

Overview

Northland DHB and NZ Police have been funded \$3m to deliver the Te Ara Oranga Methamphetamine Demand Reduction strategy pilot. The funding was made available under the Criminal Proceeds (Recovery) Act.

Te Ara Oranga is an integrated model of Police and Health activity to reduce methamphetamine demand by enhancing treatment services and increasing our responsiveness.

Te Ara Oranga aims to direct police and treatment resources more effectively to break drug supply chains and reduce harm by ensuring problematic users are given access to treatment, and prosecution and court resources are directed to drug offenders who are involved in the most significant criminal activity. The health component is a recovery-based treatment approach based mostly in the community. Te Ara Oranga plans to provide treatment from July 2017 onwards.

There are four workstreams within the health component - Screening, Brief Intervention and Referrer to Treatment, Treatment Whānau/Community Resources and Evaluation.



ODYSSEY
changing lives

A client has shared her story about beating meth addiction by working through the Odyssey House model of recovery.

'BEATING THAT *** MRS CRYSTAL'**

Meth almost destroyed me! I've been clean before so I have had to climb out of a methamphetamine hell twice. My seventeen-year relationship with Mrs Crystal has given me a deep insight into my addiction.

I was weak and let it destroy me and mine and I'm not proud to say it led me to commit any number of crimes. I failed as a mother and with the help of my drug dealer I created a toxic relationship with my kids. I am, and forever will be, utterly ashamed and disgusted at my actions and the way I allowed things that never should have been, to happen. Justifying my three older kids' meth use by saying, "I'd rather they were at home doing it so I knew they were safe" was bullshit. I abandoned my children by giving up as a mother.

I was drowning. It didn't matter what I did I just kept digging my hole deeper and deeper because that was easier than asking for help. It was only when I was arrested that any help, any rescue seemed possible. Deep down I was relieved that the nightmare might finally be over.

Relieved that the shadowy life I had created for myself and my whānau might now be at an end. I had imprisoned my children and my whānau and in a sense, they were serving my sentence as well. My rehab was an opportunity to get clean and find myself again. To become a better mother, daughter, sister, aunty, niece and granddaughter. To find the real me.

Initially being at Odyssey was almost as hard as struggling with my addiction. Being sentenced here made it a lot easier. Problems with my whānau would have seen me walk out. Being in a therapeutic community is something I struggle with every day.

However, it's taught me to deal with confrontation in a healthy way. It's taught me to hold myself and others accountable for our actions. I realise that I must change the streetwise attitude that was dragging me down and learn a more productive way of life. I have gained significant insights into the causes and consequences of my past behaviour.

Through the knowledge and self-control I have gained I'm a much more positive influence on the people that are important to me and I've learned to love and respect myself. I'm no longer my kids' drug dealer! I'm no longer their friend. I'm something much more important and that's an effective and loving mother. Through my growth I can see my kids growing. I've learned that change involves discomfort and if I don't embrace change I'm no good to myself or to the people that mean so much to me.

Te Ara Oranga

Te Ara Oranga means creating a pathway by working together towards individual and whānau wellbeing.

The logo concept presents the service name with a stylised Putiputi (flower) illustrating to bloom or blossom.

The logo design was reviewed by the community reference group and project governance group.



Project Team

Inspector Dean Robinson, District Prevention Manager
Northland Police

Detective Senior Sergeant Mike Varnam
Police National Headquarters

Update

Northland Police have been allocated \$1m to fund an additional team of eight full time equivalent staff in Northland. The positions have been advertised nationally with a start date of mid-August.

Northland Police have contracted the Institute of Environmental Science and Research to test wastewater in Whangarei for drug use. The testing, which starts on 2 August, looks at methamphetamine, cocaine, heroin, alpha PVP, MDMA and Creatinine and will provide accurate information on prevalence of drug use in the local population. The information will be used for evaluation purposes as well as to inform treatment and enforcement strategies.

Northland DHB

Screening, Brief Intervention and Referrer to Treatment (SBIRT)

Project Team

Mandi Cross
Maurein Betts (Manaia Health PHO)
Margaret Dreadon (ED Rep)
Murray Patton (Clinical Director)
Mare Clarke (Cultural Advisor)
Bronwen Wood (AOD Rep)
Consumer Representatives

Update



A trial of screening software in Whangarei Hospital's Emergency Department (ED) and Whangarei base Police Station has helped put patients and arrestees in touch with treatment for substance use problems and addictions,

depression, violence and smoking. The trial is intended to capture a snapshot of the people who present to ED in order to make decisions about how to develop screening and intervention pathways in ED.

