

Kia Hiwa Rā: Facing Challenges with Purpose

Understanding the
Social Impact of Our
Corrections Contract

AUTHORS
AARON SCHIFF, AND
SUZETTE JACKSON



Higher _____
Ground _____

_____ Papa
_____ Taumata



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Foreword from the Director, Maree Matthews



It is with pride that I present this outcomes report on Corrections tāngata whai ora (people seeking wellness) for the Higher Ground Papa Taumata Drug Rehabilitation Trust. Over the years, I've witnessed the incredible journeys of individuals seeking a way out of addiction and crime, and it continues to inspire our work every day.

Our longstanding Corrections contract enables us to provide addiction treatment services nationwide, reaching a wide range of people and improving outcomes. The importance of this contract and its positive impact cannot be overstated. To assess its value, we engaged a highly respected economist to conduct a cost-benefit analysis of our Corrections contract for the 2019–2024 period. Using estimated social costs of harm from drug use reported in the 2023 NZ Illicit Drug Harm Index (National Drug Intelligence Bureau, 2024), **his analysis estimated social harm avoided of \$3.10 for every dollar spent.**

This societal cost-saving is impressive and likely underestimates the real benefits to Aotearoa as the Drug Harm Index does not account for harms experienced by tamariki (children) of drug users. Additionally, our corrections tāngata whai ora are often using large amounts of methamphetamine and involved in its manufacture and distribution. Supporting them into rehabilitation significantly reduces harm to their whānau and communities.

We are committed to evidence-based practices, and outcomes from previous studies demonstrate the long-term benefits of our programme. For instance, research on early departures from our programme showed 63% of corrections tāngata whai ora entering between 2015-2019 graduated. While graduation rates reduced during 2019-2024, this was due to challenges outside the organisation's control. COVID-19 disrupted operations and referral processes, but we worked tirelessly to ensure that those in need could still access our programme.

The Higher Ground Programme was created to offer a holistic, culturally grounded approach to addiction treatment. Our programme addresses addiction and the thought patterns that drive criminal behaviours, particularly through our Criminal Addictive Thinking (CAT) group. This group helps individuals confront destructive thoughts, providing tools to break free from cycles of addiction and crime.

A key strength of our programme is the balance of tāngata whai ora from the community and those with justice involvement. This balance enriches the therapeutic community model kaupapa, fostering mutual support, trust, and accountability. Reconnecting with whakapapa and tikanga plays a critical role for many tāngata whai ora, helping them rediscover dignity and belonging. I've witnessed the transformative power of cultural reconnection as residents regain strength and direction.

This report is a testament to the lives changed through the dedication of our team. I am incredibly proud of the work we do at Higher Ground and the positive impact we continue to make on the lives of our tāngata whai ora, their whānau, and Aotearoa as a whole.

Whakaohoho to ngākau motuhake, hei piki ake te ora. Transformation will occur when the heart is open.

Ngā mihi nui ki a koutou katoa.

Maree Matthews

POUWHAKAHAERE DIRECTOR
HIGHER GROUND PAPA TAUMATA

Introduction

Higher Ground Papa Taumata Drug Rehabilitation Trust, established in 1984 in Tamaki Makaurau (Auckland), provides intensive residential drug treatment for people with severe substance use disorders.

The Higher Ground programme is based on the therapeutic community (TC) model, incorporating 12-step recovery principles, and holistic Māori health models. Through its 18-week adult and 26-week māmā and pēpi (mother and baby) programmes, staff deliver evidence-based therapies and culturally grounded clinical care, addressing the impacts of addiction. Higher Ground focuses on whānau involvement, aroha, and respect to foster a strong foundation for healing. Evidence from previous outcomes reports (King et al., 2019) demonstrates significant reductions in substance use and improvements in mental and physical health, highlighting the critical role of Higher Ground in helping tāngata whai ora reclaim their lives and reintegrate into the community with dignity and hope. Higher Ground supports tāngata whaiora (people seeking wellness) from all walks of life, including those transitioning from the Department of Corrections.

Higher Ground has held a four-bed contract with the Department of Corrections (Corrections) since 2017. The investment from Corrections for these 'packages of care' was established to improve access to community residential treatment programmes for people in prison. Referrals are received from the national Corrections office and tāngata whai ora typically come into treatment on parole directly from custody.

This cost benefit analysis summarises available data on outcomes for tāngata whai ora supported by Higher Ground under a Corrections contract between January 2019 and October 2024. During that period, 66 tāngata whai ora were supported with total funding from Corrections of just under \$2.75 million.

Analysis of tāngata whai ora outcomes

Of the 66 tāngata whai ora, 28 (42%) fully completed the programme and 27 were discharged with staff approval (WSA) and 1 person transferred to another programme (T). Both WSA and transfers may be regarded as successful completions (i.e., 42% of the Corrections contract tāngata whai ora completed the programme). The analysis reported here uses outcomes for the 28 successful completions only. There is insufficient data to support analysis of outcomes for tāngata whai ora who were discharged for other reasons.

Tāngata whai ora were followed up at 3, 6, 9, and 12 months after discharge from treatment. Among the 28 successful completions, follow-up data is available for 22 tāngata whai ora (79%) at 3 months and 16 tāngata whai ora (57%) at 12 months. Follow-up data is not available for some tāngata whai ora for various reasons including being unable to be contacted and being unwilling to participate.

Analysis of available data on outcomes show positive impacts of treatment on the WSA+T tāngata whai ora. Due to the small number of tāngata whai ora in this cohort, some changes in outcomes are not statistically significant, but there is evidence of the following positive impacts of the programme on this group:

- Greater engagement in paid work, voluntary work, study, or caregiving, with around 80% of tāngata whai ora reporting doing these activities once a week or more at 6 months after discharge compared to around 35% at admission.
- Evidence of reductions in reported levels of depression, anxiety, and stress.
- Substantial improvements in reported physical health symptoms associated with addiction.
- Reductions in personality traits related to detachment and disinhibition.
- Reductions in symptoms of post-traumatic stress disorder (PTSD), with more than half of tāngata whai ora experiencing a clinically meaningful improvement.

In addition, there is no reported involvement in criminal or illegal activities after discharge in the available follow-up data.

Indicative cost-benefit analysis

An indicative analysis of whether the programme 'broke even' by generating at least enough social benefits to justify its cost was done using estimated social costs of harm from drug use reported in the 2023 NZ Illicit Drug Harm Index (National Drug Intelligence Bureau, 2024).

This focuses on benefits in the form of the costs of harm from drug use that were avoided. This is likely to under-estimate social impacts as some potential costs of drug use are not included in the harm index, for instance harm experienced by tamariki of drug users.

