



TE ARA ORANGA  
METHAMPHETAMINE  
DEMAND REDUCTION

*"I have picked up the phone in the past and hung up, I didn't know what to do. I didn't expect the first offer of help to come from the Police"*

First Progress Evaluation Report June 2018

Author: Te Ara Oranga Evaluation Working Group

# ACKNOWLEDGEMENTS

## **Thank you**

The Te Ara Oranga First Progress Evaluation Report June 2018 was commissioned by the Ministry of Health and supervised by Dr John Wren, Research and Evaluation Lead Addictions Team. Peer Review was provided by Dr Darren Walton.

The Report has been prepared by the Te Ara Oranga Evaluation Working Group.

Northland DHB and NZ Police would like to thank all the people who contributed their time, experience and knowledge in developing this Report. The Report has been developed with information and contributions from NZ Police, Northland DHB, The Salvation Army, Odyssey House, Ngāti Hine Health Trust, Employment Works and Manaia Health PHO.

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*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.*

# FOREWORD

This evaluative report brings together Health and Police data that illustrate what both agencies have done together in the Te Ara Oranga programme.

The evaluation activities have generated a number of interesting insights about the need for health services, the value of screening at the point of first contact, and the value of having community co-ordinators as an essential point of engagement with whānau and communities.

The positive community reception to police being engaged as both a referral point for health services and their enforcement activities is welcome. Te Ara Oranga builds on previous learnings from collaboration in Northland, such as within Kainga Ora<sup>1</sup>.

We welcome this first project evaluation report by the Te Ara Oranga Evaluation Working Group. It is a considerable achievement given the short time the intervention has been running, and the time the working group has had to prepare this report.

The report is concise and innovative in its presentation of the intervention and what has been achieved in the approximate six months of the programme's operation to date. The mix of info graphics, quotes and descriptive text, supported by extensive supplementary appendices illustrates the wealth of material that has been collected.

Challenges and lessons learnt to date have been outlined. The whole process promoted continuous improvement in programme design and delivery.

The evaluation activities have benefited from external independent peer review advice by Dr Darren Walton. This advice has brought a useful discipline to the evaluative process, and will inform the on-going improvement of future evaluation activities around robust outcomes monitoring and anticipated future social impact and cost benefit assessment.

## **Dr John Wren**

Research and Evaluation Lead  
Addictions Team  
System Outcomes  
Service Commissioning

<sup>1</sup> *The Social Wellbeing Governance Group (SWGG) evolved to the Kainga Ora Governance Group while continuing the focus on preventing suicide amongst our young people, integrated with preventing family violence.*



## A MESSAGE FROM THE SPONSORS

Te Ara Oranga is governed by Executive Sponsors Dr Nick Chamberlain and NZ Police Assistant Commissioner Richard Chambers, who is represented by Northland District Commander, Superintendent Russell Le Prou.

Dr Chamberlain is the Chief Executive of Northland DHB and has a long history of supporting addiction treatment in Northland. Recognising the increasing social effects that methamphetamine abuse is having on our communities, Superintendent Russell Le Prou and Dr Chamberlain were keen to make a positive change by impacting on the supply of methamphetamine and focusing on addiction treatment.

The combined approach to enforcement, treatment and community resilience building in Northland has continued to improve and expand policing, health and other related community services. This community-led design has enabled a range of different local approaches to be tested in smaller communities, supported by whole community leadership.

“Working together is not new in Northland so it made good sense for us to develop a joint cross-agency proposal to tackle the ever increasing and harmful methamphetamine issue in our region,” explains Dr Chamberlain.

“Linking the complex demands of methamphetamine and family and child harm through multi-agency action, Te Ara Oranga integrates health and police by building capability in district and community policing, and increasing resources for treatment response for police referrals.”

The methamphetamine police team works on both supply and demand operations by targeting dealers for enforcement action and referring identified users into health services. The Te Ara Oranga partnership developed between Police and Northland DHB ensures services are jointly informed and aligned.

“Te Ara Oranga provides a significant opportunity to focus on reducing one of the major drivers of crime in our community,” notes Assistant Commissioner Richard Chambers.

“The Te Ara Oranga model of connection to our communities is what is making the difference. It has developed joint options and tactics to build trust and confidence in our community.”

### **Richard Chambers**

Assistant Commissioner  
New Zealand Police

### **Dr Nick Chamberlain**

Chief Executive  
Northland District Health Board

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# TE ARA ORANGA

## Introduction

This report sets out to evaluate Te Ara Oranga, a pilot for an innovative and integrated model of Policing and Healthcare to reduce the supply and demand for methamphetamine and its associated use and harm in the Northland Region.

Te Ara Oranga, a joint initiative between Police and Northland DHB, is aligned to cabinet decisions relating to measures to break drug supply chains and reduce harm associated with methamphetamine and other drugs. The funding source for the 12-month pilot was the 2016 allocation of the Proceeds of Crime Fund sourced through the Criminal Proceeds (Recovery) Act 2009.

The initial 12-month funding was for the establishment phase (new treatment options/referral pathways) and recruitment of health and police personal. Te Ara Oranga was operational from October 2017. This evaluation report is for the period from October 2017 to March 2018.

## Background

Northland is an area where methamphetamine use, related crime and associated social impact is severe – costing community, individuals and whānau significantly. Eliminating methamphetamine from communities requires a ‘whole of community’ approach which is what Te Ara Oranga has been designed to achieve. Community engagement and uptake across Northland has been significant and is a major component of the pilot.

Police and Northland DHB have common goals to produce better outcomes for all.

The New Zealand Police current Statement of Intent, 4-year plan states:

*Methamphetamine is currently the illicit drug causing most concern in New Zealand, in terms of its effects on users, the impact of heavy users’ behaviour on their families, the property crime users commit to support a habit and the demand for treatment, and for Police to focus more on addressing demand-side issues.*

*A high proportion of gang members’ children experience multiple incidents of abuse or neglect. There is a strong connection between New Zealand adult gangs, the manufacture, supply, distribution and consumption of illicit drugs (in particular methamphetamine) and illegal firearms possession and use. There is growing evidence of organised crime group involvement in the New Zealand drug market. A recent report stated that the proportion of frequent drug users who purchased methamphetamine from a gang member increased from 36 percent in 2013 to 50 percent in 2014.*

Northland DHB values and mission statement are:

*A Healthier Northland, He Hauora Mo Te Tai Tokerau*

*Northland DHB's mission is to work together with Northlanders in partnership under the Treaty of Waitangi to: (1) Improve population health and reduce inequities (2) Improve patient experience (3) Live within its means.*

Te Ara Oranga is about working in a tangible and engaging style with the community and agencies, focusing on delivering a holistic approach to health and policing to produce better outcomes for all.

## **History**

Dr Chamberlain and Superintendent Russell Le Prou, formed the Social Wellbeing Governance Group (SWG) in 2012. This group had a mandate to improve the health and wellbeing of Northlanders and to strengthen and sustain networks for on-going organisational development across government agencies.

One aim of SWG was to focus on the challenge of violence in the home and specifically the harm to our children. This was critical to improving the health and wellbeing of our families, whānau and communities.

It was important to have a coordinated approach across agencies and collaboration with the entire sector. SWG first focused on preventing young people taking their lives. Governance, organisational expertise and community engagement mobilised with a coordinated response reduced the youth suicide rate from a high of 19 in 2012 to one in 2015.

The collaboration, coordination and common purpose that was created through leadership where “no one is allowed to fall through the cracks” contributed to fewer victims of serious assaults, fewer victims of violence in the home, and increasing trust and confidence demonstrated by increased reporting of children being abused.

The Social Wellbeing Governance Group (SWG) evolved into the Kainga Ora Governance Group while continuing to focus on preventing suicide amongst our young people, integrated with preventing family violence. Agencies now operate on a daily basis, co-located, directing and coordinating services to families that are coming to their attention. Kainga Ora has supported over 5,400 families in the past 12 months. This is contributing to a substantial reduction in victimisation.



## Aim

The aim of Te Ara Oranga is to reduce the demand for methamphetamine through community and individually targeted projects that align the resources of Northland Police and Northland DHB. The combined effort offers a model that improves the opportunity to reduce supply – through focused enforcement – and demand by supporting individual users to stop using methamphetamine.

Te Ara Oranga has taken the learnings and governance of SWGG and Kainga Ora and the strengths of a collective strategy and applied them to 'how' it delivers the pilot, particularly through engaging with community in a co-design process. It adopts a social marketing philosophy of supporting the influencers of the addicted user including whānau, hapu, community, and respected community groups. The project developed and delivered a suite of social media resources for Te Ara Oranga, aimed at both youth and older age groups.

A key benefit of Te Ara Oranga is the strengthening of the relationship between Police and local health services. The referral pathway between the agencies ensures that anyone who would benefit from treatment is offered the opportunity, with the person being contacted within 48 hours of being referred.

The health component is a recovery-based treatment approach based mostly in the community. Northland DHB developed a model of care to expand their own services, as well as those of iwi, Primary Health Organisations and Non Government Organisations. The initiative delivers screening and brief interventions at a variety of locations, provides community and whānau resources, and enhances treatment services in areas experiencing the highest demand. The pilot supports long-term change in methamphetamine users by providing intensive clinical interventions, employment support, and a range of psychosocial supports.

The Police Meth Harm Reduction Team takes an innovative approach to reducing the demand for methamphetamine. The main focus is on Prevention, rather than Enforcement. The team do this by visiting users before they become involved in the Court process. The aim is to identify users and assist them to access and engage with treatment. Where Prosecution is the right response for suppliers and some users, the team ensure assessments for treatment are completed, and applications for treatment programmes rather than incarceration are supported.

Te Ara Oranga is proving to be a successful model for engaging with communities and intersectoral collaboration to improve the health and wellbeing of Northlanders. Many of the learnings can be applied further afield, noting that models and resources must be tailored to meet the needs of the local community.















## Improved Ways of Working

- Effective engagement and collaboration between Police, Health and communities
- Consultation and co-design with Te Tai Tokerau communities to develop models of care and resources to meet the needs of Northland which reflect the community
- Change in the police culture and practice to address the cause of crime
- 24–48 hour response time for all new referrals (typically three weeks)
- New referral pathways from Police and Screening and Brief Intervention identifying people at an earlier stage in their addiction cycle
- Creation of Pou Whānau Connector roles across Northland to work with whānau and provide assertive community outreach to engage those who are treatment avoidant
- Development of whānau groups and brief intervention and education programmes
- Employment Works programme to support mental health and addiction clients into work or vocational training.



