Addiction Treatment Research NEWS

NEWSLETTER OF THE ADDICTION TREATMENT RESEARCH INTEREST GROUP

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MESSAGE FROM THE ATRIG CHAIRPERSON

Already the Cutting Edge Conference and consequently the ATRIG AGM are nearly upon us. It feels like it has been a quiet year in the goings on of the Addiction Treatment Research Interest Group and the passionate executive. Although if honesty prevails we must concede to not having managed an executive meeting yet this year. This certainly isn't through lack of trying but rather it appears one of those ripple on effects of the Christchurch quakes. Each time we plan a get together there has either been a quake, a clean up from a quake, a quorum of the exec shifting building due to a quake… and that's on top of the normal challenges of coordinating seven very busy individuals from across the country and addiction sector to sit down near a phone at the same time on the same day!

Despite this, due to the dedication of the ATRIG exec we have still managed to make progress on a number of the activities and initiatives of 2009/10, although have compromised on pursuing some of the ideas from the 2010 AGM. We reinstated and awarded the 'Young Researchers Award' as recognition of the efforts of a young (under 35) researcher presenting (poster or verbal) at the Cutting Edge Conference. After a review of this title we have opted to encourage not only the 'young' but also the 'emerging' researchers, in recognition that initiating research initiatives requires dedication and hard work regardless of age.

We have also developed a collaborative relationship with dapaanz, an initiative aimed at increasing membership and readership of ATRN. This has resulted in an increase in the number of publications of ATRN and the front to back ATRN newsletter and dapaanz Bulletin. Thank you so much to those who contribute to this publication and to Ria, not only for editing but also for having coordinated this move. We would love to hear from you out there on what you think about this, the articles you might like to see in the ATRN or ways in which you can contribute yourself. Remember it is a great opportunity for you budding researchers to start getting your working written up and into the public areans (and we can help you with this too).

We are progressing with the 2010 Monograph, a publication of research presentations form the Cutting Edge Conference. We have also offered support to the 2nd Addiction Research Symposium. This symposium was initiated by David Newcome and his team at the University of Auckland in 2010 and the second symposium was due to take place in Christchurch in March 2011 but was postponed due to the Christchurch quakes. However, this delayed really successful event, hosted the National Addiction Centre early in August provided a great forum for New Zealand addiction researchers to meet and share their work and for research students in particular to be supported by more experienced colleagues.

We have also discussed ambitions of developing a NZ addiction research journal, creating a database of addiction research, encouraging an online discussion forum for researchers and practitioners alike, such as through the mahara site hosted by Matua Raki and questioned whether ATRIG should be more encompassing of addiction research generally rather than as its current name suggests addiction treatment research specifically. These are ongoing topics of discussion for ATRIG so let us know your views or if you would like to be involved in any way further.

Don't forget to come along to the AGM which is to take place at lunchtime on Thursday 1 September at the Cutting Edge Conference in Tasman 2 room at the Rendezvous Hotel, Auckland. Otherwise please feel free to contact any of the current executive and let us know what you think.

Thanks.

Klare Braye
ATRIG Chairperson

NATIONAL ADDICTION CENTRE UPDATE

On the 5th of August the National Addiction Centre hosted the second one day Addiction Research Symposium in Christchurch. The inaugural meeting was held in Auckland in July 2010, hosted by the University of Auckland with the intention that it would be an ongoing series rotating around different locations. The first meeting showed the diversity of addiction-related research being undertaken by a number of institutions and individuals across the country and demonstrated that despite working in similar areas researchers did not always know one another. As researchers we were familiar with attending the occasional overseas research conference where we might bump into a handful of other New Zealand addiction researchers, or on the other hand attending New Zealand conferences of a more generic nature in which research was not always prominent. It was felt that these existing events did not meet the needs of New Zealand addiction researchers.

The symposium was therefore intended to bring together a range of active researchers in one place for an opportunity to share our current work and to sow the seeds for future projects. The Alcohol Advisory Council has provided support from the start, both financially and by their presence, and we were very happy to have Matua Raki come on board as an active sponsor for this second symposium.