All except two of the 28 tāngata whai ora had histories of long-term and severe use of methamphetamine as a main (25 residents) or secondary (1 resident) substance of concern. Tāngata whai ora reported that they first used methamphetamine at 15 years old on average and their use was problematic for 15 years on average. Tāngata whai ora in this cohort reported using an average of 0.4 grams of methamphetamine per day when their use first became problematic and an average of 3.1 grams per day when their use was at its most severe. This reflects a very high level of self-reported use and severity of addiction among this cohort. In comparison, the 2016 NZ Illicit Drug Harm Index reports an average use of around 0.25 grams per day for a dependent user of methamphetamine (McFadden Consultancy, 2016).

Even under conservative assumptions, there is strong evidence that the programme generated more social benefits (in the form of harm from methamphetamine use avoided) than its cost. Under plausible assumptions about average methamphetamine use and the effectiveness of treatment, the social benefits are substantially greater than the programme costs.

\$8.6 million in social harm avoided and a 3.1 to 1 cost-benefit ratio

CASE STUDY

Breaking the Cycle: From Incarceration to Transformation



Clint, a 54-year-old Pākehā, and Natasha, 43, of Ngā Te Tama (iwi) and Ngā Te Haumia (Hapu) from Ōpunake, have transformed their lives, moving from addiction and imprisonment to becoming respected community leaders. Together, they share seven tamariki and twelve mokopuna, creating a strong and supportive whānau. Natasha has been in recovery for over six years, and Clint is not far behind with five years of abstinence. They have transformed their lives and now dedicate themselves to helping others. Both hold Level 4 qualifications in mental health and addiction, and their work at Higher Ground and Te Whare Taonga combines lived experience with professional expertise. In the following they share their transformative journeys.

“When I was 14, I didn’t even know what a family was supposed to look like,” Clint recalls. “My step-father was really tough on me and by the time I was a teenager, I was on the streets doing whatever I had to do to survive.” For Clint, life on the streets felt safer than home, but it also brought an early introduction to criminality. He quickly progressed from petty theft to serious break-ins, earning his first stint in youth detention. Soon after, he was sentenced to prison. Before recovery Clint served a total of 12 years in prison across multiple sentences mainly linked to his addiction. “Prison was my second home,” he says.

Natasha's story follows a similar pattern. "I experienced childhood trauma, I watched my dad get arrested, and I became a really angry kid. Looking back, I realise that Mum did her best, but she never had the support she needed to help me get through. By 13, I was on the streets, in and out of foster care, and hanging out with other young people grappling with similar experiences and using drugs to get through." Natasha's drug use quickly progressed to dependence, and by her early twenties, she and Clint were manufacturing methamphetamine. "We were making ounces every few days, enough to keep us using and sell to whoever showed up with cash," she says. For nearly six years, manufacturing and dealing methamphetamine became their way of life. "It felt like we were always trying to fly under the radar – hiding from the police and running from ourselves," Clint admits.

The inevitable crash came. Clint was arrested for serious drug offences including manufacture and served 7-years in prison. "That sentence saved me," he says. "I had nothing left but time to think about everything I'd thrown away – my kids, my life, all of it." For Natasha, the breaking point was losing custody of her tamariki after being arrested for manufacture. "I'd hit rock bottom," she says. "I could've lost them forever. That's when I decided I needed help."

They both found their way to Papa Taumata, though at different times. Natasha entered the programme first, followed by Clint who was paroled directly from prison through a Department of Corrections referral. "I walked in weighed down by guilt and shame," Clint says. "The staff at Higher Ground saw beyond my past, helping me face what I'd done and begin building something better."

After graduating from Higher Ground, Natasha spent a year in prison serving the rest of her sentence. During this time, she provided a story of hope to the other incarcerated women and, though it was challenging, she maintained her clean time and continued her personal development. For Natasha, the programme gave her a support system she had never had. "It wasn't just about getting clean – it was about figuring out how to live a life I could be proud of."



Together, Clint and Natasha are now thriving and providing a loving home for their whānau. Clint works as a Consumer Advisor and a Residential Support Worker in the adult programme, using his story to inspire others. “I tell them straight up: if I can do this after all I’ve done, so can you.” Natasha is a Lead Support Worker at Te Whare Taonga, a mothers and babies unit designed to support women into recovery from substance use and, in doing so, keep their babies in their care. Natasha is rebuilding her whānau and helping others rebuild theirs. “I’m finally present for my tamariki and even my mokos,” she says. “I’m not running anymore. Life’s real now, and it’s better than I ever thought it could be.”



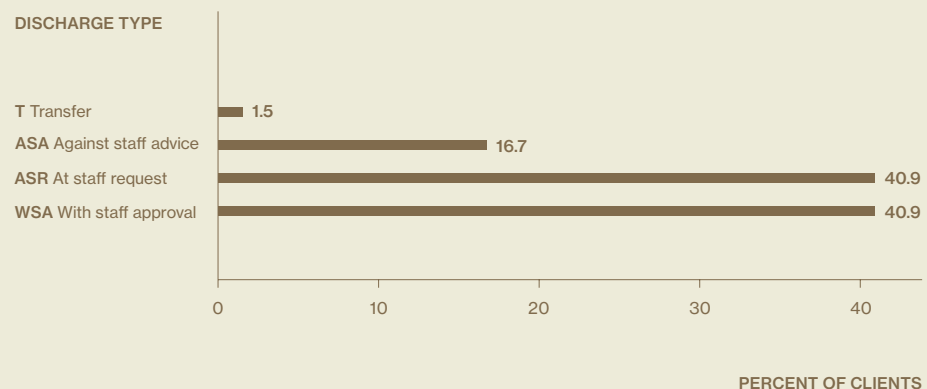
“After I got out the first time, I went straight back to manufacturing because that’s what I knew—it had become my lifestyle, and that’s how we survived. If we hadn’t realised there had to be something better for us, and if we hadn’t gone through treatment at Higher Ground, we’d probably still be in the methamphetamine trade or sitting in a prison cell somewhere.”

CLINT & NATASHA,
PARTNERS, PARENTS AND COMMUNITY LEADERS.

Overview of tāngata whai ora and data

The data used for this analysis includes 66 tāngata whai ora who were supported with funding from the Corrections contract between January 2019 and October 2024. Data for these tāngata whai ora is contained in eight snapshots from admission to 12 months after discharge¹. Of the 66 tāngata whai ora, 28 (42%) fully completed the programme and were discharged with staff approval (WSA) or transferred to another programme (T) (Figure 1).

Figure 1 Discharge type for all tāngata whai ora.



