



The Salvation Army

Addiction Services



The
Salvation
Army
Addiction Services



* denotes Out patient and or Day Programme

Red Text denotes inclusive of Problem Gambling service.

Prevalence of Substance use disorders

Table 8: Alcohol and drug use indicators

Indicator	Māori			non-Māori		
	Males	Females	Total	Males	Females	Total
Consumed alcohol in the past 12 months (15-64 years) 2007/08, percent ^{1, 2}	88.7 (85.9–91.5)	83.8 (81.3–86.3)	86.1 (84.3–87.9)	88.4 (86.6–90.2)	82.2 (80.5–84.0)	85.2 (83.8–86.5)
Drinking alcohol daily in the past 12 months (past year drinkers 15–64 years), 2007/08, percent ^{1, 2}	5.2 (3.3–7.1)	2.7 (1.7–3.8)	3.9 (2.9–4.9)	8.4 (6.8–10.0)	5.8 (4.8–6.9)	7.1 (6.2–8.0)
Drinking large amounts of alcohol at least weekly in the past 12 months, (past year drinkers 15–64 years), 2007/08, percent ^{1, 2, 3}	28.1 (22.6–33.6)	22.0 (18.1–25.9)	24.9 (21.6–28.2)	13.6 (11.7–15.5)	8.5 (6.9–10.0)	11.0 (9.8–12.3)
Using cannabis in the past 12 months, (15–64 years), 2007/08, percent ^{1, 2}	32.6 (27.4–37.8)	23.9 (20.5–27.2)	27.9 (25.0–30.8)	16.3 (14.3–18.3)	9.7 (8.3–11.2)	12.9 (11.6–14.2)

MOH Survey 07/08

Population Sample size: 6500

Key Findings

Key findings from the report include:

- Alcohol is the most commonly used recreational drug in New Zealand, with 85% of adults (aged 16–64 years) having had an alcoholic drink in the past year.
- The prevalence of risky drinking is high among New Zealanders. Six in ten people who drank alcohol in the past year had consumed enough alcohol to feel drunk at least once in the past year, while one in ten had done so on a weekly basis.
- Alcohol-related harm continues to be a social and health issue in New Zealand. Some of the most common harmful effects experienced by people in the past year due to their own alcohol use were harmful effects on their friendships or social life (7%), having had days off work or school (6%) and injuring themselves (5%).
- Youth, Maori men and women, Pacific men, and people living in more deprived neighbourhoods were more likely to drink higher amounts than recommended, to engage in risky drinking behaviours, and to experience more harm due to alcohol use.

