

Addiction Research Bulletin

Vol 20, No 3

November 2017

Welcome to the November 2017 *Addiction Research Bulletin (ARB)*. Matua Raki brings you this resource, in conjunction with *dapaanz*, offering insights into recent research activities that have relevance to the addiction sector in New Zealand.

We hope the *ARB* will increase your awareness, understanding, appreciation, implementation, utilisation and critiquing of addiction research. Please feel free to share it with others.

This quarter the bulletin has a special focus on the Cutting Edge Conference held in Wellington 6-9 September.

It highlights the oral and poster presentations that offered research findings or perspectives. With the focus on 'addiction is everybody's business' it was encouraging to hear how research was used to support and ensure tāngata whai ora and whānau are supported as widely and as early as possible.



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Cutting Edge research highlights

The 2017 Cutting Edge Conference attracted more than 500 participants from across the spectrum of addiction-based roles: practitioners, support workers, service users, policy, management, primary care, public health and researchers.

The conference provides an opportunity for people from across the addiction and associated sectors to share insights, initiatives, stories and successes. It also provides for the dissemination and sharing of research activities, recognising that addiction truly is 'everybody's business'.

While presenting research findings is not the primary intent of this conference, research invariably finds its way into many presentations. For some it is drawing on best practice evidence to develop service delivery; evaluating the effectiveness of a programme or service; or about providing the evidence to support observed or anecdotal insights.

This year there was an encouraging array of research presentations and posters making awarding of the New and Emerging Addiction Research Award an encouraging challenge.

Presentations this year included work on opportunistic provision of smoking cessation support at Starship Children's Hospital's emergency department (Sam White, Uni of Auckland); 'Knowing Someone Cares', a reflection of the alcohol and drug (AoD) experiences of at-risk West Auckland young people (Kate Duder, CAYAD); evaluation of the youth

resource *Conversations for Change* as part of the Like Minds, Like Mine programme (Sheree Veysey, Emerge Aotearoa); explorations of what food addiction means in the context of obesity, what works and what doesn't work for different people in an obesity recovery network (Katrin Ottley, University of Otago); the value of a peer support group for Chinese recovering from gambling addiction (Wenli Zhang and Cassie Xia, Asian Family Services); considering the needs of people on opioid substitution treatment following a disaster (Denise Blake, Massey University); and the importance of identifying factors influencing participants' decision making in switching between methadone and buprenorphine/naloxone for the treatment of their opioid use disorder (Blair Bishop, CCDHB).

The recipient of the cash prize New and Emerging Addiction Researcher Award was Jacob Ashdown, the multi-tasking Master's psychology student, therapeutic community staff member of Moana House and our very competent MC for the conference.

Recognising that in Aotearoa New Zealand, rehabilitation programmes have been developed to reduce criminal offending among the indigenous Māori population, Jacob also noted the concurrent lack of research investigating the experiences of rehabilitation from clients' perspectives.

We have summarised of a number of the

presentations below. Further information can be found by either contacting the researcher directly or

by sourcing their presentation at www.cmnzl.co.nz/cutting-edge-2016/presentations.

Cutting Edge research presentations

He Tirohanga I te oranaga o ngā tāngata whai ora o te Whare Moana

Jacob Ashdown, (Ngāti Kahu, Te Aupouri) Masters Student, University of Otago, Moana House
jacob@moanahouse.org.nz

In Aotearoa New Zealand, rehabilitation programmes have been developed to reduce criminal offending among the indigenous Māori population. Substance use is a primary reason why individuals with histories of addiction and criminal offending become re-incarcerated (Beck, 2010; Belenko, Peugh, Mendez, Peterson, Lin, & Hauser, 2002; Phillips, 2010; Nelson, Dees, & Allen; 1999) and in New Zealand, indigenous Māori are more likely to abuse substances and become incarcerated than other ethnic groups (Nadesu, 2009).

Griner and Smith (2006) found that mental health interventions that target specific cultural groups were four times more effective than interventions provided to clients from a variety of different cultural groups and it is suggested that cultural responsiveness in service delivery is a strategy that may increase retention in therapeutic communities (TCs) (Gowing, Cooke, Biven, & Watts, 2002).

In fact, the Department of Corrections has developed prison based rehabilitation services such as Māori Focus Units (MFUs) and the Māori Therapeutic Community Programme (MTP) that are culturally relevant to the needs of Māori (New Zealand Department of Corrections, 2009).