The analysis below focuses only on the 28 tāngata whai ora who completed the programme. Other tāngata whai ora who did not complete the programme were not included to avoid potential bias due to differences in characteristics and/or level of engagement with the programme compared to tāngata whai ora who completed the programme. Due to limited data for tāngata whai ora who were discharged for other reasons, it was not possible to analyse outcomes for that group separately.

Discharge data is available for all 28 tāngata whai ora that completed the programme and 26 of these tāngata whai ora appear in at least one of the continuing care snapshots (after discharge). Two tāngata whai ora who completed the programme do not appear in any of the continuing care snapshots, and the 9-month and 12-month snapshots have data for 16 tāngata whai ora who completed the programme. When comparing changes in outcomes between admission and after discharge, it is assumed that outcomes for tāngata whai ora that completed the programme who are included in the continuing care snapshots are representative of the full set of tāngata whai ora that completed Higher Ground

Additional data on self-reported prior use of substances was provided for the WSA+T tāngata whai ora. Out of 28 tāngata whai ora, 25 (89%) reported methamphetamine as the main substance of concern and 1 (3.5%) reported methamphetamine as the secondary substance of concern. The other two reported use of cannabis and alcohol. For nine tāngata whai ora (32%), use of both methamphetamine and other substances was reported (alcohol, cannabis, gamma butyrolactone (GBL), and cocaine).

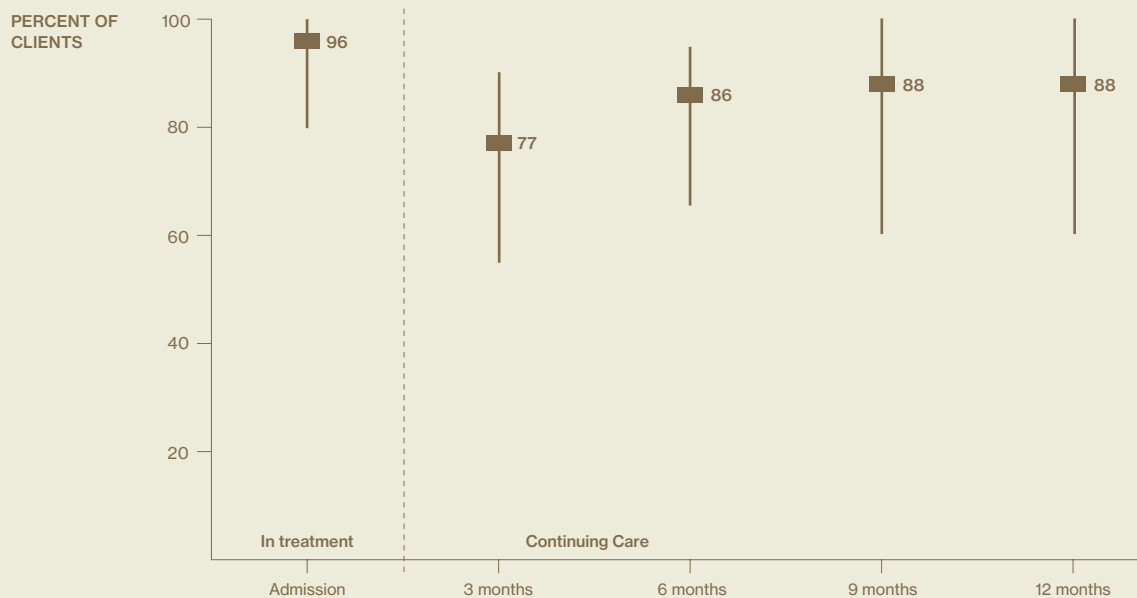
Outcomes analysis

As noted previously, the analysis uses data for the 28 tāngata whai ora that completed the programme and compares available data on outcomes at admission with subsequent outcomes. The charts on pages 14-21 show proportions or means calculated for the completed tāngata whai ora that appear in each snapshot and associated 95% confidence ranges. Statistical significance of differences in outcomes was tested at the 5% level using t-tests and Chi-squared tests as appropriate.

Abstinence from any substance in past four weeks

The proportion of WSA+T tāngata whai ora who reported not using any substance of concern in the past four weeks was lower during continuing care than at admission (Figure 2), but these differences are not statistically significant ($p = 0.10$ for 3 months vs admission). It is important to note that tāngata whai ora in this cohort are generally not using substances prior to admission as they have come to Higher Ground directly from prison.

Figure 2 Percent of completed tāngata whai ora who abstained from using any substance in the past four weeks



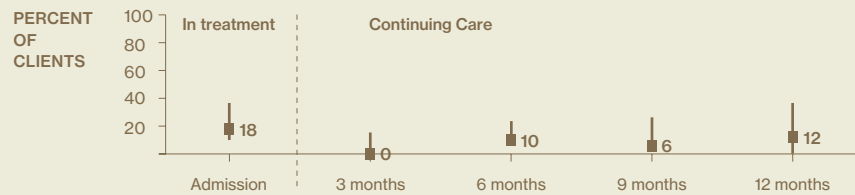
Impact on lifestyle & wellbeing in the past four weeks

Comparing reported overall impacts on lifestyle and wellbeing for WSA+T tāngata whai ora shows (Figure 3):

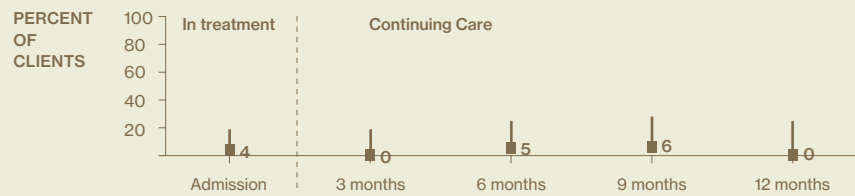
- Significantly higher engagement in paid work, voluntary work, study, or caregiving from 6 to 12 months after discharge compared to admission ($p < 0.01$).
- No significant increase in involvement in criminal or illegal activity after discharge. As noted above, tāngata whai ora generally come to Higher Ground directly from prison, which explains why the rate of offending is low at admission. It is notable that the reported rate of offending did not increase in the continuing care period.
- No significant differences across other impacts.

Figure 3 Percent of tāngata whai ora that completed the programme experiencing lifestyle and wellbeing impacts once a week or more in the past four weeks.

