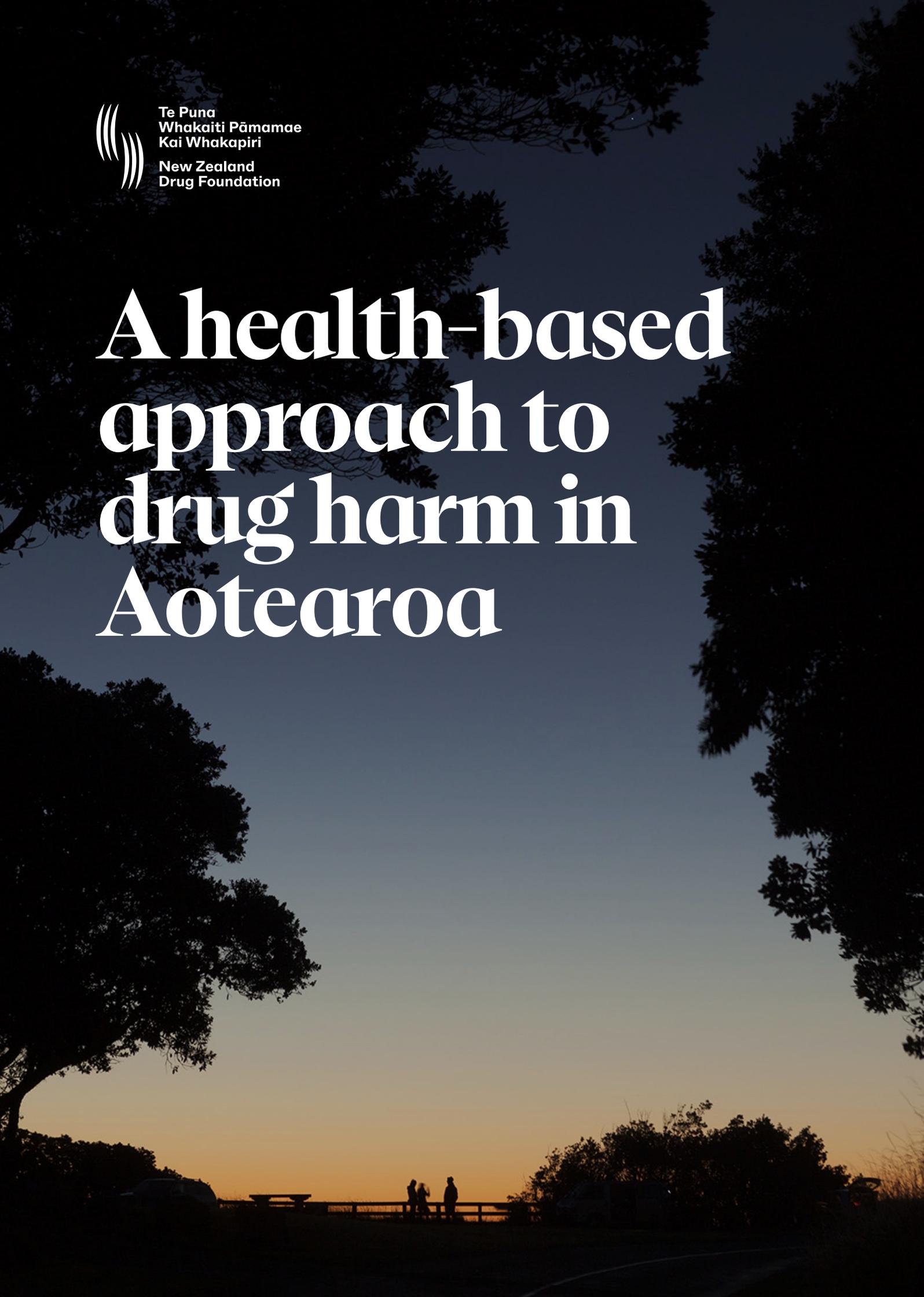




Te Puna
Whakaiti Pāmamae
Kai Whakapiri
New Zealand
Drug Foundation

A health-based approach to drug harm in Aotearoa

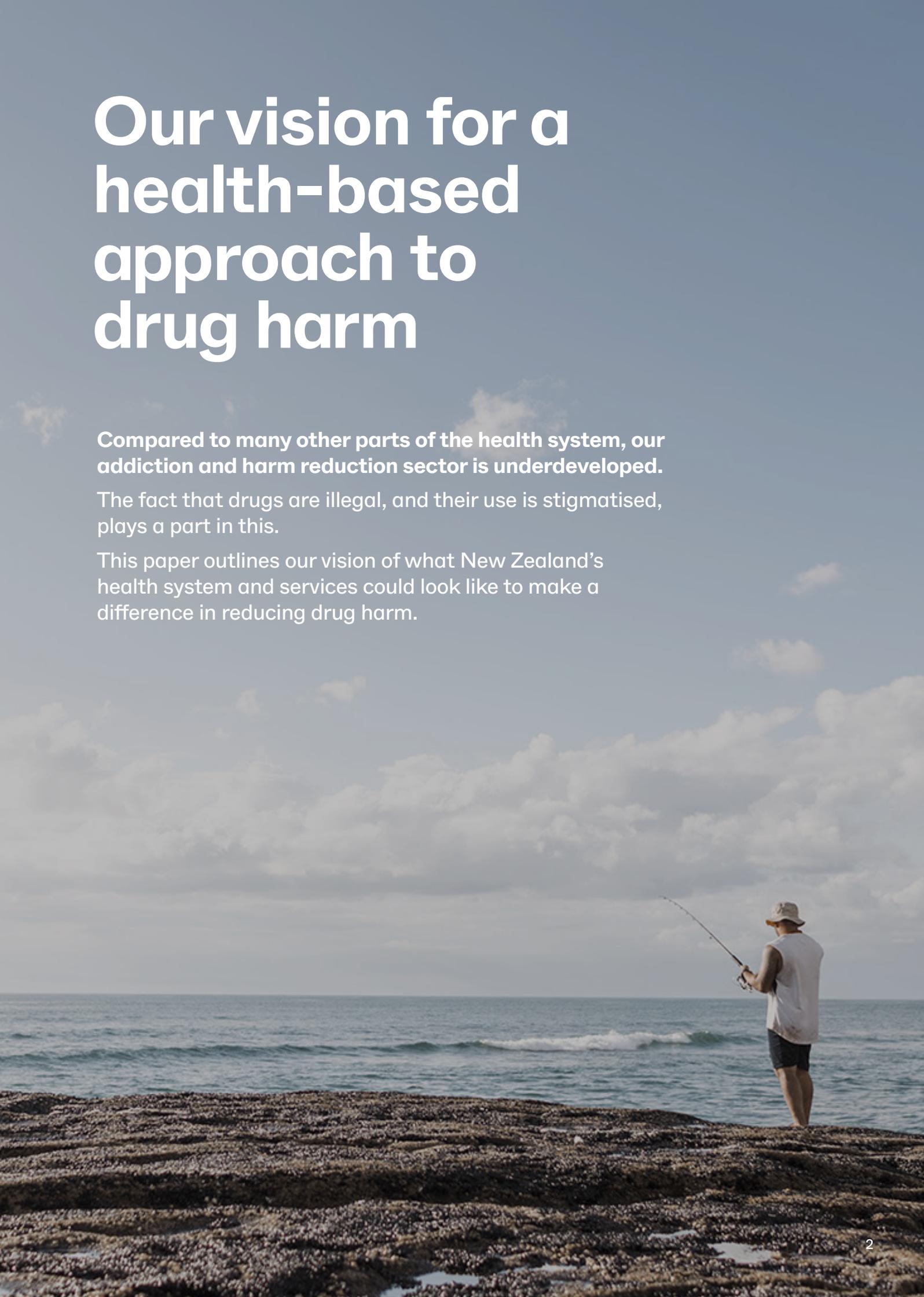


Our vision for a health-based approach to drug harm

Compared to many other parts of the health system, our addiction and harm reduction sector is underdeveloped.

The fact that drugs are illegal, and their use is stigmatised, plays a part in this.

