



AOD Provider
Collaborative

Translating research into practice

Counties Manukau AOD Provider Collaborative

Research Symposium

Thursday 19 June 2014

Tāmaki Campus, University of Auckland

Supported by:



CENTRE FOR
ADDICTION RESEARCH

THE UNIVERSITY OF AUCKLAND

Te Whare Wānanga o Tāmaki Makaurau



AOD Provider Collaborative

The CMDHB AOD Provider Collaborative was formed in 2009 to ensure providers were working together to maximise positive outcomes for AOD clients within the Counties Manukau District Health Board (CMDHB) catchment area.

The Collaborative is funded by CMDHB through the AOD Provider Development Fund. The purpose of this fund is to resource activities that are compatible with CMDHB's mental health and addictions philosophy and are in accordance with CMDHB's AOD Plan.

Membership is open to any AOD provider who services CMDHB residents, and includes:

Abacus	AOD Consumer Network	CADS
Care NZ	CMDHB MH Provider Arm	Connect Supporting Recovery
Higher Ground	Ivita Health Services	Odyssey
Penina Health Trust	Raukura	Recovery Solutions
Salvation Army	Tranx	Tupu
Youthline		

Getting the most out of the AOD Provider Collaborative Research Symposium:

Today's Symposium has been designed to provide the AOD workforce in Counties Manukau with access to a selection of the latest New Zealand AOD-related research, and to help foster links between researchers and practitioners in developing evidence to support practice initiatives.

We have asked presenters to particularly focus on the clinical and practical relevance of their research and how it might inform practice. Similarly, we have built in generous discussion time throughout the day to encourage conversations about the relevance and impact of these research projects on everyday practice.

This is our first research symposium and we have endeavoured to cover a broad spectrum of research. It's a busy day!

During the day, in addition to several plenary sessions in the main Function Hall, we provide four breakout sessions (in neighbouring seminar rooms—see map on inside back cover) which allow for presentations and discussion of research in smaller groups.

Each breakout session offers a choice from three different streams. We understand it may be difficult to choose between the different streams in each session, however we recommend that you work with your colleagues to ensure your agency is represented in all relevant streams. We will also be recording presentations and making these available online (with slides), so that content can be shared with colleagues who might be unable to attend on the day. Visit www.aodcollaborative.org.nz for Symposium materials.

The 2014 AOD Provider Collaborative Research Symposium would not be possible without the generous financial support of the CMDHB. We also gratefully acknowledge the input and support of Odyssey and the Centre for Addiction Research at the University of Auckland.



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Welcome Messages



The CMDHB AOD Provider Collaborative Group was formed in 2009 and quickly became an integral part of achieving our vision for the future. A key focus of the group is to support providers to work together to maximise positive outcomes for people with AOD issues living in Counties Manukau.

The group is unique within New Zealand and enjoys significant support from the DHB and its membership organisations. CMDHB will continue to work in partnership with the AOD Provider Collaborative to develop a number of key projects that seek to advance both service provision and the outcomes of the people that use them. Together we will continue to build and develop the capacity of our workforce to better meet the needs of Counties Manukau's rich and diverse population.

Today's Symposium represents a unique opportunity to invest in our workforce, highlight best practice and create better linkages between our existing services.

Enjoy your day,

Abi Bond
Portfolio Manager – Mental Health & Addictions
Counties Manukau Health



As Chair of the AOD Provider Collaborative, I am both proud and excited to welcome so many dedicated individuals and organisations to this Research Symposium with the University of Auckland.

As a Collaborative that is dedicated to AOD sector development, our commitment is to valuing the many passionate individuals who commit their lives to helping and empowering those who come to us.

We hope that this day is true to that commitment, contributes to your everyday practice and conveys our appreciation of your ongoing dedication to the people that you serve.