Snap Shot Demographic

- Residential Admissions July 2014 - June 2015 **1990**

Health 20.7%

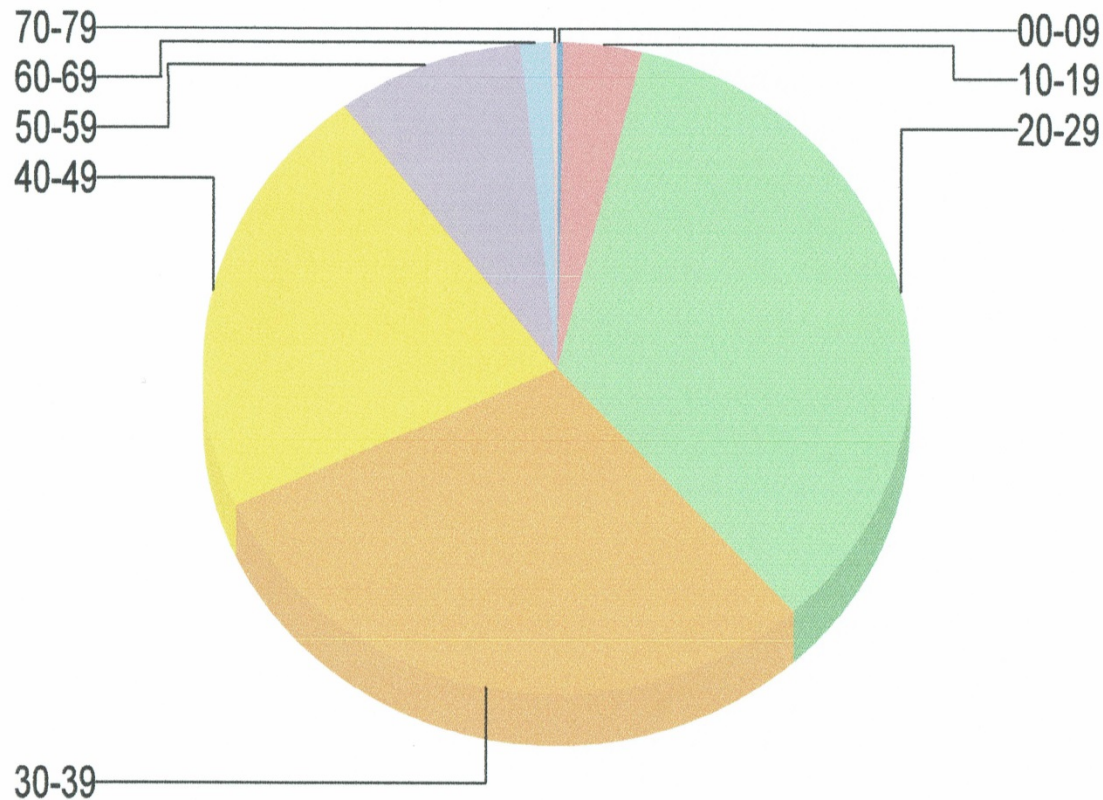
Justice - Corrections
- Police 38 %

Social Service and self
Help seeking 41.3 %

Assessment Centre	86	4.3%	← 4.3 %
Child Youth & Family Service	18	0.9%	
Church Social Service	7	0.4%	
Community Probation Service	407	20.5%	← 20.5 %
Department of Work & Income (WINZ)	4	0.2%	
Employer	3	0.2%	
Health - Community	29	1.5%	} 15.4 %
Health - GP	94	4.7%	
Health - Hospital	23	1.2%	
Health - Other AOD Treatment Provider	159	8.0%	} 17.5%
Justice - Auckland AODT Court	28	1.4%	
Justice - Corrections	103	5.2%	
Justice - Court	16	0.8%	
Justice - Diversion	4	0.2%	
Justice - Police	29	1.5%	
Lawyer	187	9.4%	
Naenae	4	0.2%	
Not recorded/Unknown	20	1.0%	
Other	50	2.5%	
Relative / friend	25	1.3%	
Salvation Army - Corps	5	0.3%	
Salvation Army - Other Centre	49	2.5%	
Salvation Army - Other Social Service	34	1.7%	
Self	626	31.5%	
Total	1990	100.0%	

Clients Served by Age Range

For Addictions



00-09	3	0.2%
10-19	71	3.9%
20-29	632	34.3%
30-39	545	29.6%
40-49	398	21.6%
50-59	158	8.6%
60-69	29	1.6%
70-79	4	0.2%
Total:	1840	100.0%

AOD Provider Experience

- Relatively uncommon to receive referral for individuals with significant sensory disability.
- Relatively uncommon to receive referral for individuals with significant Mobility access challenges.
- Very common to receive referrals for individuals with coexisting mental health issues.
- Very common to receive referrals of individuals with cognitive issues arising from closed head injury.

Key Questions

- Does the data from the AOD use survey accurately represent the experience of people with sensory, Intellectual and Physical disability as specific populations ?
- Is this submerged in the data?
- What is the actual prevalence of problematic Alcohol and Other Drug use within the various disability populations, relative to what is observed in the mainstream?
- Who is asking? Disability services? AOD Services?

Alcohol and Other Drug Services

- Do not routinely screen referrals for Intellectual disability unless otherwise indicated, typically through the process of comprehensive AOD assessment, where intellectual and cognitive impairment is often indicated within the developmental and educational history where there has been a history and or pattern of developmental delay and or underachievement.
- Often attributed to F.A.S., F.A.E. and or alcohol use related brain injury.
- Acquired brain injury related to trauma
- Generally more subtle presentation.

Physical Disability / Mobility Access and personal care.

- Facilities are generally able to accommodate special needs in regard to mobility and access.
- In our recent internal survey, centres reported no experience of wheelchair dependent clients being referred to or declining an offer of; inpatient treatment.
- The evidence is that these clients are simply not approaching services or requesting referral. Referrers are not considering AOD issues in their assessments? or referrals?
- Where service users with non wheelchair dependent mobility issues present, these are readily accommodated.

Older People and age related impairment.

- Scenario
- 66 year old female
- CORD - frequently hospitalised for short term acute treatment.
- Heavy smoker – Tobacco
- Alcohol dependant
- Sec. 9 (Alcoholism and Addiction Act 1966)
- Lives alone.
- Family support Auckland and overseas
- Lower leg fracture (Accident in the home)
- Demonstrates Intellectual and Cognitive capacity when alcohol free.

Risks

- Unable to maintain alcohol abstinence.
- AOD exacerbates risk of postural asphyxiation.
- Loss of capacity for self care
- Home visit by AOD staff results in frequent admissions to Hospital for urgent acute care x 3
- Inadequate response from ACC provided carer support
- Wishes to remain in independent accommodation
- Requires long term care plan (Coordination ?)

What is available and how to access ?

Sensory Disability Support in residence.

- Facility orientation.
- Guide dog support.
- Braille resources
- Signing for the deaf – Group challenge
- Hearing technology

Intellectual Disability

- Assessment of substance use.
 - When
 - Who

(Workforce capacity and capability?)

- Supporting carers
- (What are the challenges?)

Ageing Population

- Age related disability
- AOD included in Assessment ?
- A.R.B.D. or Dementia or Korsakoff Syndrome

Mobility and Access

- Beyond the building code and sector standards.
- Issues of engagement.
- Workforce awareness – capability – capacity
- Multi – Agency service coordination for clients presenting with disabilities

Discussion



Thank You