

1. Is the Act achieving its purpose? Please explain.

DAPAANZ sees the Act as achieving the purpose for those under the act as well as the wider environment: more accountability, professionalism, qualifications, etc. We would like to raise questions around the clarity of the purpose of the Act: e.g. does the Act itself provide enough direction in terms of its intentions? Are all those remotely providing health services meant to come under the Act eventually? Is it the intention for professions under the Act to be synonymous with 'health provision'?

2. What evidence supports your answer?

Drug and Alcohol treatment workers are considerably affected by employer interpretation of restricted practice under the Act. Some 60% of the c900-strong workforce are not covered by the terms of the Act and are, in fact, proscribed from "performing a psychosocial intervention with an expectation of treating a serious mental illness, without the approval of a registered health practitioner."

Alcohol and Drug treatment service management within DHBs take different approaches to accommodate this restriction. Some want every part of a treatment plan and all clinical notes by a non-HPCA-registered Alcohol and Drug practitioner (even if they are, for example, registered social workers with a post-graduate Diploma in Addiction Studies and many years of experience..) to be signed off by an HPCA-registered practitioner (even if this may be a newly graduate nurse) to comply with this requirement. Whilst the Executive fully supports the move to more accountability in recognition of potential risk to the public, such action is probably an inadvertent consequence of the Act, rather than its intention. Either "psychosocial" needs to be clearly defined or else removed. Most interventions carried out by the Alcohol and Drug treatment workforce are psychosocial: motivational negotiation, cognitive behavioural skills training, relapse prevention being commonly practised. DAPAANZ assessment of practitioners' ability to meet the Alcohol and Drug treatment competencies means that those who are registered are competent to undertake the psychosocial restricted activities.