Kia Pai Ake

Analysis of Alcohol and Other Drug Services

Whare Tukutuku

Whare Tukutuku

"Whiria te muka harakeke, whiria te muka tangata. Puritia ngā taonga a ō tātou tūpuna hei taonga mā ngā uri whakatupu"

Plait the flax fibres, plait the fibres of mankind. Hold on to the treasures of our ancestors as a taonga for future generations.
Nā kaumatua Witi Ashby

Whare Tukutuku is a Te Rau Ora kaupapa, we want to create a future alcohol and other drug (AOD) workforce that is whānau-centred and community-focused, culturally capable and willing to innovate to improve Māori health outcomes. Whare Tukutuku has a focus on embedding practices by Māori for Māori, integrating and privileging Māori cultural processes in reducing AOD harms. This approach needs to be robust, well informed, as kaimahi and whānau want reliable evidence-based information. Therefore, it is important to continue gathering insights, drawing on new and old knowledge to broaden the understanding of whānau care and produce work that supports the whānau narrative.

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Whare Tukutuku Report, Oketopa 2021

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Please note the withdrawal services information in this report is only based on what is available to the public, through the Google Search Engine and websites such as, Healthpoint and the Ministry of Health. It is very likely there are other withdrawal services, however, for the purposes of this research the information gathered is what is accessible to the public.

Alcohol and Other Drug Withdrawal Services Aotearoa

Background

Alcohol and other drug (AOD) challenges disproportionately and adversely impact more Māori than non-Māori. Māori have a lifetime prevalence of substance use disorders (26.5%) twice that of the total population (12.3%) and are twice as likely as non-Māori to consume alcohol hazardously, one and a half times more likely to report weekly cannabis use, and four times as likely to have used amphetamines in the past year (Ministry of Health, 2015; Ministry of Health 2013; Oakley Brown et al., 2006). Substance use costs Aotearoa $1.8 billion per year in health, social and economic harms (McFadden Consultancy, 2016). Māori are more likely to need AOD services than any other ethnicity, and during the period of 1 April 2017 to March 2018, 18,711 Māori were seen by AOD services across Aotearoa (Ministry of Health, 2018; National Committee for Addiction Treatment, 2012). Difficulty accessing mental health and addiction providers is a growing concern for people and their whānau, including availability and access to substance withdrawal services. Te Tiriti o Waitangi recognises that Māori have the right to develop and determine policies, programmes and services, and allocation of resources, in relation to our own health concerns.

The following report provides the results of an analysis of Alcohol and Other Drug (AOD) withdrawal options available across Aotearoa. The report will use the term withdrawal however the term detox is also commonly used in the AOD/Addiction sector. Withdrawal has replaced the term detoxification as it better describes the physical and psychological symptoms that accompany the reduction or cessation of substances that have been used regularly over a prolonged period (American Society of Addiction Medicine, 2020, Matua Raki, 2019). Past workforce and whānau surveys undertaken by Te Rau Ora through Whare Tukutuku have highlighted the lack of withdrawal services available to whānau. The outcome of previous survey reports specifically discussed the difficulty accessing withdrawal support due to location, eligibility criteria and wait times. This analysis was undertaken to gather further insight into what the workforce and whānau survey results portrayed about the lack of AOD withdrawal options available.

Withdrawal Management Guidelines

When a person is dependent on a substance, withdrawal of the substance can include risks of physical harm, psychological trauma and (rarely) death. The aim of withdrawal care is firstly to minimise the risks associated with stopping or reducing their substance use and minimise discomfort, secondly to treat symptoms, coexisting conditions, and complications of chronic use and thirdly to engage the person in ongoing treatment and care (Mātua Raki, 2019, NSW Department of Health, 2008).

Withdrawal care presents an opportunity to promote harm reduction providing information and education about safer substance use. It may include a reduction in AOD use, safer means of drug consumption, and lifestyle improvements. There are often other health and social challenges surrounding whānau who are seeking AOD support. Withdrawal services can offer an opportunity to address wider concerns, to provide holistic integrated care to address these.

It is important to provide an appropriate level of support to ensure withdrawal is completed safely to allow people to determine an ongoing management strategy that best suits them (NSW Department of Health, 2008). The underlying principles of withdrawal management are:

- To provide safe withdrawal, not long-term abstinence where specific goals are developed with the person and dependent on their circumstances.
- Withdrawal should only be undertaken if it is anticipated the benefits will outweigh the harms.
- Withdrawal is offered to people who want to reduce and/or cease their substance use, therefore support must not be withheld if there are doubts about long term commitment to abstinence.
- Management and care must be tailored to the persons needs including the setting (e.g., home, hospital, residential treatment) carefully chosen to ensure a successful pathway to reduce harms.