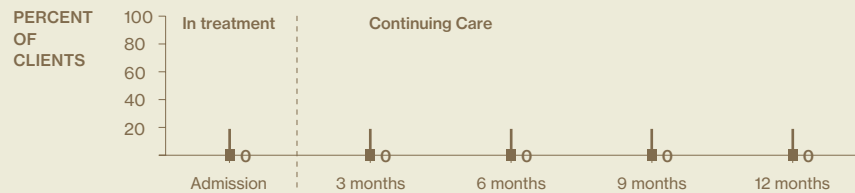
General physical health caused problems in daily life once a week or more



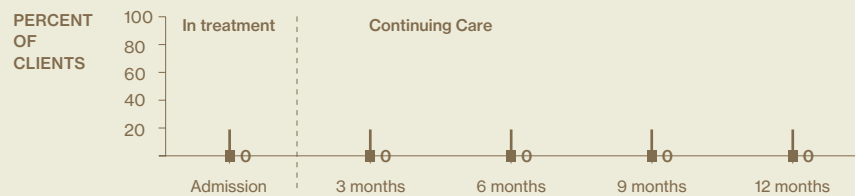
General mental health caused problems in daily life once a week or more



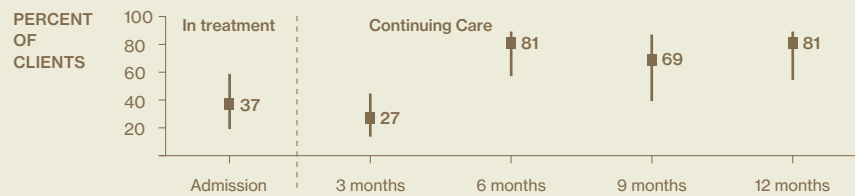
Alcohol or drug use led to problems or arguments with friends or family members once a week or more



Alcohol or drug use caused problems with work or other activities once a week or more



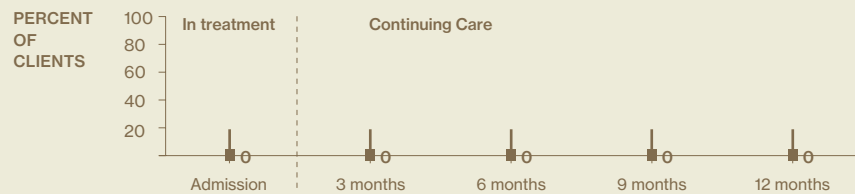
Engaged in paid work, voluntary work, study, caregiving once a week or more



Had difficulties finding housing or somewhere stable to live once a week or more



Involved in criminal or illegal activity once a week or more



Depression, anxiety & stress scores (DASS)

For tāngata whai ora that completed the programme, mean depression scores after discharge are significantly lower at 3 months compared to admission ($p < 0.05$) but it is not clear if this continues to be true beyond 3 months (Figure 4). The proportion of tāngata whai ora with a depression score in the normal range is not significantly different after discharge compared to admission (Figure 5).

Figure 4 Mean DASS depression score across completed tāngata whai ora

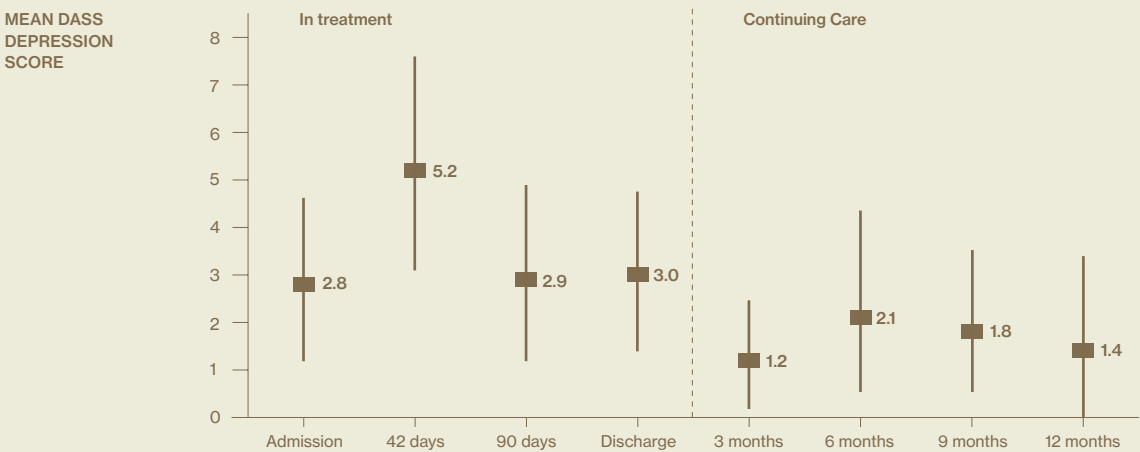
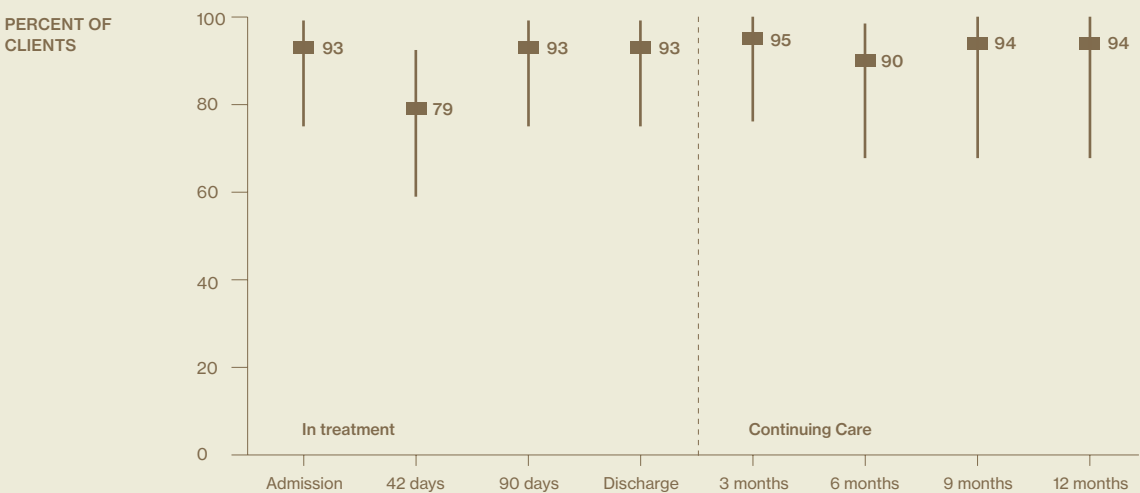


Figure 5 Percent of completed tāngata whai ora with a DASS depression score in the normal range



Mean anxiety scores are significantly lower for tāngata whai ora that completed the programme at 3 months ($p < 0.01$) and 9 months ($p < 0.01$) compared to admission (Figure 6). It is not clear if this continues to be true at 12 months ($p = 0.49$). The proportion of tāngata whai ora with an anxiety score in the normal range is not significantly different after discharge compared to admission (Figure 7).

