Welcome to the May 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 issue will focus on wellbeing. Inspired by Professor David Best’s 2016 article – The well-being of alcohol and other drug counsellors in Australia: Strengths, risks, and implications (www.tandfonline.com/doi/abs/10.1080/07347324.2016.1148514) – we were drawn to considering how our workforce is doing in terms of wellbeing. This venture has led us to interesting explorations and findings regarding the wellbeing of workforces and the activities or interventions that can support this.

Globally, communicable diseases are on the decline, however, non-communicable and chronic diseases, including mental health, are not. Data and trends typically reflect mortality rates as a fairly 'cut and dry' measure. However, it is morbidity that has a significant cost and burden on society. About 10 percent of GDP is spent on health care; more than a third of which is currently spent on mental health. Whilst world health is changing, so too is the world of work, with manual and physical hazards typical of the past largely being superseded by a new pattern of psychological and life satisfaction challenges. It is suggested that the word ‘work’ used be a verb but is now better described as a noun, in that going to work is less of an action and more of thing of life.

The workforce is also changing: it is ageing, retirement is deferred, there is a baby boomer bulge, absences and recruitment are costly. The focus and costs of workplace ‘injury and illness’ used to be on injury, now it is illness, and there is a resulting shift in focus from injury prevention to wellness. For more information on these changes and an international perspective refer to the work of Litchfield, P., Cooper, C., Hancock, C., & Watt, P. (2016). Work and Wellbeing in the 21st Century (www.mdpi.com/1660-4601/13/11/1065/htm).

The World Health Organization (WHO) has a significant role to play in the direction of health care. As early as 1948 a radical move saw a definition of health in its broadest sense as ‘a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity’ (WHO, 1948 (www.who.int/bulletin/archives/80(12)981.pdf) and WHO; Grad, 2002, (www.who.int/governance/eb/who_constitution_en.pdf).

Whilst criticised for ambiguity over the term ‘complete’, and more dynamic alternatives having since been offered, it did offer hope by readdressing the negative definition of health as the absence of disease and instead moved to address physical, mental, and social domains (BMJ, 2011, www.savenhshomeopathy.org/wp-content/uploads/2012/09/Huber-Definition-Health-BMJ-21.pdf).

The prevalence of ill health in New Zealand is clearly documented. New Zealanders experience high rates of chronic conditions including obesity, diabetes, cardiovascular disease and some cancers. Two out of three adults in New Zealand experience a physical or mental illness lasting more than six months. Sixty seven percent of New Zealanders are overweight or obese and 19 percent have a mood and/or anxiety disorder.


Focusing specifically on the sub-population of addiction workers, it is said that, “our workers are our greatest resource”. Ensuring their health and wellbeing and maximising opportunities for them

The addiction sector is a growing workforce that crosses the domains of primary care, peer support, social services, justice, education, and public health. Whilst numbers of the wider workforce are not clear, we do know there are almost 200 health funded services contracted to deliver addiction services across Aotearoa New Zealand, employing approximately 1400 full time equivalent staff. Forty eight percent of the workforce is employed in district health board service and 52 percent in non government organisations. Vacancy rates stand at around 4 percent; clinical roles make up 68 percent of the workforce, 22 percent of whom are reported to be Māori (Te Pou o Te Whakaarunui, 2015, www.matuaraki.org.nz/initiatives/workforce-data/165).

An increasingly prevalent characteristic of addiction work (along with other sectors) is intensification, where more is expected of workers, but with fewer resources, reducing the time available for workforce development activities (Skinner & Roche, 2005) and placing particular pressures on those involved in emotionally demanding work, (Roche, Duraisingam, Trifonoff, & Tovell, 2013, www.ir.lib.uwo.ca/cgi/viewcontent.cgi?article=1119&context=aprci and Volker et al., 2010, www.onlinelibrary.wiley.com/doi/10.1002/smi.1276/full). Strategies and interventions to maintain and enhance the wellbeing of AOD workers are critically important, not only for workers themselves, but for organisational functioning. They are also important for client engagement and outcomes (Landrum, Knight, & Flynn, 2012, www.ncbi.nlm.nih.gov/pmc/articles/PMC3268890/).


This makes the workplace an ideal environment to promote the health and wellbeing of the adult population and has been internationally recognised by the WHO as a space to promote and support healthy lifestyle changes to a large audience (WHO, 2011, www.who.int/occupational_health/topics/workplace/en). In fact, organisations have legal responsibilities to ensure workplaces do not cause harm to the health of employees (The [New Zealand] Health and Safety at Work Act, 2015). More information can be found about this at the Health Promotion Agency’s Wellplace: Your guide to workplace wellbeing site (www.wellplace.nz/facts-and-information/mental-wellbeing/legal-responsibilities).

There is an increasing body of evidence referring to programmes and activities to enhance worker
wellbeing that range in focus on the individual through to the organisational. Workplace health promotion policies and programmes are increasingly common (www.worksafe.govt.nz/worksafe/toolshed; www.wellplace.nz; www.workwell.health.nz/workwell_home). There is evidence that resilience-promoting work environments can reduce the negative, and increase the positive outcomes stemming from working in potentially demanding environments (McCann et al., 2013, www.internationaljournalofwellbeing.org/ijow/index.php/ijow/article/view/153).