The quality of presentations was high. The day started with Karen Faisandier (Massey University) presenting her work on developing treatment for out of control sexual behaviour, in which she provided data on the extent of this behaviour in a large internet-based survey sample and the association found between out of control sexual behaviour and insecure attachment style. The importance of attachment and resultant difficulties with achieving intimacy and emotional regulation form the basis of a treatment approach which she will be trialling shortly in collaboration with Sex Therapy New Zealand. The day ended with another Massey University presentation, when Dr Chris Wilkins reported on survey data showing the extent of BZP use following the banning of this substance. Chris found that use rates had dropped substantially from a past year rate of 15% in 2006 to 3% in 2009. Chris concluded that banning BZP had not led to a large black market as some had predicted and that this pattern was likely to be the case for the recently banned synthetic cannabinoids. In between these two papers were presentations from the

Universities of Otago and Auckland, Te Pou and the Auckland University of Technology on subjects covering Pacific community gambling, mobile phone addiction, alcohol and nicotine addiction.

The symposium lived up to expectations as an opportunity for networking by addiction researchers, with informal discussions over the breaks and an end of day function. Generous time was also given for questions and discussion at the end of each paper presentation. Attendees actively contributed to the programme by making good use of question time, with thoughtful and informed questions and discussion points.

Following lunch there was a one hour forty minute session devoted to three discussion groups on focussed topics. These topics were: 1) Nicotine; 2) Behavioural addictions; and 3) Addiction in Criminal justice settings. Each group was asked to discuss the main research priorities in that area over the next five years. Lively discussion occurred in all three groups.

In organising the symposium we sought to have a strong focus on research student participation. Four of the nine papers presented were by students and there were a good number of students amongst those attending. At the end of the day a separate student function was organised to provide an opportunity for students to meet and share experiences. We were also able to provide free registration and assistance with travel costs thanks to funding from ALAC.

This meeting was originally planned for March 2011 but was delayed following the 22 February earthquake in Christchurch. We greatly appreciate all of those from outside of Christchurch for their willingness to come here during these difficult times. It was good to have the opportunity to be involved in something positive and forward thinking that represents a return to normal.

My experience, echoed by others I have spoken to, was that a real sense of community within the addiction research field is being developed by these meetings and as a result there is enthusiasm for these to continue.

The next Addiction Research Symposium will be in Wellington and we anticipate it will occur in the first half of 2012. If you are an addiction researcher and did not receive notice about the Christchurch meeting then please make contact with Lindsay Atkins lindsay.atkins@otago.ac.nz or Lisa Andrews lisa.andrews@otago.ac.nz to ensure you are added to our mailing list.

Dr Simon Adamson
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ATRIG AGM

The Addiction Treatment Research Interest Group (ATRIG) will have its Annual General Meeting at the Cutting Edge conference being held at the Rendezvous Hotel in Auckland from the 1st-3rd September 2011. The AGM will run from 1.00-1.45pm on Thursday 1st September, 2011 in the Tasman 2 Room. Elections will be held for all Officers and members of the Executive. All past, present and future members are warmly invited to attend this meeting, regardless of whether or not you are a delegate at the conference. If you have any further queries about this meeting please contact the ATRIG secretary, Lindsay Atkins, on (03) 364 0480 or lindsay.atkins@otago.ac.nz.

BARRIERS AND ENABLERS OF EFFECTIVE COLLABORATIVE WITH AND FOR RURAL MĀORI WITH SUBSTANCE USE AND RELATED PROBLEMS

People with substance use problems have been identified as suffering more physical and mental health problems, and attaining lower levels of educational, financial and vocational achievement than the general population (Alexander, Pollack, & Nahra et al., 2007). The New Zealand Mental Health commission identified working with individuals with co-existing psychiatric and substance use disorders as "one of the biggest challenges facing front line mental health and addiction services in New Zealand and overseas" (Mental Health Commission, 2008 p3). It is evident from this information, that those individuals who walk through the clinicians door, are more likely than not to present with multiple social, physical and psychiatric issues. It has been argued that clinicians working with this population "must address these comorbidities and social problems to be truly effective" (Alexander et al., 2007 p224). This broad view of addiction and related psychosocial and health problems are acknowledged in what is described as 'comprehensive' drug treatment (National Institute of Drug Abuse, 2000). Within the concept of comprehensive care are 'core' services (specifically related to treating addiction) such as assessment, behaviour therapy and counselling, self-help groups, case management and continuing care; and wrap around services. These include services such as medical, mental health, childcare, vocational, housing, financial, family and legal. Strong evidence exists that addressing these co-existing health, mental health and social problems improves overall health and functioning, retention in treatment, and substance use outcomes (Durcharme, Mello & Roman, et al., 2007; Friedmann, D'Aunno, Jin, & Alexander, 2000; Campbell & Alexander, 2002).