Rataora is an iPad-based application. When trialled in June, it was used to screen everybody coming through Whangarei's ED and police station over seven days.

It meant most people (aged over 12) who were patients in ED or arrested by Police during the trial were asked about smoking, alcohol, cannabis, methamphetamine and violence. If a person screens positive to those questions, they are asked for their consent for Northland DHB to refer them to support services if that need is indicated.

Funding for the trial of Rataora and processing its results largely came from Te Ara Oranga, the joint initiative between Northland DHB and NZ Police to reduce demand for methamphetamine, and also ACC and Public Health.

Of the 366 people screened in ED plus 17 people screened at Whangarei Police Station, many agreed to receive a referral to the support services they were identified as needing.

The main two issues affecting people screened in the ED turned out to be alcohol and depression, said medical student Michael Sunderland, who screened up to 40 patients a day.

"One patient came across as happy and violence and drug-free at first. There was a question about feeling down, then a question about self-harm. The patient didn't answer at first, but when I came back to the questions later, the patient burst into tears and it all flooded out. So we made a plan for how

we could help and now the patient has been seen by a GP for their issues, taken time off work to mend and has been doing the things we talked about in our treatment plan."

Referrals during the trial of Rataora worked like this:

1. Medical students wrote a brief summary about each ED patient, attached to the patient's Rataora data
2. Don Smith and Rataora team mined the data and worked with a Northland DHB psychologist to identify those who would benefit from a referral to treatment and consented to this
3. Referrals to GPs, Northland DHB, Rubicon, Depression, Alcohol and Drug helplines, Smoking Cessation and Health of the Older Person Service were then made.

Nursing student Olivia Yakas said the trial added awareness about the wider social issues affecting a person's health on top of what brought them into ED.

"You treat their primary concern and do your best to be aware of how they are going through other things in their life. It's taught me to be aware of a person's whole health – plus, for the patient, it can be therapeutic to open up."

Head of ED Dr Scott Cameron agreed. "We in ED are often at the front line of social issues, substance abuse, medical and mental illness. All of these issues are important, and they should be resourced as good care, be it medical, mental health, or social resourcing. It's about taking time to sit down and listen to the patient."

Mental Health and Addictions Services project manager Mandi Cross lead the June Rataora trial. The Rataora team of Don Smith, Nathan Smith, Andrew MacDonald, Paul Quigley and Pete Ellis had previously trialled Rataora in Wellington Hospital's ED and the Whanganui Police Station to refer hundreds of people to support services once Alcohol Use Disorder was identified in their results.

Mandi said the trial has for now captured valuable information about the people who present to ED and their requirements for support. "Next we're going to look back over the data, see what outcomes there have been, and make decisions about how to develop screening and intervention pathways in ED."

Northland DHB psychologist Bronwen Wood, who personally spoke to clients while gaining their consent for referral to treatment, said patients reported how "awesome" it was being asked questions unexpectedly in ED, making them feel it was the right time to open up, be honest and get help, including one mother who contacted ED to express her gratitude for the time they had taken to help her child around drug issues.

Homecare Medical and the team at the Alcohol Drug Helpline continue to be fantastic referral partners. We would like to acknowledge their on-going support and for adding the depression multiple call-back service as part of the Rataora Trial. The SBIRT team acknowledge all partners involved in the Rataora Trial for their continued support.

Treatment

Project Team

Jenny Freedman
Becki Priest
Steven Staunton
Sonya Porter-Auld
Segina Te Ahuahu
Jen Thomas
Rachel Beech

Update

Development of the 'Choice' brief and early intervention programme has been completed. Contracts have been assigned to service providers to deliver monthly programmes in Whangarei, Kaitiaki, Kerikeri and Kaikohe and bi-monthly in the Kaipara and Bream Bay.

'Choice' is a programme for mild and moderate methamphetamine users. It offers a day of learning about the stages of methamphetamine use, the effects, cravings, motivational interviewing, skills practice and developing a relapse plan to support them in reducing or stopping their use. The aim of the programme is to provide knowledge around supporting people to make a choice about their use because knowledge is power and power gives choices.

The General Practice screening tools have been identified and are in the process of being installed into the IT software. Te Pou is developing the brief intervention tool website resource and when completed this will be available for GP Practices to utilise along with additional service referral options. Training and information sharing has begun with the GP Practices in Northland in preparation for the implementation of the resources.