The provision of quality clinical supervision has an important protective effect on AOD workers and links them more closely to the organisation and AOD treatment sector (Roche, Todd, & O’Connor, 2007, www.tandfonline.com/doi/abs/10.1080/09595230701247780). And the presence of positive workplace perceptions, arising from organisational management (Harter et al., 2002, www.media.gallup.com/documents/whitePaper--Well-BeingInTheWorkplace.pdf), are all shown to effectively enhance worker wellbeing.

This review has highlighted a selection of the literature pertaining to worker wellbeing, and informs the pending wellbeing of the workforce survey being conducted in New Zealand and New South Wales as a collaboration between Matua Raiki, NADA and NCETA.

A selection of recently published research relevant to New Zealand

**Educational intervention to decrease stigmatising attitudes of undergraduate nurses towards people with mental illness**


The study measures the extent to which an educational intervention decreased stigmatising beliefs of undergraduate nurses towards those with mental health and addiction issues. The intervention resulted in a significant positive change in stigmatising attitudes for four of the nine factors tested.

www.ncbi.nlm.nih.gov/pubmed/28266805

**Fatal opioid poisoning: a counterfactual model to estimate the preventive effect of treatment for opioid use disorder in England**


This analysis estimates that between 2008 and 2011, 880 opioid-related ‘overdose’ deaths were prevented each year by addiction treatment in England, reducing total deaths by over 40 percent. A counterfactual model was used to estimate the preventive effect of treatments for problem opioid use, based on prevalence of opioid use in the general population data, the extent of treatment provision, and the number of deaths related to opioid use. This revealed that there would have been 880 extra deaths per year in England between April 2008 and March 2011 if not for treatment. The analysis highlights “an important and under recognised outcome” from the English substance use treatment system, and represents one of the largest studies of opioid deaths conducted to date.

www.onlinelibrary.wiley.com/doi/10.1111/add.12971/abstract;jsessionid=A4D1FC8FD0A22C107716DAD411C25BC8.f04t01

**Profile of children diagnosed with a fetal alcohol spectrum disorder: A retrospective chart review**


Fetal alcohol spectrum disorder (FASD) is a significant public health concern, and growing recognition in Australia led to the establishment of a specialist service for young children. The aim of this study was to report on the diagnostic profile of a group of children who attended the service, to document the extent to which there were comorbid diagnoses and to provide information on the neurocognitive functioning of the children. Thirty-one families participated, and the majority of children were diagnosed with static encephalopathy (alcohol exposed) or neurobehavioural disorder (alcohol exposed) (11 children each; 36 percent). Only one child was diagnosed with FASD (alcohol exposed), and five were diagnosed with partial FASD (alcohol exposed). Twenty-six children (84 percent) had a comorbid diagnosis, with 19 (61 percent) having a comorbid diagnosis of attention deficit hyperactivity disorder.

The study show that with the relevant training and expertise, assessment and diagnosis of FASD can be embedded within existing Australian health services. www.onlinelibrary.wiley.com/doi/10.1111/dar.12519/full
Modelling possible causality in the associations between unemployment, cannabis use and alcohol misuse

There has been considerable interest in the extent to which substance use and unemployment may be related, particularly the causal pathways that may be involved in these associations. It has been argued that these associations may reflect social causation, in which unemployment influences substance use, or that they may reflect social selection, in which substance use increases the risk of becoming and remaining unemployed.

The present study sought to test these competing explanations. Data from the Christchurch Health and Development Study, featuring a longitudinal birth cohort, were used to model the associations between unemployment and both cannabis and alcohol. The findings support both social causation and social selection arguments, by indicating that unemployment plays a causal role in substance misuse, and that it is also likely that a reverse causal process whereby substance misuse increases the risk of unemployment.

www.sciencedirect.com/science/article/pii/S0277953617300011

Time for the New Zealand government to ban alcohol advertising and sponsorship in sport

Alcohol is one of the leading causes of death and disability, with around 3.5 million deaths a year due to alcohol, and approximately 25 percent of all deaths in young adults attributable to alcohol worldwide. A significant burden is also carried by the wider society through collateral damage or harms to others resulting from individuals drinking.

Stricter independent regulation of, or bans on, alcohol advertising and sponsorship is consistently identified as among the most cost effective and easily implementable means for reducing alcohol-consumption and associated harms at a population level.


Alcohol sponsorship of a summer of sport: a frequency analysis of alcohol marketing during major sports events on New Zealand television

Alcohol sponsorship of televised sport in New Zealand is prevalent. Sport is used by alcohol companies to bypass regulations on traditional forms of advertising.

Viable models of sponsorship replacement are available but require political will from both sports organisations and governments for their implementation.

Alcohol sponsorship was prevalent in international sport on New Zealand television. Given the popularity of broadcast sport, especially with children, there is an urgent need for regulation of alcohol sponsorship of sport.

This research adds weight to arguments to implement recommendations to remove all alcohol sponsorship of sport.

