

National Committee
for Addiction Treatment

Addiction Leadership Day

26 March 2025

Te Whanganui-a-Tara, Wellington

E te Atua

E te Atua, tukua mai he ngākau
māhaki (ki a mātou)

Kia tau tonu te rangimārie I roto I
ngā uauatanga

Me te kaha ki te whakatika I ngā
mārōtanga

Kia mātou, kia mārama hok i ngā
rerekētanga



National Committee
for Addiction Treatment

Welcome and housekeeping

Deb Fraser-Komene,
NCAT co-chair



**National Committee
for Addiction Treatment**

Opening address

Matt Doocey, Minister of Mental Health



National Committee
for Addiction Treatment

Te Whatu Ora update

Ian McKenzie, Co-director Addictions, Te
Whatu Ora Addictions Commissioning Team



National Committee
for Addiction Treatment

ADDICTION SERVICES

**Ian McKenzie,
Co-Director, Addiction,
National Commissioning**

Overview

- The sector and govt expectations
- HNZ delivery plan
- Contract intent
- Devolution to regions
- What this means and leadership to achieve



Delivery Plan

A summary of the plan to improve health care and
achieve the Government's priorities

March 2025 - June 2026



The Role of 'National Office'

- Nationally enabling functions
- Significantly smaller as people allocated to regional and district service delivery
- National plans, policies and standards
- Delivery of national programmes
- Shared service model developed through 2025 and fully transitioned by mid-2026

Health New Zealand | Te Whatu Ora

range of local health delivery operations and services. They are: Northern, Midland | Te Manawa Taki, Central | Te Ikaroa, Southern | Te Waipounamu.

Each region has functions required to support their districts. This includes a senior team of local hospital operations leaders, clinical disciplines, quality and patient safety, public health and service planning and funding. They are supported by a set of enabling functions. The regional office is not intended to be large with only the key functions required to support the local health service delivery and engage in the regional implementation of national programmes.

Regional and district leaders are responsible for engaging with community health providers, iwi Māori partnership boards, community stakeholders and representing Health NZ in the regions alongside other government agencies. This function will be well embedded by mid-2026.

Nationally enabling functions

By mid-2025 the "national office" of Health NZ will be significantly smaller as people have been allocated to regional and district service delivery. The national office will be located in Wellington.

To achieve consistency Health NZ will operate using national plans, policies and standards. These are developed by national functional leaders with significant input and agreement of regional and local leaders. Decisions on national plans, policies and standards are taken by the Executive Leadership

Team, its sub-committees and clinical leaders.

To deliver national consistency there will be national level functions including clinical, quality and patient safety, public health, service planning and funding, finance, legal, human resources, communications, government relations, digital services, data, procurement, infrastructure, Pacific health, hauora Māori, assurance, audit and risk.

The national organisation will also be responsible for delivery of national programmes, that by their nature need to be led at a national level. As noted above, some services for reasons of scale and / or complexity, are better delivered nationally and provided to regional and local organisations as a shared service.

The shared service model will be developed through 2025 and fully transitioned by mid-2026.

Bringing it all together

For this structure to work effectively for patients and our people it requires an alignment of planning, performance management, decision-making and delivery at all levels. A stronger partnership between clinical and administrative parts of the organisation is essential. A comprehensive approach to how we will work as an organisation has been developed and agreed. This will be refined and progressively implemented during 2025 and expected to be fully embedded by mid-2026.

Contracting intent 25/26





- Impact of becoming one National/Regional agency
- Health NZ is currently working through the 2025/26 budget. Once this is complete we will be able to inform the sector about contract rollovers.



Regionalisation of contracts

- Active discussion re devolution to regions – supported where contracts are realistically local vs contracts for national services
- Ensuring service availability to tangata whaiora

Regions

-  Northern | Te Tai Tokerau
-  Midland | Te Manawa Taki
-  Central | Te Ikaroa
-  South Island | Te Waipounamu

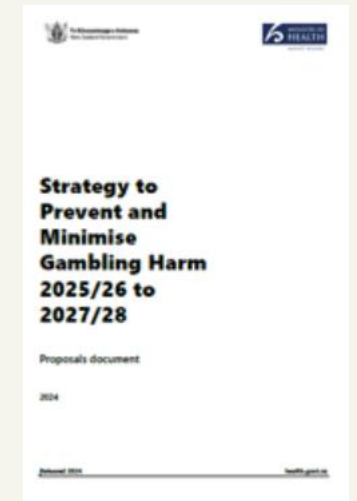
Promoting addiction services

- Important to tell our story eg benefits of harm minimisation strategies
- Linkages to government targets – both MHA and general health
- Access/promotion re early intervention and 5x5 reduction in violent crime
- Importance of data and evidence