And the key elements to providing withdrawal care are as follows:

- Build a therapeutic relationship, collaborating with the person seeking help, and provide supportive care to reduce discomfort.
- It can be hard for whānau to reach out for awhi, particularly withdrawal. It is important to be aware of the shame, stigma, and discrimination people who use substances experience.
- Involvement of whānau and carers, with consent, can be beneficial. Also consider if the person has any tamariki in their care as issues related to child safety may arise.
- Withdrawal medications should be prescribed for a limited time only, usually to help reduce substance use.
- There are various types of withdrawal available to whānau, including psychosocial support, a combination of psychosocial support with medication, and high-level nursing and medical care in more severe circumstances.
- All withdrawal management plans should have post-withdrawal care incorporated to connect people to the next care provider for further support.

People often engage in substance use because of past experiences that had a harmful effect on their oranga. Trauma informed care is an approach that recognises the widespread prevalence and impact negative events has in the community. It supports kaimahi and services to consider the effects of people's experiences, and how this might influence their service needs and engagement. It is essential kaimahi are open to the possibility that anyone reaching out for awhi may have previously endured a negative experience and engage with the person in a way that promotes safe and collaborative care, ensuring not to re-establish the emotions associated with the harmful situation. The core principles of trauma informed care are:

1. Safety
2. Trustworthiness
3. Choice
4. Collaboration
5. Empowerment

The core principles allow kaimahi to support people in identifying their own strengths and survival strategies and encourage the use of these strengths during withdrawal management. Research shows positive experiences in a person's relationships enhance recovery while negative experiences hinder it. Promoting positive experiences during withdrawal management can benefit the person, their whānau, and kaimahi, and limit any further impacts of previous harmful experiences (Blue Knot Foundation, 2019).

In addition to voluntary withdrawal, the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (SACAT) provides for the compulsory assessment and treatment of people who are experiencing severe substance dependence and do not have the capacity to make decisions about their treatment (Huriwai & Baker, 2016). The Act is not intended to be a solution for people with substance addiction but a 'window of opportunity' to help people who are severely ill (Ministry of Health, 2017). This may be to facilitate a comprehensive assessment of their needs; to stabilise their health through the application of medical treatment (including medically managed withdrawal); protect and enhance their mana and dignity to restore their capacity to make informed decisions about further treatment; facilitate planning and care to be continued on a voluntary basis; and give them an opportunity to engage of their free will.

The Act is not the preferred pathway to withdrawal support and compulsory treatment is only initiated by whānau as a last resort (Huriwai & Baker, 2016). This highlights the importance of understanding what withdrawal services are available, what they offer and if there is alternative support for whānau to care for their own before people become severely unwell.

In a kaupapa Māori context withdrawal care would centre around Te Ao Māori views of oranga, acknowledging the role of Te Tiriti o Waitangi and the impact of colonisation. The importance of establishing a trusting relationship is essential to create a safe, warm, and caring environment, for whānau needing awhi with AOD. Withdrawal care in a Māori context will recognise a person's whakapapa and incorporate Atua, tupuna, and whenua (Huriwai & Baker, 2016). Whare Tukutuku give value to a by Māori for Māori approach that addresses the inequity of care being applied in Western health care systems. In the context of withdrawal management and care, whakawātea is a more suitable way to mana ake whānau who are struggling with AOD or substance dependency. Contemporary tohunga described whakawātea as sweeping the paru from the floor or clearing the whare of tapu so that it can become noa (Tawera, personal communication, 2021). Whakawātea creates a space to awhi whānau towards ora, a pathway to be free from tapu and begin their journey of recovery. A few examples of tikanga used in whakawātea would be:

- Rangatiratanga (self-determination, self-management)
- Whanaungatanga (kinship, connections, and relationships)
- Wairuatanga (nurturing the spirit, safe and protected)
- Manaakitanga (empathy, generosity, and kindness)

A Māori lead approach to AOD withdrawal care will improve whānau access and experience using the concept of whakawātea, guided by known Māori principles and values.