Effectiveness of problem gambling interventions in a service setting: a protocol for a pragmatic randomised controlled clinical trial

The primary purpose of this study was to evaluate the relative effectiveness of two of the best developed and most promising forms of therapy for problem gambling, namely face-to-face motivational interviewing (MI) combined with a self-instruction booklet (W) and follow-up telephone booster sessions (B; MI+W+B) and face-to-face cognitive–behavioural therapy (CBT).

This trial has the potential to make a significant contribution in terms of addressing problem gambling and improving the lives of people impacted by this disorder. It has the potential to provide people with problem gambling access to better treatment.

www.bmjopen.bmj.com/content/7/3/e013490

Problem Internet Use and Internet Gaming Disorder: a survey of health literacy among psychiatrists from Australia and New Zealand

Research is limited on psychiatrists’ opinions on the concepts of Internet Gaming Disorder (IGD) and Problematic Internet Use (PIU).

Are some of the stigmas of addictions culturally sanctioned?

In this editorial, the authors provide three examples of how addiction stigma is sanctioned. Firstly, discrimination against people with addictions is often legal. Secondly, public health communications frequently use stigma to promote prevention and thirdly, programmes, such as “12 steps” promote self-stigma.


National Addiction Research Symposium
5 May 2017, Auckland

The National Addiction Research Symposium is a collaborative venture between the Universities of Auckland, Otago, Massey, Victoria, AUT and Matua Raḵi, 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.

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

Australian and New Zealand Addiction Conference
15-17 May 2017, Gold Coast

The 4th Australian and New Zealand Addiction Conference will be held at Mantra on View Hotel, Gold Coast.

Upcoming research events

We aimed to assess health literacy among psychiatrists on IGD/PIU. A self-report survey was administered online to members of the Royal Australia and New Zealand College of Psychiatrists (RANZCP) (n=289). We recommend adoption of terms alternate to PIU/IGD which are more in line with the content of material irrespective of medium of access. Screening instruments/ protocols are needed to assist in early diagnosis and service planning. Barriers to screening would need to be addressed both in research and service settings.

www.journals.sagepub.com/doi/abs/10.1177/1039856216684714

TheMHS Conference
29 August-1 September, 2017. Sydney, Australia

Mental Health services across Australia and New Zealand have undergone unprecedented change over the past 10 years. Over the next 10 years we anticipate even more.

Adherence to the principles of recovery and recognition of lived experience as key to mental health reform are expanding the range of choices beyond traditional illness management.

Covering topics surrounding prevention, treatment and recovery the 2017 Australian and New Zealand Addiction Conference will include presentations from leading sector specialists, researchers, psychologists and medical practitioners in addition to multiple concurrent streams, poster presentations and workshops.

www.addictionaustralia.org.au/
New models, new funding, new providers and the voices of people with a lived experience have informed us about change, innovation and different approaches to collectively improve our systems of mental health support.

Embracing Change Through Innovation and Lived Experience is a theme that enables new directions and conversations which are based on building on the extraordinary strengths we find in individuals, families, and communities.


Cutting Edge 2017
6-9 September, 2017. Te Papa Museum, Wellington
Addiction is Everybody’s Business
This key addiction treatment gathering provides opportunity for the addiction sector to get together, network, and learn about and embrace innovative thinking and practice. In encouraging the emerging addiction research workforce and recognising the value of evidence into practice, Matua Raḵi will again support the New and Emerging Researcher Award for an oral or poster presentation for a research initiative.

www.cmnzl.co.nz/cutting-edge-2017/oscarz/

Have your say!

We hope you find the Addiction Research Bulletin useful. We look forward to receiving your articles, feedback or suggestions for future editions. Is there something we’ve missed? Your views are important to us.

Email: klare.braye@matuaraki.org.nz or call 04 381 6473.

Matua Raḵi New and Emerging Researchers award

In encouraging the emerging addiction research workforce and recognising the value of evidence into practice, Matua Raḵi is pleased to support the New and Emerging Researcher Award. This $500 cash award will be presented for an oral or poster presentation at Cutting Edge carried out by an individual or group who have undertaken a research initiative.
It’s that time of year again!
Applications are now open for the Workforce Innovation Award.

Better Jobs – Better Service
This award seeks to showcase innovations in work practices that contribute to improving workplace wellbeing and staff engagement. This initiative focuses national attention on addiction treatment organisations and services engaged in best workforce practices.

Our desire is to promote better jobs for our workforce resulting in better services and outcomes for tāngata whai ora.

We want to hear about improvements in your workplace – these could include areas such as:

- staff contributions to improved service delivery
- improved practice through job redesign/scope of practice/new roles
- transformational change
- programmes to improve health and wellbeing in your workforce
- integration and collaboration with other services that have improved outcomes
- environmental innovations.

The award will be presented at the Cutting Edge conference in Wellington, 6-9 September 2017.

Applications are available on the Matua Raki website or by contacting the office on 04 381 6471. Please submit entries by 31 July by email: administrator@matuaraki.org.nz or post: PO Box 7443, Wellington South 6242.