It has been identified that people with addictions "face substantial systemic and personal barriers to receiving ancillary medical and psychosocial services" (Friedmann et al., 2000 p 444), and there is mounting evidence that co-existing psychosocial problems identified at entry to outpatient substance abuse treatment are significantly unmet (Pringle, Emptage, & Hubbard, 2006; Durcharme et al., 2007), that this is even worse for ethnic minorities in substance abuse treatment (Marsh, Cao, Guerrero, & Shin, 2009), and that rural areas may be particularly disadvantage (Pringle et al., 2006). Methods for improving client linkages to these 'ancillary' services are proposed to include on-site service delivery, external arrangements of variable formality (i.e., ad hoc or structured referral agreements and pathways), case management, and transportation assistance (D'Aunno, 1997; Samet, Saitz, & Larson, 1996). Research into increasing positive outcomes for people with substance use problems have identified the importance of services being aware and in tune with the social and cultural context that clients live in, in order to address the multiple factors interacting with substance use problems (Howard, 2003). Research has indicated that services with increased cultural competencies also provide better access to these wrap around services, and that clients attained better psychosocial outcomes. Howard related these outcomes to the services being "concerned with the dynamics of health independent from the treatment of disease of addiction" (Howard, 2003 p111). This reflects the importance of addressing the cultural and contextual factors of clients seeking help for addictions.

Due to the over-represented number of Maori experiencing substance use, mental health problems, and complex social, health and justice complications (Baxter, 2008; Ministry of Health, 2000; Mulholland, 2006), it is important to consider how to provide comprehensive care within the current service context in New Zealand. A context reliant on clinical services interacting with a large community based social service and primary health sector. In New Zealand there is a current focus on integrated care for individuals with co-existing psychiatric and substance use problems, "extending the capacity of the mental health and addiction treatment system to meet the needs of tangata whaiora with CEP is dependent on improving links between services, especially between substance use and mental health services" (Ministry of Health, 2010 p23). There is also a move to focus on the needs of families as a whole, particularly influenced by the implementation of Whānau ora. Providing comprehensive services for addiction could be viewed within the context of the whānau ora principles of coherent service delivery and competent and innovative provision through collaboration, and whānau integrity by acknowledging the whānau as the centre partner in this collaboration (Whānau Ora Taskforce, 2009). As New Zealand addiction services predominantly rely on a range of ad hoc - informal relationships with wrap around services, particularly those related to legal, financial, childcare, family and housing, it is important to understand the barriers and enablers to effective collaboration for and with people with substance use problems, particularly Māori living in rural communities.

Research Goals

This brief research project aims to gather information about service collaboration from key social service and health providers working with adults with substance use problems in the rural community of Huntly. The information sought relates to what is deemed collaboration, what are barriers to collaboration between services and what are the enablers of effective collaboration.

From this the research will be able to:

- inform service providers and practitioners about the values, principles and practices that underlie effective collaboration with Māori consumers, services and iwi;
- contribute to key stakeholders' understanding of locally relevant barriers, solutions and enablers to guide developments related to effective partnership/collaboration with and for Māori with substance use disorders and related health and social problems.

This will inform the development and improvement of research methods for a larger doctoral study of enablers and barriers to effective collaboration for Māori with substance use problems in rural communities. This project is supported by funding from the Māori Providers Development Scheme.

Methods

The research project and conduct of the research are guided by Kaupapa Maori research (KMR). KMR is underpinned by first principles, those values and principles that contributed to Māori wellbeing prior to the impact of colonisation; and also a rigorous critique of western theories and practices impacting on Māori (Smith, 1999). The importance of Māori values, principles and wellbeing are evident in the prioritisation of:

- For Māori by Māori research
- Māori direction, guidance and participation across the design, implication, analysis and dissemination of research.
- The explicit goal of improving outcomes for Māori
- The importance of first principles within the research process, including manaakitanga, hui, whakatau, and karakia in the research process

Participant Recruitment: In line with a KMR approach, the host Iwi service provider was invited to provide a list of potential participants from within its services and collaborative partners from statutory, district health board and non-Governmental health, mental health and social service providers from the local community.

For the purposes of the research, participants were required to work as paid or volunteer staff members of health and/or social services that work directly with adults 18 years and older who have a substance use problem.

Data Collection: Two focus groups of 12 participants were held, lasting approximately one and a half hours each. Each session followed the principles recommended by Bishop (1999). The focus groups were opened with a whakatau facilitated by the host agency. This included karakia, mihimihi, waiata and whakawhanaungatanga.