This paper outlines our vision of what New Zealand's health system and services could look like to make a difference in reducing drug harm.



With a few positive exceptions, such as drug checking, services are only offered to people at the most extreme end of the spectrum of harm, and only after this harm has occurred for several years.

We can do better by offering support earlier and preventing harm to people who use drugs and their communities.

A preventative approach would also save significant amounts of money on criminal justice processes and expensive medical care.

To achieve this, people should be able to access a full range of evidence-based information and support options for drug and alcohol use at the time they need them.

This can be done in a cost-effective way, by strengthening natural supports.

After all, not everyone who experiences substance-related harm needs formal services. Sometimes, all that's needed is making sure that those around are equipped to help – and they will.

We need to shift to a system that:

- 1 Understands what causes harm** from drug use and focuses on reducing that harm
- 2 Works for the whole population**, not just those who are already struggling with their drug use
- 3 Prioritises interventions** designed for communities who are most likely to experience drug harms

While a full overhaul of our drug laws is needed to transform the outcomes of New Zealanders who use drugs, in this document we focus on health services and system changes that can be achieved under current legislation or with small regulatory changes.

Our vision supports communities to develop their own solutions, it values lived and living experience, and it embraces innovation.

What we know about drug use and harm

A large crowd of people is silhouetted against a bright, warm-toned background of stage lights and smoke. The scene is captured from a low angle, looking towards the stage. Many people have their hands raised in the air, suggesting a high-energy event like a concert or festival. The lighting is predominantly red and orange, creating a dramatic and intense atmosphere.

Most drug use does not cause addiction or acute harm

While it's safest not to use alcohol and other drugs, most people are not harmed much, or at all, by their use.

People use alcohol and other drugs for many reasons

People use alcohol and other drugs for many reasons, including pleasure and recreation, spiritual discovery, performance enhancement, experimentation, peer pressure, or to self-medicate for unmet health needs or due to trauma.

Most well-known drugs have well-established medical uses, and we are increasingly understanding the therapeutic potential of others, such as psilocybin present in some mushrooms.

Drugs can cause serious harm to some

For some people, drug use — whether legal or illicit — can cause significant harm. These harms include illness, injury, chronic health issues, infections, addiction, overdose, and even death, affecting entire communities.

While we often associate the most serious harms with long-term, chronic substance use and dependency, non-dependent use can also lead to long-term health impacts. Some of these harms are poorly understood, and there is limited support for those affected.

Serious harms can also result from casual use or even the first use of a substance, particularly if the substance is not what the person expected. Focusing only on those experiencing severe harm from addiction means we miss helping others who also need support.

We need to address both types of harm.

Legal and illicit drugs are used by people in every city, town, and region of Aotearoa.



Alcohol continues to be New Zealand's most frequently used substance

3.2 million adults say they had a drink in the last year, and a concerning proportion of those (21%, or around 672,000) reports hazardous drinking



Over half a million adults used **cannabis** in the last year
And of those, an estimated 199,000 used cannabis at least once a week



3.6% of New Zealanders aged 15 and over used **MDMA** last year



1.1% used **amphetamines**
Including methamphetamine



0.4% used **opioids**

There is not enough help available

Existing services are stretched and underfunded, with staffing shortages in addiction treatment.

This means that people often have to wait until their problems have become severe before they can access help.

When we wait until people are struggling to start the conversation, we miss opportunities to prevent harm.

There is not enough help available

Stigma and fear of legal penalties force people to hide their use and prevents conversations

Health professionals are often not aware of the care that people who use drugs need, such as health checks on the heart, liver, lungs, and screening for blood-borne infections.

When people can't access the help they need, we miss our window of opportunity to prevent more serious harm from occurring.

We can make a real difference by widening our approach to support everyone who uses drugs

If we only focus on addiction treatment in our response to drug use, the system will continue to be the ambulance at the bottom of the cliff.

And an expensive one.

We need to provide low-barrier information, support and services well before people experience serious problems

1.2 million New Zealanders are estimated to be at moderate-to-high risk of problematic substance use.