Method

The withdrawal service report information was retrieved online, reflecting how whānau would access help, specifically utilising Google Search Engine, Healthpoint and the Ministry of Health websites. A brief search of all mental health and addiction services available across the country was completed, followed by entering key search terms such as detox and withdrawal, into each of the online databases named above. Healthpoint is Aotearoa's largest and most recognized online health and social services directory. Most of the websites searched in this analysis direct people to Healthpoint to access up-to-date information about service providers. The search itself and the recorded findings were broken up into New Zealand District

Health Board (DHB) regions. Information collected included the number of services that provide social, community, and medical withdrawal support, as well as the criteria and costs where available.

Findings

A broad search of mental health and addiction presented many services throughout Aotearoa.The report identified 233 services that are listed as drug and alcohol addiction services, 67 are listed as other addiction services and 80 as kaupapa Māori addiction services. These numbers provided hope that there were many services available for whānau, however when the terms detox and withdrawal were searched the numbers decreased significantly. The number of services further diminished as exploration into each of the services revealed what they offered. For the purposes of this analysis, the services considered clearly stated that they provided withdrawal support in at least one setting (community, social, and medical). The following graph shows the overall number of withdrawal services available.

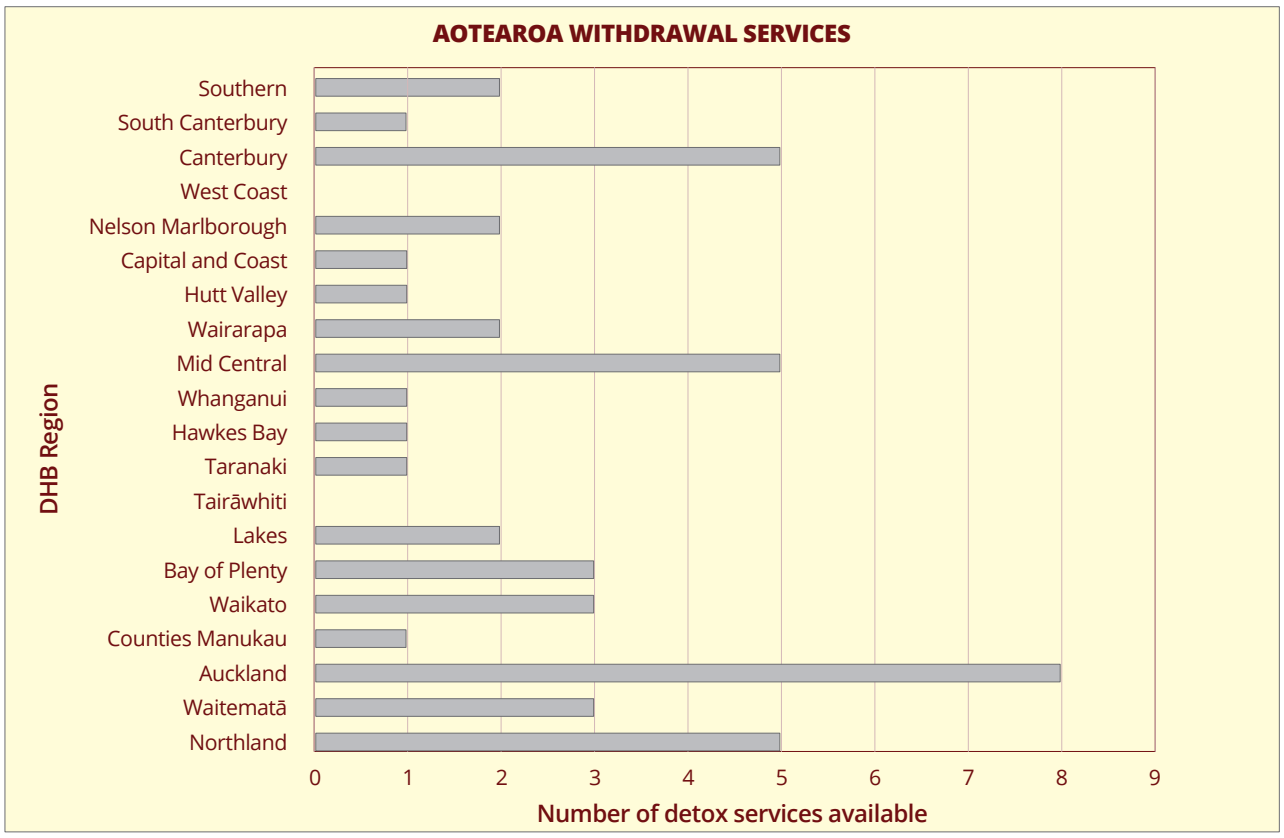


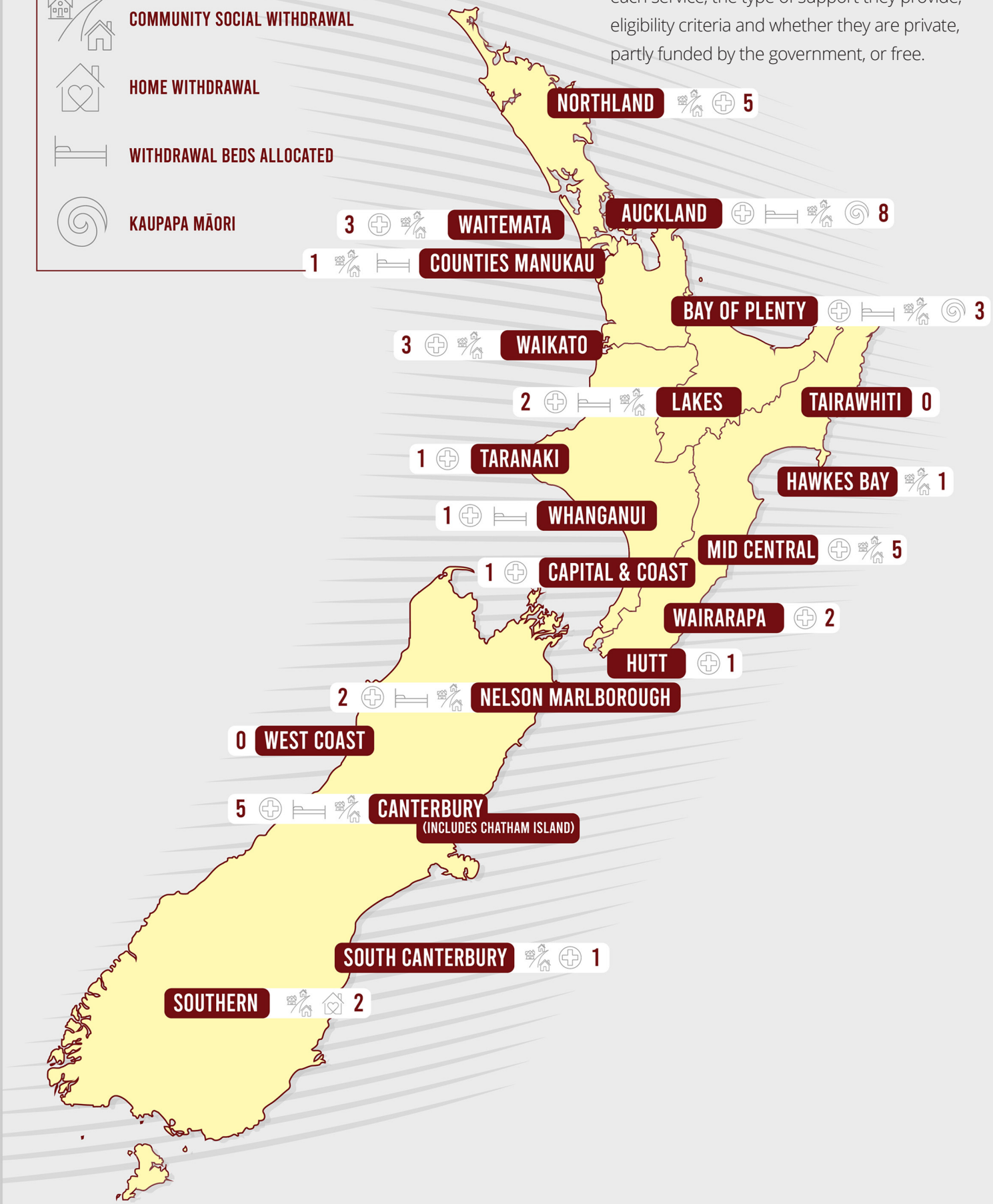
Figure 1. The number of AOD withdrawal services available in each DHB region, in Aotearoa.

There is a total of 47 AOD withdrawal services across Aotearoa, 37 in the North Island and 10 in the South Island, that offer social, community and medically supervised withdrawal care. Twelve of the forty-seven services specifically stated that they offer withdrawal/detox beds, these include Northland, Waitematā, Auckland, Counties Manukau, Bay of Plenty, Lakes, Nelson Marlborough, and Canterbury. Only two of the organisations state they are kaupapa Māori providers in Healthpoint: Te Whare Oranga Ngākau in Rotorua and Piritahi Hau Ora Trust on Waiheke Island.