# Impact at a Glance


**Te Ara Oranga Pilot Impact**  
 1 Oct 2017 to 31 March 2018

 <p><b>308</b></p> <p>methamphetamine users referred to Northland DHB for treatment</p>	 <p><b>120 of the 308</b></p> <p>referred clients presenting via new referral pathways (the majority through Police) and who were not previously known to Mental Health and Addiction Services</p>	 <p><b>236</b></p> <p>methamphetamine users supported by Pou Whānau Connectors in the community</p>
 <p><b>38</b></p> <p>Mental health and addiction clients supported to either keep their job, placed into employment or vocational training</p>	 <p><b>890</b></p> <p>people screened for methamphetamine and other substance use through Whangarei Hospital Emergency Department</p>	 <p><b>30</b></p> <p>search warrants executed</p>
 <p><b>35</b></p> <p>arrests, of which seven consented to treatment referral</p>	 <p><b>21</b></p> <p>firearms seized</p>	 <p><b>8</b></p> <p>people charged with methamphetamine dealing offences</p>
 <p><b>26</b></p> <p>children referred to Oranga Tamariki through Police Reports of Concern</p>	 <p><b>600</b></p> <p>community members attended community hui</p>	 <p><b>190</b></p> <p>health and other social service professionals attended methamphetamine education</p>


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

## Cost

Te Ara Oranga was funded \$3m for the first year, which included establishment costs. Service delivery came on stream from October 2017. This evaluation covers the period from October 2017 to March 2018.

Year one funding was for \$1m increased police capacity and \$2m additional treatment capacity, plus community services capacity for health.

The New Zealand Drug Harm Index (Ministry of Health 2016<sup>2</sup>) estimates national costs for amphetamine-type stimulants to be \$256.4m personal harm and \$91.4m social cost. Northland's share on a population basis is \$12.52m per year. Whangarei methamphetamine consumption levels indicated by wastewater testing are twice those of Auckland and three to four times those of Christchurch.

Based on these assumptions, and given that Northland has twice the national rate (7.2 percent) of all methamphetamine consumed, the total personal and social harm cost is roughly estimated to be \$25.04m.

These figures suggest that as a portion of the National Drug Harm Index estimates the projected intervention cost of dealing with methamphetamine in Northland is around \$5.54m. The costs of the Te Ara Oranga intervention are approximately half of that amount.

## Potential Benefits

Decreasing supply of and demand for methamphetamine has numerous potential benefits.

- Reduced family and social harm through community engagement and increased intolerance for methamphetamine use
- Reduced child poverty resulting from decreased methamphetamine spend
- Reduced prison numbers through alternative health pathways
- Improved health service access through reduced waiting times and enhanced resources
- Increased employment through Employment Works programme
- Increased intelligence through community support
- Increased impact on organised crime.

However, the short-term nature of the pilot and the term of this evaluation (six months) makes the benefits unquantifiable at this early stage.

<sup>2</sup> *McFadden Consultancy Research Report: The New Zealand Drug Harm Index 2016 (2nd ed.)* Wellington: Ministry of Health.



## KEY LEARNINGS

- Improved and faster access to treatment has been facilitated by new referral pathways
- Early intervention reduces demand on the criminal justice system
- Joint venture has strengthened both Police and Health, enabling them to learn from and leverage off one another's expertise
- Key stakeholders must be identified and included from the outset
- Employment support is a vital component of successful treatment options for this group of people
- Positive and productive relationships are key to the success of the project
- A strong engagement approach right from the start mobilised Northland communities
- Collaborative approach to pilot design was key
- Resourcing of both Health and Police is critical for the success of the project
- Contracting of specialist resources was crucial to establish and embed new-to-health services, e.g. Employment Works
- To engage communities, it is critical for individuals at all levels of the project to complement, connect and lead within their community.



# PILOT LIMITATIONS

A number of challenges were encountered during the establishment and operation of the Te Ara Oranga pilot. Many issues are inherent to a short-term pilot, with no certainty of funding after one year and, if future funding is secured, a short lead time for renegotiating contracts.

Challenges included:

- Ensuring community expectations are managed subject to constraints – the community expectation is that the Te Ara Oranga will continue and improve. Demand currently exceeds supply
- Competing priorities – maintaining existing services while developing and implementing new and innovative approaches
- Fiscal risk – to recruit appropriately qualified staff, permanent employment had to be offered by Northland DHB and Police
- Skills shortage in Northland – particularly for highly specialised roles
- Non-Government Organisations (NGO) contracts one year only – constrained procurement to existing Alcohol and Other Drug Providers
- Fixed term employment – NGOs limited to fixed term employment for Pou Whānau Connectors due to pilot term. This led to high turnover due to uncertainty of ongoing employment
- Major infrastructure change – short lead time and pilot length does not support major infrastructure change required to deliver some services, i.e. increased detox beds.



# FUTURE CONSIDERATIONS

## Community Empowerment

- Develop Tikanga Māori drug and alcohol service provision capability and capacity
- Strengthen and build new relationships with communities and agencies
- Continuously improve through review to build trust and confidence, including engagement with Police Community and Iwi Liaison Officers
- Promote further understanding of how to access resources and support.

## Unmet Need

- Develop a targeted prevention approach for youth, including education
- Provide treatment services to individuals whilst on remand or in correctional facilities
- Extend Employment Works to other areas in Northland
- Reinstate Rataora Screening, Brief Intervention and Referral to Treatment (SBIRT) Pilot at Whangarei Police Station Custody Suite for intervention purposes
- Increase residential treatment capacity by a further two beds to reduce waiting times (year two funding bid).

## Policy, Information and Evaluation

- Ensure an evidence based approach that is contextualised to local needs, e.g. Tikanga Māori in Northland (year two funding bid)
- Apply evidence based strategies to further create social intolerance to substance abuse
- Continue to improve information sharing between agencies
- Identify and adapt to a changing environment via continuing evaluation
- Continue wastewater analysis – important for baseline monitoring purposes.

# TE ARA ORANGA LOGIC MAP

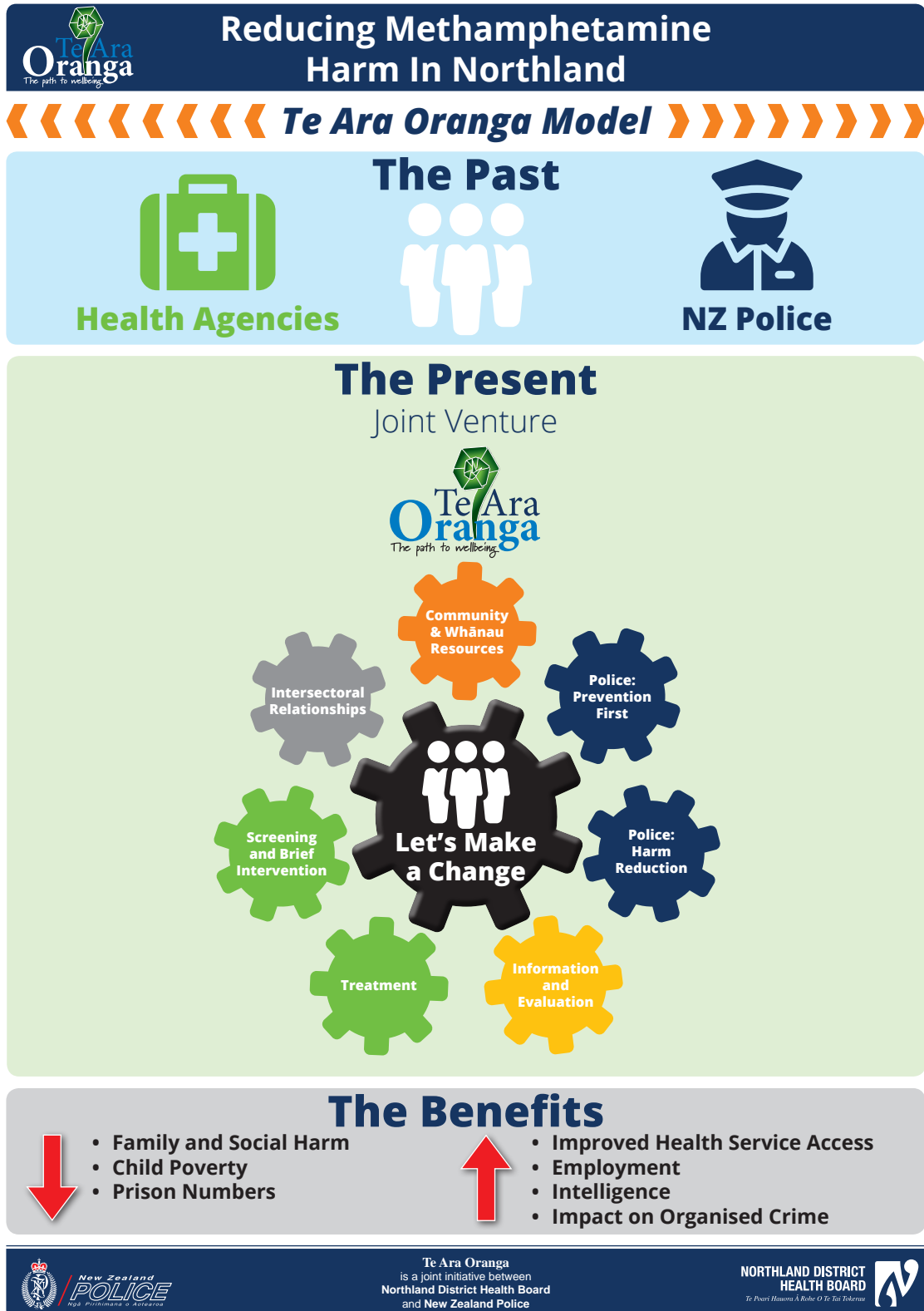
The Te Ara Oranga logic map was developed at the start of the pilot as a blueprint for implementation. The logic map summarises the five streams of Te Ara Oranga and the objectives, actions and outcomes for each.

