

# **Counties Manukau District Health Board**

## **Alcohol and Other Drugs Services Plan**

**2009-2014**

## Counties Manukau DHB's Shared Vision is:

*To work in partnership with our communities to improve the health status of all, with particular emphasis on Maaori and Pacific peoples and other communities with health disparities*

- We will do this by leading the development of an improved system of healthcare that is more accessible and better integrated
- We will dedicate ourselves to serving our patients and communities by ensuring the delivery of both quality focussed and cost effective healthcare, in the right place, right time and right setting
- Counties Manukau DHB will be a leader in the delivery of successful secondary and tertiary health care, and supporting primary and community care

## Our Values

Care and Respect	Treating people with respect and dignity: valuing individual and cultural differences and diversity
Teamwork	Achieving success by working together and valuing each other's skills and contributions
Professionalism	Acting with integrity and embracing the highest ethical standards
Innovation	Constantly seeking and striving for new ideas and solutions
Responsibility	Using and developing our capabilities to achieve outstanding results and taking accountability for our individual and collective actions
Partnership	Working alongside and encouraging others in health and related sectors to ensure a common focus on, and strategies for achieving health gain and independence for our population

## **Acknowledgements**

Counties Manukau District Health Board (CMDHB) wishes to thank all of the individuals and organisations that have contributed to the development of this Plan.

Particular thanks go to members and friends of the Counties Manukau AOD Consumer Forum and AOD Consumer Network for sharing their life experiences so openly and for being so constructive in contributing direction and ideas. Specific thanks go to Mike Hamblin, Walter Franks and James Papalii for co-ordinating and facilitating focus group discussions with Maaori and Pacific consumers and Network members. Thanks also go to the Regional Community Alcohol and Drug Service Consumer Team, who contributed considerable guidance, support and time to establishing the AOD Consumer Forum and its meetings.

Ian McKenzie, General Manager of CMDHB's Provider Arm whilst the Plan was being developed, and Margaret Aimer, Clinical Director, contributed significant managerial and clinical leadership to defining the future role, direction and configuration of specialist community AOD services described in the Plan.

Thanks also go to members of the Counties Manukau AOD Providers Forum, Te Ara Whiriwhiri, the Pacific Mental Health and Addictions Stakeholders Forum, the Counties Manukau Mental Health and Addictions Partnerships (CHAMP) and PHO General Managers for their feedback and contributions.

Within CMDHB's Planning and Funding Arm, particular thanks go to Tuhakia Keepa, Project Manager Maaori Mental Health, Lealofi Sio, Project Manager Pacific Mental Health and Addictions and Sue Hallwright, Director of Mental Health and Addictions Services Development.

This Plan was written by Nicola Woodward in conjunction with other members of CMDHB's Mental Health and Addictions Programme and Services Development Team.

## Table of Contents

	<b>Page No.</b>
Executive Summary	5
Introduction	7
Environment: Influences on the future	9
Local Voices	12
<i>Maaori perspectives</i>	14
<i>Pacific perspectives</i>	15
Our Strategic Direction	15
Our Strategic Priorities	21
The Outcomes Framework	22
<i>Figures</i>	
Figure 1: Service Improvement Themes – A Consumer View	12
Figure 2: A spectrum of AOD related need	18
Figure 3: A recovery-centred philosophy for specialist AOD services	19
Appendices	
<i>Appendix 1</i>	
Actions to develop and improve AOD services and initiatives for Maaori	41
<i>Appendix 2</i>	
Actions to develop and improve AOD services and initiatives for Pacific peoples	43

## 1. Executive Summary

This is Counties Manukau DHB's first dedicated Plan for alcohol and other drug (AOD) services. It sets out the DHB's strategic direction and details the specific actions it intends to take over the next 3-5 years to improve the wellbeing of local people, families/whānau and communities whose lives are being harmed or may become harmed by alcohol and/or other drug use.

The Plan describes a broad range of services and initiatives from primary prevention to social re-inclusion that the DHB believes will significantly improve the quality of local people's lives. In order to achieve this, the Plan also sets out the DHB's intention to form the partnerships with local communities, services and organisations that will be critical to achieving its potential to reduce local health inequalities.

### Strategic context

The strategic direction and actions described in this Plan have been informed by the profile of CMDHB's local population and the healthcare needs and experiences of our most vulnerable people and communities. Whilst aiming to promote the health and wellbeing of all, the Plan therefore focuses on Māori and Pacific communities and young people, whose quality of life and wellbeing are already disproportionately harmed by alcohol and/or other drug use.

The Plan has also been informed by related national, regional and local Plans including *Te Kokiri*, the national Mental Health and Addiction Action Plan and CMDHB's Mental Health and Addictions Action Plan 2006-10, upon which this Plan aims to build.

CMDHB estimates that the 'ringfenced' funding it receives from the Ministry of Health for all mental health and addictions services is approximately 75% of that needed. This figure is based on CMDHB's position relative to the target level of service described in the Mental Health Commission document *Blueprint for Mental Health Services in New Zealand*. Although some of the actions described in this Plan are contingent on the provision of additional funding by the Ministry of Health, many are achievable at current funding levels. Where necessary, CMDHB will re-distribute existing health funding in order to reflect local strategic priorities and needs and work in partnership with other funders with a view to jointly funding services wherever appropriate.

### Strategic Direction

#### *Our vision*

The vision underpinning this Plan is a future in which the inequalities caused by alcohol and other drug use to the health and social wellbeing of our local communities are very significantly reduced and in which alcohol is enjoyed responsibly by those who choose to drink. The DHB also envisages a future in which AOD consumers and their families/whānau no longer experience social stigma and discrimination and are able to access with ease the physical, social, emotional, cultural and spiritual services and supports needed to live recovery within their own communities.

#### *Our aims*

With a focus on our most vulnerable communities, this Plan therefore aims to:

- Support and enable individuals, families/whānau and communities to make and implement healthy choices about the role alcohol and other drugs play in their lives

- Support and enable individuals and families/whānau whose lives are harmed by alcohol and/or other drug use to access the combination of personalised physical, social, emotional, cultural and spiritual services that enable people to overcome AOD-related problems and achieve and sustain recovery.

This Plan therefore marks a strategic shift in CMDHB's approach to addressing the AOD-related needs of Counties Manukau communities. Providing effective clinical treatment services for people with severe and complex AOD problems will continue to be important. However, this represents just one part of a broader spectrum of AOD-related need from primary prevention to social re-inclusion. In relation to this, AOD consumers in particular have called for a much more holistic, co-ordinated approach that reflects the full range of services and supports required for recovery.

This shift in CMDHB's strategic approach to AOD services calls for a broad and relatively ambitious range of actions. These have been determined and prioritised in order to reflect need and create the necessary foundation for sustainable improvements in the medium to longer term.

Within this context CMDHB recognises that the impact of AOD use on community, family/whānau and personal wellbeing is influenced by a broad range of socio-economic factors. For this reason, the Plan's potential to reduce local health inequalities will only be fully achieved through consumer and community leadership and multi-sectoral partnerships. CMDHB therefore intends to establish the infrastructure required to support and enable everyone to play their part.

### **A recovery philosophy for AOD services**

The Plan recognises that recovery for AOD consumers includes the personal choice to minimise the harms associated with AOD use whilst continuing to use, and/or work towards achieving and sustaining abstinence. The Plan also recognises the importance of the physical, mental, social, cultural and spiritual dimensions of personal and family/whānau wellbeing and that, being more than the voluntary-sustained management of AOD use, recovery for AOD consumers is a journey of personal growth towards conscientious self-fulfillment within communities and families/whānau.

### **Priorities and Actions**

Applied specifically within an AOD context, the actions set out in this Plan are structured and organised in accordance with CMDHB's generic 'Outcomes Framework' for local health services. It therefore includes actions which, by aiming to reduce hazardous and harmful AOD use across a spectrum of AOD related need, will:

- Improve community wellbeing
- Improve child and youth health
- Reduce the impact of priority conditions
- Reduce health inequalities
- Improve health sector responsiveness to individual and family/whānau need
- Improve the capacity of the health sector to deliver quality services

In relation to each of these outcomes areas, the relative priority of each action has been determined by a number of key factors including their potential to:

- Reduce health inequalities

- Improve experience and outcomes for our most vulnerable consumers and families
- Contribute to the sustainable transformation of the local AOD system
- Create the foundation for achieving the Plan's medium to longer term actions
- Build upon and sustain work that is already making a difference
- Achieve progress across the spectrum of AOD related need and across the whole AOD system
- Positively engage key stakeholders in a range of developments and innovations that they have already expressed a commitment to.

Also set against a spectrum of AOD related need from primary prevention to social inclusion, these actions aim to:

#### *Primary prevention*

- Ensure that a range of accurate and culturally appropriate written information about AOD use is widely available for adults and young people
- Develop the role, confidence and skills of a broad range of health, social and community services, organisations and people to provide information about AOD use and safer drinking to adults and young people
- Develop the role, confidence and skills of cultural community leaders, parents and other family/whaanau members to provide AOD-related education and information
- Promote and support youth AOD awareness and resilience

#### *Earlier intervention*

- Develop the role, confidence and skills of a broad range of local people in health, social and community settings to initiate conversations with adults and young people about AOD use and deliver brief interventions
- Develop youth outreach, school-based and peer led approaches to improve youth access to appropriate information, advice, counselling and support
- Reduce AOD related stigma and discrimination

#### *Treatment and care*

- Improve the range, quality and effectiveness of specialist AOD services
- Develop a holistic, personalised model of care
- Improve family/whaanau wellbeing, including maternal, parental, child and youth
- Improve the health and wellbeing of the most vulnerable and socially isolated young people, adults and families/whaanau
- Reduce the complexity of the local AOD system in order to ease navigation for consumers and families/whaanau

#### *Social inclusion*

- Provide access to suitable housing, educational, employment and recreational opportunities
- Reduce AOD related stigma and discrimination
- Develop 'sustaining recovery' support for people leaving specialist AOD services
- Ensure consumers and families/whaanau are able to access mainstream health, social and community living support and services

## 2. Introduction

Counties Manukau District Health Board (CMDHB) is responsible for funding health services and providing hospital and related services for the people of Counties Manukau (Manukau City, and Franklin and Papakura Districts) as set out in the DHB District Strategic Plan under the New Zealand Public Health & Disability Act 2000.