Byers (2002) reports that Māori inmates had an increased sense of pride and identity after participating in an MFU. Regardless of this existing literature, there is a lack of research investigating the experiences of rehabilitation from clients' perspectives.

This present study enhances understandings of the lived experiences of Māori men who were participating in a residential TC programme in New Zealand/Aotearoa.

A phenomenological qualitative approach using semi-structured interviews was conducted one-on-one by a Master's student studying psychology who is TC staff member and also of Māori decent. This research was conducted within a Kaupapa Māori framework and considers and preserves Māori values, attitudes



and beliefs within the context of this study. Seven Māori TC residents aged 22-48 were interviewed about life in a TC, barriers to recovery, and education/employment aspirations.

The findings build upon past research, providing novel insights into the difficulties Māori men participating in rehabilitation face when reconnecting with family. They provide information that relates to perceptions of personal motivations for change and benefits from the TC's group-based approach to rehabilitation and enhance understandings of future aspirations of Māori men participating in rehabilitation.

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Thematic analysis of the interview data yielded four themes:

- 1. The importance of healing family relationships**, recognising the important common difficulties participants experienced when reconnecting with some family members including complex relationships around gang membership and family.
- 2. The relevance of Māori culture in rehabilitation**, valuing Māori cultural practices and processes that are ingrained in the daily operation of the Moana House TC programme allowing participants to learn about their culture and supporting cultural identity.
- 3. Increased self-awareness**, with participants valuing feedback and ‘challenges’ from other residents. Despite negative emotions and physical reactions to these ‘confrontations’ participants said the repetition enhanced their ability to control impulses and act in a more positive way.
- 4. Aspirations for education**, with findings clearly indicating motivations to get educated, increase their employability and thus reduce the likelihood of reoffending, with some novel insights into how individuals from prison may be supported when participating in tertiary education courses.

Matua Raki

National Addiction Workforce Development

Jacob received the Matua Raki New and Emerging Researcher Award for this great piece of work. This cash award is presented for an oral or poster presentation at Cutting Edge carried out by an individual or group who have undertaken a research initiative.

The award was instigated to encourage the emerging addiction research workforce, to acknowledge that research is often carried out as an adjunct to clinical work and to recognise the value of evidence into practice.

A fuller summary of Jacobs thesis can be found at: www.matuaraki.org.nz/workforce-groups/addiction-research/150

The findings highlight the importance of culturally relevant services for indigenous people in TCs.

Opportunistic provision of smoking cessation support at Starship Children’s Hospital’s emergency department

Sam White, Prof Chris Bullen, Ass Prof Natalie Walker, University of Auckland
s.white@auckland.ac.nz

The ability to offer AOD intervention in a busy emergency department poses many challenges particularly for parents attending with a sick child. Despite these challenges offering cessation advice to parents who smoke within a children’s emergency department (CED) is vital and an opportunity to support these parents when they present.

In this cross-sectional study parents of children ill from acute respiratory illnesses (ARI), such as bronchitis and pneumonia, were approached when they brought their child to a CED with a respiratory illness.

These children’s health is especially at risk from the adverse effects of second-hand smoke (SHS) so talking to their parents at this moment represents an opportunistic intervention point that may otherwise be lost.

Parents (N = 166) were asked if they believed CED

was an appropriate setting to offer cessation advice and support. Simultaneously, information was also collected about the child’s SHS exposure, the parents’ previous experiences with cessation support, and what a preferred intervention would be, if one was offered at CED. Clinicians were expecting parents to be overwhelmingly against being approached about their smoking however the opposite was found to be the case.

Indeed, parents expect to have a dialogue with clinicians and are open to receiving opportunistic support. The study found clinicians may need support to confidently engage in cessation discussions in CED to assist parents but this is vital as many parents may not understand the link between SHS and ARI. Mobilising the ‘teachable moment’ that may exist in this setting holds promise especially if it can create dissonance between the identities of “smoker” and “parent”. It is hypothesised that the parent identity

will out-muscle the identity of smoker if the parent's smoker identity is correlated with making their child sick.

In summary, the study found CED is an appropriate access point to reach parents and most parents in this setting who smoked wanted to stop (66 percent) and 88 percent had tried to do so in the last 12 months.

