

Working together

Innovative responses to addiction



Matua Raki-the national addiction workforce centre



We support those working with people experiencing problematic substance use to minimise addiction-related harm.

www.matuaraki.org.nz

Why primary care has an important role

- 3.5% of the population will have serious AOD problems=157,000
- Approx. 45,000 seen at specialist services
- Many more experience harmful use
- Most people will never be seen by specialist services



Thinking about role theory

- role legitimacy (believing that one has the right to address certain areas of concern)
- role adequacy (feeling knowledgeable and confident about one's work)
- role support (help or support from colleagues and or the organisation)

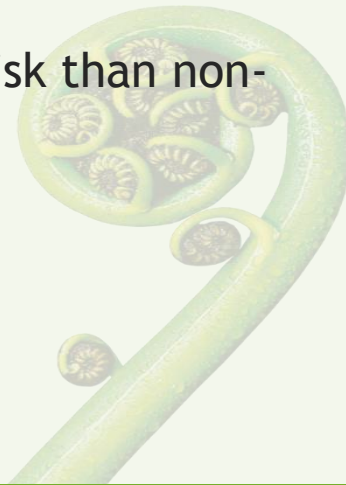


Role legitimacy-health effects

Alcohol can affect a number of body systems, including:

- **heart** - raised blood pressure and triglycerides (especially after binge drinking), damage to the heart muscle and stroke
- **brain** - brain damage, tremors, dementia and nerve damage. Alcohol is a depressant drug and affects your coordination, self-control, judgement and reaction times
- **stomach** - stomach inflammation (gastritis) and bleeding
- **liver** - cancer, hepatitis (inflammation), fatty changes, cirrhosis and liver failure
- **hormones and fertility** - problems controlling blood sugar, loss of sex drive and reduced fertility
- **nutrition** - malnutrition (alcohol displaces nutrients from your body) and obesity
- **breast cancer** and other gynaecological problems - women who drink alcohol are at a higher risk than non-drinking women.

www.health.govt.nz



New Zealand studies

- Study in Dunedin found that 17% of patients presenting to primary care for injury had consumed alcohol in the previous 6 hours.
- 64% of those had exceeded recommended low risk guidelines

McLean, R. & Connor. J. (2009) Alcohol and injury: a survey in primary care settings. *The New Zealand Medical Journal*. 122(1303): 21-28



New Zealand Studies

New Zealand population survey data (2006/7)

‘Harmful or hazardous drinking is common but the low level of alcohol discussion in primary care in New Zealand suggests it is largely undetected, despite most people in this group having attended their primary care provider in the past 12 months’

Foulds et al. (2012) Harmful drinking and talking about alcohol in primary care: New Zealand population survey findings. *Acta Psychiatrica Scandinavica* 126(6): 434-439