Building on its Mental Health and Addictions Action Plan 2006-10, this is CMDHB's first dedicated Plan for alcohol and other drug (AOD) services. It sets out the DHB's strategic direction and details the specific actions it intends to take over the next 3-5 years to improve the wellbeing of local people, families/whānau and communities whose lives are being harmed, or may become harmed in some way by alcohol and/or other drug use.

The Plan describes a broad of services and initiatives from primary prevention to social re-inclusion that the DHB believes will significantly improve the quality of local people's lives. In order to achieve this, the Plan also sets out the DHB's intention to form the partnerships with local communities, services and organisations that will be critical to the Plan's contribution to reducing local health inequalities.

The World Health Organisation defines harmful alcohol use as a pattern of psychoactive substance use that is causing damage to physical and/or mental health.<sup>1</sup> In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.

Hazardous and harmful use of alcohol and other drugs is one of the greatest risks to health and social wellbeing, affecting individuals, families, communities and society as a whole. Harmful consumption contributes to health and social inequalities and is among the foremost underlying causes of disease, mental ill-health, injury, violence (including domestic violence), fetal harm, disability, social problems, and premature deaths.<sup>2</sup>

The estimated annual cost of alcohol harm in New Zealand ranges from \$1- 4 billion: health related expenditure is \$655 million, crime and related costs, \$240 million, and social welfare \$200 million. The government spends a further \$330m on initiatives relating to problematic alcohol consumption. Lost productivity alone costs New Zealanders \$1.7 billion a year.<sup>3</sup>

These facts are testimony to the widespread presence of substance use disorders in New Zealand. According to the New Zealand Mental Health Survey<sup>4</sup> 13.8% of the population are predicted to meet criteria for a disorder at some time in their lives, with 12.3% having already done so and 3.5% having a disorder in the past 12 months. The survey also reported that Māori have a significantly higher risk of developing substance use disorders than Pacific people, who have a significantly higher risk than other NZ population groups. In addition, people with a substance use disorder commonly experience other disorders, with 40% experiencing an anxiety disorder and 29% a mood disorder.

---

<sup>1</sup> World health Organisation, 2004

<sup>2</sup> World Health organisation, 2005

<sup>3</sup> Alcohol Advisory Council of New Zealand, quoted in 'Investing in addiction treatment.' National Committee for Addiction Treatment, New Zealand, 2008

<sup>4</sup> Substance use disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey, ALAC 2006

The higher prevalence of substance use disorders and hazardous drinking experienced by Maaori and Pacific people<sup>5</sup>, combined with the relative youthfulness and socio-economic disadvantage of both communities associated with hazardous and harmful AOD use, has important implications for CMDHB's own response to local patterns of AOD use and have largely determined the strategic direction and actions described in this Plan.

Research has consistently demonstrated that intervening early in hazardous patterns of alcohol use, promoting substance misuse harm minimization strategies and providing evidence-based treatment for people with a substance use disorder improve physical and social wellbeing and reduce the socio-economic costs of AOD related crime. Seen within this context and delivered in partnership with local communities and organisations, CMDHB expects its AOD Plan to contribute significantly to reducing the health and social inequalities experienced by local Maaori and Pacific communities.

### **Our Vision**

The vision underpinning this Plan is a future in which the inequalities caused by alcohol and other drug use to the health and social well being of our local communities are very significantly reduced and in which alcohol is enjoyed responsibly by those who choose to drink. The DHB also envisages a future in which AOD consumers and their families no longer experience social stigma and discrimination and are able to access with ease the physical, social, emotional, cultural and spiritual services and supports needed to live recovery within their own communities.

The DHB will therefore be seeking to develop partnerships with a broad range of mainstream and specialist agencies across sectors, which acknowledge its responsibility to plan for and fund services to meet the needs of its local population.

### **Treaty of Waitangi – Te Tiriti o Waitangi**

The Treaty of Waitangi establishes the unique relationship between Maaori as tangata whenua (first peoples of the land) and the Crown. As a Crown Agency, Counties Manukau DHB considers the Treaty of Waitangi principles of partnership, participation and active protection of Maaori Health interests, respect, cooperation and utmost good faith, to be implicit conditions of the nature in which the internal organisation of Counties Manukau DHB responds to maximise Maaori health gain and promote equity and economic and cultural security.

CMDHB has identified the following concepts to guide the enactment of this:

- Maaori health is everyone's responsibility;
- Maaori health gains will be addressed through sustainable solutions;
- Maaori will enjoy the same level of health as non-Maaori;
- Whaanau health gain is integral to Maaori health gain.

This Plan is committed to embedding each of these principles in the development and provision of AOD related services and initiatives to improve the health and wellbeing of Maaori communities across the spectrum of AOD related need.

---

<sup>5</sup> Substance use disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey, ALAC 2006

### 3. Environment: Influences on the future

#### Our People

Comprising the territorial authorities of Franklin, Papakura and Manukau, Counties Manukau DHB has the third largest DHB population in New Zealand estimated at 464,000 in 2007 and the fastest growing population of any DHB, with an annual growth rate of 3.2% since 2001. This is attributable in part to relatively high birth rates, immigration and migration from other parts of Auckland due to relatively cheaper house prices.

Counties Manukau has the highest number of people living in NZDep06 decile 9 +10 areas of any DHB. The estimated 160,000 people living in areas rated as relatively deprived is nearly double that of the next highest DHB (Auckland at 88,000). Nearly 34% of the Counties Manukau population live in deprived (decile 9 and 10) areas.

Counties Manukau also has the highest number of 0-14 year olds of any DHB, estimated at 116,700 in 2007, in which year 25% of CMDHB's population was under 20 years. CMDHB has the highest number of Maaori children aged 0-14 (28,400 in 2007) and Pacific children (33,400) of any DHB and the second highest number of Asian children (16,700). 43% of 0-14 year olds in Counties Manukau live in decile 9 and 10 areas.

Counties Manukau has the highest proportion of Maaori people of any DHB, estimated at 17% (78,000) in 2007 with 12% of all New Zealand Maaori live in Counties Manukau. It also has a high proportion of Pacific peoples (21%, 98,000) with 38% of all New Zealand's Pacific people living in the district. Disproportionately high numbers of both Maaori (57%) and Pacific people (73%) live in the district's most highly deprived areas. Similarly for children, 43% of 0-14 year olds live in decile 9 and 10 areas. The high proportion of the Counties Manukau population living in deprivation has a significant impact on health and health service provision.

Referring to people of ethnic Pakistani and Indian origin, through to Southeast Asia and East Asia, including the Philippines, Indonesia and Japan, Counties Manukau has a relatively high proportion of Asians (16%). As the most rapidly growing local population group, 18% of all New Zealand's Asian people live in Counties Manukau. Along with Europeans, Asian people are more likely to live in less deprived areas than the Counties Manukau average.

#### Local alcohol and other drug use

The prevalence of hazardous drinking in Counties Manukau reported in the 2006/7 New Zealand Health Survey<sup>6</sup> was lower at 14.6% than the total New Zealand prevalence (19.6%). However, although the total prevalence of hazardous drinking by Maaori in Counties Manukau was lower at 26.3% than the national average for Maaori (30.9%), the prevalence for local Maaori males (42.6%) was significantly higher than all males nationally (27.6%) and higher than the total national prevalence for Maaori males (40.9). The rate of hazardous drinking for Maaori women in Counties Manukau was lower (15%) than Maaori women nationally (22.2%), though still higher than all women nationally (12.2%). The consistent conclusion from different studies is that drinking patterns for many Maaori, and in particular Maaori men, are potentially hazardous, with the majority of alcohol being consumed in heavier drinking sessions, commonly at home or other people's homes.

---

<sup>6</sup> New Zealand Health Survey, 2007

For Pacific peoples, the rate of hazardous drinking at (15.7%) in Counties Manukau was reported to be lower in the New Zealand Health Survey than the total NZ population (19.6%) and lower than the national average for Pacific peoples at 21.6%. These lower patterns of hazardous drinking by local Pacific peoples compared to national levels were observed for both men and women. 24.8% of Pacific males living in Counties Manukau reported drinking hazardously compared to 32.1% of all Pacific males nationally and 27.6% of all NZ males. Similarly, 8% of local Pacific women reported drinking hazardously compared to 12% of all Pacific women nationally and 27.6% of all NZ females.

With alcohol and marijuana use being most common, service utilisation data suggests that opiate use and opiate dependence is relatively low in Counties Manukau compared to other parts of Auckland. However, indirect anecdotal reports by Maaori Kaumatua suggest that levels of amphetamine use, particularly amongst young people, are higher than those indicated by service utilisation data and have become a considerable cause for concern<sup>7</sup>. Similarly, anecdotal reports suggest that alcohol-related problems experienced by young Asian people are higher than indicated by service utilisation data<sup>8</sup>.

The higher prevalence of substance use disorders and hazardous drinking experienced by Maaori and Pacific people<sup>9</sup>, combined with the relative youthfulness and socio-economic disadvantage of both communities has important implications for DHB's strategic response to local patterns of AOD use and health inequalities.

### **AOD Services**

Counties Manukau DHB funds specialist AOD services for young people and adults and culturally specific services for Maaori and Pacific people. The largest regional services are the community and in-patient alcohol and drug services, which are delivered by Waitemata DHB and jointly funded by CMDHB in partnership with Waitemata and Auckland DHBs. CMDHB is committed to ensuring that these regionally funded services are, wherever possible, provided locally within Counties Manukau. Most other community and residential services funded by CMDHB are provided by a range of Non-Government Organisations (NGOs).

The range of specialist AOD related services provided to Counties Manukau residents includes:

- Community-based treatment (including medical detoxification and counselling)
- Inpatient treatment
- Residential rehabilitation
- Kaupapa Maaori services
- Pacific services
- Child and Youth services (including outreach and school-based)
- Services for people with co-existing disorders (otherwise referred to as dual diagnosis)

The DHB also funds the Counties Manukau AOD Consumer Network, which, over the past year, has started to run a small number of peer support groups and peer-led activities that are facilitated by trained AOD Peer Support Specialists.