Parents understand tobacco smoke is harmful but didn't automatically relate this to harmful SHS exposure effects for their child. Seventy percent of all parents and almost 70 percent of those with a child with ARI did not believe it was a factor in their child's

Knowing Someone Cares

Kate Duder, Senior Advisor, Community Action Youth and Drugs
kate.duder@aucklandcouncil.govt.nz

'Knowing Someone Cares' is a reflection of the AOD experiences of at-risk West Auckland young people. The 2015 study was conducted by Community Action on Youth and Drugs (CAYAD) in response to a need for organisations working with young people to understand and demonstrate the needs of their young people in order to create change. It focused on vulnerable young people, who have a higher probability of experiencing AOD related harms.

The aim of this study was to understand and visually document the experiences of at-risk young people in order to: create empathy and understanding; inspire thinking; and influence the development or improvement of policy, practices and interventions that support reduction of AOD harms.

The study comprised of a quantitative survey with 166 young people and qualitative interviews with 21 young people aged 14-24. Ethics approval was gained and processes developed to ensure the safety and wellbeing of the young people involved.

An infographic report was created that compliments a quantitative research report and a report focused on the survey results from alternative education young people. Knowing Someone Cares includes insights and reflections, quotes from the young people and intervention points – and applies the young peoples' AOD experiences to the Te Whare Tapa Whā Māori health model.

The key insight gained was the distinction between young people having someone who cares versus knowing someone cares. Not knowing someone cared lead to them caring less about themselves and what they did. Consequently, realising someone cared was also a factor that enabled them to take steps towards reducing or quitting alcohol or drugs.

visit to CED that day. Despite this most had strict rules related to SHS exposure at home and in the car.

Parents would like to be offered support at CEDs – for example a pre-packaged box of NRT – and they believed 'anyone' should offer this support, not just a doctor or nurse.

However, there was a slight preference for a specific cessation worker who 'understands' addiction. The study also found that specific focus may be required for Pacific parents who were over-represented in this study.



Young people told us that exclusion from school was one of the biggest factors that increased their AOD use. The study also showed that from a young age a number of Taha Whānau protective factors were not present, with risk factors present for the majority of these young people.

This is their korero (story), their mamae (hurts), their taniwha (alcohol and drugs) and their moments of change, seeking the right pathway to recovery to restore the body, mind, spirit and whānau. It shows that the importance of aroha and supportive guidance from whānau, community and organisations can't be under estimated.

Since its release Knowing Someone Cares has influenced conversations with schools regarding their exclusion practices, and was a key driver for the development of a West Auckland Collective Impact initiative that looks to address some of the barriers to education identified in the study.

www.aucklandcouncil.govt.nz/SiteCollectionDocuments/aboutcouncil/planspoliciespublications/knowingsomeonecares.pdf

Conversations for Change research

Sheree Veysey, Mental Health Programme Lead, Mind and Body – part of Emerge Aotearoa
sheree@mindandbody.co.nz

Conversations
for Change

reTHINK.org.nz

Mental illness, stigma and discrimination can lead to social exclusion and impede help-seeking. Mental health concerns and substance abuse are often intertwined: those diagnosed with mood or anxiety disorders are approximately twice as likely to experience a drug use disorder and vice versa (Conway, Compton, Stinson, & Grant, 2006).

Drug use may begin as self-medication for mental health issues, and/or increase the risk of such issues (Harris, & Edlund, 2005), particularly of psychosis (Burns, 2013). Mental health stigma and discrimination are therefore significant issues within the addiction field.

The youth resource *Conversations for Change* was launched mid-2017 as part of the Like Minds, Like Mine programme. Written for community members to use with groups of young people aged 15-24, the resource aims to shift stigma connected to mental distress and encourage understanding, acceptance and social inclusion.

The development of *Conversations for Change* involved community consultation, and a pilot process which investigated the effect of the resource. The Reported and Intended Behaviour Scale (RIBS 10) was administered before and after participants experienced resource activities, and at a three-month point. Eventual pilots were run with a community group (intervention n=5, control=4) and at the Music and Audio Institute of New Zealand (intervention n=20, control=16).

Quantitative research results were statistically inconclusive. Positive signs for resource impact were seen in qualitative responses and examination of individual survey responses.

Many respondents' answers to the initial surveys left little room for improvement (they would be likely or very likely to live or work with someone with mental health concerns); this is likely to have impacted the results. Other factors impacting study results may include possible social desirability bias, sample size and the poor three-month return rate, as well as particular characteristics of the sample groups.