Anne Bateman
Odyssey
Chair, CMDHB AOD Provider Collaborative

Translating research into practice

Agenda

Time	Title	Speaker	Location	
08.15	Registration Opens		Function Hall	
09.00	Welcome	Anne Bateman, Chair AOD Provider Collaborative Grant O'Brien, Strategic Programme Manager Office of the Health and Disability Commissioner	Function Hall	
09.10	Karakia	University of Auckland kaumātua – Hemi Rauwhero and Dolly Paul	Function Hall	
09.20	Opening address from Counties Manukau Health	Sonya Russell, Senior Portfolio Manager, CMDHB	Function Hall	
09.30	KEYNOTE address: Towards a sustainable and fit for purpose mental health and addiction workforce	Professor Des Gorman Executive Chair, Health Workforce New Zealand	Function Hall	
10.15	Getting the most out of the day: breakout sessions – format and objectives	Anne Bateman, Chair, AOD Provider Collaborative	Function Hall	
10.20	Morning tea		Function Hall	
10.50	Breakout session 1			
	Innovations	Populations	Practice	
	WERO – an innovative smoking cessation initiative Presenter: Dr Marewa Glover University of Auckland Chair: Linda Poynton, Care NZ Venue: 730.268	Prenatal exposure to methamphetamine: A tale of two cultures! Presenter: Dr Trecia Wouldes University of Auckland Chair: Clare Luamanuvae Salvation Army Venue: 730.266	Consumer leadership and peer support Presenter: Mary O'Hagan Chair: Magdel Hammond Connect Supporting Recovery Venue: 730.264	Various
11.35	Move between sessions			
11.40	Breakout session 2			
	Innovations	Populations	Practice	
	The effect of Varenicline on cannabis use in cannabis dependent individuals who also smoke tobacco Presenter: Dr David Newcombe University of Auckland Chair: Linda Poynton, Care NZ Venue: 730.268	AOD research in the Pacific and within Pacific populations in NZ Presenter: Dr Vili Nosa University of Auckland Chair: Epati Fale, Tupu, WDHB Venue: 730.266	From then to when: CEP research; where it has come from, where it is going in Aotearoa New Zealand (and what has happened in between) Presenter: Dr Helen Warren, AUT Chair: Clare Luamanuvae Salvation Army Venue: 730.264	Various
12.25	Lunch		Function Hall	

Time	Title	Speaker		Location
13.30	Working together well: research and practice development in AOD services in New Zealand	Associate Professor Peter Adams		Function Hall
14.00	Breakout session 3			
	Innovations	Populations	Practice	
	Is there a place for using 'Big Data' to inform the Alcohol and Other Drug research space? Presenter: Dr Dan Exeter University of Auckland Chair: Duncan Poole CADS South Venue: 730.268	Youth'12. Are we making a difference? Changes in substance use 2001-2012 & key findings from Youth '12 Presenter: Dr Terry Fleming University of Auckland Chair: Supriya Maharaj Recovery Solutions: Phoenix Centre Venue: 730.266	Resilience: is this a fence like at the top of the cliff? Presenter: Dr Peter Huggard University of Auckland Chair: Magdel Hammond Connect Supporting Recovery Venue: 730.264	Various
14.45	Move between sessions			
14.50	Breakout session 4			
	Innovations	Populations	Practice	
	YourCall and SPILLIT: Two studies of text message interventions aimed at reducing alcohol-related harm Presenters: Dr Sarah Sharpe and Karen Renner University of Auckland Chair: Mark Esekielu, Youthline Venue: 730.268	Patterns and predictors of adolescent drinking in New Zealand - will the new laws reduce harm? Presenter: Nicki Jackson University of Auckland Chair: Supriya Maharaj Recovery Solutions: Phoenix Centre Venue: 730.266	Identifying the prevalence of hazardous drinking in older adults and flags for primary care workers Presenter: Dr Andy Towers Massey University Chair: Dr David Newcombe Centre for Addiction Research University of Auckland Venue: 730.264	Various
15.35	Afternoon Tea and Roundtable Discussions			
	Group 1: Youth Chair: Glenda Schnell, Youthline Group 2: Adult Chair: Dr David Newcombe, University of Auckland Group 3: CEP Chair: Dr Helen Warren, AUT Group 4: Consumer Chair: Magdel Hammond, Connect Supporting Recovery			730.268 Function Hall 730.266 730.264
16.15	Closing remarks	Anne Bateman, Chair, AOD Provider Collaborative		Function Hall
16.20	Karakia	University of Auckland kaumātua – Hemi Rauwhero and Dolly Paul		

The Counties Manukau AOD Provider Collaborative welcomes kaumātua Hemi Rauwhero and Dolly Paul and thank them for joining us today at the Symposium.