Figure 6 Mean DASS anxiety score across completed tāngata whai ora

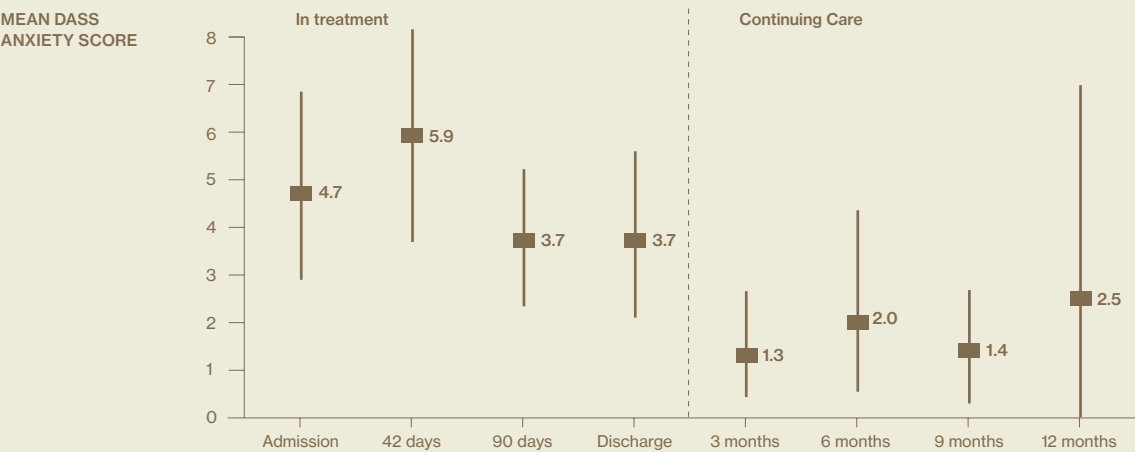
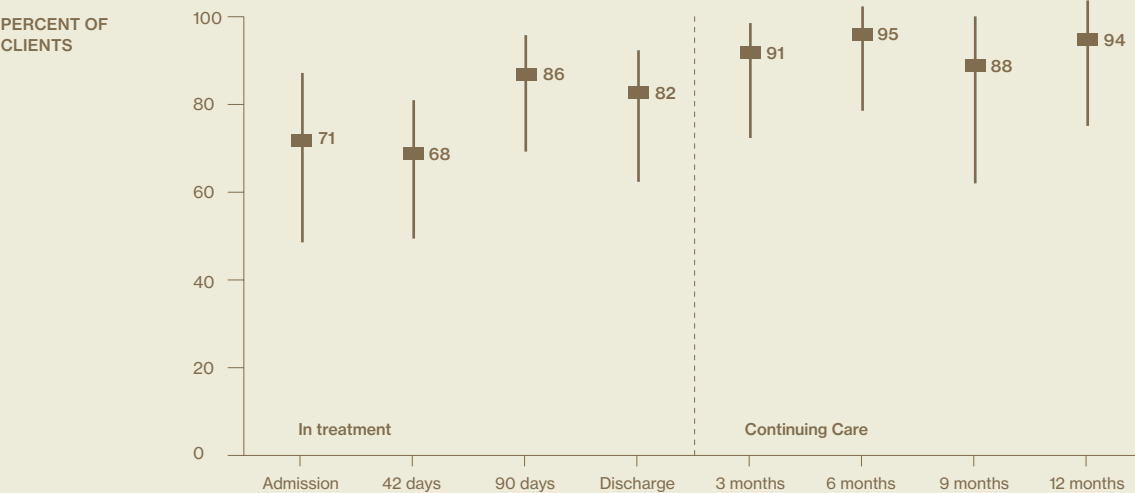


Figure 7 Percent of completed tāngata whai ora with a DASS anxiety score in the normal range



Mean stress score is significantly lower in tāngata whai ora that completed the programme at 3 months compared to admission ($p < 0.05$) but it is not clear if this continues beyond 3 months (Figure 8). The proportion of tāngata whai ora with a stress score in the normal range is not significantly different after discharge compared to admission (Figure 9).

Figure 8 Mean DASS stress score across completed tāngata whai ora

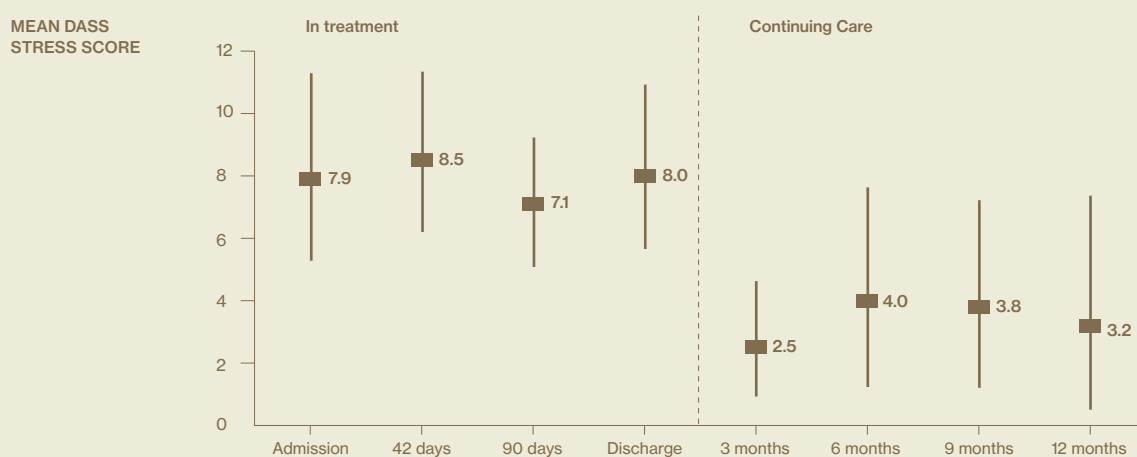


Figure 9 Percent of completed tāngata whai ora with a DASS stress score in the normal range