Recommendations for research on similar interventions include:

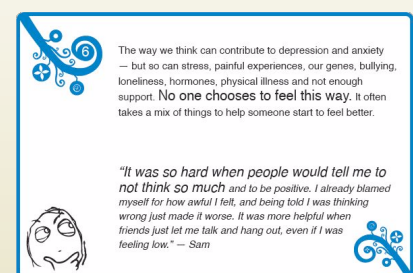
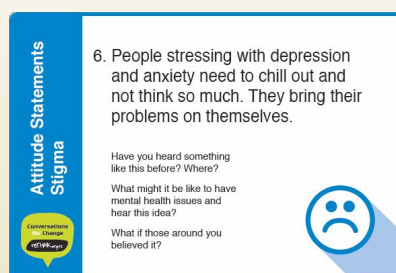
- pre-testing measures on prospective audiences, and researching resource impact only with groups where shifts are desired
- recruiting groups who are physically together at three-months to increase final survey completion
- survey completion on iPad or phone to increase anonymity and decrease impact of any social desirability bias.

Reception of the resource has been positive with facilitators acknowledging the richness of resulting conversations and observing shifts in participants understanding. As one young person commented in response to an audio story in the resource "It can be like a roller-coaster... but people get better."

Download at: www.rethink.org.nz/conversationsforchange



Sheree Veysey



Conversations for Change sample pages

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You can't hate yourself thin – self compassion and obesity recovery

Katrin Ottley, Master's student, National Addiction Centre, University of Otago
katrinottley@gmail.com

Obesity is a major public health concern. While our scientific understanding of the addictive component of excessive food intake and subsequent obesity is increasing rapidly, transference of these insights into everyday clinical practice is limited. In light of this discrepancy research exploring the experience of food addiction recovery may be of benefit to researchers and health care providers.

The exploration of relational concepts might further our understanding of the complex interactions of factors involved in recovery from food addiction. Self-compassion is an intrapersonal concept that appears important for health and wellbeing, and its role in food addiction is uncertain.

Kia Ākina is an obesity recovery network providing addiction-orientated support. The notion of self-compassion is emphasised within Kia Ākina's components.

This observational study explores the questions in qualitative interviews with Kia Ākina members:

- How do people with obesity experience their journey of recovery from obesity, and what, if anything, does Kia Ākina add to this journey?

- Do perceptions of self-compassion change during participation in the Kia Ākina network, and if so, how?

In addition, these questions are explored using quantitative statistics:

- Do levels of self-compassion change throughout the recovery process?
- Is there an association between changing levels of self-compassion and weight loss during participation in the Kia Ākina network?

Preliminary findings include a wide range of perceptions among participants of what food addiction means in the context of obesity; what works and what doesn't work for different people in an obesity recovery network like Kia Ākina; as well as some discrepancies between the research based definition of self-compassion and how Kia Ākina participants understand this concept.

The quantitative analysis revealed a significant increase in self-compassion. It is the hope of the researchers that this work will help us better understand addictive overeating and self-compassion in the context of obesity recovery.

Does a peer support group work for Chinese recovering from gambling addiction?

Wenli Zhang, (Researcher) and Cassie Xia (Counsellor/Health Promoter), Asian Family Services
wenli.zhang@asianfamilyservices.nz; cassie.xia@asianfamilyservices.nz

Gambling addiction is a serious concern and a sensitive issue in the Chinese community. Culture, shame, disgrace and lack of knowledge of social supports like counselling and social work isolate effected individuals and undermine the acceptance and effectiveness of gambling treatment.

Many Chinese migrants who are already deprived of their own support network during their adjustment into a new culture are further alienated at a time

when they are highly in need of collective support.

Peer support is recognised as an important component for ongoing support and shows a powerful influence on personal recovery from mental health and addiction. With the high relapse rate in problem gambling, an intensive one-off treatment may not be sufficient; and the recovery journey from problem gambling is usually lifelong. Peer support, whilst not specifically for problem gambling, does

need further urgent development for Asian clients.

Asian Family Services has trialed a number of peer support models, adjusting them for Asian clients' needs to ensure a safe and comfortable platform for sharing lived experiences.