If we wait too long, we risk missing out on the benefits of essential harm reduction services such as drug checking, needle exchanges, the early warning system, and overdose prevention. These services prevent fatalities and serious health harm.

If we don't address the full spectrum of substance use, we miss out on the other health needs of people who use drugs that are aggravated because of poor access to healthcare. These lead to preventable long-term health and social issues, and increase the pressure on our health system.

Most people who use drugs aren't distressed

In fact, about half of the New Zealanders who were at moderate-to-high risk of problematic substance use in 2016/17 experienced no notable anxiety or depression symptoms (NZ Health Survey 2016/17). We need to find ways to get rid of stigma, provide information, and get conversations about drug use happening – without waiting for a crisis point or a 'rock bottom'.

This doesn't mean neglecting addiction treatment

Aotearoa's specialist support capacity should be doubled. We need to be able to reach every person who is experiencing severe issues and provide them with choices in the care and support that they can access.



People with lived (and living) experience play a crucial role

Our health system too often sees people who use drugs in a negative light, as personally deficient, untrustworthy, or not worthy of help.

To change this, we need to meaningfully involve people with lived (and living) experience of drug use in the development and delivery of services across the health system.

People with lived (and living) experience play a crucial role

Meaningfully involving people with lived (and living) experience of drug use and harm is important throughout the entire health system, from development and delivery of programmes in emergency departments and primary care, to providing harm reduction and drug treatment services.

After a person discloses drug use, health professionals are often on the look-out for 'drug seeking behaviour' and the drug use becomes the focus, resulting in fewer treatment options, substandard care, and superficial assessment processes.

People who use drugs often miss out on basic healthcare as a result. For those who are also poor, disabled, traumatised, or otherwise marginalised, the outcomes are worse.

Involving people with lived experience is proven to improve the relevance and quality of services, making them more effective and fit for purpose.

As part of the Te Ara Oranga programme in Northland, **a practitioner with lived experience of methamphetamine use and long-term addiction** worked alongside doctors in the Whangārei Hospital Emergency Department.

The programme evaluation showed that the initiative changed emergency doctors' attitudes, and positively influenced how people with alcohol and drug issues are treated.

Equity for Māori is essential

Māori continue to disproportionately bear the brunt of drug and alcohol harm.

Drug-related deaths for Māori are almost twice the rate for non-Māori.

Māori are most likely to want help with their drug use but not receive it.

That's despite being significantly more likely to experience substance use issues than other ethnic groups.

Māori are 3.3 times more likely to use tobacco, and 2.7 times more likely to use cannabis weekly than non-Māori.

These disparities are even greater for Māori women.