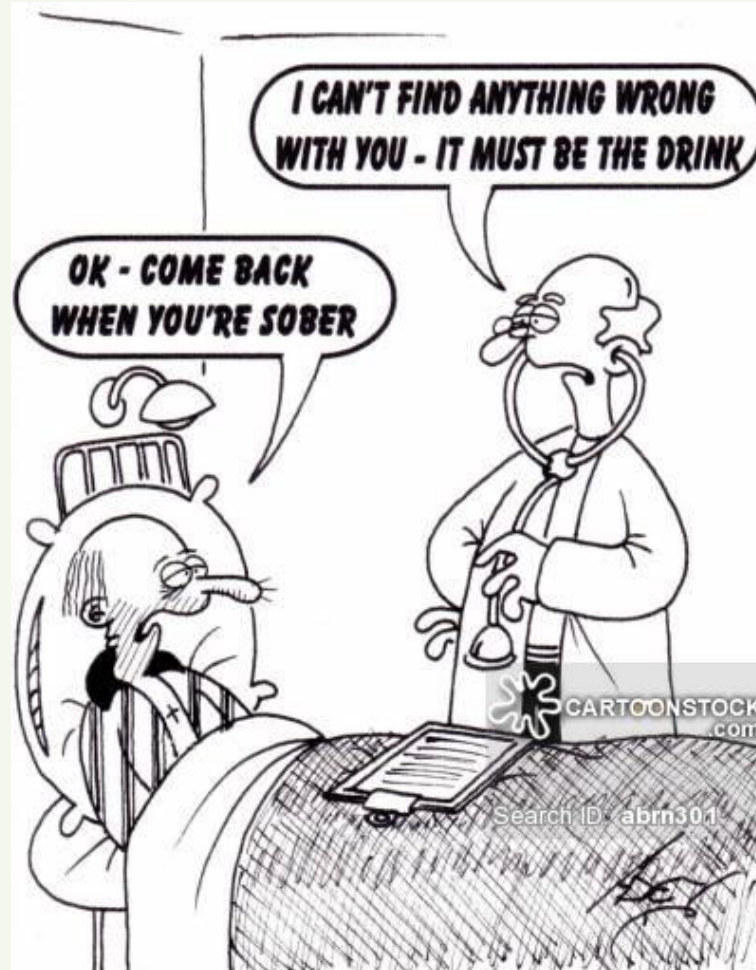


New Zealand Studies

- Wellington study of 19 GP's routine screening of alcohol use was not common practice.
- Barriers included:
 - 'taboo' around the subject
 - felt intrusive
 - might damage doctor patient relationship
 - lack of time
 - perception of patient dishonesty
 - feeling unable to address issues raised

Mules, et al. (2012) Addressing patient alcohol use: a view from general practice. *Journal of Primary Health Care* 4(3): 217-222





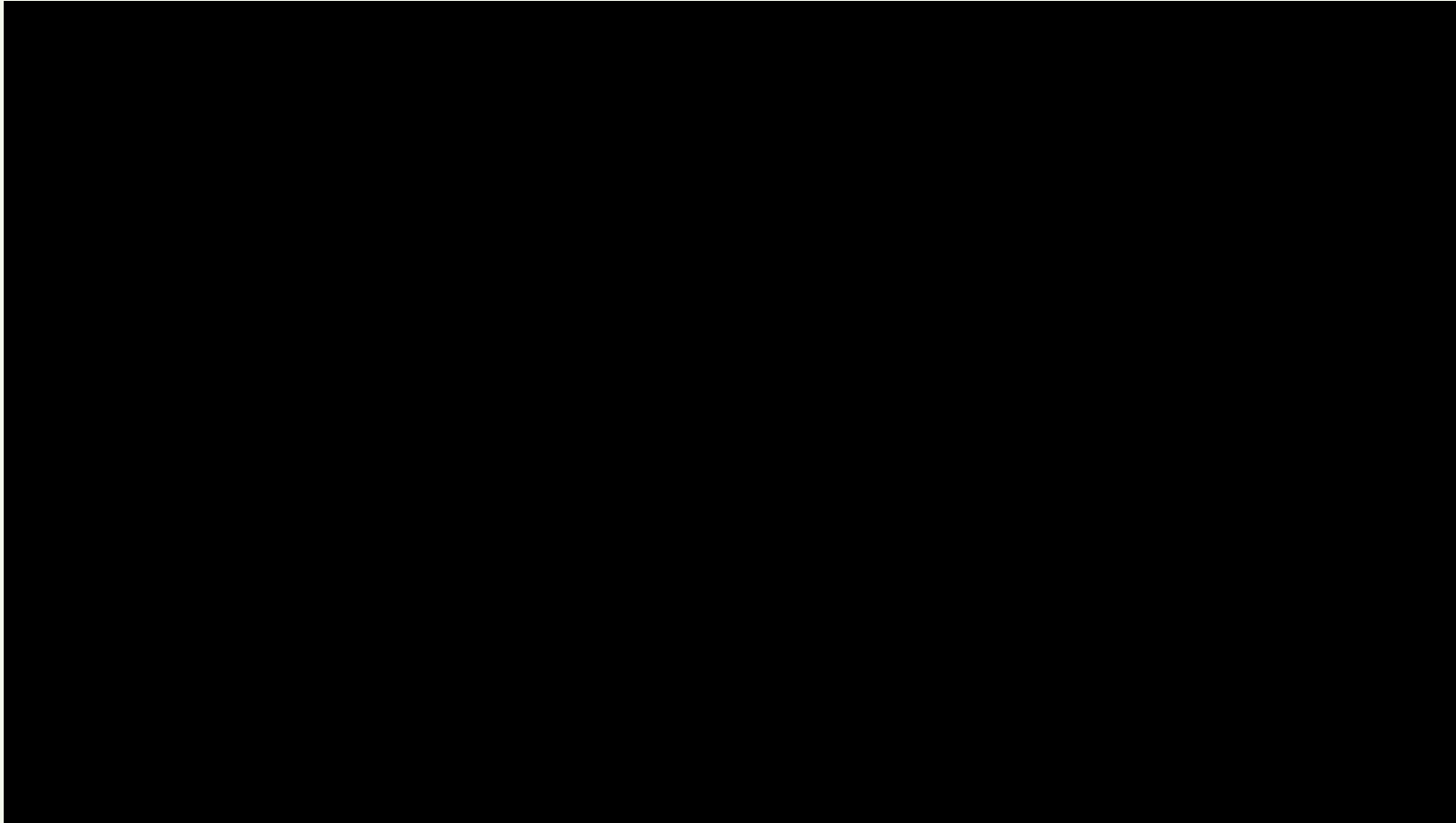
Dr Lachie Smith



How can Matua Raki support you?