TO REDUCE SUPPLY OF AND DEMAND FOR METHAMPHETAMINE IN THE NORTHLAND REGION							
Project Aim	Establish governance and Implement Te Ara Oranga via Intersectoral Collaboration	Police: Law Enforcement and Reducing Harm in the Community	Support Communities	Provide Better Routes into Treatment	Information & Evaluation		
REDUCING THE AVAILABILITY OF METHAMPHETAMINE IN THE NORTHLAND COMMUNITY AND INCREASING THE NUMBER OF PEOPLE WHO HAVE EITHER REDUCED OR STOPPED METHAMPHETAMINE USE							
Objectives	Develop and maintain Intersectoral Relationships	Enforcement	Harm Reduction	Community & Whānau Resources	Screening & Brief Intervention	Treatment	Intelligence & Data Collection
Actions	<ul style="list-style-type: none"> <li>Establish intersectoral steering group</li> <li>Hold regular steering group meetings</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the supply and distribution of Methamphetamine in the community</li> </ul>	<ul style="list-style-type: none"> <li>Reports of concern and onwards referrals to appropriate agencies</li> </ul>	<ul style="list-style-type: none"> <li>Community engagement reference group</li> <li>Community consultation hui</li> <li>Community education</li> <li>Develop community resources</li> <li>Whānau support groups</li> </ul>	<ul style="list-style-type: none"> <li>GP Resources</li> <li>Alcohol &amp; Drug Helpline (ADHL)</li> <li>Meth Helpline</li> <li>Screening &amp; Brief Intervention in Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>Train the trainer</li> <li>Whānau Support Group</li> <li>Pou Whānau Connectors</li> <li>Detox beds</li> <li>Employment support</li> <li>Methamphetamine AOD practitioners</li> </ul>	<ul style="list-style-type: none"> <li>Progress report</li> <li>Workforce development</li> <li>Systems for recording and reporting data</li> <li>Process evaluation</li> </ul>
REDUCED SUPPLY OF AND DEMAND FOR METHAMPHETAMINE USE IN THE NORTHLAND REGION							
Outcome	Successful Implementation of Te Ara Oranga	Reduction in supply and community harm	Provision of community initiatives reflects community voices	Previously unengaged consumers receive and participate in services from the Te Ara Oranga programme	Initial evaluation, learnings and recommendation		



# THE FIVE STREAMS OF TE ARA ORANGA

The past is shown in the model below, where agencies and the community operated independently. The present shows the five streams of Te Ara Oranga operating as connected cogs with the community at the heart of integrated services, and key benefits arising as a result.





## 1.0 Establish Governance and Implement Te Ara Oranga via Intersectoral Collaboration

A significant factor in ensuring the success of Te Ara Oranga has been the strong networks and positive, collaborative working relationships between police, healthcare and social services. Strong relationships were formed at the outset with the community through to governance, across all sectors involved.



What did we do?	Who did it?	How did we do it?	How much did we do?
Established and implemented Te Ara Oranga throughout multi agency intersectoral collaboration	Northland DHB Police Manaia Health PHO Ngāti Hine Health Trust Odyssey House The Salvation Army Rubicon (to Apr 2017)	Te Ara Oranga Project Board established with representatives from Police and Northland DHB	• Five Project Board meetings held between Mar 2017 & Mar 2018
		Te Ara Oranga Intersectoral Steering Group established with representatives from Police, Northland DHB, Manaia Health PHO, NGOs and Consumers	• 37 Steering Group meetings held between Mar 2017 & Mar 2018
		Consultation with Kaunihera group (Māori elders) and consumers with lived experience of mental health and addiction services to inform model of care	• Three meetings held with Northland DHB Māori Directorate
Established Northland Police Meth Harm Reduction Team (MHRT)	Police	Collaborative approach to recruitment, including an interview panel with Northland DHB input to select staff who were the right fit for working with the community and other agencies	• 8.0 FTE appointed and operational from Oct-17

### Is anyone better off?

*The partnership with police has provided a good example of how we can both complement each other to improve pathways into treatment and co-ordinate activity to ensure that treatment services are both flexible and responsive with the shared goal of reducing harm caused by methamphetamine.*

**Ian McKenzie, General Manager – Mental Health & Addiction Services, Northland DHB**

*...inspires me to believe that we can change the negative view that often our leaders and communities portray of Northland and that the country has of Northland. Te Ara Oranga is ... about influencing and inspiring our communities to take charge of whatever their issue is. The model developed around Te Ara Oranga of connection to our communities is what makes the difference...I am very proud of our involvement together in getting to this place.*

**Superintendent Russell Le Prou, Northland District Commander, New Zealand Police**



## 2.0 Police: Prevention First and Reducing Harm in the Community

The Police Meth Harm Reduction Team takes an innovative approach to reducing the demand for methamphetamine. The main focus is on Prevention, rather than Enforcement. The team do this by visiting users before they become involved in the Court process. The aim is to identify users and assist them to access and engage with treatment.

Where Prosecution is the right response for suppliers and some users, the team ensure assessments for treatment are completed, and support applications for treatment programmes rather than incarceration.

**Refer Appendix 2 for Police Case Studies**

### 2.1 Prevention First (NZ Police National Operating Strategy)



What did we do?	Who did it?	How did we do it?	How much did we do?
<b>Considered Police enforcement to break methamphetamine supply chains</b>	<b>Police</b>	Intelligence led approach – using a combination of proven, evidence based tactics and developing innovative tactics	<ul style="list-style-type: none"> <li>• 30 search warrants executed</li> <li>• 35 arrests, of which seven consented to treatment referral</li> <li>• 21 firearms seized</li> <li>• Eight people charged with methamphetamine dealing offences</li> </ul>
<b>Monitored bail to offer alternatives to remand incarceration</b>	<b>Police</b>	Performed bail checks and implemented drug testing of bailees with abstinence conditions from Mar 2018	<ul style="list-style-type: none"> <li>• 14 tests complete</li> <li>• 11 positive results</li> <li>• 8 arrests for breach of bail</li> </ul>

### Is anyone better off?

*[Our CEO] was really appreciative of the warrants that you guys did at the end of last year. It was a Godsend to our Community. It gave them a shakeup. The people at those addresses were thinking they were untouchable, cocky, and so open with the meth. It had been normalised. It is usual to see people smoke cannabis around here, but there would be five plus sitting outside smoking a pipe! Then you would see 8–10 year olds copying/ imitating this behaviour with glass things. They had been desensitised.*

*After you guys come in then it is our part, to come in and say “see – it is not okay”, offer support to the partners, and do the follow up.*

**Community Trust feedback after search warrants in high deprivation Whangarei suburb**

## 2.2 Harm Reduction



What did we do?	Who did it?	How did we do it?	How much did we do?
Harm Reduction	Police	Identify methamphetamine users and their families and assisted them to access and engage with treatment	<ul style="list-style-type: none"> <li>78 user referrals to treatment</li> <li>50 percent not known to Northland DHB Mental Health and Addiction Services</li> </ul>
		Reduced family harm by referral of whānau members and associates to appropriate agencies and support groups via established multi-agency family harm table	<ul style="list-style-type: none"> <li>9 Reports of Concern completed for 26 children</li> <li>2 referrals to Family Harm table</li> <li>Referral to other social service (including youth) agencies as appropriate</li> <li>Methamphetamine Whānau Support Group referrals</li> </ul>
Built community trust and confidence (Our Business)	Police	Promoted the holistic delivery of Te Ara Oranga	<ul style="list-style-type: none"> <li>Partnering with Northland DHB and community at public events and social service agency meetings</li> </ul>
		Targeted community communications	<ul style="list-style-type: none"> <li>Distribution to hapu of promotional material to access services “we’ve been in your neighbourhood”</li> <li>Electronic, face-to-face and social media communication outlining the holistic role of Police and partners in Te Ara Oranga and introducing the Meth Harm Reduction Team</li> </ul>

### Is anyone better off?

*I didn't realise how much it consumed me and how much time it took away from the kids. I know when we first met it didn't show in my attitude but I seriously appreciate what you have done for me. It's the best thing that happened to me. Like seriously, thank you guys. Thank you. You have really changed my life.*

**Methamphetamine user attending Day Treatment Programme while on home detention**

*I have dealt with this alone for two years now, so your help has been a lifeline for me more than words can explain. Thank you for pointing me in the right direction.*

**Methamphetamine user referred to treatment, partner currently on waiting list for residential treatment**

*This is fantastic, something we've been asking the Police for, for a long time. Look forward to working with you, we see all sorts in this job as I'm sure you know.*

**Property Manager response to Meth Harm Reduction Team introduction**



## 3.0 Support Communities: Community & Whānau Resources

Early in the Te Ara Oranga project, Northland DHB Mental Health and Addiction Service leaders met with the Kaunihera kaumātua (led by kaumātua Rob Sarich who sadly passed away in May 2017) to explain the vision of the project.

This meeting set the platform for the project. The Kaunihera kaumātua provided encouragement, support and the mandate for the work. They suggested hui be held in the community as an opportunity for whānau to have a voice. Community and Whānau project manager Pam Armstrong established a co-design approach and community engagement to determine the tools and supports required.

Te Ara Oranga takes a social marketing philosophy of supporting the influencers of the addicted user (including whānau, hapu, community, and respected community groups). This is combined in a framework to reduce demand – typical in counter-marketing. The approach considers the five dimensions of the illegal ‘market’: product, place, people, price and promotion. This has informed social media and other communications, which have been developed to promote and improve health literacy on the effects of methamphetamine use.<sup>3</sup>

**Refer Appendix 3 for Community & Whānau Resource examples**



What did we do?	Who did it?	How did we do it?	How much did we do?
Engaged Northland communities in the development of Te Ara Oranga	Northland DHB Police Manaia Health PHO Hokianga Health Otangarei Trust Ngapuhi Te Ha Oranga Hauora Whanui Hauora Te Hiku Ngāti Hine Health Trust Whakawhiti Ora Pai Whangaroa Health Trust	Held community hui across Northland to engage communities in the development of Te Ara Oranga models of care and resources	<ul style="list-style-type: none"> <li>• 5 community hui held in 5 locations with over 500 participants</li> <li>• 5 resource kete community handover sessions, using the Dynamics of Whanaungatanga – a wellness model, held in five locations with over 600 participants</li> </ul>
		Whānau asked for Māori models of practice	
Produced Te Ara Oranga resources	Northland DHB Police Community champions	Established community reference group following the hui who were consulted throughout the development of whānau resources	<ul style="list-style-type: none"> <li>• 21 community and NGO members</li> <li>• 6 meetings</li> </ul>
		Developed and produced a range of Te Ara Oranga resources across various media formats	<ul style="list-style-type: none"> <li>• Waiata and music video ‘Let’s Make a Change’</li> <li>• Dedicated website</li> <li>• 9 ‘Meth Free’ billboards gifted across Northland</li> <li>• 6,000 Meth Cycle magnets</li> </ul>

<sup>3</sup> Source: Peer Review Dr Darren Walton.