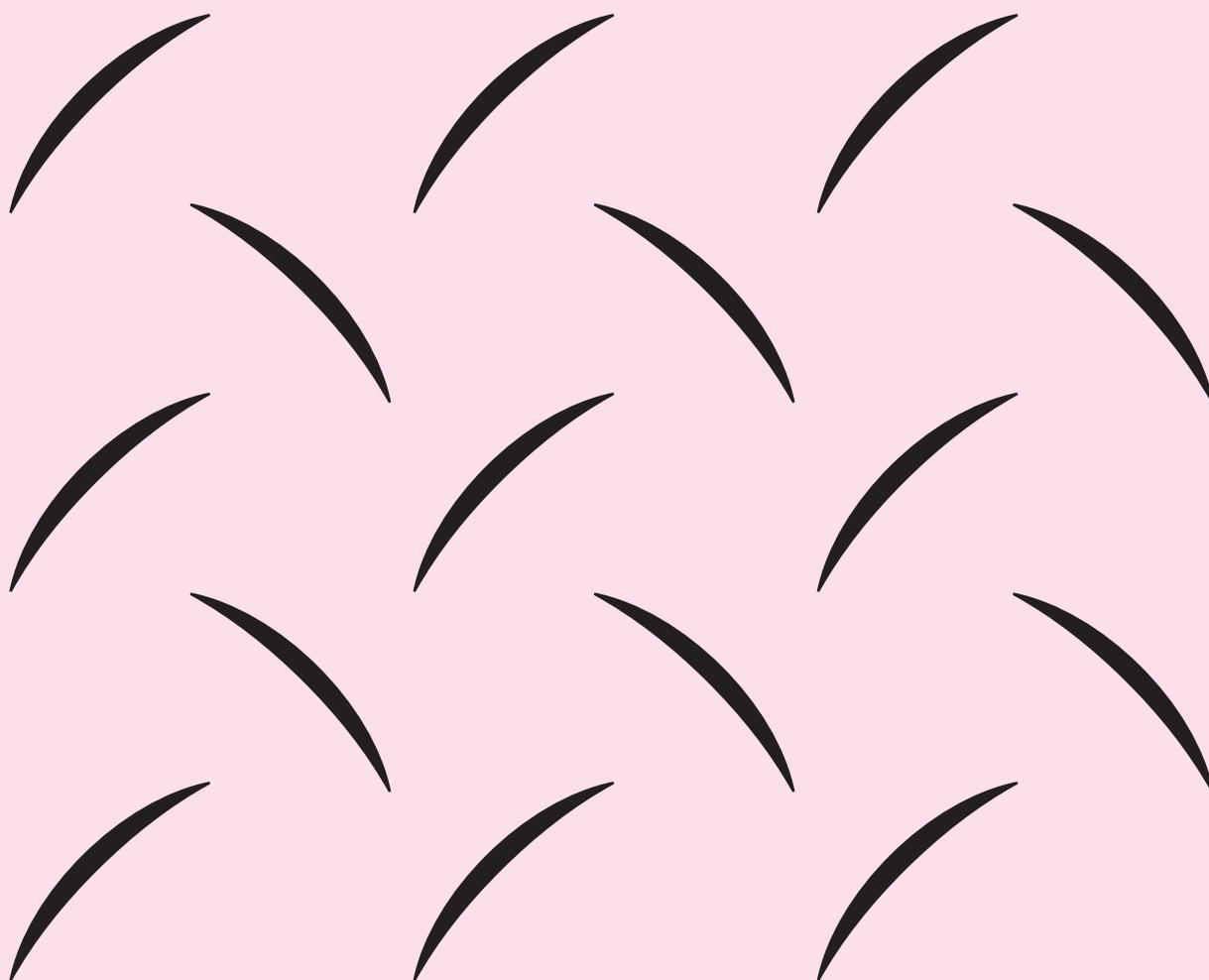
Services that are available are not always fit for purpose or culturally inclusive.

Māori also suffer grossly inequitable outcomes from our drug laws, making up almost half of those convicted for drug offences.

A lot of these poor outcomes can be avoided if support is provided early and with easy access.

To do that, it is essential that the system has a strong focus on the needs of Māori. Partnership under te Tiriti o Waitangi must underpin the way services are developed and run, and how funding decisions are made.

A kupenga of health responses



Access is key. We propose a network of responses that people can access when they need it, like a kupenga (net). This could be an effective alternative to a stepped model or continuum-of-care approach.

Under the existing stepped model of care, people need to meet strict criteria to get help, and prove they are 'unwell enough' before they can access services. This creates serious barriers. Stepped models of care also divide the workforce into increasingly specialised segments, worsening gaps in service provision when there are workforce shortages.

We propose to replace the stepped model of care with a person-centred network of responses. It's a new way of working together that provides holistic support to reduce drug harm, for anyone who uses drugs – or who may use them for the first time – and their families.

A successful health-based model should...



Points of entry to care and support need to be readily available, whichever route a person comes through.

The network of responses includes both:

- **Formal supports** such as treatment, harm reduction services, healthcare, social and employment support, and
- **Natural supports** such as whānau, friends, loved ones and inclusive communities.

The concept of ‘natural supports’ acknowledges that people do not exist in a vacuum, and the support provided by networks and communities is essential in tāngata whaiora (people seeking wellness) recovery. In many cases, whānau helping whānau is all that people need for a healthy life.

We would like to see communities and whānau given support and resources to develop and deliver their own responses to drug harm. Friends and whānau already shoulder the biggest burden of care and support, so let’s strengthen and empower those natural supports.