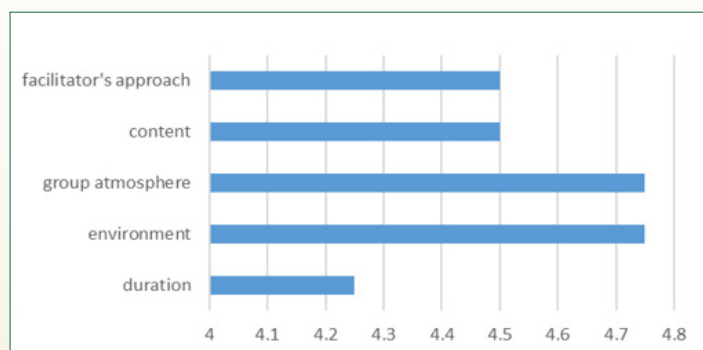
The model we are using is charted by Chinese culture and integrates the contemporary concept of peer support from the addiction and mental health sectors.

The content of the programme includes:

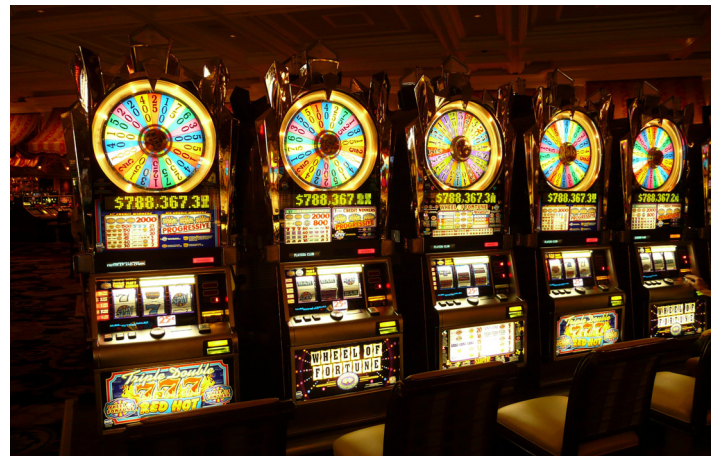
- inspire hope to build an enriched life
- reflect on the relationship with gambling in your own life
- understand personal responsibilities
- identify and eradicate gambling excuses
- regain dignity and trust relationships
- evolve a rich and meaningful lifestyle
- establish rules for a harmonious family
- promote mutual support networks.

In the journey of setting up this group, we have overcome many challenges such as ensuring privacy and confidentiality due to the small Chinese community, strong stigma and discrimination among the community, feelings of shame and embarrassment for family, worries about negative impacts on personal business, unwillingness to meet with other gamblers and past negative experiences

Outcome evaluations (total participants: 7; maximum satisfaction score: 5)



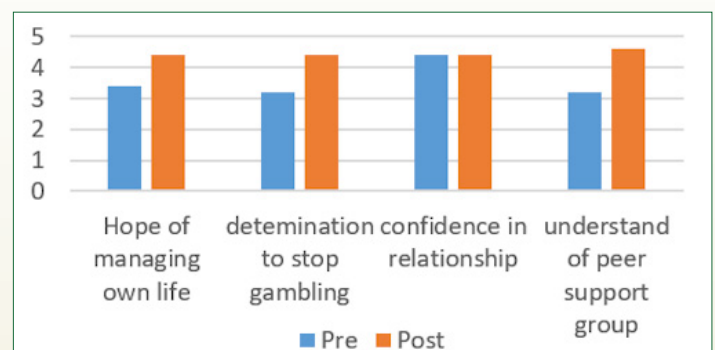
Satisfaction with the group setting



from contacting peers.

Members' evaluation feedback affirms that the peer support group model works for Chinese gamblers: "I think this group is effective and I could learn something all the time. When I heard other people's experiences and circumstances, I was shocked"; "The atmosphere is very good, easy to make people understand the harm of gambling".

The evaluation of the group reinforces the need of ensuring a safe environment to maintain personal privacy, helping members to overcome the fear of discrimination, and further training on the role of peer support. Our future direction is to integrate peer support into all the aspects of our services and to establish a framework for sustainable recovery from problem gambling.



Progress according to themes

Opioid substitution treatment and disaster management

Dr Denise Blake; School of Psychology, Massey University

Alcohol and other drug workers and emergency managers must consider the needs of people on opioid substitution treatment (OST) following a disaster. A small amount of research has demonstrated that in a disaster context, access to OST was problematic.

Following the 2005 hurricanes in the USA, Maxwell,

Podus, and Walsh (2009) found that OST medications could not be accessed for up to five days due to clinics being closed and records destroyed.

