

How to Make a Referral to Higher Ground

Higher Ground welcomes self-referrals.

Health, social and legal professionals wishing to make a referral to Higher Ground should note that our admission criteria require residents to be over 20 years of age, have a primary diagnosis of alcohol or other drug dependence, an interest in 12 Step recovery and a drug-free status on admission.

Referrals or self referrals can be made by telephoning Ed Craig on 09-834 0042 for a pre-admission assessment appointment on weekdays between 8.30am and 4.00pm.

Assessments in prisons, detox facilities or hospital can be arranged. Applicants who have outstanding legal charges are considered on a case by case basis. If required, Higher Ground can organise a medical detox through referral to the Auckland Regional Alcohol and Drug Services.

Making a Donation

Higher Ground is a registered Charitable Trust. Donations over \$5.00 are tax deductible and may be sent direct to Higher Ground. Higher Ground is dependent on charitable donations for the continuation of its programme.

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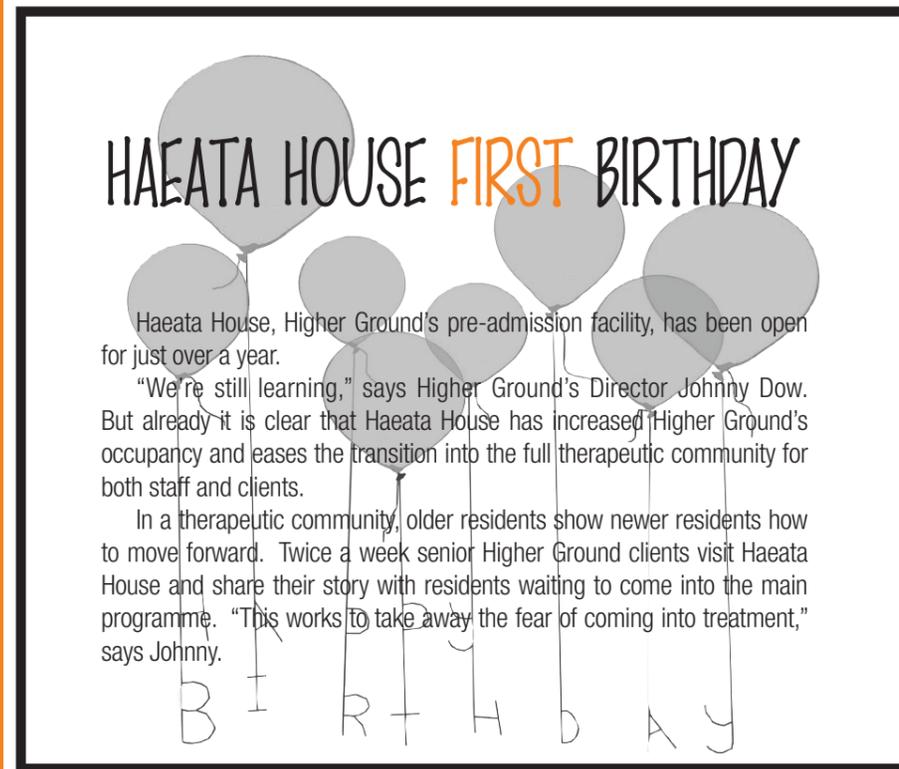
Higher Ground's new trust board member is public health physician Dr William Rainger who has a special interest in mental health and addictions.

William is currently President of the New Zealand College of Public Health Medicine, and is a board member of the Mental Health Foundation. "So I've long been aware of the work of Higher Ground and the importance of having good treatment facilities for people with addiction problems.

"Last year I did some clinical work with the Auckland City Mission. My experience of the personal needs of people and of the work that Higher Ground does, lead me to making a contribution to Higher Ground."

He is a medical doctor with a specialist qualification as a public health physician, consulting on policy and management of change. "Most of the work I have done over the last 20 years has been in funding and planning for health services, making sure health resources are used where they can be most effective."

He brings with him a strong interest in maintaining and developing important links to health funders, Justice and other care organisations, and is also interested in closer links with primary health care and GPs. "Those are things I think I can help with because of my background."



We hope you have enjoyed this issue of the Higher Ground News. If you do not wish to remain on our mailing list, or are incorrectly listed, please write to HGDRT, PO Box 45 192, Te Atatu Peninsula, Waitakere, 0610. For further information about the Higher Ground rehabilitation programme phone Programme Director, Johnny Dow 09-834 0017 or fax 09-834 0018 email hgdrtr@xtra.co.nz www.higherground.org.nz

Letting Go A Loved One

Higher Ground taught this couple about boundaries. The partner of one of Higher Ground's oldest graduates tells a family member's anonymous story.