To improve the wellbeing of people who may use drugs or be at risk of drug-related harms, our approach should focus on:

1

Better conversations

Assisting people to have conversations with each other about substances and wellbeing. This includes providing resources and tools to equip people with the skills they need to maintain mental wellbeing and reduce substance-related harm. And what's equally important, it provides tools for friends, parents and other whānau to help them support the person experiencing harm.

2

Strengthening informal supports and services

Weaving together formal and informal (natural) support. This means people who use substances have support from those around them to live healthy and successful lives, regardless of where they're at in their drug use.

3

Better care

People accessing support will experience more holistic care and a tailored response that considers whatever is contributing to their distress. This means people get accessible, relevant, and timely support without needing to be in crisis.

People from diverse communities **must have options.** Some populations already have serious unmet health needs.

Providing options to get information and support that reflect their experiences is essential for these health needs to be met.

For some people, tailored services are crucial to achieve good outcomes (such as a dedicated Pasifika AOD service, or a rainbow support group).

All services need to be culturally safe for our diverse communities, including ethnic minorities and rainbow communities – and they need to be accessible.

What services & supports should be offered?

To reduce drug harm effectively, we need to invest in a range of services and interventions that cover the full spectrum of drug use.

We have grouped them into four categories:

- 1** Prevention of harm, screening and early intervention
- 2** Harm reduction
- 3** Treatment and other support
- 4** Kaupapa Māori services and programmes

Services across these categories form a comprehensive offering, where a combination of interventions is tailored to an individual client, to meet them exactly where they are.

There is no reason why a treatment-focused service could not offer effective harm reduction or education. In fact, a service where a client already feels safe has a head start in offering another effective intervention.

Below we propose a number of actions that should be available in our kupenga of services. Our proposed list is not exhaustive. Over time, new needs will arise, and the system needs to be flexible and innovative enough to accommodate that.

Some of the services listed have been funded and are already running – some have not.

How decisions around funding are made matters a lot

It's important that we build capacity in the sector for innovation through longer-term or evergreen contracting arrangements.

How we fund services has a massive impact on the shape of our sector.

To make real change in the system we need to rethink how we make funding decisions around which services we support.

Communities should become equal partners in planning, decision making and delivery of drug-related services.

We would like to see services funded in a collaborative way, bringing together the expertise of communities, different government agencies (including health, social development, justice and education), and people with lived experience.

This could look like a variety of joint-funding or co-commissioning models that prioritise accessibility and providing options.

The bulk of the providers are NGOs contracted through short-term contracts, which puts them under much more pressure than other health services that are predominantly provided directly by Te Whatu Ora.

The need to compete with each other for contracts several times a year pulls the sector away from collaborating and innovating for more effective service types.

Prevention of harm, screening and early intervention



Providing information and support to people who use drugs helps them prevent problems and avoid harm. Information for the wider community can reduce stigma and enable healthy conversations about drug use that reduce vulnerability to drug harms in the future.

Early interventions include early identification of problems, reducing barriers to accessing support, and easy access to protective supports, such as employment.

All interventions focusing on treatment and support must be culturally safe and accessible in kaupapa Māori settings.

1

Roll out behaviour-change communications campaign to encourage people to talk about drug use, to build natural supports from family and friends, and to reduce stigma.

2

Equip parents and whānau with skills to have supportive conversations about drug use.

3

Provide information about reducing harm and what problematic use looks like, to support people to make informed decisions and get the help they need when they need it.

4

Early-intervention health services – screenings and brief interventions in primary and community care such as a GP or a pharmacy.

5

Bespoke health services for people who use drugs, to offer appropriate care that meets their unique physical and mental health needs. These can also offer consultation and best-practice guidance for the entire health sector, improving quality of care across the country.

6

Focused research and sustainable funding to better understand the factors that influence a person to start using harmful substances, escalate from occasional to more regular or harmful use, or transition to more harmful methods of use.

7

Community action and community-led responses to ensure services and programmes meet people where they are.