Please join us in the following waiata after the karakia and mihi this morning:

Te Aroha

Te Aroha

Te Whakapono

Me te rangimārie

Tātou, tātou e

Te Aroha

Te Whakapono

Me te rangimārie

Tātou, tātou e

The **AOD Provider Collaborative** thanks the following members for their work in designing and organising this year's Symposium:

Anne Bateman, Odyssey

Clare Luamanuvae, Salvation Army

Supriya Maharaj, Recovery Solutions: Phoenix Centre

Nicki Paull, University of Auckland

Brody Runga, Counties Manukau AOD Consumer Network

Sam White, Odyssey; University of Auckland

We would also like to extend warm thanks to the Tupu band for their performances today.

Keynote address

Towards a sustainable and fit for purpose mental health and addiction workforce

Professor Des Gorman, Executive Chair, Health Workforce New Zealand

The Health Workforce New Zealand (HWNZ) mental health service forecast identified significant shortfalls in the mental health and addiction services workforce, both in the context of current and future need. The expert working group suggested a particular focus on developing the adolescent and youth mental health workforce.

A subsequent MOH development plan - *Rising to the Challenge* - is designed to coordinate the various responses to these shortfalls.

Consequent and current HWNZ investment includes \$43 million over the next three years to the mental health workforce centres, another \$1.25 million for the training of mental health unregulated workers - in addition, HWNZ is funding the training of 358 nurses and 24 doctors, who intend to work in mental health, through the Voluntary Bonding Scheme (VBS), as well as 116 psychiatry trainees. A module for advanced training for GPs in mental health and addiction services is also underway.



Professor Des Gorman is Executive Chair, Health Workforce New Zealand and Professor of Medicine and Associate Dean, Faculty of Medical and Health Sciences, at the University of Auckland.

He holds a BSc, MBChB and MD from the University of Auckland, as well as a PhD from the University of Sydney. The two doctorates were awarded for in vivo research into brain injuries. Professor Gorman's primary research and clinical interests are brain injury, diving medicine, occupational medicine and toxicology. His research career includes more than 250 publications.

He is a Member of the Board of Directors of the New Zealand Accident Compensation and Rehabilitation Corporation (ACC), as well as a Member of the National Health Board and the Capital Investment Committee, Ministry of Health.

With joint Australian and New Zealand citizenship, Professor Gorman has served in both the Royal Australian Navy (RAN) and the Royal New Zealand Navy (RNZN). During service in the RAN, he trained as a submarine officer and a mine warfare and clearance diving officer.

Professor Gorman is currently overseeing health reforms in Queensland, Hong Kong and the Sultanate of Oman.

Welcome addresses

Anne Bateman, Chair, AOD Provider Collaborative



Anne Bateman is currently the Special Projects Manager at Odyssey in Auckland. She is also the Chair of the CMDHB AOD Provider Collaborative. Anne has worked in various roles, such as planning and funding, quality improvement, and clinical practice with specialities in system building, organisational development, evaluation and continuous quality improvement. She holds a Master of Science in Social Work, a Master of Public Administration and is certified in Six Sigma and is a Prince 2 Practitioner.

Anne began her career as a clinician, and has spent the last 10 years working at a systems level in various levels of government as well as NGOs. She is originally from the United States and has worked in New Zealand for the last four years in both Wellington and Auckland.

Sonya Russell, Senior Portfolio Manager, Mental Health and Addictions, CMDHB



Sonya is a born and bred Kiwi with Croatian and Irish heritage and comes from a large family of nine. She was brought up in Devonport and now lives in Glen Eden with her husband and two young sons.

Currently in a senior planning and funding role for Mental Health and Addictions with Counties Manukau DHB, Sonya is an experienced health manager having started out as a support worker and worked her way up to management and leadership roles in both DHB and NGO mental health services. Her academic and professional qualifications include a BSc in Psychology & Biology, PGCertHS Mental Health Development, PGDipSc in Psychology.

Sonya has an in-depth understanding of the New Zealand health system and a strong commitment to strength-based approaches that empower people to manage their own mental wellbeing and live well. She is passionate about improving the quality of service provided to people and understands the importance of working collaboratively to ensure the best health outcomes for communities.

Grant O'Brien, Strategic Programme Manager, Office of the Health & Disability Commissioner (HDC)



A health professional with over 30 years' experience in a range of settings including mental health and addictions treatment, research and management roles, Grant currently leads a broad programme of work at the office of the HDC from investigations into the safe use of medicines to resolving street mental illness in Auckland's CBD.

He started his health career at King Seat Hospital in South Auckland and has spent much of his career in and around rural communities where he has a passion for supporting the sustainability of rural health services.