MAP KEY

- MEDICAL WITHDRAWAL
- COMMUNITY SOCIAL WITHDRAWAL
- HOME WITHDRAWAL
- WITHDRAWAL BEDS ALLOCATED
- KAUPAPA MĀORI

Figure 2 below displays the number of withdrawal services available in each DHB region and the types of support available, including medical withdrawal, community/social withdrawal, home withdrawal, and kaupapa Māori providers. Where available the table in appendix 1 presents the name and location of each service, the type of support they provide, eligibility criteria and whether they are private, partly funded by the government, or free.



Summary of findings

We were interested to find out what withdrawal services are available, particularly how many acute beds within DHB regions and if there are options for whānau to safely withdraw at home with appropriate support. The three types of withdrawal support that are commonly stated by organisations are social, community, and medically managed/supervised withdrawal. Mātua Raki published a guideline on withdrawal management for practitioners and separate services into community and home-based withdrawal management, respite services, and specialist inpatient management. Community-based withdrawal refers to people being able to withdraw at home with specialist addiction practitioners and/or nurses visiting to provide support (Mātua Raki, 2019).

Respite services are a supervised environment away from the community with staff for support and specialist medical staff on call (Mātua Raki, 2019). Inpatient withdrawal services have 24-hour medical supervision by nurses and addiction medicine specialists. There are only two stand-alone medically supervised withdrawal units in Aotearoa, in Auckland and Christchurch. Most of the medically managed withdrawal is completed in a general hospital or a mental health unit. Some hospitals have a small number of allocated beds for withdrawal support and others do not (Matua Raki, 2019). It was often not clear throughout the research process the exact type of support available from services and there were inconsistencies in how they described their information.

This analysis highlighted several key things that impact the ability for whānau to easily access AOD withdrawal services. The process of finding services online is challenging, even via specific search engines such as Health Navigator and the Ministry of Health. It is difficult to navigate the websites as there are many links to follow and it is easy to lose track of where you are. It's potentially a time-consuming process that can be confusing for whānau who are seeking immediate support, when a member of the whānau is very unwell. Once services are found, it is then difficult to understand the information provided about what they offer and how to best access them. The eligibility criteria are often not mentioned or vague and many of the public services have generic contact numbers via their DHB or local hospital.

The purpose of the analysis gathered was to identify how many AOD withdrawal services are available across Aotearoa and build on previous research. It revealed several key issues that are important when kaimahi and whānau are trying to access appropriate AOD withdrawal care:

- Whānau and kaimahi need clear information about what type of help is available to them and the criteria to gain entry.
- Healthpoint is the main health service directory in Aotearoa. Improvements to the website navigation would make it more user-friendly and easier for whānau and kaimahi to find the services that they require.
- It would also be useful to understand how organisations/services are registered by Healthpoint as it is likely there are withdrawal services that are not currently in the database.
- A nationally agreed definition of the different types of withdrawal support would help whānau, kaimahi and providers to understand what services are offered, so they are able to choose what best suits their needs.

Conclusion

Previous research through Whare Tukutuku has gathered insights from the AOD workforce and whānau about their experiences with AOD service delivery. The results highlighted the lack of access to care, including AOD withdrawal services. This research identified what AOD withdrawal services are available across Aotearoa through an environmental scan and desktop analysis. The results revealed that there are limited options for whānau throughout the country, especially out of the main cities and the process of finding services was extremely hard. It is important that we improve access to care at all stages of the whānau journey. This includes easily accessible, clear, and consistent information and most importantly increasing the choice of withdrawal options available to all whānau and kaimahi in Aotearoa, regardless of where they reside.

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Appendix 1. Table showing Aotearoa withdrawal services, the type of support they provide, inclusion criteria and costs, broken down into DHB region.

Please note the withdrawal services information in this report is only based on what is available to the public, through the Google Search Engine and websites such as, Healthpoint and the Ministry of Health. It is very likely there are other withdrawal services, however, for the purposes of this research the information gathered is what is accessible to the public.