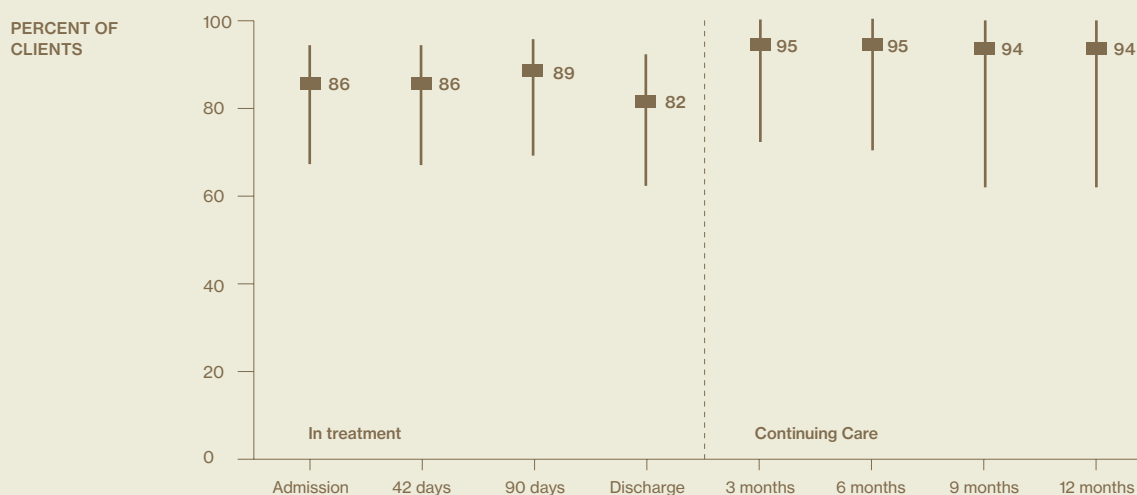
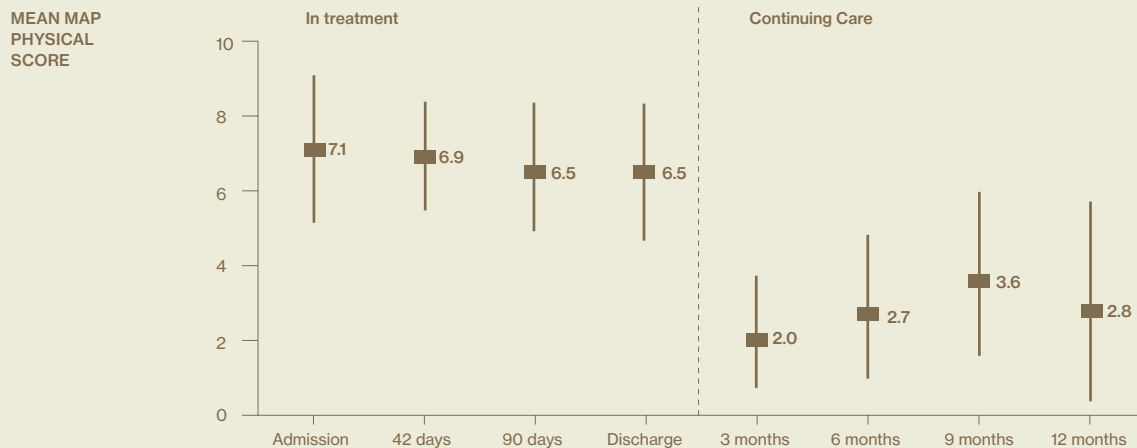


Figure 10 Mean score for MAP physical health symptoms across completed tāngata whai ora



Maudsley Addiction Profile physical health score

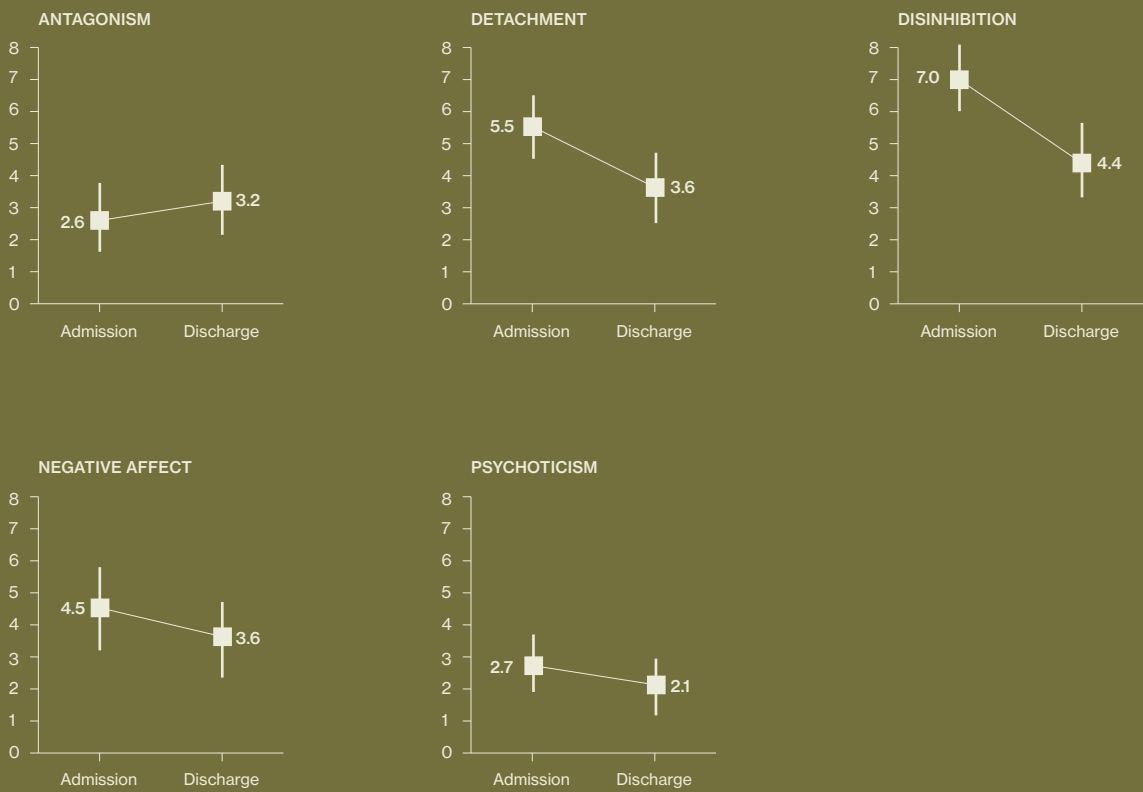
Across tāngata whai ora that completed the programme, the mean score for physical symptoms of addiction is significantly lower compared to admission at 3 months ($p < 0.01$), 6 months ($p = 0.02$), and 12 months ($p = 0.02$) (Figure 11). This implies a substantial improvement in physical symptoms such as poor appetite, fatigue, chest pain, difficulty breathing, joint or bone pain, muscle pain, and tremors.

Personality Inventory for DSM-5 traits

Personality traits of antagonism, detachment, disinhibition, negative affect and psychoticism were assessed at admission and discharge (Figure 11). For tāngata whai ora that completed the programme, mean scores were significantly lower at discharge compared to admission for detachment ($p < 0.01$) and disinhibition ($p < 0.01$) indicating a reduction in prevalence of these traits. Differences in mean scores for other traits were not significant.