He has also been seconded to various health sector organisations in New Zealand and overseas, including Health Care for London, Waikato PHO, The Order of St John, and the World Health Organisation. He has a Masters in Public Policy from Victoria University and a research background in Mental Health Outcome studies.

Breakout Session 1

Stream A: Innovation

WERO – challenging communities to quit smoking together

Dr Marewa Glover, University of Auckland

In Aotearoa/New Zealand, Māori (41%) and Pacific Island (33%) people have significantly higher rates of smoking compared to the rest of the population (18%). Whilst the range of current stop smoking programmes (like Quitline) work just as well for Māori and Pacific people, not enough Māori and Pacific smokers are using existing smoking cessation programmes to help reach our goal of halving smoking prevalence rates by 2020.

WERO (the Māori word for ‘challenge’) was developed by researchers at the University of Auckland as a team-based smoking cessation initiative. WERO is about teams of people quitting together rather than as individuals trying to go it alone. It is designed to be fun – and also gives communities a chance to raise some money for a good cause. The initial WERO pilot with fifteen teams from three ‘regions’ ran from 31 May to 30 August 2012. Verified quit rates at three months exceeded expectations at 36%. Dr Glover’s presentation will share findings and ideas from the national roll-out of WERO.



Dr Marewa Glover (Ngā Puhī) is a senior research fellow in the Department of Social and Community Health at the University of Auckland. She is also Director of the Centre for Tobacco Control Research (CTCR) and Co-Director of the New Zealand Tobacco Control Research Tūranga – a national programme of research to inform rapid smoking prevalence reduction.

Marewa is a long-standing member of the tobacco control sector, with past experience at a policy level, in health promotion and cessation programme design. Marewa has led and supported many tobacco control-focused and kaupapa Māori health research projects.

Stream B: Populations

Prenatal exposure to methamphetamine: A tale of two cultures!

Dr Trecia Wouldes, University of Auckland

Drug use, particularly the use of illegal substances during pregnancy is an emotional issue, and many assume that drugs such as methamphetamine, heroin or cocaine would seriously affect the health and development of the child exposed during pregnancy. However, it is also likely that prenatal exposure is coupled with a chaotic postnatal environment. Until recently, studies focused simply on the deleterious effects of psychoactive substances without considering the contribution a potentially chaotic environment may have on the developing child.

The IDEAL Study was designed to investigate the effects of prenatal exposure to methamphetamine within the context of the postnatal environment. This talk will compare the effects of prenatal exposure in two cultures, New Zealand which has a culture of harm reduction in relation to substance use during pregnancy and the US which has a legal mandate to refer women who are using substances during pregnancy to Child Protection Services and often the courts.



Dr Trecia Wouldes is the first researcher in New Zealand to systematically evaluate the developmental effects of prenatal exposure to psychoactive drugs. Her first research study investigated the effects of maternal methadone maintenance treatment on the developing fetus, neonate and infant. The findings of this study provided the impetus for the larger Methadone in Pregnancy longitudinal study in collaboration with Professor Lianne Woodward at the University of Canterbury. In 2005 she became a Principal Investigator (PI) in a US multi-site study, the Infant Development, Environment and Lifestyle (IDEAL) Study, investigating the effects of prenatal exposure to methamphetamine “P”. She is currently the Director and PI of the Auckland site of this international, longitudinal study. This study recruited women during pregnancy and has followed the development of the children at birth, 1, 3, 9, 12, 24 and 36

months and is currently assessing the development of these children within the context of their current home and school environments at 4.5, 5.5 and 6.5 years of age. Dr Wouldes has recently designed and is piloting a study in collaboration with a new researcher, Dr Suzanne Stevens, which will investigate the early bio-behavioral signs of Fetal Alcohol Spectrum Disorder.

Breakout Session 2

Stream A: Innovation

The effect of Varenicline on cannabis use in cannabis dependent individuals who also smoke tobacco

Dr David Newcombe, University of Auckland

The search for new drugs, or the alternative use of existing drugs, to treat drug dependence, is an important activity in the addiction research field. Varenicline (Champix®), which is currently funded by Pharmacia as an anti-smoking agent, is one drug that has attracted much interest because it shares common mechanisms of action with a number of drugs of abuse. It is known that tetrahydrocannabinol (THC), the main active ingredient found in natural cannabis, and Champix®, act on the same nicotine receptor. As many cannabis users also smoke tobacco a drug that treats dependence to both drugs would be beneficial. Given its mechanism of action we argued it is biologically plausible that Champix® may have an effect on cannabis use. In the absence of published human data that supports this hypothesis, we decided to conduct a preliminary case series study to gather information on this phenomenon. This presentation will review some of the data collected during this study that are suggestive of a link between Champix® use and reductions in cannabis use and enjoyment, and the implications for its future use.



