

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.



Meth Recovery Resources Released Back To Community



Ngāpuhi Kaumātua receives the Mid North kete

In the second week of August, community calls for tools to help methamphetamine users and their whānau were answered as formal handover ceremonies saw a kete of brand new printed and digital resources blessed and released at marae and halls in five Northland towns.

Community gatherings have been hosted introducing Te Ara Oranga Meth Demand Reduction Project to whānau, community members, health workers and past and present meth users at marae this year, so it was fitting that health agencies and their communities gathered once again at regional marae to receive the resources and talk through how to use them.

In the kete are over 60 social media videos instructing users and their loved ones about how and why to reduce meth use; stickers advising whānau on

the best time to interrupt the cycle of meth use amongst their loved ones; meth cycle fridge magnets, meth help DVDs and a motivational waiata, Let's Make a Change, featuring songs with input from people who have recovered from addiction.

Māori blessing ceremonies, followed by presentations explaining how to use the videos, stickers and music took place in marae and community halls in Kaitaia, Dargaville, Whangarei, Kaikohe and Rawene. The ceremonies involved meth recovery resources packaged in a woven kete basket blessed and handed to elders of each marae.

Northland DHB Communications manager Liz Inch explained to audiences in each town how Te Ara Oranga's Community Reference Group carefully developed the resources after community members told the group, in the words of Pam Armstrong, "Please don't give us another book - we want a resource with our voices and our faces."

The role of tikanga Māori in treating meth addiction was addressed by a number of speakers, with Mare Clarke and Pam Armstrong explaining the importance of whānaungatanga, the Whare Tapa Whā model of treatment, Te Wā wheel of change, tika and pono and how noa (duality) and hohourongo (entering the realm of peace) are part of an addicted person's holistic recovery.

The handover ceremonies were a chance for people in each community to network as well as to share anecdotes about what the struggle with meth looks like.

Errol Murray of NZ's northernmost town, Te Hapua, works for Muriwhenua health provider Whakawhiti Ora Pai and said his favourite aspect of the resource kete launch at Kaitaia was to have his colleagues, networks and



Ross Smith and Martin Kaipo receive the Whangarei kete from Mare Clarke

whānau see their own faces on the Tips For Change and Handy Hints range of videos. Errol also said locals were grateful to be given fridge magnets advising on the best time to intervene to get whānau to abstain from using meth.

The kete handover also inspired Errol and his team to begin planning how to get those resources into the hands of families affected by meth.

“Even though that was a Tai Tokerau-wide harm reduction strategy, maybe we need a Muriwhenua one. I was at an inter-agency meeting and my colleague said it would be great if we got proactive and worked out how to respond in Muriwhenua rather than a siloed approach. Let’s work collaboratively to provide our whānau information about how to access the services.”

After the official August 31 launch of Te Ara Oranga, Errol said his group plans to strategically release information about the help available to those badly in need of it.

Te Ara Oranga Community and Whānau project manager Pam Armstrong spoke with a Kaitiāia kuia/grandmother, whose grandson is a meth user, about what it’s like to badly need meth intervention resources.

The kuia explained to Pam that she raised her grandson and loves him dearly. However, because of his meth use, “The kuia has had to make changes she never dreamed of,” Pam said. Calling the Police and putting safety measures in place to protect her from her grandson have been one



Kaumātua Eruera Harawira blessing the Muriwhenua kete



Minister Marina Fong from St David's Whirinaki church in Omapere blesses the Hokianga kete

step, another is the grandmother has joined a kuia group supporting whānau affected by meth. Meeting on a regular basis, the women use karakia (prayer) as part of their intervention methods. “This intervention helps her to strengthen her commitment to help continue to support her grandson,” Pam said.

At Hokianga, minister Marina Fong from St David's Whirinaki church in Omapere was grateful to receive a ‘Let’s make a change’ CD and pledged to play the song regularly in church from now until Christmas. Her fellow minister Peter Naera said before the programme, “We hadn’t had exposure to P, we were unsure what it looked like [...] so we became reliant on that being talked about at our hui in March.some of our whānau came looking

for answers, and were disappointed they didn’t get those answers. I’m glad to say those answers have come through in the presentations.”