NORTHLAND			
Name and location	**Type of service**	**Criteria**	**Costs**
Northland DHB Mental Health and Addictions – Alcohol & Drug Services • Kamo, Dargaville, Kaikohe, Bay of Islands, Kerikeri, Hokianga, Kaitaia	Social detox Community (medical detox)	Adults Referral – self, GP, DHB, Corrections	Information not provided
Timatanga Hou Detox Unit • Dargaville	8 bed unit Social and medical detox	No dual diagnosis with mental health illness, 17 years and over, consent to treatment Referral – mental health and addiction service, GP	Free
Tumanako Mental Health Unit Inpatient Hospital • Whangārei	29 bed unit Acute illness Unsafe to do so at home	Referral – mental health services crisis teams, community mental health & addictions teams, hospital transfer	Information not provided
Northland DHB Mental Health & Addictions – Community Assessment & Treatment Team • Whangārei	Acute mental health & addiction service Assessment and short-term treatment (24/7) In clinic, at home, elsewhere	Referral – self, GP, DHB, Corrections	Free – Ministry of Health eligibility criteria
He Manu Pae Sub- Acute Mental health Inpatient Unit • Whangārei	6 bed sub-acute community-based setting	Referral required Criteria – patients over 18	Information not provided
WAITEMATĀ			
Name and location	**Type of service**	**Criteria**	**Costs**
House of Hope • Waitoki (Auckland	Medically assisted detox 4 beds (no more than 4 clients at a time) Social detox (within facility)	Referral – self Doctor assessment, pre-assessment	Private
Kainos Addiction Treatment Centre • Long Bay (Auckland)	Medical and social detox	Referral – self, GP, DHB, Corrections Criteria – 18 years and over Pre-admission phone call, assessment	Private
The Difference • Helensville (Auckland)	7-day social detox 14-day social detox programme 30-day social detox programme Medically assisted if needed	Referral – self, GP	Private

AUCKLAND			
Name and location	**Type of service**	**Criteria**	**Costs**
Capri Sanctuary • Pukekohe	Social and medical detox	Referral – self, GP, DHB,	Private
Community Alcohol & Drug Services (CADS) • Pitman House (Point Chev Auckland) • Kingsland (Central) • Māngere (South) • Henderson (West) • Takapuna (North)	Medical detox 10 beds Community detox	Referral – self Walks in available to Central, South, West and North clinics No walk ins at Pitman House	Information not provided
The Turning Point	Social detox with medical assistance (on site)	Referral – self, GP, DHB Criteria (unsure what) – doctors assessment	Private
Auckland City Mission – Addiction Services • Elm St Central	Non-medical residential detox centre	Referral – self, GP, DHB, Corrections	$25 per night
HomeGround (Auckland City Mission) – COMING SOON	Addiction withdrawal services within an apartment residential style hub	Information not provided	Information not provided
Piritahi Hau Ora Trust – Mental Health & Addictions Services • Central	Social home detox	Referral – self, GP, DHB	Free
Dr Gulbransen Alcohol and Drug Detoxification • Sandringham	Home (medically assisted) detox	Information not provided	Private

COUNTIES MANUKAU			
Name and location	**Type of service**	**Criteria**	**Costs**
The Retreat New Zealand • Ōtāhuhu	10-15 beds Social (non-medical) detox	Qualify for a non- medical social detox Self-referral	Private

WAIKATO			
Name and location	**Type of service**	**Criteria**	**Costs**
The Salvation Army Bridge Centre • Hamilton	Social detox (assistance)	Referral – DHB	Information not provided
Waikato DHB – Community Alcohol & Drugs • Hamilton • Thames • Te Awamutu	Community medical detox Hospital medical detox	Referral – self, GP, DHB, Corrections Criteria – issues with substance dependence, 20 years or older, exceptions made for rural people	Information not provided
Renaissance Recovery Centre • Hamilton	Social and medical detox	Self-referral	Private