What did we do?	Who did it?	How did we do it?	How much did we do?
	Northland DHB Police Manaia Health PHO NGOs Community champions	Worked with over 40 community champions to film a range of Te Ara Oranga videos for social media distribution	<ul style="list-style-type: none"> <li>• 5 educational videos</li> <li>• 55 one-minute Tips for Change and Helpful Hint videos for social media distribution</li> </ul>
Established Social Media presence for Te Ara Oranga	Northland DHB Police Liked Media	Provided social media training and developed a scheduling programme	<ul style="list-style-type: none"> <li>• 12 month social media scheduling delivered by Northland DHB and six NGOs</li> </ul>
Followed up with Social Media community education	Northland DHB Police Hokianga Health Te Ha Oranga Hauora Te Hiku Hauora Whanui Whakawhiti Ora Pai	Each organisation scheduled more than 14 posts a month	<ul style="list-style-type: none"> <li>• Northland DHB reached 73,505 people, with posts viewed 22,944 times</li> <li>• Let's Make a Change music video reached 78,868 people and was shared by 663 people</li> </ul>
Developed and delivered community methamphetamine education	Northland DHB	Appointed 1.0 FTE Methamphetamine Educator to develop and deliver community methamphetamine education	<ul style="list-style-type: none"> <li>• 3 programmes developed</li> <li>• 15 education sessions delivered to 190 health and social service professionals</li> </ul>
Facilitated a support network for whānau and friends of methamphetamine users	Northland DHB	Established Methamphetamine Whānau Support Groups	<ul style="list-style-type: none"> <li>• 4 Whānau support groups in four locations across Northland</li> </ul>

## Is anyone better off?

*One individual spoke of his desperation that his sons were involved with Meth – he was desperate to help them but didn't know how. He spoke of the support he has gained from coming along to the hui, from the advice given and the non-judgemental support he has been shown. He stated that knowledge for him was power, and he feels better equipped to deal with his children.*

### **Feedback received by Mid North Pou Whānau Connector**

*...feeling confident that communities can make a big difference with this kaupapa. It's amazing seeing these Kaumātua and Kuia empowered.*

### **Kaipara Te Ara Oranga community hui participant**

*...the kuia explained 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; calling the Police and putting safety measures in place to protect her from her grandson have been one step, another is the grandmother has joined a kuia group in Kaitaia 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.*

### **Kaitaia community hui participant regarding independent Kuia support group established in Kaitaia**



## 4.0 Provide Better Routes Into Treatment

The majority of people who access drug treatment programmes do so 7–10 years into the development of their problem. An aim of Te Ara Oranga was to intervene earlier in the trajectory of drug problem development to reduce harm to the user and to their children/whānau and community.

Key to early intervention was identifying users from non-traditional sources through Police referral pathways, the Whangarei Hospital Emergency Department and Primary Health Screening and Brief Intervention. Resources were put in place to respond to referrals within 48 hours, reducing wait time for treatment to ensure the window of opportunity for intervention was not missed.

The range of services offered was extended to include whānau support groups, one-day brief intervention programmes, Pou Whānau Connectors, education and employment support.

**Refer Appendix 4 for additional information**

### 4.1 Screening and Brief Intervention



What did we do?	Who did it?	How did we do it?	How much did we do?
<b>Supported Methamphetamine screening in Northland General Practices</b>	<b>Manaia Health PHO</b>	Developed a Methamphetamine Screening and Brief Intervention Tool for General Practices	<ul style="list-style-type: none"> <li>40 practices have access to screening tool</li> <li>20 practices are using screening tool</li> <li>37 patients screened and provided with a brief intervention or referral to treatment</li> </ul>
<b>Established Health Screening, Brief Intervention &amp; Referral to Treatment (SBIRT)</b>	<b>Northland DHB Police</b>	Established Rataora Screening, Brief Intervention & Referral to Treatment (SBIRT) Pilot for methamphetamine, alcohol and other drugs	<ul style="list-style-type: none"> <li>One-week screening pilot at Whangarei Hospital Emergency Department in Jun 2017</li> <li>350 people screened</li> <li>3 referrals to treatment</li> </ul>
	<b>Northland DHB</b>	Developed a Methamphetamine Screening and Brief Intervention Tool for General Practices	<ul style="list-style-type: none"> <li>One-week screening pilot at Whangarei Police custody suite</li> <li>15 persons screened</li> <li>5 referrals to treatment</li> </ul>
	<b>Northland DHB Police</b>	Established Whangarei Hospital Emergency Department SBIRT (operational from Jan 2018) <ul style="list-style-type: none"> <li>Appointed 1.0 FTE SBIRT Practitioner</li> <li>Contracted seven University of Auckland Medical students</li> </ul>	<ul style="list-style-type: none"> <li>890 people screened</li> <li>24 positive screens</li> <li>14 referrals for treatment</li> </ul>



What did we do?	Who did it?	How did we do it?	How much did we do?
<b>Health Screening, Brief Intervention &amp; Referral to Treatment (SBIRT)</b>	<b>Northland DHB</b>	Establish Memorandums of Understanding (MoU) to track referrals with AoD phone providers	Two MoU signed: <ul style="list-style-type: none"> <li>• Alcohol Drug Helpline</li> <li>• Meth Help Phone Counselling</li> </ul>
	<b>The Salvation Army Odyssey House Ngāti Hine Health Trust</b>	Delivered one-day Choice Brief Intervention programmes	<ul style="list-style-type: none"> <li>• 3 NGOs delivered 19 programmes in 5 locations</li> <li>• 193 people booked</li> <li>• 114 attended</li> <li>• 91 attendees indicating behaviour change regarding their methamphetamine use (80 percent)</li> </ul>

## Is anyone better off?

*I will never forget the first time I had a korero with a young man who was heavily addicted to meth. We screen down a list so he was a few people away but every time I walked past his room his eyes caught mine in a way that said "Please talk to me". He told me everything, and asked for help.*

*...As a student studying to become a doctor my main purpose is to help people. I struggle every day seeing the harm drugs and alcohol has caused to our whānau and I am so privileged that I have the potential to empower my community to make a change.*

### **University of Auckland Medical Student involved in Emergency Department SBIRT**

*A client who initially did the Choice programme indicated he wanted further exposure to treatment. He was referred to The Salvation Army Bridge programme. This client is now taking his physical health very seriously, to the extent that he's now playing Northland representative level sport.*

### **NGO Pou Whānau Connector Client success story**



## 4.2 Treatment



What did we do?	Who did it?	How did we do it?	How much did we do?
<b>Planned to increase Dargaville Detox Unit capacity by two beds</b>	<b>Northland DHB</b>	The Dargaville Detox Unit capacity is five beds. The increase of two beds under Te Ara Oranga in year one, and possible increase to four beds if funded in year two, required expansion into the Maternity ward.  This expansion necessitated community and clinical consultation resulting in agreement for relocation of the antenatal clinic and waiting room. There have been delays in gaining Council permits for the detox expansion, due to fire regulations. Construction work is expected to be complete by September 2018, when the beds will open.	
<b>Established new Addictions Specialist Senior Medical Role</b>	<b>Northland DHB</b>	Advertising to recruit one full time Addictions Specialist began in June 2017. Recruitment efforts are ongoing, however this is a specialised area and there have been no suitable applicants	
<b>Established FTE to support community access and entry to treatment</b>	<b>The Salvation Army Odyssey House Ngāti Hine Health Trust</b>	Appointed 4.0 FTE Pou Whānau Connectors across Northland to provide assertive outreach and speedy engagement	<ul style="list-style-type: none"> <li>• Pou Whānau caseload of 236 clients across Northland</li> </ul>
<b>Supplemented existing AoD Clinician Resource with Meth-specific Practitioners</b>	<b>Northland DHB</b>	Appointed 4.0 FTE Methamphetamine Focus AoD Practitioners to support the delivery of a timely and responsive service for methamphetamine referrals	<ul style="list-style-type: none"> <li>• 308 Te Ara Oranga Cases</li> <li>• 188 known to service (61 percent)</li> <li>• 120 not known to service (39 percent)</li> </ul>
<b>Strengthened AoD Competencies by Providing Expert Professional Development</b>	<b>Northland DHB</b>	Engaged subject experts to deliver specialist methamphetamine education programmes for staff to increase capability and expertise	<ul style="list-style-type: none"> <li>• 2 external providers delivered 2 training programmes over 6 days</li> <li>• Available to Northland DHB, Police and NGO st</li> </ul>
<b>Established Employment Works Employment Support Programme (Kaipara)</b>	<b>Northland DHB</b>	<ul style="list-style-type: none"> <li>• Engaged Work Counts to develop evidence based employment support service</li> <li>• Appointed 2.8 FTE Employment Specialists with strong connections in the Kaipara community</li> </ul>	<ul style="list-style-type: none"> <li>• 67 referrals</li> <li>• 26 into new employment</li> <li>• 4 helped keep employment</li> <li>• 8 into vocational training</li> </ul>

### Is anyone better off?

*We never used to do this sort of thing, go the park with kids, go to the beach – just have fun. It was all about the meth – we were just always tired and arguing about whose turn it was to get up.*

#### **The Salvation Army client and former methamphetamine user**

*I was so grateful to get paid, it meant I could fix my water tank.  
We are now praying for rain.*

#### **Employment Works client who has successfully gained employment**



## 5.0 Information & Evaluation

The Ministry of Health 'Amphetamine Use 2014/15: New Zealand Health Survey' reports 0.9 percent of adults used amphetamines in the past year, with Māori 1.8 times more likely to have used amphetamine than non-Māori.

Wastewater analysis has enabled accurate drug use comparison with countries that use the same scientific method, which is beneficial for differentiating actual from perceived problems. Wastewater screening results indicate Whangarei has a significantly higher than average incidence of methamphetamine use compared with other New Zealand locations, and European nations. Results indicate that two in every 100 people used methamphetamine each week in Whangarei.

**Refer Appendix 5 for wastewater screening detail and analysis**



What did we do?	Who did it?	How did we do it?	How much did we do?
Established screening activities to determine incidence of Methamphetamine use by Whangarei population	Police	Screened Whangarei wastewater to establish baseline methamphetamine levels	Wastewater samples taken seven days per month for nine months <ul style="list-style-type: none"> <li>Whangarei levels twice those of Auckland and 3–4 times those of Christchurch</li> <li>Whangarei estimated illegal revenue from methamphetamine sales of \$14m per year</li> <li>Use in Whangarei higher than other nations (excluding Australia)</li> </ul>

### Is anyone better off?

*The results indicate a high incidence of methamphetamine in the Whangarei wastewater and confirm the commitment to the Te Ara Oranga partnership between Northland DHB and Police to reduce methamphetamine demand*

**Superintendent Russell Le Prou, Northland District Commander,  
New Zealand Police**



## Appendix 1: Let's Make a Change

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 in 2017 as the theme song for Te Ara Oranga.

The He Waka Eke Noa / Let's Make a Change CD was launched at the Kuia / Kaumātua Matariki Ball in Dargaville on June 24 2017. 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.

As a part of the Te Ara Oranga community & whānau resources project, the team worked with community to produce a music video for 'Let's Make a Change' as part of a kete of resources given back to each town involved in meth reduction hui.