Findings: The research findings are currently being reviewed by participants and the host Iwi organisation and will be made publically available following the completion of this process.

If you are interested in receiving a copy of these findings please email the author at andre@paiake.co.nz.

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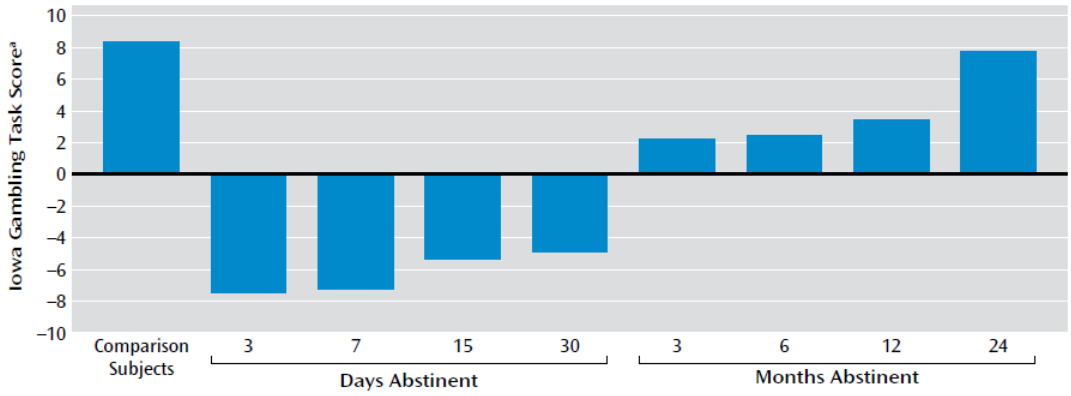
I'VE BEEN READING …

The most interesting paper I have read recently and one, which when discussed with patients usually results in the "lights going on," has the unprepossessing title of Effects of Stress on Decision-Making Deficits in Formerly Heroin-Dependent Patients After Different Durations of Abstinence, by Xiao-li Zhang et al (2011) *American Journal of Psychiatry* 168:610-616. Although a paper from China, the et al. includes David Epstein a relatively "big name" from US addiction medicine.

The paper begins by showing the slow return to normal (in comparison with a control group) of scores in the Iowa Gambling Task over a period of 24 months after cessation of drug (heroin) use (see Figure 1). The Iowa Gambling Task essentially measures the extent to which the subject can prioritise long term gain over short term impulsive response. Thus persisting impairment at 12 months is clear, with scores at 24 months comparable to the "never used" controls.

FIGURE 1. Iowa Gambling Task Scores at Different Abstinence Times in Formerly Heroin-Dependent Patients



They then show how relatively mild stress (the Trier Social Stress Test) leads to deterioration in the scores with the controls showing mild reduction, but even the 24 month abstinent subjects now averaging no more than the recently abstinent (Figure 2). Administration of propanolol, however, prevents much of this stress induced deterioration (Figure 4). "So that's why I'm so stupid" is a common response when patients are shown this!

FIGURE 2. Effects of Stress on Iowa Gambling Task Scores in Formerly Heroin-Dependent Patients at Different Abstinence Times

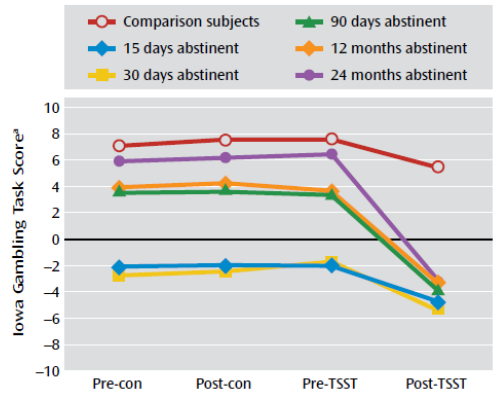
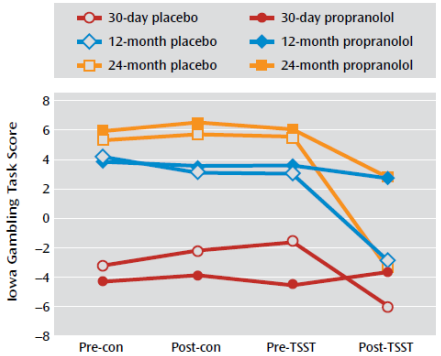


FIGURE 4. Effects of Propranolol (40 mg) on the Iowa Gambling Task Scores in Formerly Heroin-Dependent Patients After Stress Exposure[a]



[a] Abbreviations: Pre-con=precontrol condition; Post-con=postcontrol condition; TSST=Trier Social Stress Test.