---

<sup>7</sup> Anecdotal report, PHO General Managers, 2009

<sup>8</sup> Anecdotal report, Asian service provider, 2009

<sup>9</sup> Substance use disorders in Te Rau Hinengaro: The New Zealand Mental Health Survey, ALAC 2006

Although 43% of funded AOD services are provided by NGOs, accurate information about the utilisation of NGO services provided across Auckland by Counties Manukau residents is difficult to obtain. With regard to the allocation of services according to age, the majority of funded services (78%) are for adults with the remainder (22%) targeting children and young people. Similarly, the allotment of services according to ethnicity demonstrates a comparable trend, with 78% of funding going to mainstream services, 16% to kaupapa Maaori services and 6% to Pacific services. The future distribution of CMDHB's funding for AOD services will increasingly reflect the disproportionate burden of AOD related risk and harm experienced by Maaori and Pacific communities and young people.

The current Auckland regional AOD project's comprehensive situational analysis of AOD services across the Northern region will contribute further detailed information about local AOD services, including key service gaps. Once available, the findings of this project will be disseminated and inform the sequencing and implementation of this Plan's detailed actions.

### **AOD service funding**

CMDHB estimates that the 'ringfenced' funding it receives from the Ministry of Health for all mental health and addictions services is approximately 75% of that needed. This figure is based on CMDHB's position relative to the target level of service described in the Mental Health Commission document *Blueprint for Mental Health Services in New Zealand (1998)*, taking into consideration the demography and relative deprivation of its local population<sup>10</sup>.

The 2008/09 expenditure by CMDHB on AOD services for its population is \$10.9M (of which \$2.7M is spent on children and young people). The gap to full funding for the level of service described in the *Blueprint* document is currently estimated at \$5.1M and this is the sum (at \$2008/09 prices) that would be required to fully fund the level of development described in this Plan.

Although some of the actions described in this Plan are contingent on the provision of additional funding by the Ministry of Health, many are achievable without additional funding. Many agencies and groups play an important part in addressing the spectrum of AOD related need, including a variety of funding agencies with whom CMDHB intends to explore opportunities for collaborative funding.

CMDHB as a funder will play its part in achieving the vision and actions set out in the Plan by:

- Working with other funders to eliminate duplication, maximise value for money and collaboratively fund services where appropriate
- Supporting quality improvements by service providers
- Re-allocating existing health funding in order to reflect local strategic priorities and needs, in addition to ensuring best value for money and optimum health outcomes for our most vulnerable communities
- Applying any additional funding received from the Ministry of Health

CMDHB is committed to progressing the implementation of this Plan. Closing our gap against *Blueprint* target levels of service will, however, require additional funding.

---

<sup>10</sup> Based on recent analysis of the relationship between mental health service utilisation, demography and deprivation completed to support refinement of the Population Based Funding Formula

## 4. Local Voices

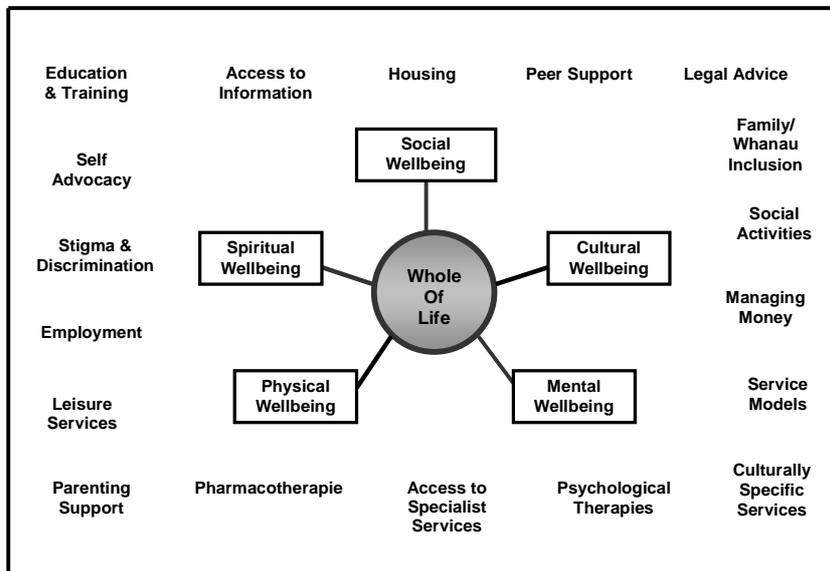
A range of meetings, workshops and focus groups involving a spectrum of local stakeholders (further details of which are provided below) informed the early development of this Plan. An initial draft was circulated for public consultation in July 2008. This generated a broad spectrum of feedback and diversity of opinion through written submissions, one-to-one meetings and group presentations and discussion, all of which contributed significantly to this final document.

### AOD Consumers

An open AOD Consumer Forum was established to enable local consumers to inform the early development of this Plan. Almost 50 consumers, some of whom also identified as family members, attended three half-day meetings over a period of four months. No personal details were requested or recorded in order to encourage participation and preserve consumer confidence in confidentiality.

Over this period, participants shared their experiences of specialist AOD services (community and residential) and ideas for improving these. They also proposed a range of innovative ways to address the broader health and social needs of AOD consumers, which they reported were generally unattended to by specialist AOD services. Figure 1 provides an overview of the themes for AOD service improvement and development proposed by Forum members. The 'whole of life' approach strongly advocated by consumers reflected their view that achieving and sustaining recovery is dependent upon much more than effective clinical services. This view was shared equally by consumers across cultures, including Pakeha.

**Figure 1. Service Improvement Themes: A Consumer View**



Having completed its work to inform the early development of this Plan, the AOD Consumer Forum evolved into the Counties Manukau AOD Consumer Network. Once the draft AOD Plan was issued for public consultation, further consultation meetings with Network members were held in order to consider whether the Plan's proposed strategic direction and actions reflected the original recommendations and guidance of Forum

members. This also provided further opportunity for new Network members, who had not participated in early Forum discussions, to contribute new perspectives and ideas.

### **AOD Service Providers**

Building on the work of the AOD Consumer Forum, a workshop was subsequently held for specialist community and residential AOD service providers and CMDHB provider Arm representatives in order to feedback and explore Consumer Forum perspectives. This workshop also reviewed current access to specialist AOD services and identified ways in which these might be improved for particularly vulnerable and socially isolated consumer groups across the whole health and social care system. A further meeting was held with the newly established Counties Manukau AOD Providers Forum in order to seek feedback on the draft Plan.

### **Maaori Perspectives**

Consultation meetings were held with Maaori AOD consumers and specialist kaupapa Maaori AOD service providers.

For Maaori AOD consumers, the Maaori representative on the AOD Consumer Network's governance group and the Network Manager convened and co-facilitated a focus group for Maaori consumers with the support of a local kaupapa Maaori AOD service provider. 16 Maaori AOD consumers participated, a small number of whom were also employed in professional roles in kaupapa Maaori services. Two Maaori staff members who did not identify as consumers also attended.

One-to-one discussions were also held with the managers of the kaupapa AOD services operating in Counties Manukau and the initial draft Plan was presented for feedback to Te Ara Whiriwhiri.

Priorities and concerns emerging from discussions with Maaori consumers and other Maaori stakeholders that informed the development of the specific actions for Maaori consumers, whanau and communities set out in this Plan, included the need for:

- A focus on the most vulnerable and socially isolated Maaori youth and earlier intervention services to enable Maaori youth with AOD problems to remain in school
- Effective models of intensive community support and residential services for Maaori women with children
- Improvements in the cultural responsiveness of mainstream and kaupapa Maaori specialist AOD services
- Support houses for Maaori consumers at different stages of recovery, including support houses that enabled whanau to stay together
- Kaupapa Maaori detoxification services located in Counties Manukau, including detoxification services for young people
- Maaori AOD workforce initiatives to build the peer support role of Maaori AOD consumers and whanau members
- A co-ordinated, holistic, 'wrap around' approach that addresses the physical, mental, emotional, social cultural and spiritual needs of Maaori consumers in one place, and AOD Community Support Workers to enable Maaori consumers and whanau to navigate and access community services and supports
- The shared capability of specialist AOD and mental health services and professionals to be further developed in order to more effectively support and care for Maaori with co-existing AOD and mental health problems, including methamphetamine users

## **Pacific Perspectives**

Consultation meetings were held with Pacific AOD consumers and Pacific AOD service providers.

For Pacific consumers, the Pacific representative on the AOD Consumer Network's governance group and the Network Manager convened and co-facilitated a focus group for Pacific consumers with the support of a local Pacific AOD service provider. Three Pacific consumers participated. A further two, who had been unable to attend the group discussion, shared their experiences and ideas for improving services in one-to-one meetings with the Network Manager. Perspectives shared at these meetings also built on the many other Pacific consumer perspectives that had already been shared and explored in detail at the previous AOD Consumer Forum and Network meetings.

A meeting was also held with members of the Pacific Mental Health and Addictions Stakeholders Forum, including representatives of Pacific AOD services, PHOs, and mental health services. This explored Pacific feedback on the initial draft Plan and aimed to ensure alignment between the AOD Plan and the Pacific Mental Health and Addictions Implementation Plan.

Priorities and concerns emerging from discussions with Pacific consumers and other Pacific stakeholders that have informed the development of the specific actions for Pacific consumers, families and communities set out in this Plan, included the need for:

- More family-centered, family inclusive approaches
- AOD services founded on community development principles
- Culturally responsive mainstream services and improved access to Pacific counselors who speak Pacific languages. It was also proposed that early childhood centres should also have Pacific staff who speak Pacific languages in order to provide a solid foundation for positive self esteem and identity
- Pacific community leaders to take steps to counter AOD-related stigma and discrimination within Pacific communities
- Pacific AOD service providers to be located within Counties Manukau
- A co-ordinated, holistic, 'wrap around' approach that addresses the physical, mental, emotional, social, cultural and spiritual needs of Pacific consumers and families in one place, and for AOD Community Support Workers to enable consumers and Pacific families to navigate and community services and supports
- More Pacific Youth outreach services
- Pacific workforce initiatives to build the peer support role of consumers and family members
- Culturally-based social and recreational activities for Pacific AOD consumers and their families
- The shared capability of specialist AOD and mental health services and professionals to be further developed in order to more effectively support and care for Pacific consumers with co-existing AOD and mental health problems.