“That wristband is amazing. As an initiative, it’s really out there.”

Janine Kaipo of Te Hau Āwhiwhio ō Otangarei was excited at the release of stickers pledging to keep households meth-free, which are an important step standing up against drug dealers. Janine cited as inspiration the remarkable Comitato Addiopizzo movement in Sicily, in which community members and businesses pledge to refuse to pay protection money to organised mafia crime by putting stickers up with the Addiopizzo message.

At Dargaville, Priscilla Neho of Te Hā Oranga said kuia have reported “feeling confident that communities can make a big difference with this kaupapa. It’s amazing seeing these Kaumātua and Kuia empowered.”



Mare Clarke hands over the resource kete to Kaipara Rev Henry Hamilton, Whaea Pera (Bella) Nathan and Mātāu Ben Hita

METH FREE

Te Tai Tokerau

Muriwhenua



Whangaroa



Hokianga



Kawakawa



Ngapuhi



Whangarei



Kaipara



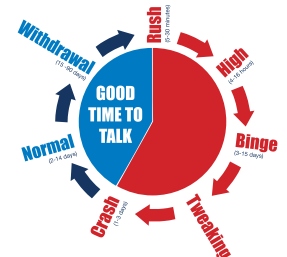
Bream Bay



Stangarei



The Meth Cycle



New Zealand
POLICE
Ngā Pirihimana o Aotearoa

Te Ara Oranga
is a joint initiative between
Northland District Health Board
and New Zealand Police

**NORTHLAND DISTRICT
HEALTH BOARD**

Te Poari Hauora Ā Rohe O Te Tai Tokerau



Project Team

Inspector Dean Robinson,
District Prevention Manager Northland Police

Detective Senior Sergeant Mike Varnam,
Police National Headquarters

Detective Renee O'Connell is the preferred applicant for the role of Detective Sergeant, team leader for the Northland Police Methamphetamine Harm Reduction Team. Renee began her police career in Whangarei and has spent 24 years policing on the frontline and as a Detective in the Criminal Investigation Branch across Northland.

Renee has developed an extensive range of community relationships, working extensively in the Child Protection Team and investigating a wide range of crimes. She has first-hand experience with the serious violence and crimes driven by the

demand and supply of methamphetamine. Renee is married with two young children, enjoys fishing, running and the beach and is looking forward to working more closely with the community and other agencies as a part of an all of community team approach to reducing the harm caused through the supply of methamphetamine.



Kia ora,

Our Police in Northland are dealing with methamphetamine related problems during most shifts. It is associated with crimes such as theft, fraud, poor driving, violence and episodes of family harm. Methamphetamine is impacting at all levels, and we are increasingly seeing the impact it is having on our children and young people.

In 2001, Northland started to see the increase of methamphetamine being used in our community. It was generally of poor quality. Salt, glucose, and other similar looking products were also being sold as methamphetamine, because it generated so much cash. The gangs were supplying meth as a commodity to make money, and they were using tactics learnt from other international organised crime groups to target and create a market based on demand.

Recovered methamphetamine labs in the north were generally in small numbers and yielding smaller amounts of methamphetamine compared to today. In recent times we have seen large scale commercial grade methamphetamine laboratories generating significant quantities of methamphetamine. The manufacture of methamphetamine is extremely dangerous for those cooking it, neighbours, owners of properties, new tenants, and emergency services, due to the chemicals and methods used in its manufacture.

Firearms, together with methamphetamine offending have become increasingly common, and our frontline is challenged by this during most shifts. The user and suppliers Police deal with, do not have any specific demographic, and are from a wide range of society, however we are seeing strong indications of younger females becoming more prevalent in methamphetamine offending.

We believe that serious violence is going unreported within the criminal underworld due to the pressure to control the supply of methamphetamine. In recent times, Northland has seen a number of gang related homicides where methamphetamine is a key factor in their cause. The sale of methamphetamine generates a lot of cash. Today it is still treated by gangs as a commodity to generate income and they will fight to secure methamphetamine markets, without care about the pain and grief that it is causing for our families and communities.