Strategy to Prevent and Minimise Gambling Harm

- Current strategy, service plan and levy regulations expire 30 June 2025
- Addictions team working in partnership with MoH on strategy and service plan
- Cabinet consideration early April, decision in May linked to Budget 2025
- Strategy and service plan based around Ministers priorities



Residential Review with Corrections NZ

- LCK Review – nearing completion
- Corrections NZ Role and Review
- Collaboration – Health NZ and Corrections NZ
- Sector engagement going forward



Critical Shifts

Actively deliver on Te Tiriti o Waitangi

Design out inequities

Build Lived Experience-led transformation

Get in early to support whānau wellbeing

Promoting wellbeing and responding early when distress arises

Connect services to work better

Be responsive to needs, options and respected choices





IN SUMMARY

- Recognising the changes that are underway
- Working together to achieve required changes
- Kia ora everyone



Thank you

Te Whatu Ora Central Region update

Peter Carter, Regional Manager, Mentally Well,
Te Ikaroa Central Commissioning & Anna
Tonks, Systems Design Manager, Addiction, Te
Ikaroa Central Commissioning, Te Whatu Ora



**National Committee
for Addiction Treatment**

Te Ikaroa Central Region Update

Anna Tonks, System Design Manager, Addiction

Pete Carter, Regional Manager, Mentally Well

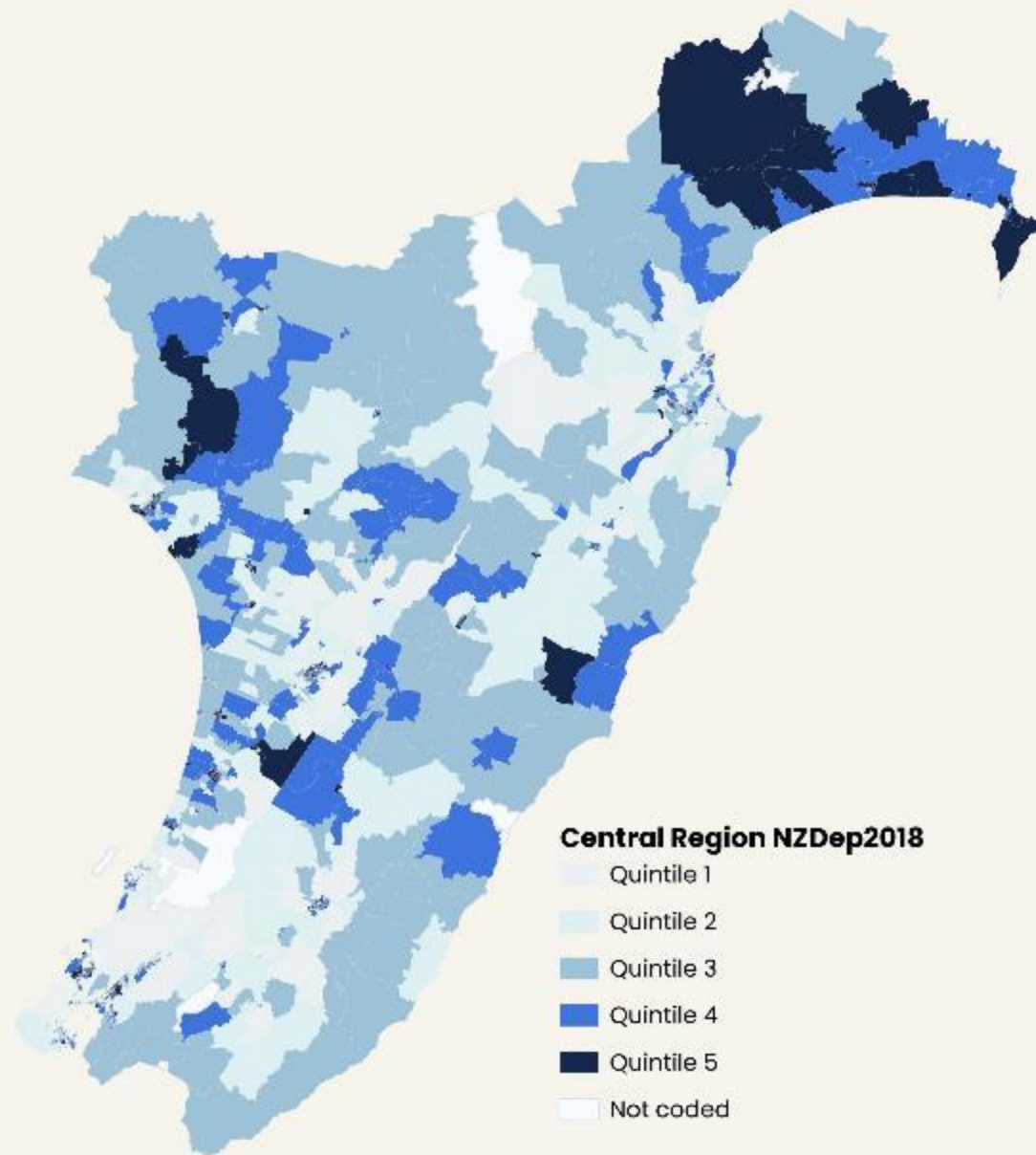
Te Ikaroa Update

- **New appointments**
 - Regional Director, MHA
 - Regional Director, Funding Planning and Outcomes
- **Commissioning work programme and functions review almost complete**
 - Reset process to follow