Dr David Newcombe is Senior Lecturer in Alcohol and Drug Studies at the School of Population Health, Academic Director of postgraduate addiction programmes and an Associate Director of the Centre for Addiction Research.

He has been working in the addiction sector for over 17 years in various clinical and research roles both in Australia and New Zealand.

Prior to moving to New Zealand, David was Senior Project Manager at the World Health Organization Collaborating Centre for Research in the Treatment of Drug and Alcohol Problems at the University of Adelaide where he managed a number of large studies. These included an international multisite evaluation of opioid pharmacotherapies for the treatment

of opioid dependence and the Australian site of the validation of the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) study.

His current research interests include: screening for problematic substance use and assessing the efficacy of brief interventions in different at risk groups; the clinical pharmacology and psychopharmacology of drugs of abuse; and clinical effectiveness of pharmacotherapies used to treat alcohol and drug problems.

Stream B: Populations

AOD research in the Pacific and within Pacific populations in NZ

Dr Vili Nosa, University of Auckland

Tobacco, alcohol and other drugs are becoming a major issue in New Zealand and the Pacific region. This presentation will outline a number of research projects that are specifically related to Pacific populations in New Zealand and the Pacific region. Pacific people are ranked second to Māori in terms of smoking prevalence rates. Alcohol consumption prevalence rates for Pacific people have been identified as hazardous and heavy binge drinking is a key issue for many Pacific communities. The presentation will also include information available on Pacific people and other drugs.



Dr Vili Nosa is of Niuean descent. He is currently a Senior Lecturer in Pacific Health at the University of Auckland. Vili has a BA in Education & Sociology, a MA (Hons) in Sociology, and a PhD in Behavioural Science from the University of Auckland. His PhD thesis researched the perceptions and use of alcohol among Niuean men living in Auckland.

Vili is the first Niuean to graduate with a PhD. His academic and scholarly interests include Pacific health issues in New Zealand and the Pacific region. Vili's specialist research area is in addictions, alcohol, tobacco and substance abuse.

Afternoon Plenary Session

Working together well: research and practice development in AOD services in New Zealand

Associate Professor Peter Adams, University of Auckland

The role of research to inform service delivery plays a critical role in effective practice. Without it we could end up pursuing interventions which have no impact on alcohol and drug problems. But, in order for research to influence practice, it requires ways in which researchers and practitioners can interface and work together on shared solutions.

In this presentation, Peter will provide an overview of AOD research and service development in New Zealand over the last thirty years. He will focus on how academic and service agencies have attempted to work together. These collaborations have permitted an evidence base to emerge to support AOD practice in New Zealand and overseas. Peter will outline models of engagement that have worked in these settings, as well as providing insights into some of the obstacles that hinder long-term research-practice collaborations.

He will conclude with recommendations on how services and research institutions might be able to effectively and productively work together in the future to develop clinically relevant research projects, and how individual clinicians can contribute.



Associate Professor Peter Adams is Acting Head of the School of Population Health and an Associate Director of the Centre for Addiction Research. Prior to joining the academic staff of the University of Auckland in 1991, Peter was a practising clinical psychologist for 13 years with specialist expertise in the area of addictive behaviour and violence. He has led the development of teaching programmes in alcohol and drug studies, mental health and health promotion at the School of Population Health, as well as research initiatives in violence, Asian health, addictive behaviour, gambling and community development.

Peter's research focus is on innovative projects that aim to reduce harm through: family and neighbourhood responses to addictive relationships; developing the contribution of the specialist practitioner and wider health workforce; and public health, policy and health promotion activities that empower collective responses to risky consumption.

He has published widely in the field, including three sole-authored books – *Gambling, Freedom and Democracy* (2007), *Fragmented Intimacy: Addiction in a Social World* (2008), and *Masculine Empire: how men use violence to keep women in line* (2012).

Breakout Session 3

Stream A: Innovation

Is there a place for using 'Big Data' to inform the Alcohol and Other Drug research space?