Police will not tolerate those suppliers who are treating meth as a commodity to generate income with no regard for the impact it is having. However, alternatively, we are also seeing methamphetamine suppliers and high demand users that are trapped by the addictive nature of the drug, pressured by the gangs, have poly substance abuse, turn to illegitimate means to finance their addictions and its impacting their partners, children, and wider whānau. We will be working with these people and taking a considered approach where practicable.

The police team that is being built to help address supply and high demand users has drawn a large number of applicants from across the North Island. Our mission is to make New Zealand the Safest Country and the attractiveness of the new roles, where our staff have a mandate to be innovative in their work with partners, community, agencies and meth users and suppliers, has drawn many very high quality applicants with a broad range of backgrounds. Many want to return to Te Tai Tokerau to make a difference in their communities.

The team will be in place in the next few weeks in a staggered start and timed to coincide with the planning we have been coordinating with Northland DHB. We are all focused on getting urgent and coordinated help and treatment to the high demand user who is likely to be involved in supply and also to their family. Our analysis, research and users themselves have told us how important this is.

While we will not tolerate the supply of methamphetamine driven by gangs, but are willing to sit down and work with them with a joint focus on improving the lives of our young people and create a methamphetamine free community. We know that a number of them are trading in methamphetamine to generate cash, but if they stop supplying drugs then we will talk. We are living and raising our kids in the same communities they are supplying drugs to, and we are working hard to stamp it out.

Northland Police recently became aware of a senior gang member who was doing violent 'stand overs' to control the supply of methamphetamine. He has only just been released from prison for serious violence and committing a crime with a firearm. People involved in the drug world are often reluctant to speak with Police, but to protect them we have many different tools to support them. We have caught the gang member and he has been charged with several charges of supplying methamphetamine which is a Class A drug and can lead to a life sentence. This man was a kid at one point, and many of us know his background which has contributed to where he is today. Could we have collectively prevented the violent man that he's become? Maybe....he is currently before the courts.

A few months ago we targeted some addresses in relation to the manufacture of methamphetamine. We found a wanted gang member at the address. 600 grams of meth was being made at the time, with a street value of over \$300,000. We found large quantities of chemicals all used in methamphetamine manufacture. Other adults at the address were charged with making the meth and possession for supply. A teenager and eight year old were taken from the address and placed into a safe environment. Being in an address used to make methamphetamine is extremely dangerous to their health.

The above examples represent people who are using and manufacturing methamphetamine to make money for themselves and the gangs. There are other examples where people are selling meth because they are addicted and can't break the cycle, without help. Our methamphetamine team is going to be working in both worlds, and we want to continuously improve and adapt our role in how we reduce the demand for methamphetamine and its supply as part of a community that won't tolerate the pain and grief that it causes. And to do that we want to work and listen to our partners in the community about their ideas on how we might do this moving forward.

Nga mihi,

Dean Robinson
Inspector
District Prevention Manager



Employment Specialists helping Clients Swap Meth for Mahi



Meet the pair helping reduce meth dependency in Northland by supporting clients into work, transitioning from one job to another or helping them when they are at risk of dropping out.

Te Ara Oranga Methamphetamine Demand Reduction Programme has funded two employment specialists. They are based with Kaipara Community Mental Health and Addiction Services in Dargaville. Currently this is the only DHB in New Zealand which is trialling employment specialists for clients using meth in a rural setting. Occupational Therapy and Vocational Services Professional Leader, Becki Priest, is leading the introduction of Individualised Placement and Support Model (IPS). The progress of this employment intervention is being closely watched by the rest of Northland.

Dean McMurchy

Dean McMurchy took on the brand new Employment Specialist role on July 10. Dean was previously an employment consultant with Workbridge and Workwise helping people with disabilities into the workforce. He brings expertise in assisting with CVs, cover letters, Police/Ministry of Justice vetting, job searching, employer networking and post-employment support. Dean will help prevent clients from falling back into using meth, alcohol, cannabis and other drugs once work has been found for them.

What interested Dean about joining Northland DHB was working collaboratively with the Mental Health and Addiction Services clinical team. This provides a strong team foundation working with the job seeker from both a clinical and vocational perspective.