"When my partner went to treatment at Higher Ground, I did not like being on the outside. I was resentful, it seemed like he was being looked after – again – and I was left to cope - again.

There was no family members programme then (22 years ago) and I was kept politely but firmly away. It was a valuable lesson to me in letting go, but at the time, I was furious. I believed I had looked after, rescued, paid for and managed our life together – and I felt entitled to contact when I wanted.

My partner was a long-term narcotics addict and he needed to make profound changes if he were to get well. One of those meant extricating himself from me. If we were to recover we had to learn to live without using each other. Higher Ground taught us something important about boundaries.

Letting go of him felt like cutting off an arm. For him, saying no to me was also very difficult. We'd had a covert deal going on: he looked after my feelings, made me feel better about myself, provided fun, and I covered and kept secrets, backed him up, paid the bills (and in the process, enabled him to keep using drugs, not that I really understood that's how it worked).

We always loved and liked and were interested in each other. But I learned something profound at the time my partner was in Higher Ground: he was never responsible for my unhappiness, or my happiness. I had to take my hands off, my hooks out and look the other way.

It took me longer to realise that my life was unmanageable, because I was the one who had a career and looked responsible and even successful: I was in control – he was to blame for the chaos.

For a long time I had not known that my partner was an addict. He drank a lot, but then everyone did. He was absent a lot, and often I couldn't work out who he was or where he was inside himself. It was like "knock, knock who's there? I wasn't sure if anybody was home.

Some of my ignorance was denial – not wanting to name what was wrong because then I would have to leave him and that panicked me. But my partner had managed to keep his drug use away from me. It was his way of trying not to bring me down with him. I never saw him take drugs, although later he did call in at the methadone clinic while driving me to work. Somehow even then I still believed him when he said he had it

under control.

I had been exposed to drugs as a teenager, but never picked up narcotics. I was afraid I would like them too much. Although I was a hazardous drinker, I didn't need alcohol.

I had volatile, argumentative and exacting parents. I was given lots of freedom but expected to excel. My mother died when I was 15, and as a family we had no way of talking about it or dealing with our bereavement. My father was a refugee and he was devastated by another death. I was left in the depression of grief, isolation and loneliness.

As a young teenager I was already dieting, but after my mother died I spun into a cycle of compulsive eating, throwing up, purging and starving. In those days, eating disorders didn't even have a name.

I was in the grip of something uncontrollable. Later I understood something of the compulsion of my partner's drug addiction. Later too I realised we were the perfect match, not mirror images of each other, but each other's equal in the disease of addiction. We fitted like a lock.

At the age of 21 I travelled to London to seek help from the Women's Therapy

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Centre. I managed to get through some therapy there without telling anyone I was bulimic – there was now a word for it, but it was too shameful and disgusting for me to admit to.

I was just starting to normalise when I met my partner. He was exciting, loving and warm, he appreciated me and provided lots of drama! We did have some fun and good times. Seven years later though, we had a baby, I was exhausted, resentful, and obsessed with my misery. I was so thin I looked like the junkie. My partner was in trouble with drug-dealing. He had an accident and was in hospital.

I finally – almost – admitted I was powerless over addiction. I said ‘don’t come home’. But we still loved each other. I went to his counsellor at the methadone programme and told him that my partner needed help. “So why are you here?” the counsellor asked.

That was confronting. But useful. I finally admitted that I had to hand my partner over to a power greater than me, and that I needed help.

While my partner was in the Detox unit after hospital, the charge nurse took me to an Al-Anon Family Groups meeting. I kept going back to meetings because it seemed there was nowhere else to go

and those ladies had something. I’d tried therapy, religion, travel, sex, work, religion and martial arts.

At Al-Anon I was told there was a name for what had happened, that it drove other people as crazy as me, that this was the family disease of alcoholism. (I mentally substituted the word addiction, although my partner was also an alcoholic.)

I had to learn to put myself first, to turn the focus back on me and on what I was doing with my life. I had to give to myself before I could give to anyone else. I learned compassion for the addict.

They understood as my other friends could not – I’d complained and criticised to my friends enough, but it didn’t do any good.

Al-Anon encouraged me to stop complaining, and showed me how to stop the self-pity. We didn’t talk about them, we talked about us; the dark hole inside, the shame, fear and longing. The longing, I discovered, was for a spiritual life I’d never had.

When my partner graduated after six months at Higher Ground, I went to a treatment centre for two months alongside alcoholics and addicts. I only wish it had been longer, because I needed it. I often wished I had gone to

Higher Ground.