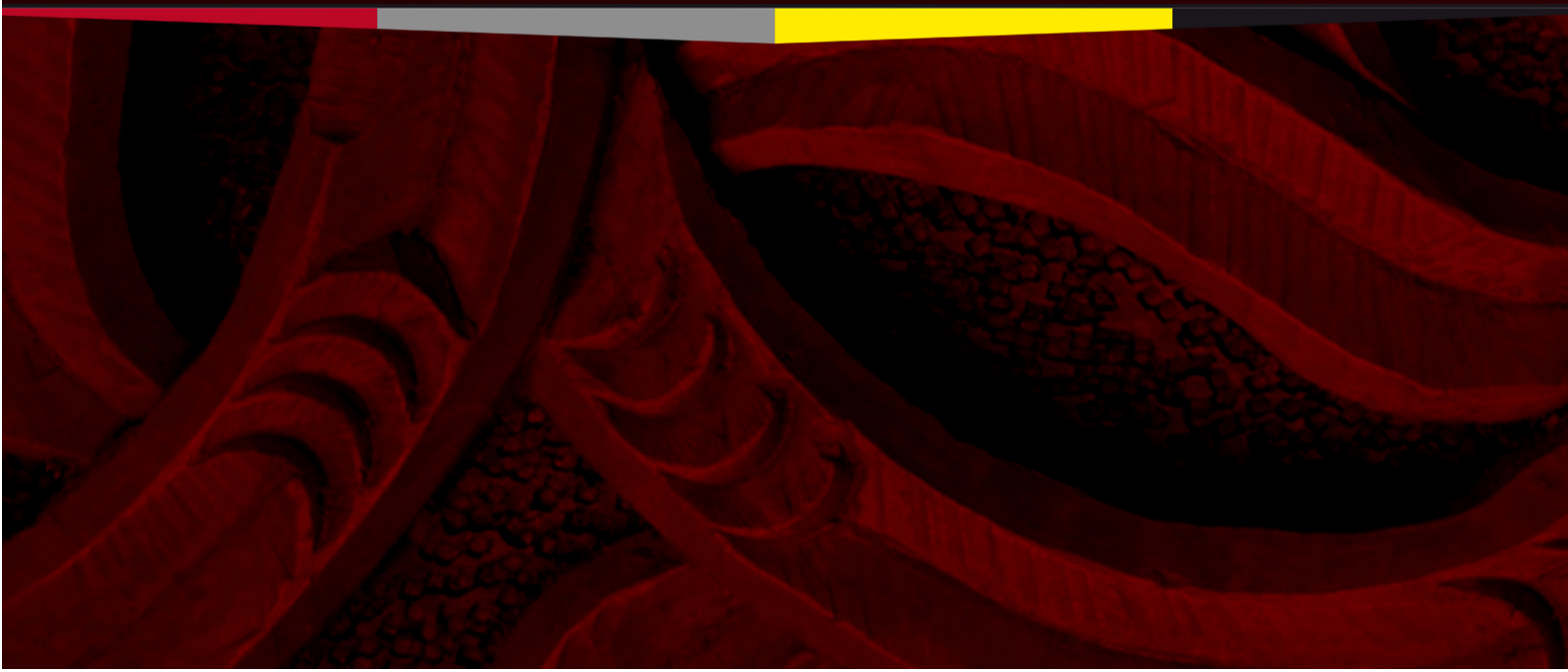
BAY OF PLENTY			
Name and location	**Type of service**	**Criteria**	**Costs**
Sorted Youth AOD Service • Whakātane • Tauranga	Social detox (in the community, assisted) Medical detox (considered community detox, staffed respite facility)	Referral – self, parents, whānau, GP, DHB, Corrections	Free
Tauranga & Whakatāne Hospital	Tauranga 24 beds Whakatāne 10 beds Medical, community, social (at home) detox	Referral – self, GP, DHB, Corrections Criteria - Adult services only	Free – Ministry of Health eligibility criteria
Hanmer Clinic • Tauranga	Community medical detox	Referral – self, GP, DHB, Corrections	Information not provided
LAKES			
Name and location	**Type of service**	**Criteria**	**Costs**
Te Whare Oranga Ngakau – Alcohol & Other Drugs Residential Service • Rotorua	Social detox, community (medical) detox	Referral – GP, DHB, Corrections Criteria – 18, AOD problems, stable physical & mental health status, commit to the programme, have an identified AOD community worker, suitable for kaupapa Māori programme	Information not provided
Whare Whakaue Acute Inpatient Unit • Rotorua Hospital	Hospital (medical detox) 1 planned detox bed	DHB clinical services referral	Free
TAIRĀWHITI			
Name and location	**Type of service**	**Criteria**	**Costs**
No services available	No services available	No services available	No services available
TARANAKI			
Name and location	**Type of service**	**Criteria**	**Costs**
Hospital • Regional clinics in Ōpunake, Waitara, Stratford, Hawera)	Managed medical detox Inpatient & referred to residential facilities	Referral – self, GP, DHB, Corrections	Free
HAWKES BAY			
Name and location	**Type of service**	**Criteria**	**Costs**
Ocean Hills Detox & Rehabilitation • Hastings	Social (residential) detox	Referral – self, GP	Private