Figure 11 Mean PID scores for traits across tāngata whai ora

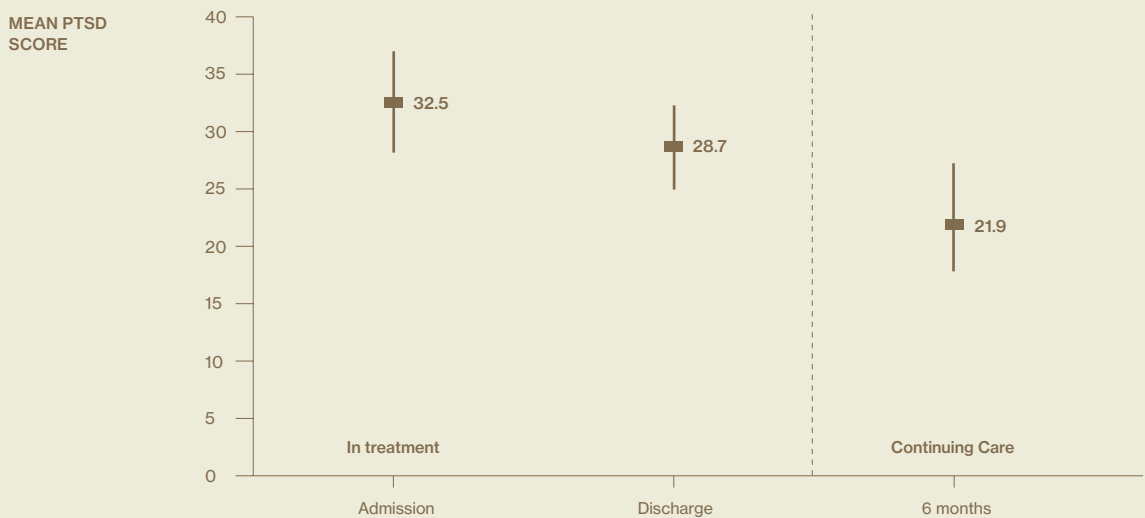


Post Traumatic Stress Disorder

Indications of post-traumatic stress disorder (PTSD) were assessed at admission, discharge, and 6 months after discharge (Figure 12). For WSA+T tāngata whai ora, the mean PTSD score was significantly lower at 6 months compared to admission ($p = 0.01$).

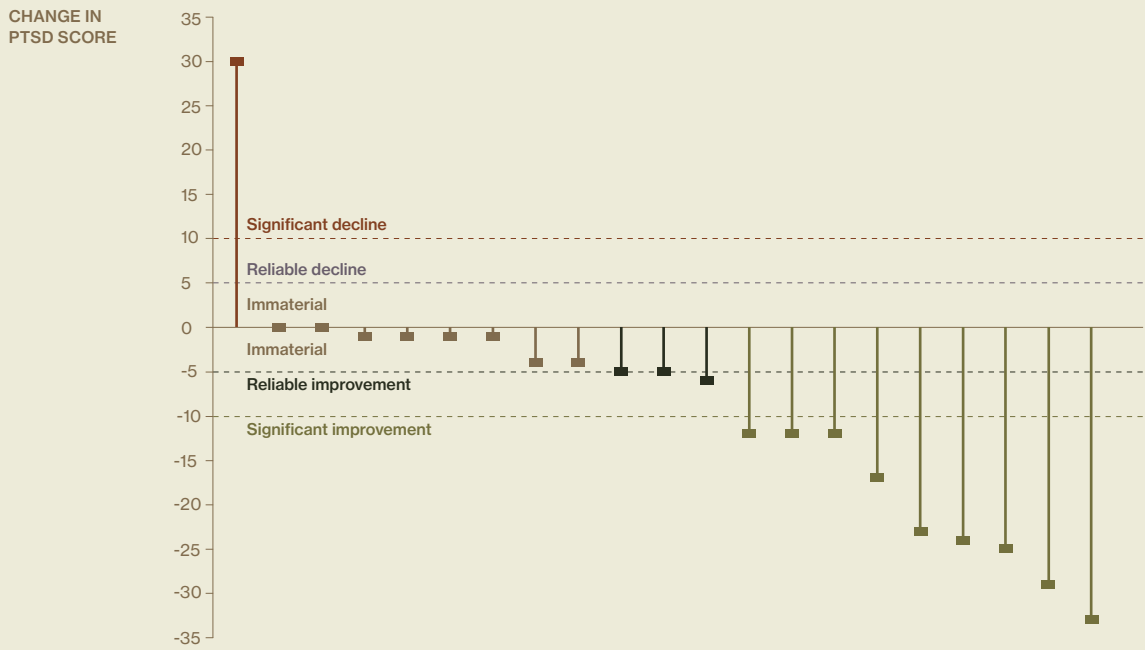


Figure 12 Mean total PTSD score across completed tāngata whai ora



Changes in PTSD scores can be classified into ‘significant’ (more than 10 points) or ‘reliable’ (5 to 10 points) improvements and declines, or immaterial changes (less than 5 points). For the 21 tāngata whai ora that completed the programme with 6-month follow-up data, 9 (43%) had a significant improvement (i.e. reduction) in their PTSD score compared to admission and 3 (14%) had a reliable improvement (Figure 13). Only one tangata whai ora (person seeking wellness) had a significant increase in their PTSD score, i.e. a significant worsening or decline in their PTSD symptoms.


Figure 13 Changes in PTSD score from admission to 6 months post discharge for individual tāngata whai ora



Indicative cost-benefit analysis

The Higher Ground Corrections contract demonstrably delivers substantial social value. Under conservative estimates, the programme generates \$8.6 million in social benefits by avoided methamphetamine use, with a benefit-cost ratio of 3.1 : 1. This means for every dollar invested, the program creates \$3.10 in social value.





Total funding of \$2.75 million was provided by Corrections between January 2019 and October 2024. As noted above, this was used to provide support to 66 tāngata whai ora, of which 28 fully completed the programme (discharged WSA+T). Of the 28 tāngata whai ora that completed the programme, for 26 tāngata whai ora the primary or secondary substance of concern was methamphetamine, either alone or in combination with other substances. The other two reported concern with cannabis and alcohol.

Among the 26 former users of methamphetamine in this cohort, self-reported levels of prior usage were high and severe. On average, first use of methamphetamine occurred at 15 years of age (with a range from 10 to 24 years old) and use was problematic for 15 years on average (with a range from two years to 35 years). Self-reported usage of methamphetamine averaged around 0.42 grams per day when it first became problematic and averaged around 3.12 grams per day when most severe.