After two years we decided to try again as a couple, and we have had all the joys, struggles and rewards of family life.

Today, we have two beautiful young adult children who have grown up around our 12-step programmes. I continue within Al-Anon where I find support, guidance and community. I have always attended meetings of Narcotics Anonymous as a visitor with my partner, which has given me a different perspective, awareness and many friendships. My partner understands the family disease of addiction and has unconditionally supported my recovery as being as important as his own, and sometimes even goes to Al-Anon with me too!

We have stayed close to Higher Ground, seen it grow too, seen the programme expand and include family members, and known the healing that takes place there and the love.

We have also seen the damage and misery in people who have not been able to do what was recommended and who have slipped from recovery. But for me, thankfully, change was possible. “

A Creative, Busy Place Of Recovery

New clinical manager Otto Menedoht observes that independence allows Higher Ground to grow and make its own future. Its self-direction is a good model for recovery from addiction.



Otto Menedoht’s first six months as Higher Ground’s Clinical Manager have passed quickly in a busy role. Higher Ground, he says, is highly organised, multi-faceted and bustling with people.

Otto came to Higher Ground from Springhill

Addiction Centre, a therapeutic community managed by the Hawkes Bay District Health Board. “Higher Ground is bigger, and having a larger clientele with legal issues, has a stronger focus on working with anti-social traits, something it does extremely well.”

Being independent, Higher Ground faces the additional challenges and opportunities of charting its own organisational progress. “I think that sense of ownership gives Higher Ground an energetic edge adding vibrancy to all its activities” He observes that as a result Higher Ground is now a complex organisation with its own community outreach team, a pre-admission house, a continuing care or aftercare team in addition to its main residential programme.

“Since addiction is at least in part due to a lack of self-governance and sound self-direction, the treatment delivered at Higher Ground is strengthened and made more credible by the fact that Higher Ground is an organisation directing its course in life and society.”

Otto immigrated to Australia from Germany in his early twenties, obtained a Bachelor degree in pharmacy and practiced as a hospital, retail and industrial pharmacist. In 1984 he became Managing Director of Weleda New Zealand, then a small and loss-making natural health and cosmetics company and built up to a turn-over of several million dollars over the next decade. He saw that many business problems were in essence people

problems, became more interested in things psychological and left Weleda in 1997 to study psychotherapy for a Bachelor in Applied Social Sciences.

He particularly enjoyed group work, and worked from 2002 to 2010 as group therapist at Springhill Addiction Centre, a modified therapeutic community which offers an eight to 12 week programme for up to 18 residents.

Throughout his counselling career he has found the thoughts and ideas of transpersonal psychology most helpful - an approach which focuses on the spiritual aspects of the human being which he says fits well with the 12-step recovery promoted at Higher Ground.

He was keen to move to Higher Ground where he could integrate his past managerial experience with his therapeutic skills, in an organisation that promotes psychological and spiritual growth.

“To achieve reasonable consistency with a relatively-high number of part-time workers and volunteers requires – apart from clear policies and procedures - good communication and frequent co-ordination from everyone. For it to succeed, people need to enjoy working together.” He enjoys leading the clinical team and being part of senior management. “From my past I bring a strategic focus to the work I do and hope that will benefit Higher Ground in facing and weathering the challenges of the coming years.”

“People need to enjoy working together”

Professionals attending this year’s Cutting Edge national addiction treatment conference will visit Higher Ground. Higher Ground was asked if delegates could see the programme at work, and the therapeutic community will open to them the day before the Cutting Edge conference begins at the end of August. Higher Ground staff will again be attending Cutting Edge, held this year in Auckland.

Bi-Culturalism In A Therapeutic Community

The Maori programme at Higher Ground has again been substantially increased, in response to an increasing number of Maori clients.

Higher Ground’s research programme examined whether Maori clients were served as well as non-Maori. “The answer is yes, and in some areas we are serving them better,” says Pre-admissions Team Leader Ed Craig. “It’s an amazing outcome.”

Maori programme consultant Rawiri Pene’s employment has been increased – he now comes in two full days a week – and the programme expanded with new components, including one-on-one time for clients with Ra.

“The Maori programme is working well to retain people in treatment,” says Director Johnny Dow. “I think we’re working better in a bi-cultural way.”

In the last six months, 20% of clients were Maori. Around 4% were Pacific Islanders. Higher Ground would like to increase the number of Maori and Pacific clients.

Ed Craig was presenting Higher Ground’s research on bi-culturalism at the Australasian Therapeutic Communities Association conference in Australia in May.