WHANGANUI			
Name and location	**Type of service**	**Criteria**	**Costs**
Whanganui DHB – Community Mental Health & Addiction Service • Whanganui, Marton, Taihape, Raetihi	Community medical detox (home)	Referral – self, GP, DHB	Free
MID CENTRAL			
Name and location	**Type of service**	**Criteria**	**Costs**
Dannevirke Alcohol & Drug Services • Dannevirke	Community (medical) detox Referral to residential services where needed	Referral – self, GP, DHB, Corrections	Free
Palmerston North Hospital	Hospital medical detox	Referral – self, GP, DHB, Corrections	Information not provided
Horowhenua Alcohol & Drug Services • Levin	Community (medical) detox Referral to residential where needed	Referral – self, GP, DHB, Corrections	Free
The Salvation Army Bridge Centre • Palmerston North	Social detox	Referral – GP, DHB,	Information not provided
Red Door Recovery • Ōtaki	Medical detox	Commit to residential programme Self referral	Private
WAIRARAPA			
Name and location	**Type of service**	**Criteria**	**Costs**
3DHB Addictions Service • Wairarapa	Hospital medical detox	Referral – DHB No emergency detoxification available	Free – Ministry of Health eligibility criteria
Pathways • Masterton	Managed withdrawal (specialist nurse and counsellor)	Referral – self, GP, social worker, nurse, counsellor	Information not provided
HUTT VALLEY			
Name and location	**Type of service**	**Criteria**	**Costs**
3DHB Addictions Service • Hutt	Hospital medical detox	Referral – DHB No emergency detoxification available	Free – Ministry of Health eligibility criteria
CAPITAL & COAST			
Name and location	**Type of service**	**Criteria**	**Costs**
3DHB Addictions Service • Wellington	Hospital medical detox	Referral – DHB No emergency detoxification available	Free – Ministry of Health eligibility criteria

NELSON MARLBOROUGH			
Name and location	**Type of service**	**Criteria**	**Costs**
Nelson Marlborough Health – Addictions Service • Blenheim, Motueka, Golden Bay, Nelson	Community detox Outpatients (mobile home management withdrawal & medical management)	Referral – self, GP, DHB, Corrections	Free
St Marks Addiction Resident Treatment • Blenheim	Social detox (inpatient, managed) Contract to fund a bed for 1 Marlborough Nelson client only	Referral – DHB	Private
WEST COAST			
Name and location	**Type of service**	**Criteria**	**Costs**
No services available	No services available	No services available	No services available
CANTERBURY			
Name and location	**Type of service**	**Criteria**	**Costs**
Christchurch City Mission Alcohol & Other Drugs Service • Christchurch	Social (managed) detox 10 beds	Referral – self, GP	Free
Christchurch City Mission Alcohol & Other Drugs Service – Community withdrawal management service • Christchurch	Community medical detox Home, managed by a detox nurse and GP	Referral – self, GP	Free
Kennedy Unit • Christchurch (Note: didn't come up on health point but found within another service)	Medical withdrawal management 6 beds	Information not provided	Information not provided
Thorpe House Social Detoxification Service • Christchurch	Social (non-medical) detox	Information not provided	Free
Odyssey House – Christchurch	Now taking referrals for social withdrawal/detox	Information not provided	Information not provided
SOUTH CANTERBURY			
Name and location	**Type of service**	**Criteria**	**Costs**
South Canterbury DHB Alcohol & Other Drugs Service • Timaru	Social detox, community medical detox	Referral – self, GP, DHB	Information not provided
SOUTHERN			
Name and location	**Type of service**	**Criteria**	**Costs**
Mirror Services • Dunedin, Waitati	Managed withdrawal (offered	Referral – self, GP, DHB, Corrections Criteria – 12 to 22 years-old	Information not provided
Ashburn Clinic • Dunedin	Social detox Home base detox	Referral – GP, DHB	Private, MOH funding, ACC

Glossary

Aroha	*To love, feel compassion, empathise*
Atua	*Ancestors from the time of creation*
Awhi	*Support*
Kai	*To eat, consume*
Kaupapa	*Initiative*
Mahi	*To work*
Mana	*Prestige, spiritual power, influence*
Noa	*To be free*
Oketopa	*October*
Oranga	*Wellbeing*
Tamariki	*Children*
Tapu	*Sacred*
Tikanga	*Custom, correct procedure*
Tohunga	*Expert, healer*
Tupuna	*Ancestors*
Whakawhanaungatanga	*Relationship, kinship*
Whakapapa	*Genealogy*
Whakawātea	*To clear, make way for*
Whānau	*Family group, extended family*
Whenua	*Land*

TE RAU ORA

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