Odyssey House Brings Treatment Tools To The Table

We are pleased to introduce Rachel Scaife and Shona Langdon, who are directing Odyssey House's work in Northland. Odyssey House help Te Ara Oranga Meth Demand Reduction Programme by directly delivering treatment to those identified as needing it. What Odyssey House also brings to the table is they will employ Pou Whānau (supporter / treatment navigators), as it is expected Te Ara Oranga will identify meth addiction in many people and those people will need to be linked with treatment with minimal double-handling and maximum coordination.

Odyssey House's residential programme in Whangarei is about treating people whose addiction problems are compounded by mental illness. It offers medical and psychiatric assessment and treatment, cultural activities, individual and group counselling and education groups and assists clients with making long-term employment and education plans and developing family support networks and learning parenting skills.

Odyssey House has a requirement that its clients step into a constructive goal when they graduate the programme. This means clients come out of a comparatively long recovery programme (6-12 months) and need to have work, study or parenting as a goal at graduation to build their drug-free lives around.

As operations manager for Odyssey House in Northland, Rachel brings 25 years' experience in treating addictions. The organisation itself has expertise developed from delivering treatment programmes in prisons in Christchurch, Auckland and Waikato. The Odyssey residential programme utilise the well-researched Therapeutic Community Model of care. "The model is about people working through levels, gaining insight into themselves and earning privileges and responsibilities," Rachel said. "We also focus a lot on ways to manage conflict."

Odyssey clients recover through group and one-on-one sessions, exercise, creative arts and mending the bridges which may get broken between family members.

Clients begin their road to recovery by stepping away from drugs and negative social influences before engaging with Odyssey House, and then work through levels in which they grow from awareness of Odyssey House resources to awareness of oneself to awareness of others.

Closing the gaps between referral providers is an initial focus of Te Ara Oranga, and Odyssey House will join a network of treatment providers including Ngāti Hine Health Trust, Salvation Army, Rubicon and Alcohol and Drug Helpline, all of who will be collaborating more closely in the effort to ensure everybody gets the type of treatment their situation requires.



Northland Odyssey Staff - LTR - Shona Langdon, Suman Rattan, Jonathan Corbett and Anne Dickens.

Challenges

Rachel described one of Odyssey's role on Te Ara Oranga as being a 'connector' and said her organisation will guide people towards the best possible place to treat their addiction situation if Odyssey's residential or day programmes aren't for them.

There are plenty of challenges for clients. Referrals which aren't followed up or are sent to the wrong place have meant occasionally people have walked through 'the wrong door,' i.e. been seen by a treatment provider who doesn't suit their needs.

"We sometimes forget how hard it is to walk through the door," Rachel said.

Treatment may not even be the hardest part of recovery for many clients – just realising that drug harm shouldn't be minimised, and getting prepared for treatment, can be challenging. "Stigma can mean people just don't want to ask for help," Rachel said. "It can be overwhelming and people might not know where to begin."

And for clients to move forwards, they often have to leave people behind. Unfortunately, sometimes that's family."

"Working collaboratively [on Te Ara Oranga] is fantastic. Looking at [the meth problem] holistically and from all different angles is important – there's the ED perspective, whānau, clinicians, employment specialists. You get different levels of expertise and different strengths, and we all get to know more about what other services do."

"Being part of the Te Ara Oranga project is exciting and we are honoured to have the opportunity to extend our networks and reach out further to those in need of our services."

"We are ready to meet these challenges," Shona said

Information & Evaluation

Project Team

Grenville Hendricks
Mandi Cross

Update

How do you know that you are Making a Difference?

How we know that we are making a difference to the lives of our clients and can evidence this has become fundamental in the New Zealand landscape of non-government organisation (NGO) contracting and helps ensure the most effective spend of tax dollar money.

Te Ara Oranga is leading the way in their collaborative work with the Northland NGO sector that is working to reduce the harm associated with methamphetamine use. The model of care is based on evidence informed interventions and uses evaluation to guide the programme.

Shared Care

Using Results Based Accountability (RBA framework) Northland NGO's will be linked into the central mental health system Jade, which will ensure a platform for shared client care between the DHB and the NGO. Clients will not fall between the gaps as

access to relevant information will ensure more integrated client focused plans. Recovery is and continues to be driven by the client while IT enablers coupled with workforce capability across the DHB and NGO sector makes it a reality for clients and their whānau.

Evidence informed therapeutic interventions

NGO's will play a key role in the delivery of evidence informed interventions.

The 'Choice' Programme is a one day programme delivered in the community that will be assessed for effectiveness using pre and post measures.