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.

The music video works as an effective communications tool for meth reduction because it's a thread across visual, written and oral mediums and is useful background to radio adverts.

**You can watch the Let's Make a Change music video at this link.**

<https://www.youtube.com/watch?v=BEK1cun82r4>



## Appendix 2: Police: Prevention First and Reducing Harm in the Community

### Police: Prevention First (NZ Police National Operating Strategy)

#### High Deprivation Whangarei Suburb Arrests

Search warrants were executed in December 2017 at addresses in a suburb with high social needs as a result of information from the community and informants regarding meth dealing from the addresses.

Only a small amount of meth was located on one of the occupants. One firearm was located in the ceiling of one house and three firearms were located at a second address.

CCTV Cameras were set up between the properties and made operational.

Police located a large whiteboard in one of the bedrooms with the groups' tactical plan for dealing meth. The board included instructions for sellers to regularly change phones, use radars, scanners, hidden compartments, reloading and instructions for carrying meth in vehicles and routes to avoid detection. There was a level of sophistication in planning and avoiding detection for a mid-level supplier which showed how adaptive they were to avoid coming to the attention of the authorities.

The targeted dealer was not arrested on that day for any offences, however didn't attend work later that day and was arrested the next day for Breach of Community Work and sentenced to 1 month imprisonment.

Upon this individual's release Police were called to two domestic incidents and he was subsequently arrested for Male Assaults Female and Wilful Damage. The Meth Harm Reduction Team completed further enquiries on his phone and while still in custody he was charged with Offers to Supply Meth x 2.

His partner was visited by Meth Harm Reduction Team and engaged well. She admitted previously using meth and signed a referral for advice about treatment.

The dealer pleaded guilty to the Offers to Supply Meth and Assault Charges. He was due for sentencing on 18 May for the meth dealing charges.



## Appendix 2: Police: Prevention First and Reducing Harm in the Community

### Northland Rural Community Warrants – Mr A

The Meth Harm Reduction Team assisted Organised Crime with executing a search warrant in a small rural Northland community in April 2018. Information had been received that some of the occupants were involved in the manufacture and distribution of methamphetamine.

The Meth Harm Reduction Team assisted with a view to making a connection with the family and referring the users to treatment, offering support and establishing any concerns for children. Thirteen people were present at the time the warrant was executed, including five children.

Equipment involved in the manufacture of methamphetamine was located in a shed on the property, resulting in Mr A being arrested for manufacturing methamphetamine. The parents of Mr A were aware that their son was a heavy methamphetamine user and unsure or unable to help him to stop using.

All adults present were spoken to about their meth use, and/or the meth use by other occupants. These conversations resulted in three referrals for treatment.

Mr A in particular advised a member of the Meth Harm Reduction Team that he took meth daily before he could function and get out of bed. He claimed by the end of the day he would be nauseous and his back would start hurting.

Neither Mr A nor his parents were familiar with the Prosecution process, Court or Prison procedures. A point of contact was established with the Meth Harm Reduction Team to assist in providing information to Mr A's parents.

This approach highlighted the benefits of the Meth Harm Reduction Team being present at the search warrant to talk to occupants about the referral process and help facilitate the start of treatment or assessments.

Mr A has been remanded in custody and is completing an assessment for a Residential treatment programme. Mr A's parents and sister have engaged with an AoD Clinician and have attended a Whānau Support Group.

An associate of Mr A was spoken to at the address and admitted a long history of drug abuse. She has been assessed, and wishes to undergo rehabilitation.

On the same day, Police executed a search warrant at a related address. A further referral was obtained for a 31-year old female who wants help to get off meth.

The female had been selling methamphetamine to pay for her own meth use. She pleaded guilty at her second appearance for 15 charges of selling methamphetamine. She has been assessed for suitability for residential treatment.

## Appendix 2: Police: Prevention First and Reducing Harm in the Community

### Harm Reduction

#### Case Study – Mr B

Background: In 2016, Mr B returned to New Zealand from overseas after he was unable to continue working following meth induced psychosis. Mr B was paid out a large sum of money for Work Insurance as he was no longer fit to work.

Mr B was arrested in early 2017 after two violent assaults which were fuelled by his meth use and mental health issues. He was subsequently convicted and received a term of Home Detention to his parents' address.

Mr B was identified to the Meth Harm Reduction Team as a person of interest after several small imports of methamphetamine to his address were intercepted. At the same time anonymous information was received by Police regarding concerns for Mr B's behaviour.

The Meth Harm Reduction Team identified that there was real risk to the community, his family and himself without fast intervention.

Mr B was arrested in October 2017 after Police executed a search warrant at his parents' address. Several grams of meth were located, as well as evidence supporting his importing of meth.

Meth Harm Reduction Team staff liaised with a number of family members throughout the arrest and prosecution stage.

Mr B's sister was established as a point of contact. She considered allowing Mr B to be released to her address on bail. She was concerned for B's mental state and heavy meth use. She had warned their parents about Mr B's meth addiction but his mother did not believe he was addicted until after his arrest and being faced with the evidence of his imports and possession.

Mr B's ex partners with whom he has children were contacted to offer support and as potential meth referrals but self-reported to be non-users and declined further assistance.

Liaison continued with Mr B's Probation Officer, Prosecution Section and an inpatient AoD residential service. This resulted in Mr B being bailed with an electronic monitoring device to the inpatient AoD residential service in late 2017.

Mr B has continued to engage in treatment for six months at the inpatient AoD residential service. He is due to be sentenced later this year.

Staff agree that Residential Treatment is the right place for Mr B rather than being imprisoned. The burden of his mental state and drug addiction has been lifted from his parents and ex partners, with him now receiving appropriate professional care.



## Appendix 2: Police: Prevention First and Reducing Harm in the Community

### Case Study – Ms C

Ms C was identified by the Meth Harm Reduction Team Intel Analyst with opportunities to make headway with breaking the cycle of drug addiction and criminal offending within a difficult family.

Ms C's partner has strong family gang connections, with a lengthy criminal history. He was imprisoned in 2017 for multiple charges relating to dealing methamphetamine. Ms C was left with the care of her partner's children, one of whom had active Youth Aid matters.

In late 2017 The Meth Harm Reduction Team completed further enquiries on Ms C's phone and subsequently executed a search warrant. It was apparent Ms C was using and selling methamphetamine, carrying on from what her partner had been doing.

Ms C was charged with offering to supply methamphetamine. Following the search warrant Reports of Concern were completed for the children, liaison was started with Youth Aid and the family were referred to the Family Harm Table.

Ms C was originally very anti police. She was visited by a member of the Meth Harm Reduction Team periodically. In late 2017 she signed a referral for treatment. When visited in early 2018 Ms C appeared to be still using meth. She pled guilty to the charges and was sentenced to 6 months home detention.

Ms C was recently visited by a member of the Meth Harm Reduction Team to check on her progress. She is currently on The Salvation Army programme. She said she is really enjoying it and feels like the group is a second family. She intends to then enrol in the Odyssey Treatment programme.

"I didn't realise how much it consumed me and how much time it took away from the kids."

"I know when we first met it didn't show in my attitude but I seriously appreciate what you have done for me. It's the best thing what happened to me. Like seriously, thank you guys. Thank you. You have really changed my life."

"I'm really undecided what to do in the future. It's going to be really hard for me. I know that, but I'm starting to think ahead now."

"I really want to do something working with kids one day. I'm looking forward to getting back into exercise when I get my bracelet off. It's something I used to do a lot of and I want to start doing things like that again."

Ms C stated she has previously relapsed but dealt with this as a setback and carried on with treatment.

# Appendix 3: Support Communities: Community & Whānau Resources

## Support Communities: Community & Whānau Resources

### Te Ara Oranga Evaluation Presentation

**YouTube** *Te Ara Oranga Evaluation Presentation*  
 - Northland DHB YouTube  
<https://youtu.be/PXg8dtXn2oQ>

### 'Meth Free' Billboards

Nine billboards promoting the 'Meth Free' message were gifted and placed across Northland. All the billboards were placed in prominent areas and none of them have graffiti.

### Meth Cycle Fridge Magnets

Whānau/families asked for advice about the best time during the cycle of methamphetamine abuse to connect with that person. The binge-abuse cycle is made up of seven stages: rush, high, binge, tweaking, crash, normal, and withdrawal.

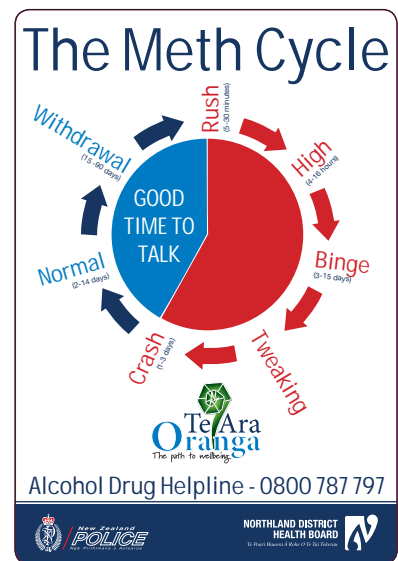
Fridge magnets illustrating the Meth Cycle were produced and distributed.

There has been high demand for magnets – an initial run of 1,000 units was funded by Northland DHB, a further 5,000 units funded by NZ Police.

The magnets were distributed to various organisations throughout Northland.

### Wallet Cards

Used at community events such as Waitangi Day. Also used by NZ Police when visiting households in the community – 10,000 have been distributed.



**Whānau Support Group**

The Whānau Support Group is an opportunity for whānau of someone who uses meth to come together to gain a better understanding of what is happening to their whānau. Talking about your experiences with people who are in a similar situation can be helpful and you will be able to explore different ways of coping with your situation.

It is a two hour weekly session that offers support, information and most importantly, hope, that things can get better.

Contact your local AOD service or Pou Whānau Connector for the details of the next session.

**crimestoppers**  
 speak up, it's anonymous

If you are in immediate danger Phone: 111  
 For Help Call Alcohol Drug Helpline 0800 787 797  
 Meth Help for Phone Counselling Hours 9am to 5pm - 0800 638 44357

**Te Ara Oranga**  
 The path to wellbeing

Do you or your whānau want support to reduce the harm from methamphetamine or other drug use?

**Contact us today**  
 'Let's Make a Change'

**The Meth Cycle of Abuse**

Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. The binge abuse cycle is made up of seven stages: rush, high, binge, tweaking, crash, normal, and withdrawal. **THERE IS NO "REVERSE" IN THIS CYCLE.**

If you can't talk with someone close, you can call the **Alcohol Drug Helpline on 0800 787 797**. 24 hours a day for free confidential information.