Both Employment Consultants are working with clients of all ages, genders and backgrounds and have observed how meth and mental health disorders can afflict anybody, whether employed or not. Types of job seekers are varied from farm workers to trades people and beyond. Dean described many people as 'high functioning' and said their addiction problems have at times been disguised by their outwardly successful appearance. "Before working in this job, I thought people with a meth addiction might have been a younger generation thing but it's not. Meth use does not discriminate between town and rural use in this area of Northland from my short involvement in this pilot."

Work makes wellness

Work lengthens the wellness periods of people experiencing addiction and shortens their unwellness periods as well as breaking the cycle of depression and low self-esteem, Dean explained. "In work you are engaging with people, taking your mind off addiction and giving them focus, hope, inclusion, sense of purpose and income," Dean said.

One of the best examples of helping a client remain included in work (and abstinent from self-harm and drug use) came a month ago. This was when a male client was discharged from Dargaville Hospital after a suicide attempt. The client was still under mental health services but didn't quite have enough confidence to 'land safely' back in the workplace without assistance.

"We were alerted to a situation where a client's work colleague found out [that the man was a mental health client with addiction difficulties] and told the whole workplace, so the person was feeling too anxious to return and wanted to quit their job."

"I sprang into action, after being onsite and referred by one of the clinical team and had an immediate meeting. We talked through the issues and the client agreed we could contact his employer by phone. I arranged to accompany the person into the workplace straight after the call to meet their manager. Advocacy and support was provided jointly to formulate a pathway and plan for return to work. Two days later the person returned to work. Without this intervention the person may have lost their job which could have adversely affected his health and increased likelihood of addiction relapse."

The client himself affirmed this, writing "Since receiving help from my wonderful healthcare team, my life is getting better and for that I am truly grateful. After a recent suicide attempt, I was in a very awkward position having to face up to reality again. Dean made this possible by assisting with my transition back to work, he even took me along to meet with my employer to discuss an action plan to get me back to work. Things have been much better and Dean has been in regular contact to make sure things are good at work and that I am on the right track."

Daphne Adams

Dean and Daff began their employment specialist roles with around 12 clients each, 10 unemployed and looking for work and two in jobs which appeared to exacerbate their mental health and addiction issues.

Daff brings experience working with Nga Ripo Kaipara Whanau Ora plus plenty of experience from being involved with school boards, fundraising groups and sharemilking around the Kaipara Community. All in all, Daff says she brings "a toolbox of connections" and comes from "a place of empathy and non-judgement" with the goal of supporting her clients' secure employment.

Before the clients reach Daff and Dean they have to show a want or desire for employment, Daff explained.

Rather than just being a money-maker, "Employment is about leaving behind the life in which the client was using substances; it's about starting new, making friends and relationships again," Daff said.

"Being part of our community again reduces the huge stigma they have had," Daff added. "They make connections, they expand their confidence. We walk side by side with them. Now they can hold their heads up and say 'I stuffed up – give me a chance so I can join my community again.'"

Some of the options for clients include finding suitable work near home in the Kaipara; matching the right client with the right employer, moving away from whānau and friends who don't support the client's ambitions; getting into the kumara harvesting, farming and forestry work options; or getting into local training such as literacy and numeracy and/or hospitality courses.



The Salvation Army: Pou Whānau Connectors Linking Whānau with Treatment



Meet Major Sue Hay and Angela Witana, who are two of the people delivering The Salvation Army's Addiction treatment services in Northland as part of the Te Ara Oranga programme. Major Sue Hay leads the Salvation Army's work in Northland, while Angela herself serves as pou whānau connector.

Pou whānau means posts/poles of our family, and The Salvation Army's Māori name translates as "Te Ope Whakaora" which means a group that brings life – a motto Sue said she firmly believes in.

"We certainly hope bringing life is what the group will do in Northland. It's about strengthening the community's response to meth and supporting individuals who previously hadn't had treatment on their radar."

The Salvation Army has been active in NZ since 1883. Sue, today, is deeply experienced in addictions treatment, as is her team.

Organisations employing pou whānau connectors became part of Te Ara Oranga in March. These non-governmental organisations (NGOs) will contribute to the referral system Te Ara Oranga uses to share the workload and maximise treatment uptake with any of the many wonderful organisations who have been hard at work treating meth-dependent people in Northland for years.

There are many organisations involved in Te Ara Oranga from treatment, rehabilitation and justice perspectives, and The Salvation Army's point of difference is that its expertise lies in non-residential, daytime bridge programmes.