## **Asian Perspectives**

In addition to the Asian perspectives that have already informed the development and content of this Plan, further specific AOD-related actions for Asian communities will be incorporated as the findings of CMDHB's current Asian Health Needs Assessment emerge over the coming year.

## 5. Our Strategic Direction

This Plan sets out CMDHB's strategic direction and details the specific actions it intends to take over the next 3-5 years to improve the health and social wellbeing of local people, families and communities whose lives are being harmed or may become harmed in some way by alcohol and/or other drug use.

Developed within the context of CMDHB's local strategic Plan<sup>11</sup>, it has been informed by a number of key national and local documents including:

- *Te Tahuhu*: Improving Mental Health 2005-15: The Second NZ Mental Health and Addiction Plan
- *Te Kokiri*: The Mental Health and Addiction Action Plan
- *Te Pauwaiwhero*: The Second Maori Mental Health and Addiction National Strategic Framework 2008-15
- National Drug Policy, 2007-12
- Substance use disorders in *Te Rau Hinengaro*: The New Zealand Mental Health Survey, ALAC, 2006
- *Seitapu*: Pacific Mental Health and Addiction Cultural and Clinical Competencies Framework, 2007
- *Healthy Futures*: A Strategic Plan for Counties Manukau District Health Board
- Counties Manukau Mental Health and Addictions Action Plan 2006-10
- Counties Manukau Maaori Mental Health and Addictions Services: District Maaori Mental Health Plan 2005 – 2009
- Tupu Loa Moui: CMDHB Pacific Health and Disability Action Plan 2006-10
- Pacific Mental Health and Addictions Implementation Plan 2008-12
- Mental health and Addiction in Counties Manukau: Health Needs Assessment, 2007

### Our Vision

The vision underpinning this Plan is a future in which the inequalities caused by alcohol and other drug use to the health and social well being of our local communities are very significantly reduced, and in which alcohol is enjoyed responsibly by those who choose to drink. The DHB also envisages a future in which AOD consumers and their families/whaanau no longer experience social stigma and discrimination and are able to access with ease the physical, social, emotional, cultural and spiritual services and supports needed to live recovery within their own communities.

### Our Aims

With a focus on our most vulnerable communities, this Plan therefore aims to:

- Support and enable individuals, families/whaanau and communities to make and implement healthy choices about the role alcohol and other drugs play in their lives
- Support and enable individuals and families/whaanau whose lives are harmed by alcohol and/or other drug use to access the combination personalised physical, social, emotional, cultural and spiritual services that enable people to overcome AOD-related problems and achieve and sustain recovery.

---

<sup>11</sup> Healthy Futures: A Strategic Plan for Counties Manukau District Health Board

## **Our Objectives**

These aims will be achieved by:

- Focusing on the needs of Maaori and Pacific families, communities and young people
- Delivering a spectrum of initiatives in a broad range of health, social and community settings along a continuum of need from primary prevention to social re-inclusion
- Promoting, developing and implementing an holistic model of care that reflects the broad range of physical, social, emotional, cultural and spiritual supports required for recovery
- Continuing to develop and deliver clinically effective specialist services as a component of holistic and co-ordinated care planned treatment and care
- Improving the accountability and co-ordination of local services to local people and strengthening the role of consumers, families and communities in determining the development and provision of AOD services and initiatives
- Demonstrating value for money by ensuring that the DHB's investment in AOD services delivers measurable improvements in the health and social wellbeing of consumers and their families.

## **Working in partnership**

CMDHB recognises that the impact of AOD use on community, family and personal wellbeing is influenced by a broad range of social and economic factors. This Plan's potential contribution to reducing local health inequalities will therefore not be fully achieved without community leadership, multi-sectoral partnerships and a focus on our most vulnerable families/whaanau, communities and people. CMDHB will therefore establish and support the cross-sectoral community-level strategic partnerships required to achieve the vision of this Plan and its specific actions.

All of the actions outlined in this Plan have been informed by the voices and experiences of local people whose lives are or have been harmed in some way by alcohol or other drug use. Moving forward, sustainable improvements in the wellbeing of AOD consumers, families/whaanau and communities will only be achieved through local community self-determination and leadership. CMDHB therefore intends to support and enable consumers, families/whaanau and communities to lead the process of turning these actions into tangible improvements in wellbeing and experience.

Non-Government Mental Health and Addiction Organisations contribute significantly to the wellbeing of mental health and AOD consumers in Counties Manukau. In particular, local community-based service innovations and developments led by NGOs have significantly improved consumer experience and outcomes. Working in partnership with local communities and consumers, CMDHB anticipates that this track record will continue to be reflected in the NGO sector's role in co-creating and developing components of the local AOD system outlined in this Plan. The establishment of the Puriri Trust as a new Consumer Governed Organisation in Counties Manukau will play a unique and particularly important role in leading the development of the AOD consumer workforce and consumer-led services through the Counties Manukau AOD Consumer Network.

Though a number of improvements have already been made, AOD consumers have issued a clear call, based on their experience and through their involvement in developing this Plan, for AOD and Mental Health services to work more closely together. The disempowering and dispiriting experience for particularly vulnerable consumers with co-existing AOD and mental health problems and their families/whaanau, in trying to navigate a complex health and social care system calls for significant improvements in interagency working and shared care planning

and care co-ordination. In partnership with consumers and families/whaanau, the CMDHB Provider Arm and Waitemata DHB's Regional Community Alcohol and Drugs Service will play an important part in continuing to lead these improvements.

Within the context of CMDHB's 2026 vision to integrate specialist AOD and mental Health services in Primary Health Centres, this Plan envisages an increasingly central role for primary care in the prevention and earlier intervention of hazardous AOD use, and the care and treatment of people with mild to moderate AOD problems. As the local structure for delivering and co-ordinating all primary health care services for their enrolled populations, Primary Care Organisations (PHOs) will play a central role in engaging and co-ordinating the contributions of GPs, practice nurses, Maaori health workers, health promotion workers, dentists, dieticians, psychologists, and pharmacists. As it also is for mental health consumers, the primary health care needs of AOD consumers are often greater than the general population and more commonly neglected.

CMDHB welcomes the newly established Counties Manukau AOD and Gambling Provider Forum, which it considers will play a critical leadership role in achieving the vision and aims of this Plan. By bringing AOD professionals together from across the sector, the Forum is well positioned to work in partnership with CMDHB, consumers, families and communities to co-develop and evaluate a number of the important service-level innovations and developments set out in this Plan.

### **Working across a spectrum of AOD-related need**

This Plan marks a strategic shift in CMDHB's approach to addressing the AOD-related needs of Counties Manukau communities. Providing effective clinical services for the treatment and management of severe and complex AOD problems will continue to be important. However, this represents just one part of a broader spectrum of AOD-related need from primary prevention to social re-inclusion.

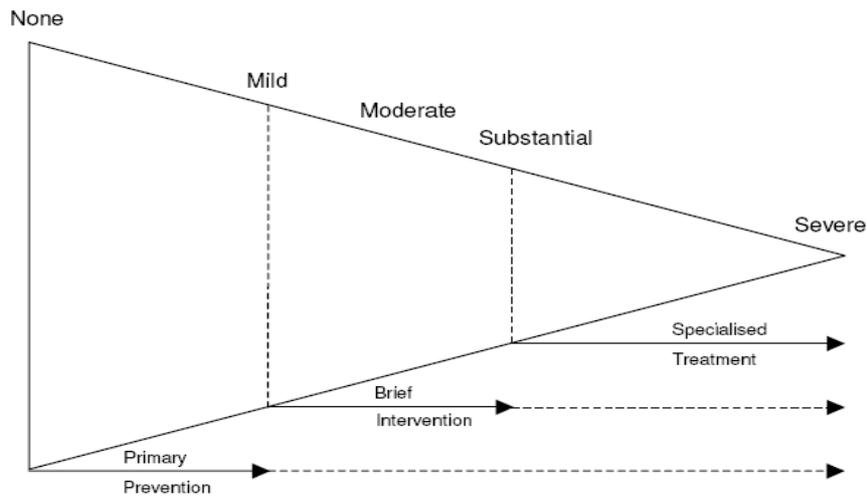
This Plan therefore sets out a broad range of actions that aim to reduce hazardous and harmful AOD use by:

- Enabling individuals, families and communities to make and implement healthy choices about the role alcohol and other drugs play in their lives
- Reducing the social stigma and discrimination experienced by consumers and their families living with AOD problems
- Improving access to a broader range of holistic treatment and community care services for people living with an AOD dependency
- Developing initiatives that support and enable people to become socially re-connected and re-included in their communities

CMDHB recognises that extending its strategic scope in this way may require some changes in organisational and service culture across the system and will work in partnership with local services and organisations to achieve this.

This spectrum of AOD related need and its relationship to the broad type of services and initiatives CMDHB will deliver is summarised in Figure 2.

**Figure 2: A spectrum of AOD related need**



*Source: The Institute of Medicine, Washington DC, 1980*

### **A recovery philosophy for specialist services**

Originating in the abstinence-based 12 Step approach, 'recovery' is a familiar and longstanding concept for AOD consumers and services. However, more recently the philosophical meaning of recovery has been interpreted more broadly to reflect a spectrum of AOD-related need including both harm minimization and abstinence.