Standard drinks glasses



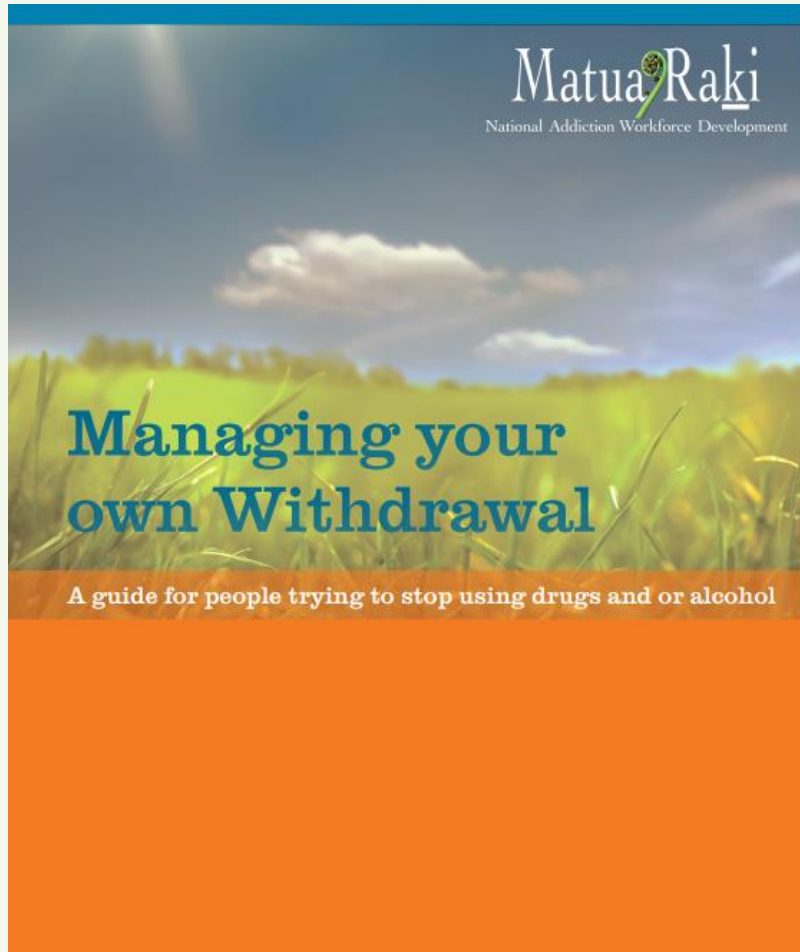
Substance withdrawal management



This provides guidance for the specialist medical assessment and treatment of acute substance withdrawal including the use of medication



Managing your own withdrawal



This booklet has been written for anyone thinking about stopping, or wanting to stop, drinking or using drugs.



Real People



a collection of personal stories from real people and their different journeys to recovery from addiction to alcohol or other drugs



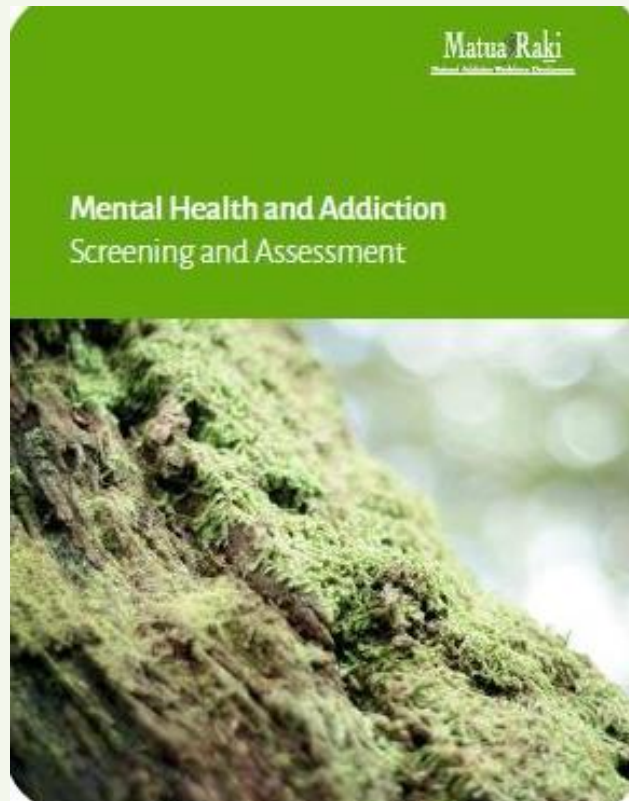
A guide to the addiction treatment sector