These programmes help around 800 people with drug problems each year, and the total number of people receiving any kind of Salvation Army help runs into the thousands. Of the 800 people accessing Bridge services a year, 500 present to Whangarei, 200 present to the Kaikohe branch and just over 100 present to Kaitiāia. When they come to the end of their eight week programme, many graduates, having addressed their substance dependency, are ready to start engaging with work, while others need to complete home detention sentences.

Another point of distinction is Salvation Army Bridge programme clients largely come from the Department of Corrections, lawyers, social workers and Women's Refuge and ManAlive, and until now there weren't terribly many referrals from the other organisations involved in Te Ara Oranga, such as Northland DHB. "So that's one of the lovely things about this project. Increased collaboration across services will be a treasure," Sue said.

A recent development has been The Salvation Army working with the Ministry of Social Development in Whangarei, the Mid-North and Dargaville to help youth beneficiaries using substances become work ready. This ties in with Ngāti Hine Health Trust's Alcohol and Other Drug working group efforts to close all gaps around schools.

Sue said other branches of The Salvation Army across Northland provide additional services such as food banks, financial, employment and social help and loan assistance.

The organisation's work "Is about lifting people," Sue said. "It's about being the army that brings life and lifting people out of poverty."

Sue said The Salvation Army brings to the table capacity to get people into its day programmes quite promptly.

Who are our Pou Whānau Connectors working to treat?

The people utilising Salvation Army Bridge programmes are approximately two thirds males and one third female, although "Meth is no respecter of gender, age or lifestyle," Sue said. "There are a whole lot of people caught up in meth use." "Every client has a different story, but a noticeable theme

is women gaining access to meth through their partners. Most Bridge programme clients are dependent on a mixture of alcohol, cannabis and meth," Sue said.

The gripping effect of meth cannot be overstated, Sue said. "Most of our clients who use meth are surprised at the trouble it gets them into." After having lost their children due to the effect of meth on their lifestyle, "Mums come to us to regain access to their kids. People are surprised, thinking it's harmless, but it creeps up on them unawares and results in criminal charges they don't expect."

Flow-on effects can mean some clients have been introduced to meth as young as age 8 or 9 when meth was being used by family members; for others, because of drug debts racked up, meth users may eventually need financial support and Salvation Army food bank support.

Northland, unfortunately, continues to have factors which make it hard for some people to access treatment. "Transport is the biggest issue in Northland, not only because public transport is limited, it's the remoteness of people presenting to us. The other challenge is childcare for people needing to access treatment."

Meet Pou Whānau Connector Angela Witana



Angela Witana brings to The Salvation Army Pou Whānau role deep knowledge of the Far North's social needs, particularly relating to suicide prevention and addictions treatment. Angela, who has had an extensive career in Mental Health & Addictions, has also worked with Victim Support and Māori youth suicide development - working in prevention & postvention, said to her the role means having a connection to whānau in areas she knows intimately, from Kaikohe to Kerikeri right up to the Far North.

"I've been here most of my life so I have some good networks." As the practical day to day aspects of the role evolves, Angela's years of walking with whānau through addictions and referral to treatment should help define what kind of a person can make the most of the Pou Whānau role.

Angela, who also tutored in the Mental Health & Addictions field at North Tec, has helped people deal with dependency around many drugs but says meth deserves its reputation as a particularly damaging substance. "I think [meth] has a lot of other issues that come with it. There might be issues with finances right across the board... we know people are out there killing for this stuff, so it's huge. It's huge in Kaitiāia."

As one of the NGOs contributing to Te Ara Oranga alongside organisations like Odyssey House, The Salvation Army offers people a choice of treatment provider alongside DHB services.

"They're known up here for their Bridge programme, they work really hard up here, they always have done. They're out and about in the community, we know who they are, they have a presence."

Referrals to The Salvation Army are expected to come from Police and Northland DHB, however in the few days since Angela started, a significant number of people have been walking into Angela's office and referring themselves for Bridge programme help.

It is unclear if those referrals have been prompted by awareness of Te Ara Oranga, but Angela said it has become widely known that an organised, coordinated and well-funded meth demand reduction programme is taking place. "A lot of people on the street know there is a response to meth happening, but they have no idea what it will look like."