Another quite different study of note was "Surviving Drug Addiction: The Effect of Treatment and Abstinence on Mortality" by, CK Scott et al (2011) in the *American Journal of Public Health* 101(4) 737- 744. This was a nine year longitudinal study of 1326 individuals entering a variety of addiction treatment services in Chicago, US between 1996 and 1998. Services ranged from abstinence based services, both residential and community, opioid substitution services to half way houses. The sample was by and large a group of severely addicted individuals 92% unemployed and 32% homeless.

Perhaps not surprisingly, mortality was high, with 10% dying in the study period, giving a mortality of 11 per 1000 person-years. Again many of the predictors of mortality were unsurprising; older age, chronic health conditions,

involvement in violence and illegal activity, delayed entry into treatment. Intractable addiction, as reflected in the number of treatment episodes the individual had experienced was also a predictor as was the initial score on the Addiction Severity Index. Although the mortality was higher than the Australian ATOS study (Darke S, et al. (2011) *Drug and Alcohol Dependence* 115:190 – 195), the significance of prior history of overdose was again demonstrated. Importantly however, years of sustained abstinence were a significant protective factor, although only 34% achieved one or more years of this.

The predictors of sustained abstinence were interesting; the number of treatment episodes experienced (after the index admission) was a negative predictor of sustained abstinence, as this no doubt was a marker for treatment resistance. Total percentage of time in treatment, however, did predict sustained abstinence. A larger "dose" of treatment is more effective. The unexpected finding was that the number of treatment episodes initiated in the first six months after discharge from the initial treatment was a positive predictor of sustained abstinence. Thus early identification and treatment of relapse led to improved long term outcomes.

This, I think, is the important message of this study: At initial assessment careful inquiry concerning previous overdose experience is part of risk assessment, and good follow up with low threshold for readmission to treatment after discharge is the goal we should seek, to increase the chance of long term abstinence, with not only lower mortality but also the other health and social benefits.

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Addiction Treatment Research News is the official newsletter of the **Addiction Treatment Research Interest Group (ATRIG).**

ATRIG was established in 1997 to promote research in the addiction treatment field in New Zealand.

ATRIG's objectives are:

- To foster interest in scientific research on treatment of people with addiction related problems within Aotearoa NZ.
- To disseminate and promote research findings related to effective treatment of people with addiction related problems in Aotearoa NZ.
- To support the development of improved treatment services for people with addiction related problems within Aotearoa NZ.

The **executive committee** are:
Klare Braye (Chairperson), Simon Adamson, Janie Sheridan, Robin Shepherd, Ria Schroder (ATRN Editor), Catherine Lowry-Hanlon, Lindsay Atkins (Secretary)

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Addiction Treatment Research Interest Group (ATRIG)

MEMBERSHIP/RENEWAL FORM

Please note all individuals wishing to be a member of ATRIG must join by completing this form regardless of current membership status.

Membership in ATRIG entitles you to the following:

- three issues of the Addiction Treatment Research News via email
- membership in the ATRN email discussion group

PLEASE ENROL ME AS A MEMBER OF ATRIG (ADDICTION TREATMENT RESEARCH INTEREST GROUP). I HAVE READ AND SIGNED THE DECLARATION BELOW.

Surname _____ First Names _____

Postal Address _____

_____

Daytime Phone Number _____ Fax Number _____

E-Mail Address (please print clearly) _____

(NB - You must provide an email address if you wish to receive a copy of ATRN)

The objectives of ATRIG are:

- *To foster interest in scientific research on treatment of people with addiction related problems in Aotearoa New Zealand.*
- *To disseminate and promote research findings related to effective treatment of people with addiction related problems in Aotearoa New Zealand.*
- *To support the development of improved treatment services for people with addiction related problems in Aotearoa New Zealand.*

Declaration

I support the objectives of ATRIG and wish to be a member of ATRIG for the 2011 calendar year. I understand membership fee is $20.

Signed _____ Date _____

Please make cheques payable to: ATRIG

I am interested in participating in an email discussion group around ATRN ☐

Thank you for completing this form and sending it back with payment to:
Lindsay Atkins, ATRIG, PO Box 4345, Christchurch 8140, New Zealand
(Phone 03 364-0480, Fax 03 364-1225)