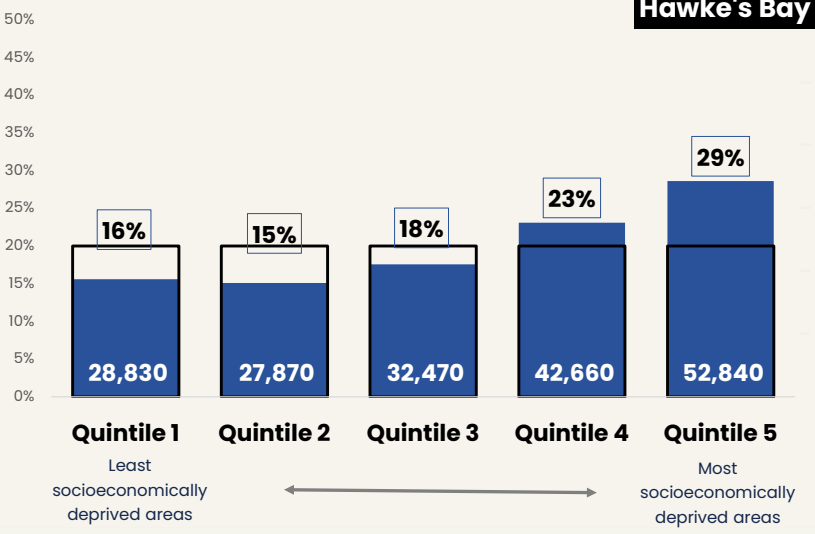
Te Ikaroa

- Socioeconomic deprivation profile (measured by NZDep2018) of Central region

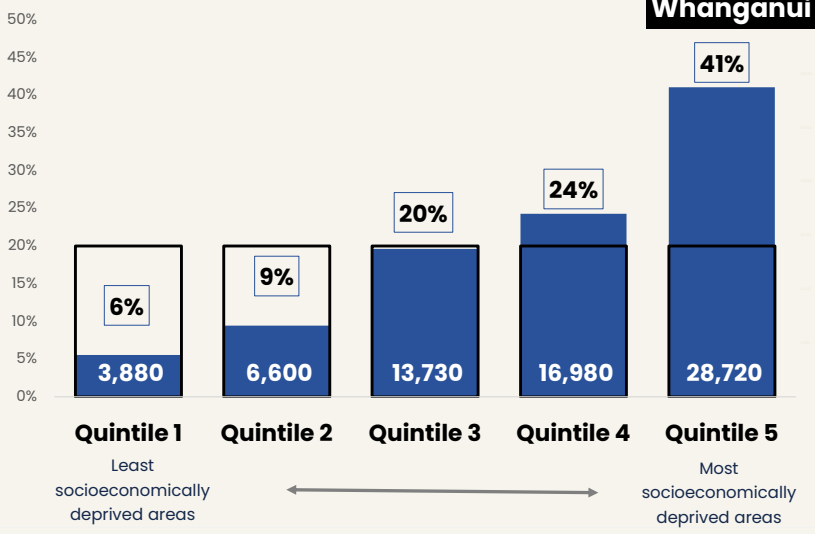