Dr Dan Exeter, University of Auckland

'Big Data' is a current buzz-word that refers to datasets so large that analysis is difficult through use of conventional databases and software. However, the increased availability of 'Big Data' from routine national health databases offers many opportunities for population health research. For the past 15-20 years Geographical Information Systems (GIS) have demonstrated the ability for large spatial datasets to be combined to examine the association between social or environmental determinants and a particular health outcome.

This presentation introduces the audience to GIS and demonstrates contemporary research using spatial analysis to inform research and policy related to alcohol and other drugs. In addition, the potential for using Big Data to investigate geographical disparities in alcohol and other drugs will be outlined using cardiovascular disease (CVD).



Dr Dan Exeter is a Senior Lecturer in Epidemiology at the University of Auckland. He is a quantitative health geographer and has a background in Geographical Information Systems and spatial analysis.

Using large datasets such as the census or routine health databases, his research aims to identify, and provide solutions to inequalities in health.

He is currently leading research on the development of online CVD atlases for Auckland and New Zealand. In addition, he recently received funding from HRC to investigate alternative approaches to measuring deprivation in NZ.

Stream B: Populations

Youth '12. Are we making a difference? Changes in substance use from 2001 to 2012 and key findings from the Youth '12 survey

Dr Terry Fleming, University of Auckland

Youth '12 is the latest in the Youth2000 series of cross-sectional surveys of New Zealand high school students. Youth '12 surveyed 8500 students from 91 New Zealand schools. It builds on the 2001 and 2007 surveys of 9567 and 9107 students respectively.

In this presentation, Terry will highlight changes in youth health and well-being from 2001 to 2012 including the apparent decreases in cigarette, alcohol, marijuana and other substance use among adolescents over this 11-year period. Secondly, Terry will provide an overview of reported cigarette, alcohol, marijuana and other drug use for adolescents in 2012. There will be time for discussion about key implications for service provision and policy development.



Dr Terry (Theresa) Fleming is a senior lecturer in youth health at the University of Auckland and she works part-time with innovate change, a social innovation agency. Terry's professional background is as a youth health social worker helping to develop and deliver youth health services in Counties Manukau and beyond.

Terry is currently involved in research on the use of computerised approaches (such as SPARX) to increase support for under-served young people and on the health and well-being of secondary school students in New Zealand (the Youth2000 series).

Breakout Session 4

Stream A: Innovation

YourCall and SPILLIT: Two studies of text message interventions aimed at reducing alcohol-related harm

Dr Sarah Sharpe and Karen Renner, University of Auckland

Introduction: Two text message interventions aimed at reducing alcohol-related harm will be discussed. Both utilise technology to enable health behaviour change by incorporating text message reminders as a support to traditional intervention programmes. The intervention in the first study is an automated, unidirectional programme of text messages based on brief intervention. In comparison, the intervention in the second study is highly personalised.

Study 1 - The YourCall Study: The aims of this study are to 1) develop a mobile-phone text message brief intervention to support behaviour change in admitted trauma patients aged 16 to 60 years who screen positive for hazardous alcohol use and 2) evaluate the intervention in a randomised controlled trial (currently underway).

Study 2 – SPILLIT: This study enabled the creation of personal safe-drinking text messages for the general population. Intervention participants had full control over their message content, timing, and number and frequency of delivery for three months. Preliminary results suggest that engaging participants in thinking about their drinking issues as part of creating their message may result in messages which resonate more deeply when received on their phone.



Dr Sarah Sharpe, MBChB, MPH (Hons), FNZCPHM, is a public health physician and Fellow of the New Zealand College of Public Health Medicine. Her experience working within the New Zealand health sector spans twenty years and is broad, including a wide range of clinical roles as junior doctor and then General Practitioner, medical writing and editorial work, and a range of public health-related roles.

For the last two years she has been the lead Research Fellow on a University of Auckland public health intervention study (the 'YourCall Study'), a Health Research Council-funded randomised controlled trial testing the effectiveness of a mobile phone text message intervention in reducing hazardous alcohol use and alcohol-related harms among trauma patients. She also works at Auckland DHB in the Performance Improvement Team and is currently contributing to a range of projects focussed on primary care development and integrated care.



Karen Renner is currently a PhD candidate at the University of Auckland with interests in the potential of Critical Health Psychology for generating change in small and large community settings. Her PhD research is investigating how the empowerment of drinkers through personally delivered mobile phone prompts might reduce alcohol related harms.