8

Further strengthen natural supports for tāngata whai ora, such as rolling out programmes that would equip family, community, and friend networks to effectively reduce harms experienced by people who use drugs.

9

Comprehensive employment support that allows accessing and maintaining sustainable jobs for people who use drugs, improving community participation, and ensuring financial independence.

10

Focus on young people, improving policies, systems and practices to help young people develop their critical thinking and strengthen supports in their communities.

11

Adequate diagnosis and treatment of conditions that increase the risk of substance use disorder, such as ADHD, chronic pain, mental health disorders, and others.

Harm reduction



Treatment often refers only to abstinence-based treatment. Those services are important, but there also need to be approaches for people who are not served by abstinence-based treatment.

This may include people who are turned away from abstinence-based treatment services, those who are not ‘struggling’ and are not distressed from their substance use, and people who are experimenting or using substances occasionally.

Harm reduction approaches are a crucial complement to abstinence-based treatment – filling the gap for everyone else who uses substances.

Harm reduction includes policies, programmes and practices that aim to reduce the adverse health, social and economic consequences of drug use without first requiring abstinence or a commitment to reduce substance use as a condition of getting support.

For example, needle exchanges reduce the spread of blood-borne viruses such as HIV, or those causing hepatitis B or hepatitis C among people who inject drugs.

They do this by distributing sterile injecting equipment and providing advice about safer routes of administration and safer injecting practices.

Harm reduction interventions have been shown to bring about an even bigger return on investment than traditional treatment options and are often less resource intensive. They can often be delivered by a peer workforce.

All interventions focusing on treatment and support must be culturally safe and accessible in kaupapa Māori settings.

1

Identify changing trends in substance use patterns, including any new and dangerous substances on the market. Some examples include the High Alert early warning system as well as the USED (Unidentified Substances in the Emergency Department) programme.

2

Drug checking not only allows for identification of new substances in the illicit market, but it facilitates sharing of potentially life-saving harm reduction information. Drug checking also enables early conversations about ways to prevent problems.

3

Overdose prevention services, including equipping bystanders and loved ones to prevent overdose, and establishing supervised consumption spaces. Reducing overdose mortality requires a suite of interventions, and we have recently released our proposal about how to do this in Aotearoa.

4

Expand needle exchange services, with a wider range of safer-use equipment (including things like pipes or straws) and harm reduction services that prevent harms such as vein infections or vein injury and wounds.

5

Access to products that reduce harm or prevent serious health consequences or deaths, such as naloxone to reverse opioid overdose.

6

Better harm reduction in prisons and on release.

7

Safe supply for people at risk of serious harm by adulterated illicit supply. This should implement learnings from the Swiss heroin-assisted treatment model.

8

Policy changes, such as decriminalising drug (and utensil) possession and use, and introducing ‘public good’ clauses into the Misuse of Drugs Act to allow future harm reduction interventions to be developed more quickly.

9

Investment in harm reduction workforce training, and supporting the development of harm reduction approaches so they are treated like any other health service.

10

Innovation fund to pilot and develop innovative approaches to preventing drug harm.

11

Evidence-based harm reduction information for people who use drugs, such as thelevel.org.nz.

12

Better regulation to reduce harm from legally available drugs, such as limiting liquor advertising and access, and addressing its low pricing.

13

Embedding drug harm reduction in health and social domains where there is increased risk of harm. This could include, for example, incorporating drug harm information and improving service accessibility for people who use drugs in sexual health. It could also include developing education and impairment tools that could reduce the risk of work or road accidents.

14

Medically supervised drug-use spaces are effective at reducing the risk of fatal overdose, and are a great first step for engagement with health services. They can also be a one-stop shop for other harm reduction services.

15

Early identification of people who have experienced issues and ensuring that when they need medical attention for drug harm, peer support is available to help them prevent future harms.

16

Making harm reduction talk therapies available and easily accessible across the country, for people who experience drug harms to redefine their relationships with drugs and lead a healthier life.

17

Safe housing and employment programmes for people who use drugs allow them and their whānau to be safe, and they are a great starting point to reduce health and social harms people may experience, regardless of whether they are abstinent or not.

