologists** and **psychiatrists**. These services include withdrawal management, residential rehabilitation and compulsory care.

Specialist services – involving assessment, case management, counselling, relapse prevention, pharmacotherapy, and co-ordination with other health and social services. These types of addiction services are more intensive and are provided by **addiction practitioners, mental health workers, peer workers** and **peer leaders** working in community settings.

Targeted interventions based on an initial screening. If current behaviour is indicative of an addiction issue, people are offered brief intervention and a treatment pathway if needed. This can be provided by a range of professionals such as **primary care, community support workers, mental health practitioners** and **tele-health services**.

Information, education and services aimed at reducing the harm from drugs or alcohol. This can include sterile needles and syringes, information on safer using practices, and early warning signs. In New Zealand this work is done by **peer workers, nurses, doctors, social workers, youth workers** and **mental health clinicians**. Specialist advice and support is provided by **addiction practitioners** and **consumer advisors**.

Whole of population public health focus aimed at increasing people's basic information around the risk of harm from substance use and gambling and where to get help. The aim is to prevent or delay initial use and provide accurate information to support good decision making and minimise harm. These services are provided by a wide range of **health and social support workers** including **health promoters** and **education providers**.

# Social Investment Approach

Moving forward requires system change and new ways of purchasing services and funding providers to ensure they are flexible and response to people's needs.

Social investment is about improving the lives of people who have addiction-related problems by developing a better understanding of their needs, knowing what interventions work and having flexibility to adjust service provision accordingly. This life course approach provides early support and investment in sub-groups of the population most at risk of experiencing poor outcomes.

This approach has a focus on inter-agency outcomes, is informed by evidence, and focuses on prevention in order to avoid harm and reduce future costs.

Addiction services currently fit within an investment approach as they are:

## Contributing towards collective impact:

**For every person who has an addiction there are at least four others affected.**

Addressing addiction in one person has a significant impact on families and the community. Getting people back into productive and meaningful work is critical to overall wellbeing and wider community and economic development.

## Cost saving:



Keeping someone out of prison **saves \$100,000** per year per person.



## Cost effective:

The societal ROI for residential AOD treatment is **between 1:4 and 1:7**. The **total cost of school programmes** is returned if only 10% avoid harmful AOD use for 5 years.

**For every \$1 spent** on the needle exchange programme in New Zealand, **\$3.35 was saved** over a three year period.



# Actions required

## To reach the future where:

- All people have easy access to addiction services when they need them.
- Addiction services are evidence-based and are provided by a highly skilled, flexible and responsive workforce.
- Addiction services are embedded in a wider system of care and support.
- The National Drug Policy is fully implemented with resources allocated based on a health approach.

We call on all key stakeholders to support our commitment to improving the addiction sector via the following actions:



### BETTER EXPERIENCE

#### Commit to:

eliminating waitlists.

ensuring that people receive the right evidence based treatment that is suited to their needs.

continuity of care and support.



### BETTER SERVICE

#### Commit to:

the ongoing development of culturally responsive services.

strengthening the consumer and peer workforce.

increased investment in prevention and early intervention.



### BETTER SYSTEMS

#### Commit to:

investing in research and evaluation around best practice.

the increased investment in the development of a highly skilled workforce.

improving cross government funding processes.