It is expected the official launch of Te Ara Oranga at the end of August will maximise public awareness.



Social Media Training for Meth Free Stakeholders



August 23 was a day for health providers to gather at Whangarei Hospital for Liked Media training on how to make the most of the digital meth cessation resources prepared exclusively for Te Ara Oranga.

A two hour workshop led by Philippa Managh of Liked Media firstly covered how each health organisation can use social media (primarily Facebook) to engage most effectively with its community. Secondly the workshop gave advice on how Facebook is an ideal tool with which to maximise the campaign of resistance against methamphetamine, and the perfect medium with which to share our 65 brand new intervention/education meth videos.

Primary healthcare organisations in attendance were Whakawhiti Ora Pai, Whaingaroa Health, Ngāti Hine Health Trust, Te Hā Oranga, Hauora Hokianga / Hokianga Health, and Te Hau Āwhiowhio ō Otangarei.

Each organisation was shown how to implement a 12-month Facebook campaign to get followers watching the various intervention/education videos. The organisations were also instructed on how to make the most of their online communities, how to manage criticisms, and how to grow their audience so our unique meth videos spark as many conversations as possible.

Many of the videos each organisation will be using to effect change in Northlanders' meth use can be watched on the Te Ara Oranga community page at this link.

New Meth Treatment Focuses on Family



Alcohol and drug counsellor Steve Staunton has become the first person in Northland accredited to deliver the 5-Step Model in treating whānau affected by addictions.

Steve, who is based at Northland DHB's Puriri House Community Mental Health and Addiction provider in Kamo, Whangarei, was trained by Matua Raki addiction workforce training body to deliver this model. Steve is also working towards becoming a trainer of the model.

The 5-Step Method - exclusively for family members - is based on stress-strain-coping-support models developed by alcohol, drugs, gambling, mental health and addiction researchers in the United Kingdom. Authors of the method view family members "as ordinary people attempting to respond to highly stressful experiences."

In a 2010 paper, the authors of the method wrote "Unlike other models of family and addiction problems, the 5-Step Method does not see the family member as a cause or significant contributor to the [...] addiction problem, but as an ordinary person facing a very challenging problem."

The key tenet of the model is "With the appropriate level of knowledge and support, family members have the capacity to cope and respond to an addiction problem."

The five steps, usually delivered across five sessions, are:

- Step 1:** Listen, reassure and explore concerns of the family and normalise the problem.
- Step 2:** Provide relevant, specific and targeted information around drug use and the stress it causes / address why the person can't stop, debunk myths and explain clinical terminology.
- Step 3:** Explore coping responses and the advantages and disadvantages of different alternative coping responses.
- Step 4:** Discuss social supports including working out which sources of support help, don't help, or haven't yet been explored; explore what family need so they feel less isolated.

Step 5: Discuss and explore further needs and facilitate contact between family member and other sources of specialist help.

Why we need therapy sessions purely for family

The need for a family-only group arose because people experiencing addiction often cause stress and upset for family. Those relied upon to care for people with addictions may not be equipped to do so if they don't have sufficient support or understanding - hence the benefit of the 5-Step Method.

"Often parents can be asking 'What did I do to make things wrong?' Steve says, "So that's why we address this in the first step. Parents ask 'Is it my fault?' but that's irrelevant."

Healing for families may start to occur after just the first session, questionnaire evaluations indicate.

The five steps can be carried out with individual family members, family groups or up to 12 people in a group together. The person with addiction problems is not part of the group - "This is wholly and solely about the family," Steve says.

Whether meth, alcohol, cannabis or all these drugs are the cause of the addiction problem, "What a family member experiences isn't relevant to the substance," Steve says.

The programme ends with looking at where whānau are at in terms of ability to cope and what they need going forward.

Because Steve's accredited model is the only one of its kind - and distinct from the options offered at Narcotics Anonymous - it is expected the 5-Step sessions at Puriri House will eventually be bolstered as he trains more clinicians to deliver this unique model around Northland.

For any enquiries about how to enrol whānau on 5-Step courses, please contact:

Email: steven.staunton@northlanddhb.org.nz

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