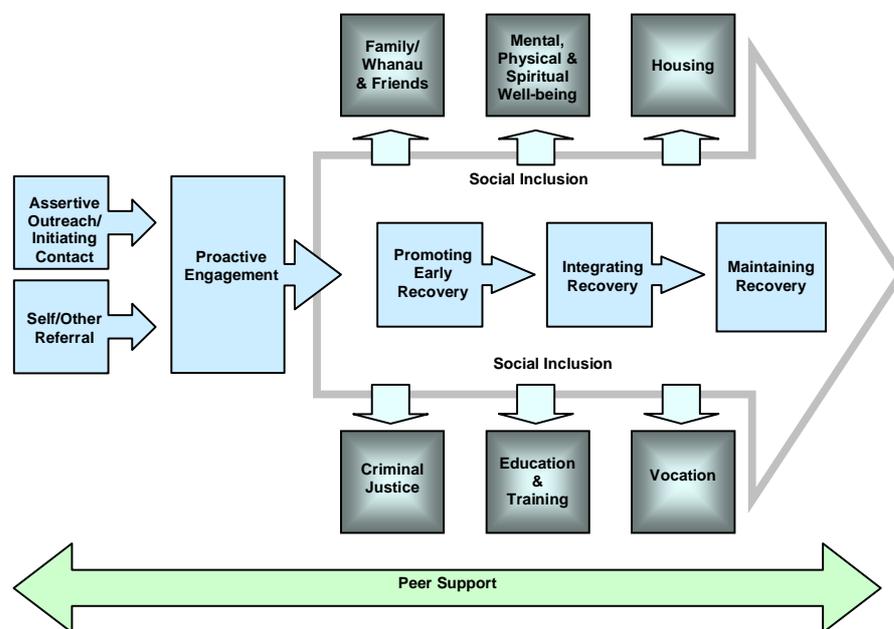
This Plan recognises that recovery for AOD consumers includes both the personal choice to minimise the harms associated with AOD use whilst continuing to use, and/or work towards achieving and sustaining abstinence. The Plan also recognises the importance of the physical, mental, social, cultural and spiritual dimensions of personal wellbeing and that, being more than the voluntary-sustained management of AOD use, recovery for AOD consumers is a journey of personal growth towards conscientious self-fulfillment within communities and families/whānau.

In order to achieve the vision of this Plan and embrace this holistic philosophy for recovery, CMDHB expects all the specialist community and residential AOD services it funds to develop a service culture founded on following the principles:

- The needs of consumers and families whose lives are most severely harmed by AOD use always come first
- The role of AOD Peer Support Specialists is highly valued and consumers are supported by specialist services to access peer support from the beginning of and throughout their recovery journey
- The high value attached to cultural wellbeing and identity in achieving and sustaining recovery is reflected in every person's treatment and care
- A belief in every person's potential to achieve recovery, and in every professional's responsibility to hold and instill hope, is reflected in proactive strategies to engage and re-engage consumers
- Professional staff always strive to engender positive motivation, self-empowerment, hope and personal resilience throughout recovery

- The process of forming a positive, trusting, empathic relationship with each new consumer and family member begins at their first point of contact with the service
- Personalised treatment and care is always founded on a consumer-led care plan that is regularly reviewed in partnership with the consumer and, if they so choose, family members
- Staff initiate and co-ordinate shared care partnerships with the broad range of health, social, cultural and spiritual services that play a part in achieving and sustaining recovery, and these contributions are reflected in every person's care plan
- Staff are trained in family inclusive practice and the decision to involve family members in their personal care is supported and enabled as a matter of personal choice for all consumers
- Services foster a culture of continuous quality improvement, are always founded on the best available evidence and new practices are always evaluated.

**Figure 3: A recovery-centred philosophy for specialist AOD services**



This service philosophy reflects the vision and aims of this Plan and the views, experiences and wishes of consumers and other stakeholders. CMDHB will work in partnership with specialist AOD services to implement this philosophy, which will also be reflected in future service monitoring and evaluation.

### **The role of specialist community services**

In order to improve health and social outcomes for consumers and families, CMDHB expects specialist community services in Counties Manukau to:

- Provide easy access alcohol and other drug assessment, and co-ordinated holistic care planned treatment and care for people with moderate to severe clinical AOD dependency;

- Facilitate and co-ordinate consumer access to the broad range of physical, mental, social, cultural and spiritual services that contribute to achieving and maintaining recovery;
- Effectively manage the mild to moderate mental health problems experienced by consumers of specialist AOD services;
- Contribute specialist expertise and treatment in the shared care of people with severe and enduring co-existing AOD and mental health problems;
- Contribute specialist expertise and treatment in the pre- and post-natal shared care of pregnant women with AOD related problems, and their infants;
- Provide specialist clinical guidance to enhance and support the provision of AOD treatment and care for people with mild to moderate AOD dependency provided by appropriately trained primary care professionals.

### **The future configuration of specialist services**

Informed by CMDHB's 2026 vision to integrate specialist AOD and mental health services in Primary Health Centres, this Plan aims to develop and configure local specialist AOD services in the interim so that:

- The location of specialist adult community mental health and AOD services delivers the best possible treatment and care to people with co-existing needs
- Children and young people with co-existing needs receive effective co-ordinated care from integrated specialist Child and Adolescent AOD and Mental Health Services
- Specialist mainstream, kaupapa Maaori and Pacific AOD services operate from a broader range of community and primary care locations
- Pacific AOD services are located in Counties Manukau
- The cultural responsiveness of mainstream, kaupapa Maaori and Pacific services is improved by building cultural leadership and guidance within services and across the spectrum of AOD-related need
- Whilst maintaining consumer confidentiality, the operational interface between the broad range of health, social, cultural and spiritual organisations that play a part in enabling consumers and families to achieve recovery is improved. CMDHB expects specialist AOD services to initiate this process.

### **Meeting demand for specialist community services**

This Plan aims to improve access to specialist AOD services. It also aims to improve health outcomes by encouraging and enabling consumers to remain in treatment for longer. However, staff working in specialist services already feel fully stretched. This Plan therefore includes a number of actions that will contribute to managing existing and future demand for specialist services in a number of ways: by preventing and intervening earlier in hazardous AOD use; by developing the role of primary care in the treatment and care of people with mild to moderate AOD problems; by re-locating non-specialist services provided by specialist AOD professionals to non-specialist agencies; by clearly defining and marketing specialist services to the most vulnerable consumers and families; and by implementing quality improvement initiatives to ensure that resources are structured, organised and managed efficiently. CMDHB will continue to review its future investment in specialist AOD services within the context of a service improvement culture, led by specialist AOD service managers and leaders who routinely act to optimise consumer and family experience and ensure that service demand and capacity is managed effectively.

## 6. Our Strategic Priorities

The shift in CMDHB's strategic approach set out in this Plan calls for the necessarily broad and ambitious range of actions outlined in Section 7. Although every action will contribute to achieving CMDHB's overall vision, priority action is needed on a number of fronts in order to create the foundation for sustainable improvements in the medium to longer term. The relative priority of each action set out in Section 7 has therefore been allocated a Sequencing Priority Level of between 1-2 (1=achieved in years 1-3, 2=achieved in years 4-5).

Year 1-3 actions have been prioritised because of their potential to:

- Reduce health inequalities
- Improve experience and outcomes for our most vulnerable consumers and families
- Contribute to the sustainable transformation of the local AOD system
- Create the foundation for achieving the Plan's medium to longer term actions
- Build upon and sustain work that is already making a difference
- Achieve progress across the spectrum of AOD related needs and across the whole AOD system
- Positively engage key stakeholders in a range of developments and innovations that they have already expressed a commitment to.

A number of Sequencing Priority Level 1 actions have also been selected because they will take longer to achieve.

In addition, the current Regional AOD project's detailed and comprehensive situational analysis of current AOD services across the Northern region will contribute to the implementation of this Plan by identifying service gaps that will further inform the sequencing of the Plan's actions as findings emerge.

CMDHB's first step will be to establish the strategic infrastructure needed to co-direct, co-ordinate and monitor the implementation of this Plan, including its Sequencing Priority Level 1 actions. This infrastructure will also gather the capability to develop specific milestones, measures and timeframes for each action. These functions will be reflected in the stakeholder interests, expertise, responsibilities and leadership of its membership.

## Section 7

## The Outcomes Framework

**To work in partnership with our communities to improve the health status of all, with particular emphasis on Maori and Pacific peoples and other communities with health inequalities**

Long term outcomes	<b>Outcome 1 Improve community wellbeing</b>	<b>Outcome 2 Improve child and youth health</b>	<b>Outcome 3 Reduce the incidence and impact of priority conditions</b>	<b>Outcome 4 Reduce health inequalities</b>	<b>Outcome 5 Improve health sector responsiveness to individual and family/whanau need</b>	<b>Outcome 6 Improve the capacity of the health sector to deliver quality services</b>
Medium term outcomes	Achieve the outcomes in the Let's Beat Diabetes Plan	Improve maternal wellbeing	Increase access to structured programmes to reduce the impact of disease for the priority conditions	Address the systemic origins of inequalities	Increase access to services so they align with national levels	Ensure the health workforce meets the community's need for services
	Increase levels of physical activity	Improve health outcomes for infants and pre-school children	Reduce the incidence and impact of diabetes by implementing the Let's Beat Diabetes Plan	Implement specific initiatives to reduce inequalities	Improve access to and management of elective services	Improve health professionals communication skills in their dealings with patients and their families/whanau
	Increase healthy school environments	Improve weight management in children and young people	Reduce the incidence and impact cancer	Improve the capacity of all providers to deliver services to the populations they serve	Increase primary care utilisation	Ensure that services and facilities are planned to meet the future needs of the community
	Increase smoke free environments	Decrease the incidence and impact of risk taking actions by young people	Improve outcomes for people severely affected by mental illness	Improve ethnicity data collection	Improve the continuum of care for services provided to older people	Support information exchange amongst health professionals
	Develop healthy communities by working intersectorally				Reduce the number of people admitted to hospital who could have been cared for in the community	Ensure the delivery of safe and effective services
	Improve access to information to enable the community to make informed choices					Ensure the efficient use of resources