18

Enable peer-based or professional trip-sitting for those who are at risk of overdose and those who use psychedelics, to improve the safety of use.

Treatment and support



Treatment and support should be tailored to different needs and cover the whole spectrum of use, from those who use substances and do not experience problems, to those who are struggling with addiction.

The current approach is not meeting demand even for the limited range of services that are offered. People continue to face long wait times for treatment, which leads to much poorer outcomes.

All interventions focusing on treatment and support must be culturally safe and accessible in kaupapa Māori settings.

1

Address the bottleneck of people needing withdrawal support, and coordinate leaving residential withdrawal services with entering residential treatment. Increase the availability of support for people to withdraw from home.

2

Increase the availability of individual support with an addiction practitioner, counsellor, psychologist or similar, and reduce waitlists.

3

Develop approaches to support whānau in their own right, and to help whānau support their family member who uses drugs.

4

Substitution treatment requires our attention. Opioid substitution treatment could be evaluated to ensure it is meeting demand and providing best-practice care. For example, we know that substitution therapies overseas have significantly expanded to other forms of medicine-assisted therapies. We would also recommend trialling methamphetamine substitution to reduce the harm it causes in Aotearoa.

5

Provide workforce development for primary care to provide screening and brief intervention services with referral for further support if needed.

6

Increase the range of services with no or low entry criteria.

This includes not requiring abstinence from drug use as a condition or goal.

7

Increase co-location of drug support within other health and social services; for

example, by providing funding for peer workers and addiction practitioners to offer services in existing facilities.

8

Increase availability of peer and mutual aid services –

these services offer support by people with similar lived experiences, and can be easily scaled up with modest resourcing.

9

Increase availability of intensive community-based programmes that people can access while they live at home.

10

Develop approaches

specifically for people who have come into contact with the criminal justice system.

11

Increase availability and options for online support.

Online communities such as Living Sober have been evaluated and have shown incredible success supporting people who would not otherwise access treatment services.

Kaupapa Māori services and programmes



All of the three types of interventions should be made available in kaupapa Māori settings to ensure Māori have options when accessing services.

This approach gives effect to te Tiriti o Waitangi and maximises the effectiveness of interventions among the populations most disproportionately affected by substance harms.

Whānau are already the main pillar of support for Māori who use drugs, due to the lack of access to treatment and other services. Whānau have an important role to play in supporting their loved ones, but they must be offered resources to do this effectively.

1

Māori are far less likely to be able to get support and treatment. We need to **better resource whānau who are doing the job** that the health system is currently failing to do.

2

Increase access and coverage of kaupapa Māori addiction treatment services to enable access for clients whose needs are not met by the mainstream system.

3

Boost the Māori workforce and create access and training pathways to ensure good representation, including by the peer workforce and those with lived experience.

4

Develop harm reduction education grounded in te ao Māori and enable Māori leadership in destigmatising drug harm issues.

5

Embed kaupapa Māori approaches to reducing drug harms in primary care and social services training.

6

Provide health-based alternatives to criminal justice approaches for Māori to reduce disproportionate social and health impacts of drug criminalisation.



About New Zealand Drug Foundation

Vision

Tirohanga

**An Aotearoa free
from drug harm.**

**Kia purea a Aotearoa
i te pāmamae nā te
kai whakapiri.**

Mission

He Whakatakanga

**To transform the way
Aotearoa New Zealand
addresses drug issues.**

**Kia panonihia te aronga
o Aotearoa Niu Tireni mō
ngā take kai whakapiri.**

**We influence this through our leadership, by
supporting communities and inspiring action
that promotes wellbeing, is mana enhancing
and prevents drug harm.**

Ka whakaaweawe mātou i tēnei mā tō mātou
ārahitanga, mā te tautoko i ngā hapori, mā te
whakaohoho hoki kia tokona ake ai te toiora,
ka hāpaitia ai te mana, kia āraitia ai hoki te
pāmamae o te kai whakapiri.





**Te Puna
Whakaiti Pāmamae
Kai Whakapiri**

**New Zealand
Drug Foundation**