If you are concerned for the immediate safety of yourself or your whānau, pick up the phone and call the police (111).

**Meth Help for Phone Counselling - Hours 9am to 5pm - 0800 638 44357**

**Alcohol Drug Helpline on 0800 787 797**

**Choice Workshops**

**For North - Pou Whānau & Choice Programme**  
 The Salvation Army (09) 408 1078  
**Mid North - Pou Whānau & Choice Programme**  
 Ngāi Tahu Health Trust (0800) 737 573  
**Whangarei & Kaipara Pou Whānau & Choice Programme**  
 Odyssey House (09) 962 8054  
**Bream Bay - Choice Programme**  
 The Salvation Army (09) 430 7000  
**Far North - AOD Treatment**  
 Northland DHB (09) 409 8187  
**Mid North - AOD Treatment**  
 Northland DHB - Mid North - Kerikeri/Kāhake (0800) 22 21 49  
**Kaipara - AOD Treatment**  
 Northland DHB - Kaipara District (09) 439 3339 ext 6701 (0800) 223 371  
**Whangarei - AOD Treatment**  
 Northland DHB - Whangarei (09) 430 4101 ext 2537 (0800) 223 371



## Appendix 4: Provide Better Routes Into Treatment

### Screening and Brief Intervention

#### Emergency Department Screening and Brief Intervention Feedback

*[screener] is playing a vital role in the 3P's (Partnership, Protection & Participation) to catch patients front line and raise awareness of what services are available. I've seen a couple of successful cases where there has been elder abuse and the person was having huge problems with a family member because of 'P'.*

*People think that there is no help and she has been able to make family members aware of the services and support groups that are available. [screener] has planted the seed and they have gone away and thought about it. Then someone completes a home visit and things have changed, these are the successes. It's about providing education on what is available*

##### **Emergency Department Social Worker**

*I think the screening is fantastic, it's offering people options of help because people may not know where to go, or who to contact for help and that's why this role is like gold. You are going to get people who have never disclosed anything previously and are in a vulnerable state - there is someone there and then to take the details, support and advise them, this is what I'm going to do and then it's up to you what you do from here. It gives them options. If you can't give them options you are never going to be able to help them.*

##### **Emergency Department Clinical Nurse Manager**

*There was a particular patient who wanted detox and drug related information, they approached one of the screeners for support, he basically took over and was able to provide support there and then and that was an awesome resource*

##### **Emergency Department Registered Nurse**

*This is an area where we as students are empowered to make a difference to people's health outcomes, simply by getting involved and linking them up with the right services. It is amazing how a few minutes spent talking to a patient can result in a life-changing decision for them, which will improve their health dramatically.*

##### **University of Auckland Medical Student**

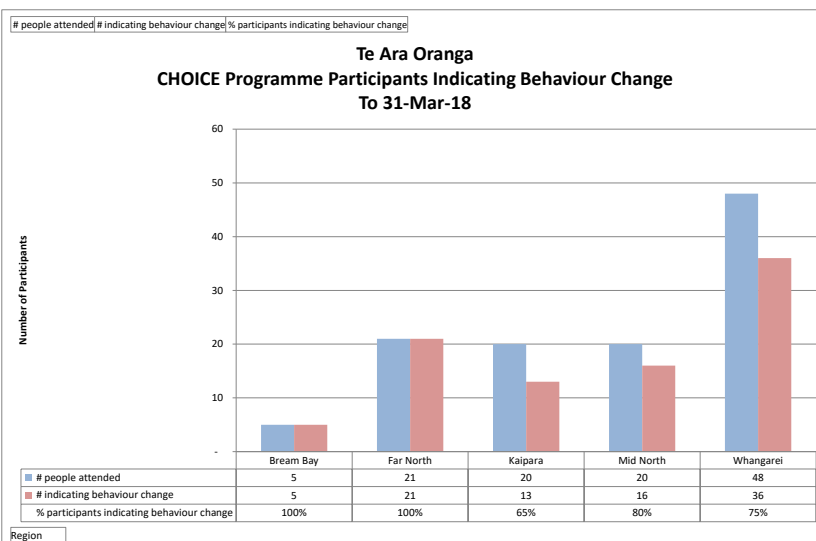
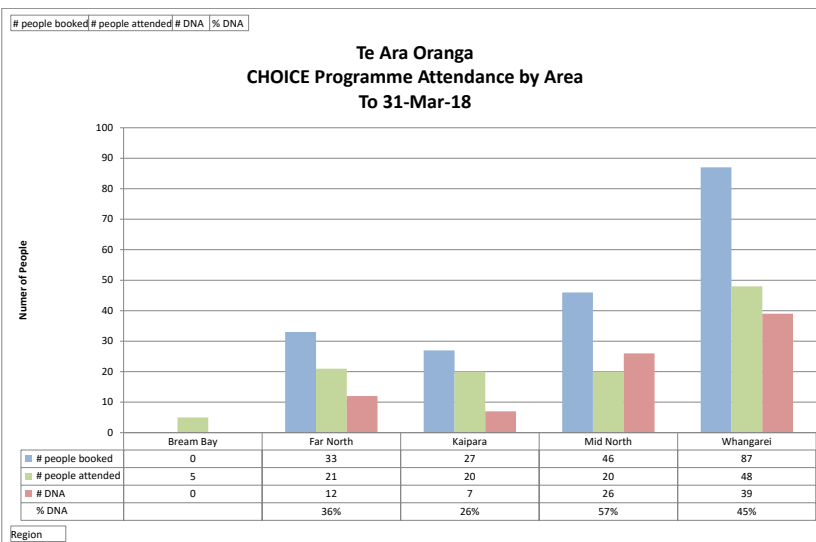
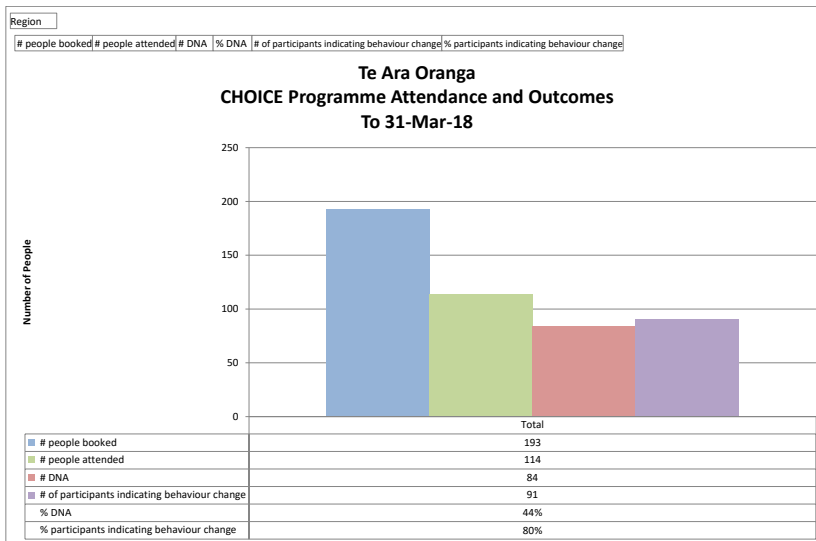
*There have been fantastic outcomes which reiterate the value of the screening by providing the community with knowledge of what services and support are available.*

##### **Mental Health and Addictions Service Psychologist**



# Appendix 4: Provide Better Routes into Treatment

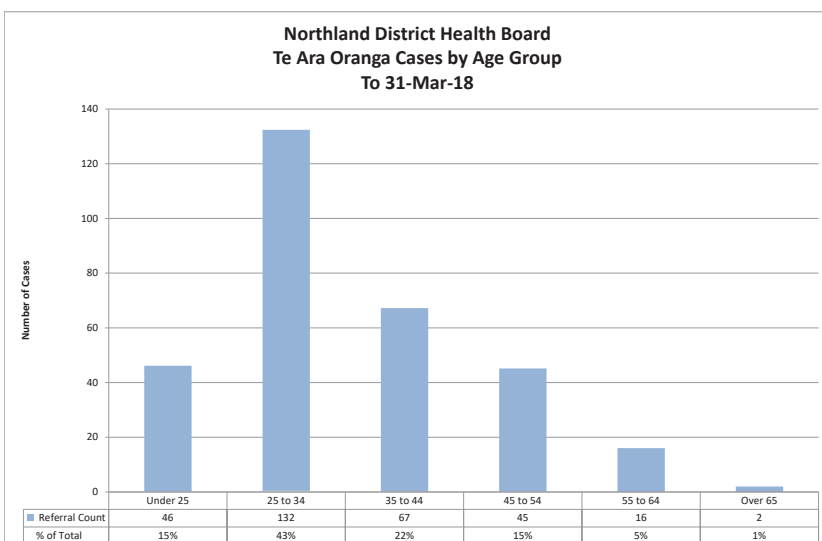
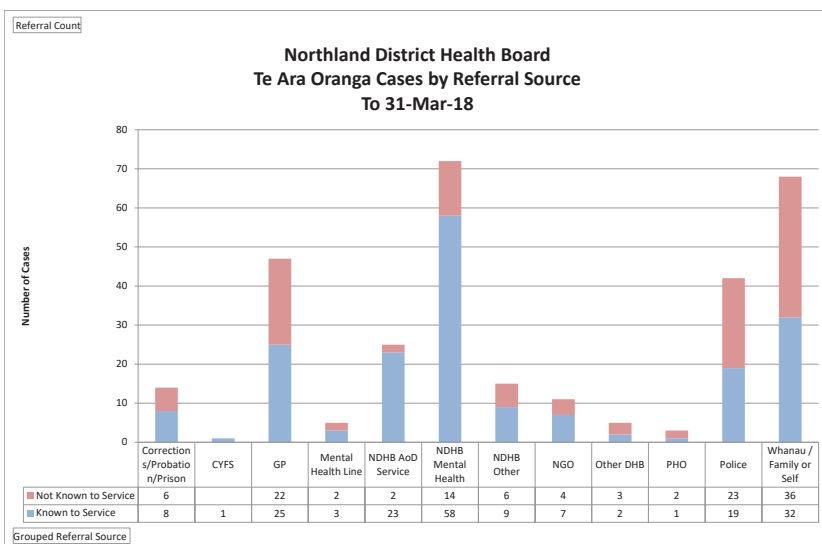
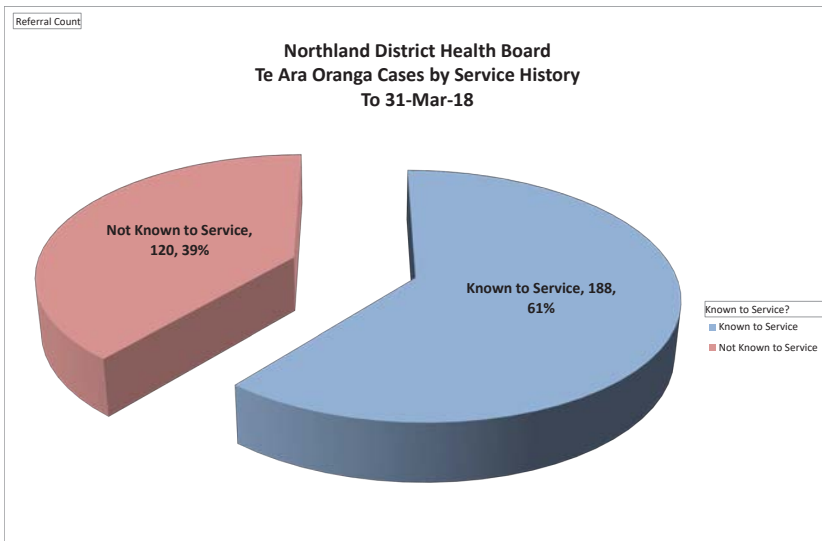
## Choice Programme