## Alcohol and other Drug Services Action Plan 2009-2014

<b>Outcome 1</b>				
<i>Improve community well-being</i>				
<b>Outcome Area</b>	<b>Specific Actions</b>	<b>Key Stakeholders</b>	<b>Lead Responsibility</b>	<b>Sequencing</b> (* denotes action subject to additional funding)
Develop healthy communities by working intersectorally	Form strategic partnerships to develop and co-ordinate action to achieve the vision and aims of this Plan by connecting cultural, professional and multi-sectoral systems and groups	CMDHB Funder & Planner, ARPH, Manukau City, Papakura and Franklin TAs, PHOs, health promotion agencies, Te Ara Whiriwhiri, Pacific Mental Health & Addictions Stakeholder Forum, cultural and community leaders, GM Maaori Health, GM Pacific Health, AOD Providers Forum, ALAC, Ministries of Health, Education and Social Development, Dept of Corrections and Youth Justice, ACC, AOD Consumer Network, CGO	Intersectoral, supported and enabled by CMDHB Planner & Funder	1
	Develop a range of affordable housing and supportive accommodation for AOD consumers at different stages of the recovery pathway	CMDHB Funder & Planner, Housing NZ, private landlords, Mental Health and Addictions Housing Initiatives, AOD Consumer Network, CGO	Intersectoral, supported and enabled by CMDHB Planner & Funder	1
	Ensure that a range of educational and vocational training opportunities is available to consumers of specialist AOD services	CMDHB Funder & Planner, Education providers (including Recovery Education Providers), AOD Providers Forum, AOD Consumer Network, CGO	CMDHB Planner & Funder	1
Improve access to information to enable the community to	Review and improve the availability of mainstream and culturally appropriate information about:	ARPH, Te Ara Whiriwhiri, Pacific Mental Health & Addictions Stakeholder Forum, PHOs, health promotion agencies, CMDHB	ARPHS, AOD Providers Forum, AOD Consumer Network	1

make informed choices.	<ul style="list-style-type: none"> <li>- safer drinking levels the effects of unsafe drinking;</li> <li>- the effects of alcohol and drug use during pregnancy;</li> <li>- the possible effects of key drugs, including methamphetamine and cannabis (including cannabis-related psychosis)</li> <li>- the availability of specialist AOD services and how they may be accessed</li> </ul>	Funder & Planner, Counties Manukau TAs, AOD Providers Forum, Webhealth provider, Kidz First/Women's Health, ALAC, AOD Consumer Network		
	Support the development and implementation of CMDHB's Tobacco Control Plan	CMDHB Smokefree Team, Pacific Health Division, Mental Health and Addictions Services Development Team, CMDHB Funder & Planner, AOD Providers Forum, PHOs, NGOs	CMDHB Planner & Funder	1

<b>Outcome 2</b>				
<b><i>Improve child and youth health</i></b>				
<b>Outcome Area</b>	<b>Specific Actions</b>	<b>Key Stakeholders</b>	<b>Lead Responsibility</b>	<b>Sequencing</b> (* denotes action subject to additional funding)
Improve maternal wellbeing	Develop the skills of midwives, other maternity staff and primary care staff, Well Child and other child health staff to: <ul style="list-style-type: none"> <li>- undertake AOD screening;</li> <li>- deliver appropriate brief interventions to new and prospective parents and their families</li> </ul>	CMDHB Provider Arm, Kidz First/Women's Health, PHOs, CMDHB Workforce Development Co-ordinator, Te Ara Whiriwhiri, Pacific Mental Health & Addictions Stakeholder Group AOD Training Provider, GM Maaori health, GM Pacific Health, CMDHB Funder & Planner, ALAC	CMDHB Planner & Funder	1
	Ensure that comprehensive pre and post natal clinical treatment and support is available for AOD dependent pregnant women and their infants	CMDHB Planner & Funder, Provider Arm, Fetal Medicine, Kidz First/Women's Health, PHOs, AOD Providers Forum, GM Maaori Health, GM Pacific Health, CYFS, Dept. Corrections	WDHB and CMDHB Provider Arm	1
Decrease the incidence and impact of risk taking actions by young people	Improve the availability of culturally appropriate parenting support for AOD dependent parents of children of all ages, based on a review of promising practice	Cultural leaders, CMDHB Funder & Planner, WDHB, AOD Providers Forum, CMDHB Planner & Finder, Provider Arm, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health and Addictions Stakeholders Forum, Kidz First, NGOs, PHOs	CMDHB Planner & Funder	1*
	Improve the availability of culturally appropriate child and youth centered information and support, including peer support, for the children of parents and	Cultural leaders, Kidz First, AOD Providers Forum, NGOs, GM Maaori Health, GM Pacific Health, Te Ara Whiriwhiri, Kohanga Reo, Pacific Mental Health & Addictions	CMDHB Planner & Funder	1*

	families/whanau affected by AOD use, based on a review of promising practice	Stakeholders Forum, CMDHB Funder & Planner, PHOs		
	Support and enable local communities to develop and pilot culturally appropriate education initiatives to enhance the role of parents and other family/whanau members as role models and AOD advisors and educators of young people	Cultural leaders, CMDHB Planner & Funder, AOD training provider, AOD services, youth services, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, NGOs, PHOs, youth AOD services	CMDHB Planner & Funder, GMs Maaori and Pacific Health	Sequencing subject to outcomes of Mental Health First Aid evaluation
	Develop and pilot an holistic school-based, culturally appropriate, early intervention (including tobacco) service for children <13	CMDHB Planner & Funder, youth services, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health Pacific Mental Health & Addictions Stakeholders Forum, Kidz First, NGOs, youth AOD services	CMDHB Planner & Funder	1*
	Develop and pilot community and school-based peer-led approaches for building youth resilience, promoting harm minimisation and building youth AOD awareness.	CMDHB Planner & Funder, NZ Police, Ministries of Health, Education and Social Development, Youth Justice, youth AOD services, High and Complex Needs Unit, Rainbow Youth, Sports & Recreational services, GM Maaori Health, GM Pacific Health, schools, AOD Consumer Network	CMDHB Planner & Funder	1*
	Develop the capability of mainstream services working with young people across sectors to carry out youth AOD screening, deliver brief interventions, and refer to specialist youth AOD services where appropriate.	CMDHD Planner & Funder, Provider Arm, AOD Training Provider, NZ Sexual Health Services, Police, Ministries of Health, Education, and Social Development, Youth Justice, local schools, Sports & Recreational services, Rainbow Youth, AOD services, GM Maaori Health, GM	CMDHB Planner & Funder	1

		Pacific Health, ALAC		
	Subject to the outcomes of current service evaluation, continue to develop culturally appropriate, school-based, outreach, counseling, information and earlier intervention services for young people within the context of their general wellbeing and social, cultural and emotional lives	CMDHB Planner & Funder, AOD services, youth services including Rainbow Youth and Sports & Recreational services school Principals, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, NGOs	CMDHB Planner & Funder	1*
	Review and improve the delivery and co-ordination of specialist services and shared care arrangements for young people with complex needs between Child and Adolescent Mental Health and Addictions Services, and strengthening partnerships across agencies, including Youth Justice	CMDHB Planner & Funder, Provider Arm, WDHB, specialist child and youth services, CAMHS, PHOs, GM Maaori Health, GM Pacific Health, Youth Justice, NZ Police, CYFS, CMDHB Funder & Planner	WDHB and CMDHB Provider Arm	1

<b>Outcome 3</b>				
<b><i>Reduce the incidence and impact of priority conditions</i></b>				
<b>Outcome Area</b>	<b>Specific Actions</b>	<b>Key Stakeholders</b>	<b>Lead Responsibility</b>	<b>Sequencing</b> (* denotes action subject to additional funding)
Improve outcomes for people severely affected by mental illness	Enhance outcomes for people living with a severe and/or complex AOD dependency by: <ul style="list-style-type: none"> <li>- improving consumer engagement through proactive outreach ;</li> <li>- Implementing cost effective strategies to improve service accessibility;</li> <li>- Implementing strategies to improve retention;</li> <li>- developing and implementing holistic, consumer-centered needs assessment, care planning and care co-ordination arrangements;</li> <li>- implementing gambling screening;</li> <li>- involving family/whaanau as a consumer choice;</li> <li>- implementing strategies to support social re-inclusion, including family and peer based approaches.</li> </ul>	WDHB, AOD Providers Forum, NGOs, CMDHB Planner & Funder, Provider Arm, Manukau City, Papakura and Franklin TAs, PHOs, health promotion agencies, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, cultural leaders, Ministries of Health, Education and Social Development, Dept of Corrections, AOD Consumer Network, CGO	AOD Providers Forum and AOD Consumer Network	1
	Improve local access to a choice of effective treatments including psychological and pharmacological therapies in both	WDHB, AOD Providers Forum, NGOs, CMDHB Planner & Funder, Provider Arm, Manukau City, Papakura and Franklin TAs,	AOD Provider Forum and AOD Consumer Network	1*

	community and residential settings, and incorporating out of hours and crisis intervention services	PHOs, health promotion agencies, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, cultural leaders, Ministries of Health, Education and Social Development, Dept of Corrections, AOD Consumer Network, CGO		
	Enhance outcomes for people living with a severe and/or complex AOD dependency by: - developing a range of peer-led after care services; - implementing peer and family-based strategies to support social re-inclusion, drawing on learning from the Community Living Service (CLS)	WDHB, AOD Providers Forum, NGOs, CMDHB Planner & Funder, Provider Arm, Manukau City, Papakura and Franklin TAs, PHOs, health promotion agencies, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, cultural leaders, Ministries of Health, Education and Social Development, Dept of Corrections, AOD Consumer Network, CGO	CMDHB Planner & Funder	1
	Review and improve access to needle exchange services and enhance their role in promoting harm minimisation and connecting consumers with other healthcare services, including primary care.	Ministry of Health, CMDHB Planner & Funder, WDHB, AOD Providers Forum, AOD Consumer Network, PHOs, NGOs	Intersectoral, supported and enabled CMDHB Planner & Funder	1
	Improve outcomes for stimulant users (including methamphetamine) by developing and piloting: - Pharmacological therapies; - contingency management	WDHB, CMDHB Planner & Funder, AOD Providers Forum, Provider Arm, NGOs, GM Maaori Health, GM Pacific Health, PHOs, NGOs	CMDHB Planner & Funder	1*
	Explore the need for, alternatives	CMDHB Planner & Funder,	CMDHB Planner &	1

	to, and the potential benefits of establishing a local Wet House for homeless heavy drinkers	WDHB, AOD Providers Forum, Provider Arm, NGOs, AOD Consumer Network	Funder	
	Explore potential funding sources for effective alternative therapies as a consumer choice	WDHB, CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, NGOs, GM Maaori Health, GM Pacific Health, PHOs, NGOs	AOD Providers Forum & AOD Consumer Network (CGO)	2
	Develop a multi-cultural AOD Peer Support Specialist Team to operate across all specialist community AOD services and lead the development of peer-based aftercare services	CMDHB Funder & Planner, specialist AOD services, Provider Arm, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, AOD Consumer Network, CGO, NGOs	CMDHB Planner & Funder	1*
	Work towards co-location of specialist mainstream and culturally specific community-based AOD services within integrated Primary Health Centres	WDHB, CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, PHOs, GM Maaori Health, GM Pacific Health, AOD Consumer Network	WDHB, CMDHB Planner & Funder, PHOs	2
	Implement strategies to enhance co-ordination and shared care between AOD and primary care services	WDHB, CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, PHOs, GM Maaori Health, GM Pacific Health, AOD Consumer Network	WDHB, CMDHB Planner & Funder, PHOs	1
	Develop the role of primary care in the clinical diagnosis and management of mild to moderate AOD dependency	WDHB, CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, PHOs, GM Maaori Health, GM Pacific Health	CMDHB Planner & Funder, PHOs	1
	Implement measures to continue to improve the delivery and co-ordination of specialist Mental Health and AOD services for people with complex needs, including those arising from methamphetamine use	WDHB, CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, PHOs, GM Maaori Health, GM Pacific Health, AOD Consumer Network	AOD Providers Forum, CMDHB Provider Arm	1