The Whānau Support Group will be using a Family Member Questionnaire as an outcome measure both pre and post phase. The aim of this measure is to assess the degree of impact methamphetamine use has on whānau members and how effective the whānau support group is.

In addition, use of the Alcohol and Drug Outcome Measure and Substances and Choice Scale will be used by Alcohol and Other Drug clinicians as an indicator to drive wellbeing for clients.

In a world that asks how do you know that you are making a difference, Te Ara Oranga, is leading the way for evidence informed care in Northland.

Community/Whānau Resources

Project Team

Pam Armstrong
Liz Inch
Community Reference Group

An inspirational song and its music video have brought together clients, clinicians and community members as they unite in a shared mission: to get methamphetamine out of Northland lives.

Taniora (Daniel) Tauariki is a community support worker for Ngāti Whātua health provider Te Hā Oranga. Taniora's song 'Let's Make a Change,' written two years ago, has had a new lease

of life as it was licensed this year as the theme song for Te Ara Oranga.

In early July, as a part of the Te Ara Oranga community & whānau resources project, the team have been working with community to produce a music video for 'Let's Make a Change' as part of a kete of resources Northland DHB will give back to each town involved in meth reduction hui.

The He Waka Eke Noa / Let's Make a Change CD was launched at the Kuia / Kaumātua Matariki Ball in Dargaville the night of June 24. He Waka Eke Noa is the treatment roopu (group) through which Taniora and addictions counsellor Steward Eiao deliver drug addiction recovery to Te Hā Oranga clients in Auckland.

A big part of that recovery process is getting clients to create expressive art, especially waiata (songs). He Waka Eke Noa (meaning a canoe which we are all in with no exception) bases the recovery stage of a person's life around rebuilding one's personal, emotional and spiritual identity, so kapa haka, waiata and learning one's pepeha (lineage) are a major part of this and recording the CD was therapeutic for clients who lost some connection to their culture when addiction took over.

Recorded at Silverpoint Studios in Silverdale, some songs on the CD are in te reo Māori while others are in English. The eight tracks cover musical genres from himene to waiata to rap to haka to gospel – sometimes within the same song – and deliver rousing choruses about overcoming challenges, designed to empower both the performers and the audience. "Who better to tell that message than the people who have already done it?" Taniora explains.

At one point during the recording, around 30 members of the roopu packed into the studio to record prayer, haka and their



Community/Whānau Resources



group song together. It's thanks to this empowering approach that He Waka Eke Noa clients have regained their children and some have come full circle and now work for Te Ha Oranga.

Taniora, who was raised beside the Kaipara Harbour, says inspiration to start writing motivational music came because "I got sick and tired of family members being stuck in this loop of using, addiction, abuse. I'd just had enough." "I saw my younger siblings heading down that path. So we started singing our own stuff. That's when the journey for us began. You've got to start being the change, personally."

The Let's Make a Change message coincided with the Te Ara Oranga message when Taniora and his team encountered a community meth resilience hui at Dargaville Hospital earlier in 2017. Because people at the hui were workshopping about how to spread awareness of the anti-meth message, Taniora knew he had a chance to put his song to good use and performed the song there and then with bandmates Hone Winder-Murray, and Steward Eiao (and later Benjamin Tauariki).

Te Ara Oranga has the same mission as Taniora's roopu and he says there is no question which drug has been doing the most harm to group members. "Meth is definitely the drug we're seeing do the most harm in our group. It just destroys everything in its path. It will take over everything."

While Taniora says the process of capturing hundreds of community members singing in the music video has been "really overwhelming," he's grateful the CD and music video are becoming a starting point for discussions about how to take meth out of people's lives.

Filming (with Channel North) took place in Dargaville, Kaitaia, Kaeo, Kerikeri, Moerewa, Omapere, Kaikohe, Kawakawa and Whangarei. Community groups gathered on the street and in parks to perform the waiata with Taniora and Hone Winder-Murray including Ta Ha Oranga, Whakawhiti Ora Pai, Te Rūnanga o Whaingaroa, Kaikohe Christian School, Kaikohe Dance Crew, Hokianga Health and Police from Kaitaia, Kerikeri and Kaikohe.

Northland DHB Communications manager Liz Inch said a music video works as an effective communications tool for meth reduction because it's a thread across visual, written and oral mediums and will be useful background to radio adverts.

"It's also the impetus for the community to effect change. The video is one of the resources going into the kete, along with training, billboards, meth-free pledge stickers, CDs, and educational videos. A clinician will accompany when the kete is brought back. So it's a way to engage and have community as part of the [meth reduction] work."