# Appendix 4: Provide Better Routes into Treatment

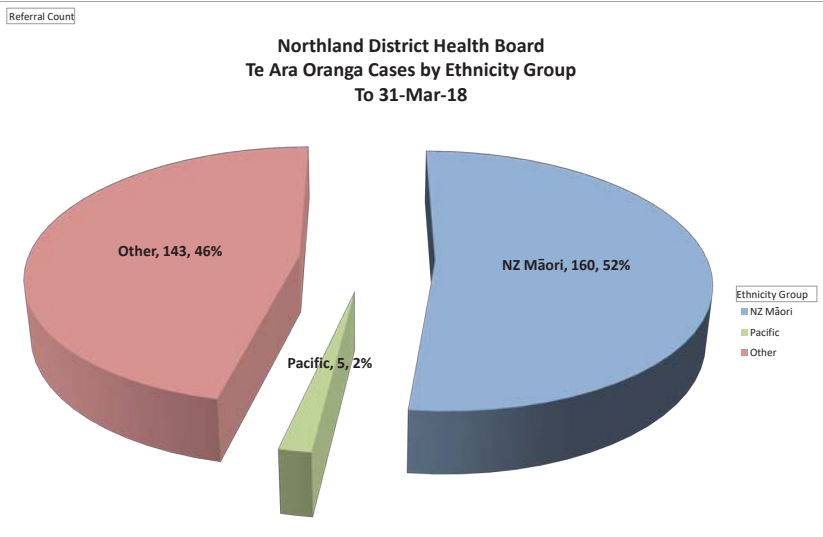
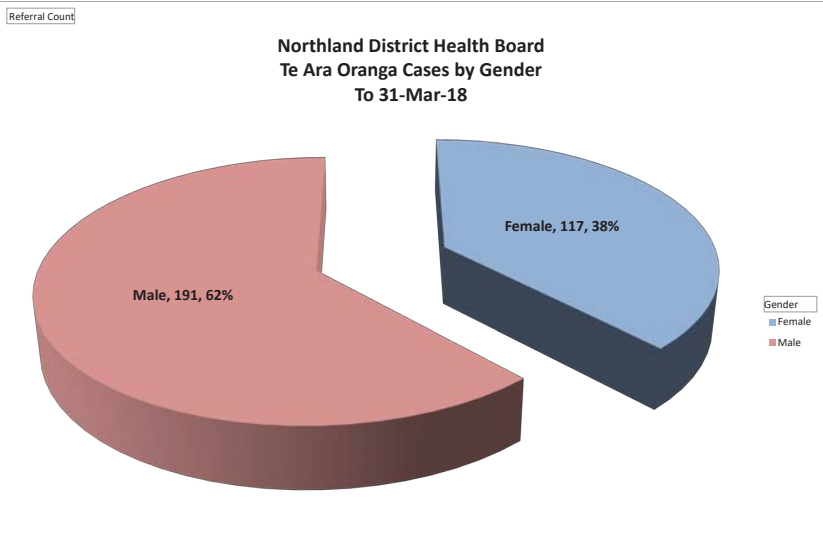
## Treatment

### Northland District Health Board Te Ara Oranga Cases to March 2018



# Appendix 4: Provide Better Routes into Treatment

## Northland District Health Board Te Ara Oranga Cases to March 2018



## Appendix 4: Provide Better Routes into Treatment

### Case Study – Wiremu (courtesy of Radio New Zealand)

In a sunlit Whangarei park, Wiremu watches his two little girls, dressed in pink, clamber up the slide.

Last March he lost them to foster care when someone complained they weren't being looked after. They were right. Wiremu had already lost his job and his house.

"I was on a benefit and I was spending \$200 a week on meth. I used to lie about having food in the house for the kids."

After 15 years on meth, the house of cards finally came crashing down. Wiremu's hands shake a little as he lights a cigarette.

"It's the worst feeling in the world – having your kids snatched from your arms. I never felt so hurt and alone."

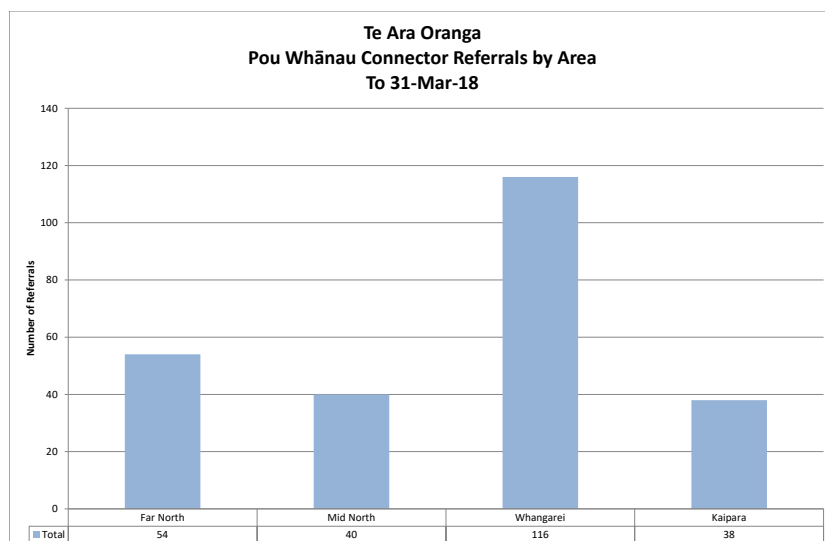
Losing the kids and then the death of his mum prompted him to go to The Salvation Army for help. The move saved his life, he reckons. "It was hard to quit: I had the shakes, I had the spews, woke up 50 times a night but I got off it. We got the kids back just before Christmas and I couldn't be happier."

His 2-year-old clutches at his knee. Dad will come and play in a minute, he says.

"We never used to do this sort of thing, go the park with kids, go to the beach – just have fun. It was all about the meth – we were just always tired and arguing about whose turn it was to get up."

Wiremu and his wife have jobs again and they're living with the children in emergency housing. Starting from scratch at 35.

### NGO Pou Whānau Connector Referrals to March 2018



## Appendix 4: Provide Better Routes into Treatment

### Employment Works – Turning Evidence into Outcomes



Employment support is a vital component of successful treatment options for people who have mental health or addiction challenges. This report details the activity of Employment Works, the Individual Placement with Support (IPS) component of this project. IPS has proven effectiveness, particularly for people who have mental health or addiction issues. Key to the approach is integration of employment support with health treatment.

Te Ara Oranga Methamphetamine Demand Reduction Programme funds two employment specialists. 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.

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.

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.

The duo are having great success with 38 mental health and addiction clients supported to either keep their job, placed into employment or vocational training.

All employees receive the minimum wage, and one person secured a job as a farmer earning \$48,000 plus accommodation. Other jobs include a welder, cleaner, butcher, sales account manager, barrister, process worker, farm assistant, traffic control, builder, back of house and kumara planter/ pickers.

One person was so happy with the support she has received she recently came in to celebrate with her clinician and employment specialist.

Most excitingly she is now a supervisor and would be recruiting for more staff, so she asked the team if they had anyone suitable for these positions!



## Appendix 4: Provide Better Routes into Treatment

### Employment Works Success Story

One of the reasons Individual Placement with Support can be so successful for people who face multiple barriers to employment is the integration between all aspects of a person's support, drawing on the strengths of each member of their team including their whānau to get inspirational results.

Hemi\* is a man in his 30's who lives with his Mum in a rural location. He has had poly-substance use issues, including methamphetamine, cannabis and alcohol and he has criminal convictions primarily associated with his drug use. He left school with no qualifications and has only worked for a few days in his teens. He also has a diagnosis of schizophrenia with some cognitive issues related to his illness. He was referred by his key worker despite the fact they thought he was unlikely to ever find work.

His Employment Specialist (ES) worked with him, his key worker and whānau to establish Hemi's preferences, skills and abilities in relation to work. They very quickly identified that physical activity helped Hemi to control his anger and mood. Hemi agreed with this and stated his dream job was to be a runner for a refuse truck.

The ES set about utilising her connections in the local community to find out if there were any potential employers. Hemi's Non Government Organisation support worker also assisted with this process and helped motivate him to start exercising in preparation for work. Potential employers were approached to establish whether they could accommodate his need to start working for a few hours a week and build up gradually over time. After some time we managed to find a suitable employer. Because of Hemi's lack of employment history his local Kaumātua offered to be a character reference. The employer knew his referee and agreed to meet Hemi and try him on a truck to see how he could manage.

Hemi was initially excited by the news but became increasingly anxious as the interview date drew near so his Mum called the team to alert us to the issue. His Psychiatrist was able to prescribe some PRN medication to help him manage his anxiety and with a phone call from his keyworker, a lift to the interview from his ES and encouragement from his Mum he got to the interview.

The employer was sufficiently impressed and offered Hemi a position working one day per week. His keyworker called him after his interview to offer additional supports and the whole team celebrated with him when they heard the news. We are now supporting him to develop an in-work plan to ensure he can stay well at work.

\*Not the person's real name

## Appendix 5

### Information & Evaluation

#### Measuring methamphetamine use by population

Wastewater analysis is a technique for detecting substances consumed by a population. The method works on the premise that human bodies transform drugs into metabolites once consumed, and the tests seek to detect these metabolites in the wastewater.

A joint study by the NZ Police and Institute of Environmental Science is looking at the levels of methamphetamine in the wastewaters of Whangarei, Auckland and Christchurch.

The information in the following paragraphs is sourced from a New Zealand National Drug Intelligence Bureau report 'Wastewater drug testing in New Zealand: 2017 evaluation, analysis and further direction May 2018'.