Her MA thesis (First Class Honours) was on the "Psychosocial factors influencing planning for retirement: A quantitative analysis" undertaken for the Retirement Commission. A subsequent research project, undertaken for the New Zealand Endometriosis Foundation was on the effects of endometriosis and empowering the voice of those who suffer from it.

She has worked as a cardio-vascular and respiratory technician in hospitals in New Zealand and the UK, and is the director of a software company. She is a member of Zonta International.

Stream B: Populations

Patterns and predictors of adolescent drinking in New Zealand - will the new laws reduce harm?

Nicki Jackson, University of Auckland

Effective, preventative interventions to reduce alcohol-related harm in adolescents must address the most significant risk and protective factors of underage drinking. The strongest evidence lies in policy approaches to curb the harm to our young people.

This presentation will utilise data from the national Youth '07 survey to outline four different drinking patterns in secondary school students in New Zealand and their relationship to alcohol-related harm. Risk and protective factors predicting membership to each drinking pattern will be discussed with consideration of the new liquor laws.



Nicki Jackson is currently completing her PhD at the University of Auckland investigating the risk and protective factors of adolescent alcohol use. Her particular interests focus on the social determinants of alcohol use, alcohol policy, and community action. Previously she was the Project Manager of Alcohol and Tobacco at the Auckland Regional Public Health Service, managing a team of compliance officers and community health promoters to reduce alcohol-related harm across the Auckland region.

She currently sits on the Board of Alcohol Healthwatch.

Stream C: Practice

Identifying the prevalence of hazardous drinking in older adults and flags for primary care workers

Dr Andy Towers, Massey University

The rate of older adults who drink hazardously has increased significantly both in New Zealand and worldwide. This is associated with the retirement of a baby boomer generation which is more likely to drink hazardously than previous cohorts of older adults. Older adults have an increased physiological sensitivity to alcohol, greater odds of having comorbid health conditions and co-occurring medication use, and—therefore—greater risk of adverse health outcomes.

However, research from New Zealand and worldwide shows that older adults are still less likely to be screened for drinking than younger adults. Furthermore, alcohol screens that are currently used to detect hazardous drinking in primary care settings are not likely to be sensitive enough to detect those older adults whose health and medical situation places them at greatest risk.

Using data from Massey University's New Zealand Longitudinal Study of Ageing, Andy will illustrate the disparity in simple rates of hazardous drinking between the AUDIT-C (a standard screening tool) and the Alcohol-Related Problems Survey (a new screen specific to older-adults). Furthermore, he will present data which highlights the potential 'flags' for primary care staff to watch for when assessing the risk in older drinkers.



Dr Andy Towers is a Senior Lecturer in Health and Rehabilitation in the School of Health & Social Services at Massey University.

He teaches alcohol and drug rehabilitation and healthy ageing, and is part of the team managing the government-funded 'New Zealand Longitudinal Study of Ageing' (NZLSA). The NZLSA dataset serves as the basis for Andy's collaborative research with colleagues at UCLA and the WHO into older adults' health and substance use.

Roundtable Discussion Groups

Please take the opportunity to grab some afternoon tea and then join one of the discussion groups identified below:

Group 1: Youth	Chair: Glenda Schnell, Youthline	Venue: 730.268
Group 2: Adult	Chair: Dr David Newcombe, University of Auckland	Venue: Function Hall
Group 3: CEP	Chair: Dr Helen Warren, AUT	Venue: 730.266
Group 4: Consumer	Chair: Magdel Hammond, Connect Supporting Recovery	Venue: 730.264

This is your opportunity to discuss learnings from the day with your colleagues, focusing on the population groups that you serve or work within.

We encourage you to reflect on how the research projects you have explored today might influence your practice going forward; to flag areas for potential follow up by the Collaborative; and to consider any research gaps or opportunities identified.

Please aim to be seated at your roundtable venue (with your afternoon tea) by 15.45. Thank you.

Thank You!

The AOD Provider Collaborative would like to acknowledge the generous contribution made by our speakers and session chairs today.

We also wish to recognise and thank participants for the time you have taken out of your usual work schedules to attend this Symposium. We hope it has been beneficial, and welcome feedback on this year's Symposium, and ideas for further professional development opportunities in this or similar areas.

Map: Tāmaki campus

(Location of plenary and breakout sessions)



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