In 2012 opioid substitution services were set up after Hurricane Sandy, however people were still unable to access their OST because of infrastructure and road damage (McClure, Mendoza, Duncan, Rotrosen, &



Hansen, 2014).

Brico (2017) described the plight of people unable to access OST medications because clinics were ill prepared for a disaster as recently as last month with Hurricane Harvey. With these events, people have turned to 'street drugs' in order to avoid withdrawal and cope in a disaster situation.

This research aimed to understand how OST will be managed following a disaster in Aotearoa New Zealand by investigating the perspectives and experiences of emergency managers, OST staff, pharmacists, allied alcohol and other drug professionals, government workers and people on OST. It was found that without OST following a disaster people reliant on OST would experience emotional distress and their safety would be

compromised.

People on OST were concerned about the effects of drug withdrawals and the inability to function as needed in a highly stressful situation. They described feeling powerless to prepare for a disaster having little agency over take-away dosing and within their clinics more generally. OST participants said they would go to any length to access drugs following a disaster.

Key themes identified in the health professionals' analysis were concern for the health and wellbeing of clients, the importance of developing emergency management plans and issues with stock, dose verification and scripts.

All participants recognised the importance of OST being made available immediately following a disaster to ensure the safety of OST clients, their families and the wider community.

It was also argued that a national emergency management approach to OST services is necessary and should incorporate all auxiliary services, such as pharmacies and general practitioners in the emergency response planning.

As an effective harm reduction strategy, OST is vital to the health and wellbeing of clients, and access to medications and health technologies during disasters requires ongoing research and attention.

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Readiness and recovery: switching between methadone and buprenorphine/naloxone for the treatment of opioid use disorder

Blair Bishop, Nurse Practitioner Candidate, Capital & Coast District Health Board

The background to this research is that long acting opiates are prescribed as part of treatment for opioid use disorders; methadone and buprenorphine/naloxone are the most frequently prescribed opiates. Evidence suggests that methadone is marginally more effective for retention in treatment compared to buprenorphine/naloxone. Benefits of buprenorphine/naloxone include greater ease in ceasing treatment and less use of illicit opiates while in treatment as compared to methadone. As yet, there is little

research asking service users about their experiences with these treatments. This research aimed to understand perspectives of receiving buprenorphine/naloxone for the treatment of opioid use disorder.

A qualitative descriptive approach was used. Seven participants with a current diagnosis of opioid use disorder treated with buprenorphine/naloxone were interviewed. A thematic analysis extracted four themes: drivers for opioid substitution treatment change; readiness for buprenorphine/naloxone

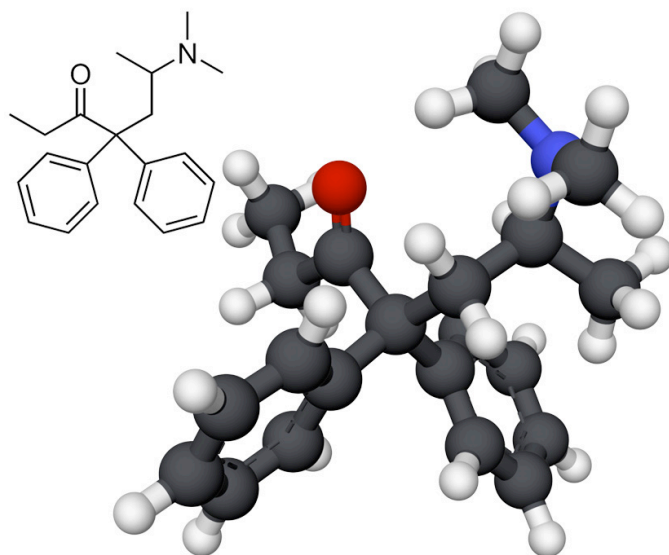
substitution treatment; absence of effect from buprenorphine/naloxone; and an increased sense of citizenship on buprenorphine/naloxone.

Importantly for clinicians, this study identified a number of factors influencing participants' decision making in switching between methadone and buprenorphine/naloxone for the treatment of their opioid use disorder.

Methadone was preferred by those seeking sedation and wishing to continue using other opioids, buprenorphine/naloxone was most effective for participants no longer wishing to experience sedation, and seeing opioid abstinence as an end point in their recovery.