Socioeconomic deprivation (NZDep2018) by district

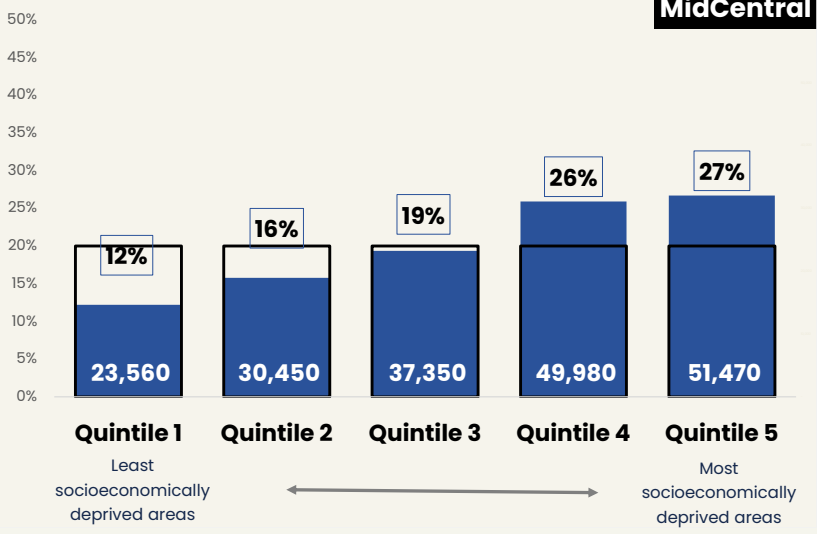
Hawke's Bay



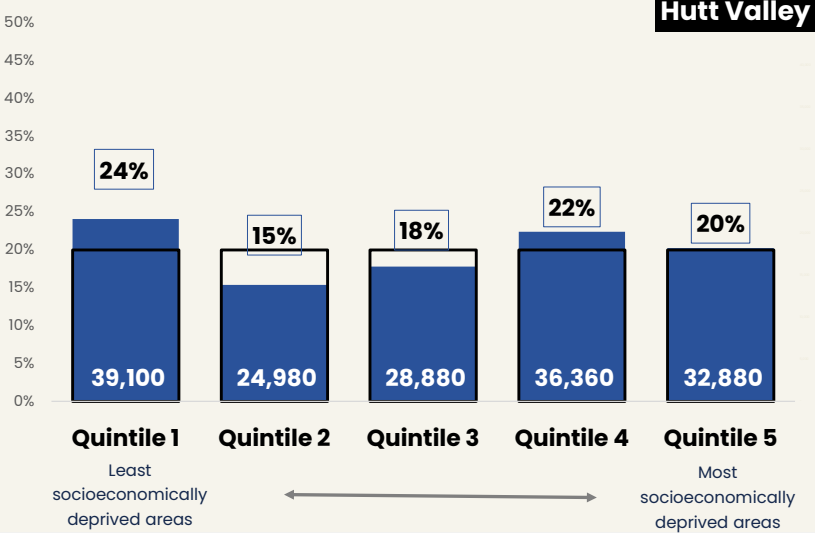