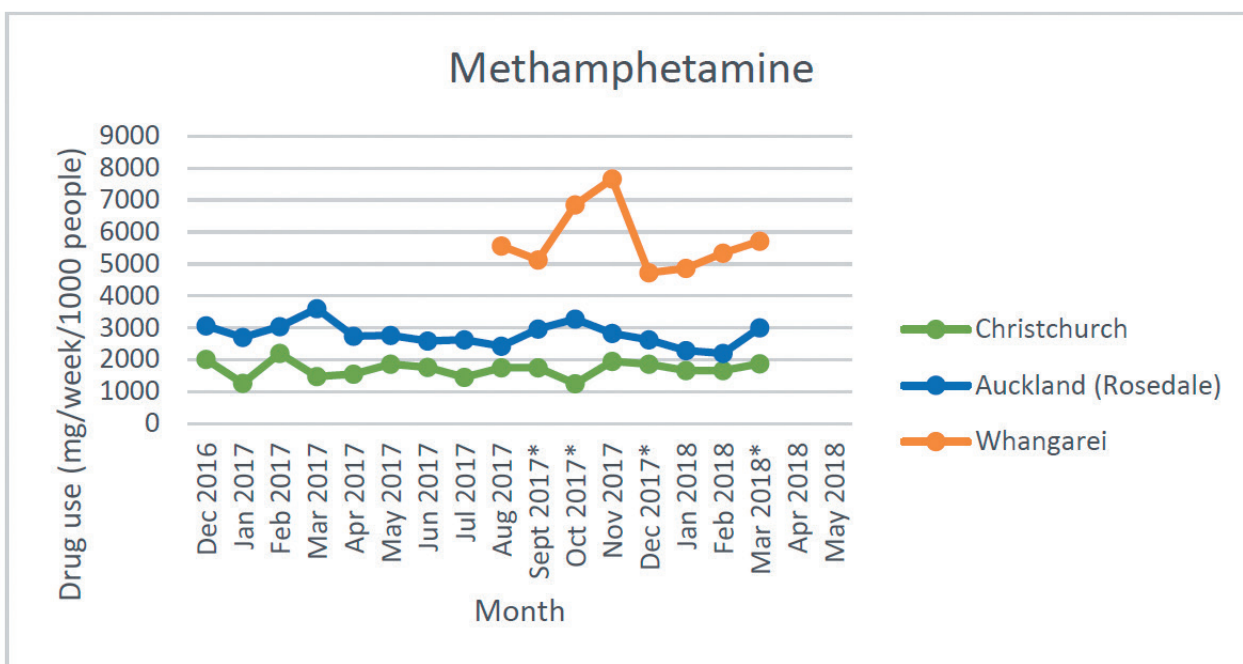
#### Whangarei wastewater tested for drug levels

As part of the study, the Whangarei wastewater was tested to establish baseline levels of Methamphetamine and the levels monitored to record changes over time. Over a nine-month period, levels have been increasing.

Samples have been taken over a 7-day period every month for the past 9 months. After a significant drop in December 2017 shortly after testing was announced, the levels have been increasing each month.

Source: ESR Wastewater Analysis for Illicit Drugs Monthly Report – March 2018.

**Figure 4 Methamphetamine use for the weeks sampled in December 2016 to March 2018 \***



\*Testing for at least one site incomplete



## Appendix 5

### Whangarei methamphetamine levels higher than Auckland and Christchurch

The study shows a disproportionate level of use of methamphetamine in Whangarei when compared with Auckland and Christchurch. Whangarei methamphetamine levels are twice those of Auckland and 3–4 times the levels found in Christchurch when measured at the rate of gm per/1,000 persons. It is estimated that two in every 100 people used methamphetamine each week in Whangarei. This is almost double the use estimated in the New Zealand Health Survey.

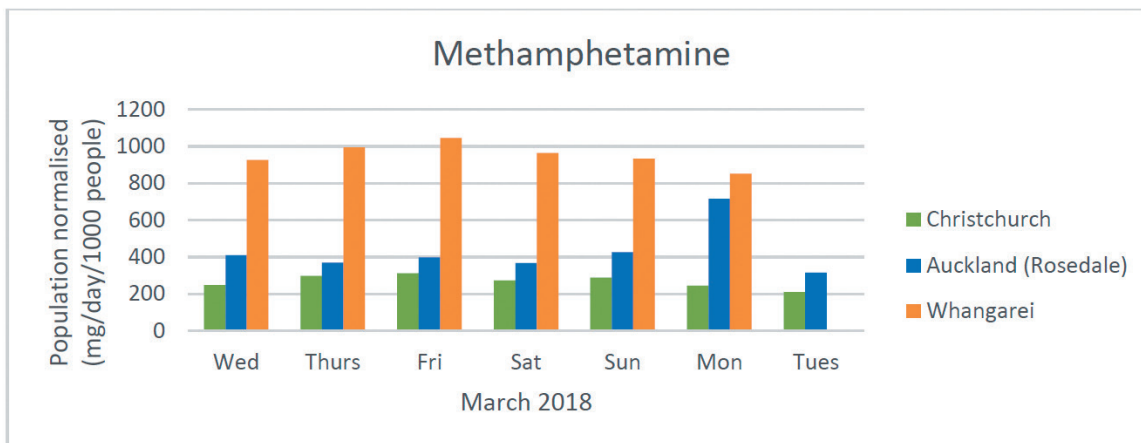
Results for people in Northland that had used amphetamines in the last year were:

Ethnicity	Population 20-60	Amphetamine Use	Users
Māori	28,490	1.6%	455
Non Māori	61,330	1.1%	675
<b>Total</b>	89,820		1,130

Source: Amphetamine Use 2014/15: New Zealand Health Survey.

The pattern of use in the graph below demonstrates the difference between the three sites. Auckland and Christchurch have slightly higher use in the weekends than weekdays, possibly due to higher employment rates. Whangarei use is higher from Wednesday through to Sunday, then falls away on Monday and Tuesday, possibly due to lack of funds until welfare payments are received.

**Figure 1 Methamphetamine use normalised to per 1000 people**



Source: ESR Wastewater Analysis for Illicit Drugs Monthly Report – March 2018.

### Whangarei methamphetamine level compared with other countries

Wastewater analysis has enabled accurate drug use comparison with countries that use the same scientific method, which is beneficial for differentiating actual from perceived problems. The available data have not only reinforced New Zealand’s methamphetamine problem, but put it into perspective, and highlighted Whangarei as a particular concern. During 2017, methamphetamine consumption at all three New Zealand sample locations was higher than cities in Europe, but lower than Australian sites. Overall, methamphetamine use is very high in New Zealand, but particularly extensive in Whangarei.



## Appendix 5

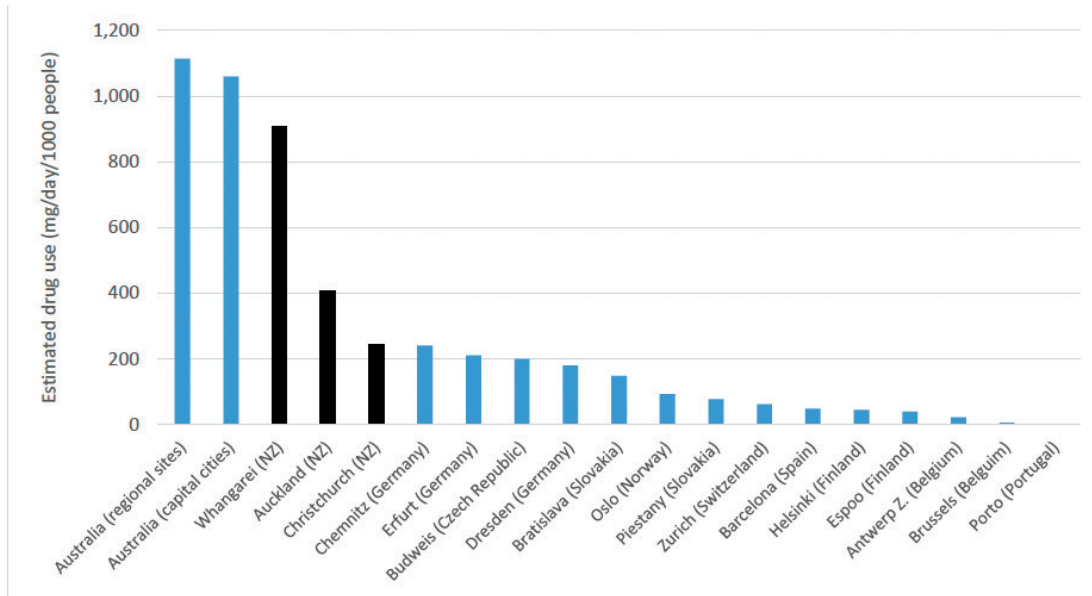


Figure 7. Methamphetamine use detected in wastewater across European, Australian, and New Zealand locations.<sup>36</sup>

Source: Wastewater drug testing in New Zealand: 2017 evaluation, analysis and further direction May 2018, New Zealand National Drug Intelligence Bureau.

## Illegal revenue from methamphetamine sales

The estimated methamphetamine market in Whangarei, based on 2017 intelligence reports, is \$14m. To finance the purchase of methamphetamine, many users resort to crime, such as shoplifting, burglary and drug dealing.



## Estimated methamphetamine market in Whangarei based on 2017 intelligence holdings (Figure 11 adapted for Whangarei site)

Source: Wastewater drug testing in New Zealand: 2017 evaluation, analysis and further direction May 2018, New Zealand National Drug Intelligence Bureau.



## Appendix 5

Using waste water treatment findings, in combination with other intelligence, it is forecast that by 2020 methamphetamine use will likely remain high and be increasingly used by more people as the supply market becomes more competitive from internationally organised crime groups.

### Findings reported in the media

**Whangarei's methamphetamine levels found to exceed those of Auckland and Christchurch** – TVNZ, 28 November 2017

<https://www.tvnz.co.nz/one-news/new-zealand/whangareis-methamphetamine-levels-found-exceed-those-auckland-and-christchurch>

**High levels of P found in Whangarei wastewater** – Radio NZ, 28 November 2017

<http://www.radionz.co.nz/news/national/344874/high-levels-of-p-found-in-whangarei-wastewater>

**Much higher use of methamphetamine in Northland** – Māori TV, 28 November 2018

<http://www.maoritelevision.com/news/regional/much-higher-use-methamphetamine-northland>

**Wastewater indicates high meth use in Northland** – Radio Live, 28 November 2017

<http://www.radiolive.co.nz/home/audio/2017/11/methamphetamines-whangarei-te-ara-oranga-.html>