“The staff at Higher Ground saw beyond my past, helping me face what I’d done and begin building something better.”

CLINT, HIGHER GROUND GRADUATE

In comparison, a dependent user of methamphetamine may use around 0.25 grams per day on average (McFadden Consultancy, 2016). For various reasons, it seems unlikely that the most severe level of use reported by tāngata whai ora in this cohort could be sustained every day for a full year. Therefore the analysis below uses half of the reported average (1.55 grams per day) as an upper estimate of average use, and 0.42 grams per day as a lower estimate.

The social harms associated with methamphetamine are substantial. The NZ Drug Harm Index 2023 estimates total social harm of \$1,048 per gram of methamphetamine (National Drug Intelligence Bureau, 2024). This is likely to be an underestimate as some types of harm such as that experienced by children of drug users could not be quantified and are not included in this figure.

The Higher Ground Corrections contract would 'break even' if it prevents social costs of methamphetamine use that are at least equal to the cost of the programme². For this to occur it would need to prevent a total of around 2.6 kg of methamphetamine use over the period being evaluated (January 2019 to October 2024). For tāngata whai ora in this cohort, this corresponds to preventing around 17.1 person-years of methamphetamine use at the lower estimate of 0.42 grams per day and around 4.6 person-years of use at the higher estimate of 1.55 grams per day.



The available follow-up data for the 26 tāngata whai ora who were former methamphetamine users and who fully completed the programme indicates at least 15 remained free of use at 12 months after treatment, one at 9 months, five at 6 months, and four at 3 months. This gives a total of 19.3 person-years when tāngata whai ora in the cohort were known to be free of methamphetamine use after treatment. This is likely to be an under-estimate for several reasons. First, some tāngata whai ora will have remained free of use longer than 12 months, but follow-up data was not collected for any tāngata whai ora after that point. Second, follow-up data is incomplete for some of these 26 tāngata whai ora, but some of those with incomplete data may nevertheless have remained drug free for 12 months or more. Finally, some tāngata whai ora who did not fully complete the programme may also have remained drug free because of the treatment they received, but there is very limited follow-up data available on them.

² There are likely to be additional benefits associated with preventing harm from cannabis and alcohol use. These are not estimated as the number of users of these substances in the cohort of tāngata whai ora who fully completed the programme is small.

The other factor affecting the break-even calculation is the proportion of tāngata whai ora who would have resumed using methamphetamine if they were not treated by Higher Ground (which reflects the effectiveness of treatment). There is no direct evidence about this as no data is available for a group of people with similar characteristics to the programme's residents but who were not part of the programme. However, given the characteristics of this cohort including prior severe levels of sustained methamphetamine use and other factors including criminal histories, it is reasonable to assume a high rate of relapse without treatment.

The most conservative assumptions based on the data summarised above are an average methamphetamine use of 0.42 grams per day and that tāngata whai ora in the programme remained free of use for a total of 19.3 person-years after treatment. Under these assumptions, the programme breaks even if the proportion of tāngata whai ora who would have relapsed without treatment is 89% or higher. This seems likely given characteristics of tāngata whai ora in the cohort, as noted above. Under the plausible assumption of an average of 1.55 grams of methamphetamine use per day and keeping other assumptions unchanged, break-even is achieved at a relapse rate without treatment of 24% or higher, which is almost certain to be true.

Overall, there is evidence that even under very conservative assumptions the programme broke even and generated more social benefits than its cost. Under plausible assumptions about methamphetamine use for the tāngata whai ora cohort and effectiveness of treatment, estimated social benefits are substantially greater than programme costs. For example, at 1.55 grams of methamphetamine use on average per day, a total of 19.3 person-years free of use after treatment, and a relapse rate without treatment of 75%, the value of social harm of methamphetamine use avoided is around \$8.6 million and the programme has a benefit-cost ratio of 3.1 : 1 during the evaluation period. The relapse rate without treatment is uncertain, and the estimated benefit-cost ratio ranges from 2.1:1 to 3.8:1 for relapse rates between 50% and 90%.



Limitations

Overall, these results are consistent with participation in the programme contributing to a range of improved outcomes for participants and net positive social benefits.

As the analysis did not include a comparison group of non-participants, it is not possible to distinguish impacts of the programme from other factors that may also have influenced outcomes for these tāngata whai ora. This means it is not possible to directly attribute observed changes in outcomes and social benefits to participation in the programme. Further research including analysis of outcomes for a comparison group and sustained follow-up is needed to strengthen the evidence about the programme's impacts.



“It wasn’t just about getting clean—it was about figuring out how to live a life I could be proud of.”

NATASHA, HIGHER GROUND GRADUATE

Summary: Supporting Transformation & Reintegration

The Higher Ground programme offers more than treatment for addiction. It provides a space where tāngata whai ora – many of whom have spent years cycling through addiction and incarceration – can find a way forward.

The impact of Higher Ground extends beyond the residents in the programme. It provides a gateway for whānau and tamariki to heal and allows residents to re-engage with society in a positive manner. As this analysis shows, many tāngata whai ora who complete the programme remain abstinent and crime-free, while also moving into employment, education, and providing support to their whānau. The numbers speak to this impact: for every dollar invested, \$3.10 in social harm is avoided, with the programme generating an estimated \$8.6 million in social benefits.

However, COVID-19 brought significant disruptions – fewer referrals, interrupted routines, and a reduction in graduation rates. The TC model is also tough, requiring commitment to personal growth. Some tāngata whai ora leave early, but those who stay benefit significantly, as shown in a previous outcomes report (King & Stevenson, 2019).

The experiences of Clint and Natasha, featured in the report, illustrate the life-changing potential of the programme. Both have successfully maintained their recovery and now contribute to the wellbeing of others, supported by their ongoing connection with Higher Ground. Their journeys highlight the importance of long-term support and the potential for meaningful reintegration.

Looking ahead, Higher Ground remains focused on strengthening its bicultural approach and enhancing reintegration support for tāngata whai ora. Emotional regulation, anger management, and support for those affected by family violence – both survivors and perpetrators – are becoming key areas of focus. These efforts will ensure the programme continues to meet the evolving needs of tāngata whai ora and their whānau.



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PUBLISHER
HIGHER
GROUND PAPA
TAUMATA DRUG
REHABILITATION
TRUST

JAN 2025

Contact

Maree Matthews

Pouwhakahaere Director
maree@higherground.org.nz

Our Location

118 Beach Road,
Te Atatu Peninsula,
Auckland 0610

Suzette Jackson

Kairangahau (Research Coordinator)
suzette@higherground.org.nz

Our Postal address

PO Box 45 192
Te Atatu,
Auckland 0610

Website

higherground.co.nz