<b>Outcome 4</b>				
<b><i>Reduce health inequalities</i></b>				
<b>Outcome Area</b>	<b>Specific Actions</b>	<b>Key Stakeholders</b>	<b>Lead Responsibility</b>	<b>Sequencing</b> (* denotes action subject to additional funding)
	Develop the role of local Maaori leaders in promoting responsible drinking and community AOD awareness through cultural, community and social networks	GM Maaori Health, Te Ara Whiriwhiri, Maaori cultural leaders, CMDHB Planner & Funder, Provider Arm, Training Providers, PHOs, health promotion agencies, Sports & Recreational services, NGOs, ALAC, AOD Consumer Network, CGO	CMDHB Planner & Funder	1*
	Within the context of CMDHB multi-sectoral strategies, develop and implement initiatives to provide intensive community support to Maaori families experiencing the most severe AOD related harm	GM Maaori Health, Te Ara Whiriwhiri, cultural leaders, CMDHB Planner & Funder, Provider Arm, WDHB, ARPH, PHOs, CYFS, MoE, Youth Justice, Corrections, TAs, AOD Providers Forum, NGOs	CMDHB Planner & Funder	1*
	Develop and implement strategies to engage and support particularly vulnerable and socially isolated Maaori youth whose lives are being significantly harmed by AOD use, including creating places of safety within the context of national youth initiatives	GM Maaori Health, Te Ara Whiriwhiri, cultural leaders, CMDHB Planner & Funder, Provider Arm, WDHB, ARPH, CYFS, MoE, Youth Justice, Housing NZ, PHOs, NGOs	CMDHB Planner & Funder	1*
	Review and improve access to effective detoxification services for Maaori	CMDHB Planner & Funder, Provider Arm, WDHB, GM Maaori Health, Te Ara Whiriwhiri, Maaori cultural leaders, Provider Arm, PHOs, NGOs, AOD Consumer	CMDHB Planner & Funder	1

		Network		
	Develop the cultural responsiveness of mainstream and kaupapa Maaori AOD services by improving access to Maaori cultural leadership and guidance within specialist AOD services	Maaori cultural leaders, GM Maaori Health, Te Ara Whiriwhiri, WDHB, CMDHB Planner & Funder, Provider Arm, WDHB, NGOs	CMDHB Planner & Funder	1
	Within the context of CMDHB multi-sectoral strategies, develop and implement strategies to provide intensive community support to Pacific families experiencing the most severe AOD related harm	GM Pacific Health, Pacific Mental Health and Addictions Stakeholders Forum, LotuMoui Health Committee, CMDHB Planner & under, Provider Arm, WDHB, PHOs, CYFS, MoE, Youth Justice, Corrections	CMDHB Planner & Funder	1*
	Provide Tupu with an operational base in Counties Manukau that can be locally accessed by consumers and families	GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, LotuMoui Health Committee, CMDHB Planner & Funder, WDHB, ARPH, PHOs, Provider Arm	WDHB	1
	Review and improve access to Pacific language speakers for Pacific people accessing AOD services	GM Pacific Health, LotuMoui Health Committee, Pacific Mental Health & Addictions Stakeholders Group, CMDHB Planner & Funder, Provider Arm, WDHB, PHOs, NGOs, AOD Consumer Network, CGO	Pacific Mental Health and Addictions Stakeholders Group	1
	Develop the role of local Pacific community leaders in promoting responsible drinking through cultural, community and social networks	GM Pacific Health, LotuMoui Health Committee, Pacific Mental Health & Addictions Stakeholder Group, CMDHB Planner & Funder, Provider Arm, Training Providers, PHOs, health promotion agencies, Sports & Recreational services, NGOs,	Pacific Mental Health & Addictions Stakeholder Group, LotuMoui Health Committee	1

		ALAC, AOD Consumer Network		
	Develop the Pacific cultural responsiveness of mainstream services by improving access to Pacific cultural leadership and guidance	LotuMoui Health Committee, Pacific Mental Health & Addictions Stakeholders Forum, WDHB, CMDHB Planner and Funder, Provider Arm, NGOs, GM Pacific Health	CMDHB Planner & Funder	1*
	Implement culturally appropriate strategies to reduce AOD-related stigma within and across all cultural communities	LotuMoui Health Committee, Maaori cultural leaders, Asian cultural leaders, CMDHB Planner and Funder, Provider Arm, ALAC, WDHB, PHOs, GM Maaori Health, GM Pacific Health, Te Ara Whiriwhiri, Pacific Mental Health and Addictions Stakeholders Forum, AOD Consumer Network	CMDHB Planner & Funder	1
	Ensure that the AOD Consumer Network and Consumer Governed Organisation are established and governed to represent and serve the needs of all cultural communities	GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, CMDHB Planner and Funder, CGO Board, CMDHB Manager for Asian Health, AOD Consumer Network	CMDHB Planner & Funder	1
	Ensure that Asian migrant AOD-related needs (including needs of youth) are assessed within the context of CMDHB's forthcoming Asian Migrant Health Needs Assessment and barriers to access	CMDHB Planner & Funder, CMDHB Manager for Asian Health, WDHB, Asian cultural leaders, Asian service providers, NGOs	CMDHB Planner & Funder	1
	Implement strategies to meet the AOD-related needs of refugees and new migrants, including Asian and Pacific peoples	LotuMoui Health Committee, Asian cultural leaders, CMDHB Planner and Funder, Provider Arm, WDHB, PHOs, GM Pacific Health, Pacific Mental Health and Addictions Stakeholders Forum	CMDHB Planner & Funder	1

	<p>Develop a range of initiatives across the spectrum of AOD related need to promote the well-being of and reduce inequalities for the lesbian, gay, bisexual, transgender and transsexual communities (LGBTTC) and ensure that the AOD Consumer Network and CGO are designed to meet the needs of the LGBTTC</p>	<p>LGBTTC members and cultural leaders, Rainbow Youth, CMDHB Planner &amp; Funder, Provider Arm, WDHB, TAs, PHOs, health promotion agencies, Sports &amp; Recreational services, NGOs, AOD Consumer Network, CGO</p>		<p>1</p>
--	---	--	--	----------

<b>Outcome 5</b>				
<b><i>Improve health sector responsiveness to individual and family/whanau need</i></b>				
<b>Outcome Area</b>	<b>Specific Actions</b>	<b>Key Stakeholders</b>	<b>Lead Responsibility</b>	<b>Sequencing</b> (* denotes action subject to additional funding)
	Expand the range of local community locations from which specialist AOD services can be accessed including primary care centres, churches, marae, consumers' homes and other settings	WDHB, CMDHB Planner & Funder, PHOs, NGOs, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, LotuMoui Health Committee, Asian service providers, TAs, AOD Providers Forum	AOD Provider Forum	1
	Develop the capability of key health (including primary care and ED), social service, criminal justice, education and sports and recreation providers to carry out AOD screening, deliver brief interventions and refer to specialist services through clearly signposted and effective referral pathways	CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, Sports & Recreational services, PHOs, ALAC, TAs, Govt. Depts., NGOs, PHOs, training provider	CMDHB Planner & Funder	1
	Implement assessment protocols and care pathways between primary care and specialist AOD services that meet the comprehensive primary care needs of AOD service consumers	PHOs, WDHB, CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, NGOs, AOD Consumer Network	PHOs and AOD Providers Forum	1

<b>Outcome 6</b>				
<b><i>Improve the capacity of the health sector to deliver quality services</i></b>				
<b>Outcome Area</b>	<b>Specific Actions</b>	<b>Key Stakeholders</b>	<b>Lead Responsibility</b>	<b>Sequencing</b> (* denotes action subject to additional funding)
Ensure the health workforce meets the communities needs for services	Develop the capability of AOD and Youth service providers to deliver AOD services for young people founded on Youth Development principles	CMDHB Planner & Funder, WDHB, Provider Arm, training provider, Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, NGOs, PHOs, TAs, AOD Consumer Network, CGO	CMDHB Planner & Funder	1
	Continue to develop the AOD peer workforce	AOD Consumer Network, CGO, CMDHB Planner & Funder, Provider Arm, WDHB, AOD providers Forum, NGOs, training provider	CMDHB Planner & Funder	1
	Review and build on work already underway to develop the capability of Mental Health professionals to carry out AOD screening and deliver brief interventions	CMDHB Planner & Funder, Provider Arm, training provider, NGOs, WDHB, Dual Diagnosis services	CMDHB Provider Arm	1
	Continue to develop the shared capability of AOD and Mental Health professionals and services to provide effective, co-ordinated treatment and care for people with co-existing needs	CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, training provider, NGOs, WDHB, Dual Diagnosis services, AOD Providers Forum	CMDHB Provider Arm and AOD provider Forum	1
	Develop the capability of specialist AOD service providers to co-manage and treat mild to	CMDHB Planner & Funder, Provider Arm, AOD Providers Forum, training provider, NGOs,	AOD Providers Forum	1