Changing treatment expectations are important to consider when determining medication selection and highlight the importance of quality information when determining the most suitable medication for the treatment of opioid use disorder.

Informed consent is crucial for when offering treatment for an opioid use disorder and having a



good understanding of service users experiences of both methadone and buprenorphine/naloxone, and these medications different effects improves the quality of that information when selecting the most appropriate treatment for opioid use disorder.

Upcoming research events



Making a difference: mental health research symposium

1 December 2017, AUT, North Campus, Auckland

www.tepou.co.nz/events/making-a-difference-mental-health-research-symposium/1259

Te Pou o te Whakaaro Nui (Te Pou), Auckland University of Technology (AUT) and the University of Auckland invite you to the first Making a difference: mental health research symposium.

This one-day symposium will create an opportunity to profile some of the research being undertaken in the sector. The event aims to bring service users, mental health professionals, students and researchers together to share research that can contribute to better outcomes for people using mental health services, with potential improvements for service delivery.

Western Australian Drug and alcohol conference

20-21 March 2018, Novotel Langley Perth, Western Australia

www.2018aodconferencewa.com.au

On behalf of the Mental Health Commission and the Western Australian Network of Alcohol and other Drug Agencies, we welcome 'Leading the way: embracing new opportunities in alcohol and other drug sector'.



Addiction nurses symposium

March 2018, Christchurch – date and venue TBC

www.matuaraki.org.nz/workforce-groups/addiction-nursing/155

The annual Addiction nurses symposium provides an opportunity for nurses working with people who use substances to hear about national initiatives and best practice; to share their ideas and innovations and to network with like-minded clinicians.



Addiction research symposium

May 2018, Christchurch – date and venue TBC

www.matuaraki.org.nz/workforce-groups/addiction-research-symposia/163

The national Addiction research symposium is collaborative venture between the Universities of Auckland, Otago, Massey, Victoria, AUT and Matua Raki, creating a supportive and collaborative networking environment and facilitating the sharing of ideas and initiatives among New Zealand researchers, clinicians, students and policy makers involved in the addiction field.



Australia and New Zealand addiction conference

28-30 May 2018, Gold Coast Hotel – Surfers Paradise, QLD Australia

www.addictionaustralia.org.au

The annual Australian and New Zealand addiction conference covers a broad range of topics in relation to all types of addiction, including prevention, treatment, systematic responses, behaviours,

mental health and harm reduction. The conference promotes and encourages participation from all parts of the sector towards a shared appreciation of what medical, psychosocial and peer based approaches offer, through the experiences of service users, clinicians and researchers alike. Presenters are encouraged to focus not only on what they have discovered but also on how delegates can apply their learnings.



Cutting Edge 2018
Te toka tū moana

Cutting edge

12-15 September 2018, Rotorua

The Cutting edge addiction conference is New Zealand's key addiction treatment gathering providing an excellent opportunity for the addiction sector to get together, to network, and to learn about and embrace innovative thinking and practice.

The 2018 theme is 'All about connections' – we all have a role to play; whether we are an addiction practitioner, a manager, a peer support worker or are working in primary care.



Australasian Professional Society of Alcohol and other Drugs (APSAD) conference

November 2018, Auckland – date and venue TBC

The APSAD conference is one of the largest scientific meetings in the region focusing on all aspects of addictions and problematic drug use/behaviour. Research on the diversity of substance misuse and treatment, and disorders, including gambling, smoking, and behavioural disorders, and CEP, are welcome. Researchers, practitioners, policy makers, consumers and training providers are invited to attend.



Expressions of interest

Are you actively engaged in addiction research?

The 9th annual Addiction research symposium will be held this year in Christchurch (University of Otago) in April/May 2018 (date to be confirmed). This event is run in collaboration with the Universities of Auckland, Otago and Christchurch, Victoria, Massey, Auckland University of Technology and Matua Raki.

Researchers working in the areas of alcohol and other substances and behavioural addictions are invited consider abstract submission. Queries can be made to Simon Adamson (simon.adamson@otago.ac.nz) or Klare Braye (klare.braye@matuaraki.org.nz).

The objectives of the Addiction research symposium are to:

- provide a forum for New Zealand addiction researchers from all disciplines to meet and share their work
- provide an opportunity for research students (PhD, Masters) to present and be supported by more experienced colleagues
- allow for focused discussions on issues of common interest to addiction researchers, including potential collaborations.

Please feel free to distribute this to your networks.