This guide written for non-specialists aims to enhance the reader's understanding of the addiction treatment sector in NZ



Screening and assessment



Guideline to promote a standardised approach to screening and comprehensive assessment processes in primary and secondary mental health and addiction services



Bridging the Gap



To increase knowledge and confidence of those working alongside young people in the primary care environment to address issues related to alcohol and other substance use



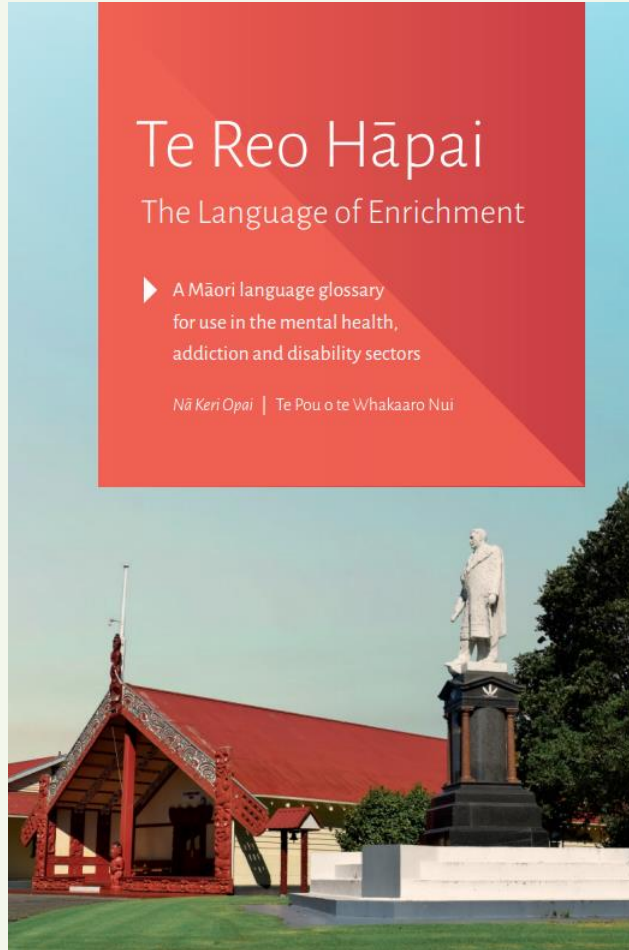
How is your health?



Asian language webpages covering screening and brief information about alcohol and referral, in four languages: Japanese, Korean, Chinese Simple and Chinese Traditional.



Te Reo Hāpai



Te Reo Māori glossary
for terms used to
describe mental health,
addiction and disability



Online learning includes

- Introduction to foundation co-existing problems knowledge
- Introduction to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017
- Screening and brief interventions for coexisting mental health and addiction problems
- He whakapāpā, he oranga - Engaging for wellbeing
- Training programme for the opioid substitution treatment workforce

<https://learn.org.nz/>



Aiming for Excellence

The RNZCGP standard for
New Zealand general practice

For Foundation and CORNERSTONE® practice



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Version 1.0 – July

Te Reo
Hāpai

5.5 The general practice
team makes use of
appropriate resources to
assist staff to use correct
pronunciation of Te Reo

Working
with
Maori e-
learning

6.1 The general practice
team is trained in cultural
competence and cultural
safety

Asian
language
resources
and tools

6.3 The general practice
team can access interpreters
and resources for people
with limited English
proficiency

Health
Promotion
resources

Patient
informati
on and
resources

Ind 35 The practice offers
services for health education

Low risk
drinking
resources

Ind 37 The practice
undertakes opportunistic
screening

Screening
tools and
training

Brief
interventi
on tools

Collect your resources on the way out



Become a better person
with Matua Raki resources



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www.matuaraki.org.nz