	moderate mental health problems experienced by people requiring specialist AOD services	WDHB, Dual Diagnosis services, AOD Providers Forum		
	Continue to develop the capability of AOD service providers to adopt and implement new and emerging evidence-based practice	AOD Providers Forum, CMDHB Provider Arm, WDHB, AOD Providers Forum, NGOs, PHOs, AOD Consumer Network	AOD Providers Forum	1
	Develop sector readiness to implement workforce strategies to build the required multidisciplinary skill mix of specialist AOD services to deliver effective holistic (physical, mental, social, cultural and spiritual) care	CMDHB Planner & Funder, AOD Providers Forum, Provider Arm, WDHB, NGOs, AOD Consumer Network, CGO	AOD Providers Forum	1
Ensure that services and facilities are planned to meet the future needs of the community	With the active involvement of cultural communities, conduct a social, demographic and epidemiological AOD needs assessment (including utilisation projections) every 3-5 years to inform the on-going development and implementation of inter-sectoral AOD planning, funding and service developments	CMDHB Planner & Funder, AOD Providers Forum, Provider Arm, WDHB, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum, LotuMoui Health Committee, NGOs, PHOs, AOD Consumer Network, AOD Providers Forum	CMDHB Planner & Funder	2
	Undertake a systematic quality improvement review of specialist services to inform effective demand and capacity management	CMDHB Planner & Funder, AOD Providers Forum, Provider Arm, WDHB, NGOs, GM Maaori Health, GM Pacific Health	AOD Providers Forum	1
	Review the current location of specialist AOD services with a	CMDHB Planner & Funder, Provider Arm, WDHB, AOD	AOD Providers Forum	1

	view to improving local access and interagency working	Consumer Network		
Support information exchange amongst health professionals	Support the continued development of the AOD providers Forum as a vehicle for improved inter-provider communication, co-ordination, planning and development	AOD Providers Forum, CMDHB Planner & Funder, Provider Arm, NGOs, PHOs, GM Maaori Health, Te Ara Whiriwhiri, GM Pacific Health, Pacific Mental Health & Addictions Stakeholders Forum	CMDHB Planner & Funder	1
	Ensure that systematic inward and outward referral pathways are in place and operating effectively between specialist AOD services and key referral agencies, including primary care, hospital and emergency services, social care and criminal justice agencies	CMDHB Planner & Funder, Provider Arm, PHOs, NZ Police, Ministries of Health, Education and Social Development, Dept. of Corrections, NGOs, GM Maaori Health, GM Pacific Health, AOD Providers Forum, TAs, AOD Consumer Network	AOD Providers Forum	1
	Ensure that AOD services and AOD practice are regularly audited using an approach modeled on the PER Team	CMDHB Planner & Funder, Provider Arm, WDHB, AOD Providers Forum, NGOs, Auditors, GM Maaori Health, GM Pacific Health, PHOs	CMDHB Planner & Funder	2*
	Ensure that the Centre for Innovation contributes to R&D to support the development of effective AOD services and initiatives across the spectrum of AOD investment contributes to the development of effective services and initiatives cross the spectrum of AOD related need	CMDHB Planner & Funder, Provider Arm, PHOs, Funders and Providers of Research, AOD Providers Forum, AOD Consumer Network	CMDHB Planner & Funder	2
	Develop and implement practice-friendly holistic AOD service outcome measures for adults and young people that include physical, mental, social,	CMDHB Planner & Funder, Provider Arm, WDHB, AOD Providers Forum, NGOs, GM Maaori Health, GM Pacific Health, AOD Consumer Network	CMDHB Planner & Funder	1

	cultural and spiritual measures of wellbeing			
Ensure the efficient use of resources	Enhance AOD specialist service routine data collection and reporting (including demographic, ethnicity, utilisation, retention, diagnostic and outcomes data) in order to inform continuous service improvements and developments	CMDHB Planner & Funder, WDHB, AOD Providers Forum, NGOs, PHOs, AOD Consumer Network	AOD Providers Forum	1

## **Actions to develop and improve AOD services and initiatives for Maaori**

### **Actions specifically for Maaori:**

- Develop the role of local Maaori leaders in promoting responsible drinking and community AOD awareness through cultural, community and social networks
- Within the context of CMDHB multi-sectoral strategies, develop and implement initiatives to provide intensive community support to whaanau experiencing the most severe AOD related harm
- Develop and implement strategies to engage and support particularly vulnerable and socially isolated Maaori youth whose lives are being significantly harmed by AOD use, including creating places of safety within the context of national youth initiatives
- Review and improve access to effective detoxification services for Maaori
- Develop the cultural responsiveness of mainstream and kaupapa Maaori AOD services by improving access to Maaori cultural leadership and guidance within specialist AOD services

### **Actions to develop and improve the cultural responsiveness of mainstream services and initiatives to Maaori:**

- Form strategic partnerships to develop and co-ordinate action to achieve the vision and aims of this Plan by connecting cultural, professional and multi-sectoral systems and groups
- Review and improve the availability of mainstream and culturally appropriate information about:
  - safer drinking levels the effects of unsafe drinking
  - the effects of alcohol and drug use during pregnancy
  - the possible effects of key drugs, including methamphetamine and cannabis (including cannabis-related psychosis)
  - the availability of specialist AOD services and how they may be accessed
- Improve the availability of culturally appropriate parenting support for AOD dependent parents of children of all ages
- Improve the availability of culturally appropriate child and youth centered information and support, including peer support, for the children of parents and families/whanau affected by AOD use
- Support and enable local communities to develop and pilot culturally appropriate education initiatives to enhance the role of parents and extended family/whanau members as role models and AOD advisors and educators of young people
- Develop and pilot an holistic school-based, culturally appropriate early intervention (including tobacco) service for children age 13 and under
- Subject to the outcomes of current service evaluation, continue to develop culturally appropriate, school-based, outreach, counseling, information and earlier intervention services for young people within the context of their general wellbeing and social, cultural and emotional lives
- Implement culturally appropriate strategies to reduce AOD-related stigma within and across all cultural communities

- Develop a multi-cultural AOD Peer Support Specialist Team to operate across all specialist community AOD services and lead the development of peer-based aftercare services
- Work towards co-location of specialist mainstream and culturally specific community-based AOD services within integrated Primary Health Centers
- Ensure that the AOD Consumer Network and Consumer Governed Organisation are established and governed to represent and serve the needs of all cultural communities
- Expand the range of local community locations from which specialist AOD services can be accessed including primary care centers, churches, marae, consumers' homes and other settings
- Develop sector readiness to implement workforce strategies to develop the required multidisciplinary skill mix of specialist AOD services to deliver effective holistic (physical, mental, social, cultural and spiritual) care
- With the active involvement of cultural communities, conduct a social, demographic and epidemiological AOD needs assessment (including utilisation projections) every 3-5 years to inform the on-going development and implementation of inter-sectoral AOD planning, funding and service developments
- Develop and implement practice-friendly holistic AOD service outcome measures for adults and young people that include physical, mental, social, cultural and spiritual measures of wellbeing
- Enhance AOD specialist service routine data collection and reporting (including demographic, ethnicity, utilisation, retention, diagnostic and outcomes data) in order to inform continuous service improvements and developments

## **Actions to develop and improve AOD services and initiatives for Pacific peoples**

### **Specific actions for Pacific peoples**

- Within the context of CMDHB multi-sectoral strategies, develop and implement strategies to provide intensive community support to Pacific families experiencing the most severe AOD related harm
- Provide Tupu with an operational base in Counties Manukau that can be locally accessed by consumers and families
- Review and improve access to Pacific language speakers for Pacific people accessing AOD services
- Develop the role of local Pacific community leaders in promoting responsible drinking through cultural, community and social networks
- Develop the Pacific cultural responsiveness of mainstream services by improving access to Pacific cultural leadership and guidance

### **Actions to develop and improve the cultural responsiveness of mainstream services and initiatives to Pacific peoples:**

- Form strategic partnerships to develop and co-ordinate action to achieve the vision and aims of this Plan by connecting cultural, professional and multi-sectoral systems and groups
- Review and improve the availability of mainstream and culturally appropriate information about:
  - safer drinking levels the effects of unsafe drinking
  - the effects of alcohol and drug use during pregnancy
  - the possible effects of key drugs, including methamphetamine and cannabis (including cannabis-related psychosis)
  - the availability of specialist AOD services and how they may be accessed
- Improve the availability of culturally appropriate parenting support for AOD dependent parents of children of all ages
- Improve the availability of culturally appropriate child and youth centered information and support, including peer support, for the children of parents and families/whanau affected by AOD use
- Support and enable local communities to develop and pilot culturally appropriate education initiatives to enhance the role of parents and extended family/whanau members as role models and AOD advisors and educators of young people
- Develop and pilot an holistic school-based, culturally appropriate early intervention (including tobacco) service for children age 13 and under
- Subject to the outcomes of current service evaluation, continue to develop culturally appropriate, school-based, outreach, counseling, information and earlier intervention services for young people within the context of their general wellbeing and social, cultural and emotional lives
- Implement culturally appropriate strategies to reduce AOD-related stigma within and across all cultural communities

- Develop a multi-cultural AOD Peer Support Specialist Team to operate across all specialist community AOD services and lead the development of peer-based aftercare services
- Work towards co-location of specialist mainstream and culturally specific community-based AOD services within integrated Primary Health Centers
- Ensure that the AOD Consumer Network and Consumer Governed Organisation are established and governed to represent and serve the needs of all cultural communities
- Expand the range of local community locations from which specialist AOD services can be accessed including primary care centers, churches, marae, consumers' homes and other settings
- Develop sector readiness to implement workforce strategies to develop the required multidisciplinary skill mix of specialist AOD services to deliver effective holistic (physical, mental, social, cultural and spiritual) care
- With the active involvement of cultural communities, conduct a social, demographic and epidemiological AOD needs assessment (including utilisation projections) every 3-5 years to inform the on-going development and implementation of inter-sectoral AOD planning, funding and service developments
- Develop and implement practice-friendly holistic AOD service outcome measures for adults and young people that include physical, mental, social, cultural and spiritual measures of wellbeing
- Enhance AOD specialist service routine data collection and reporting (including demographic, ethnicity, utilisation, retention, diagnostic and outcomes data) in order to inform continuous service improvements and developments