Whanganui



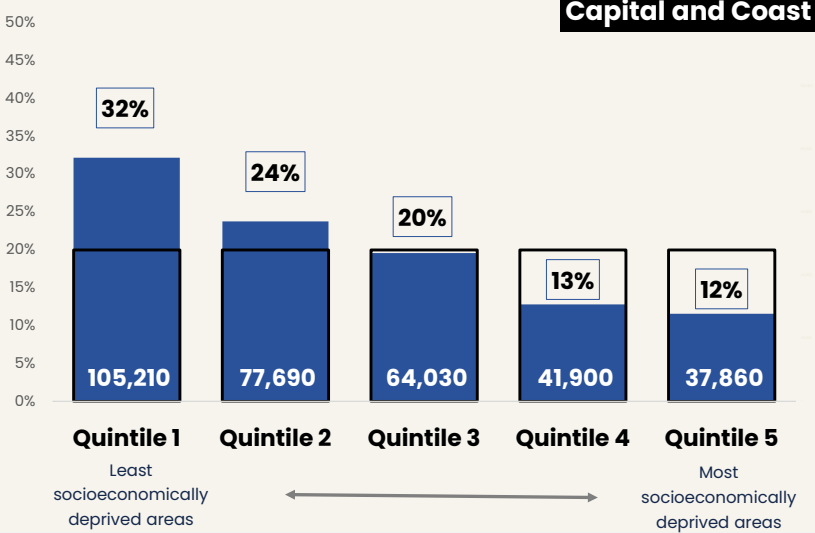
MidCentral



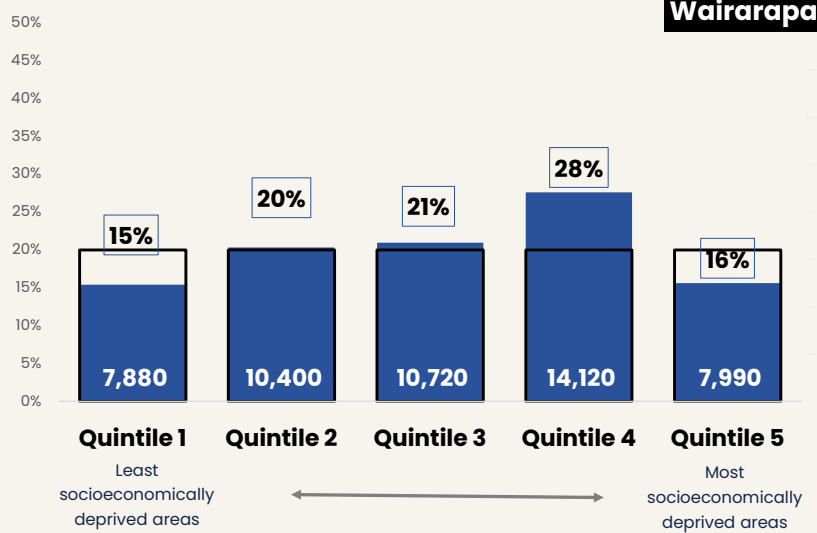
Hutt Valley



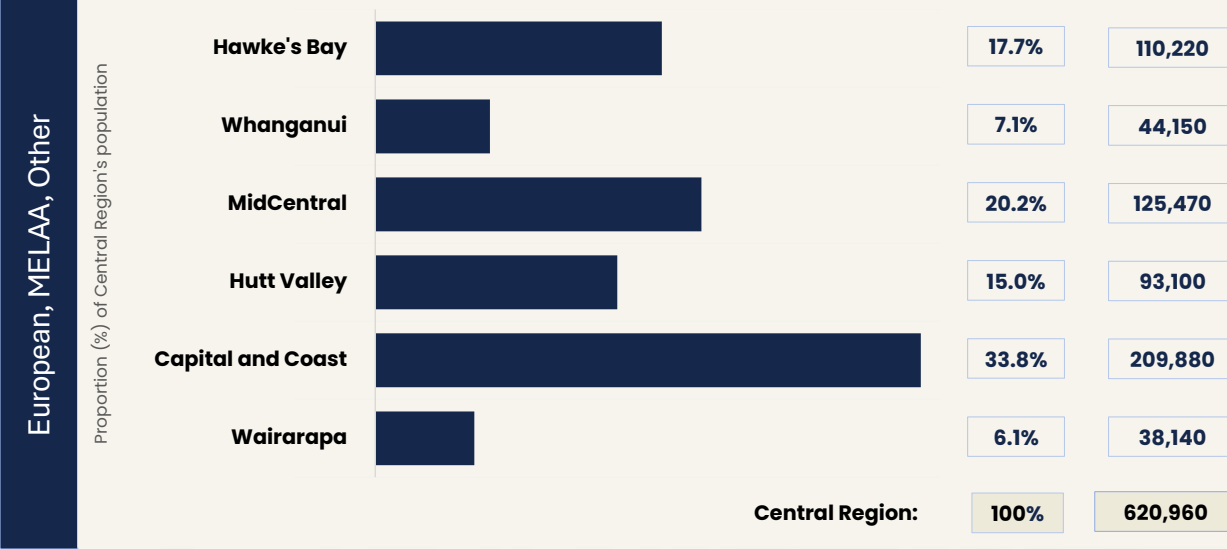
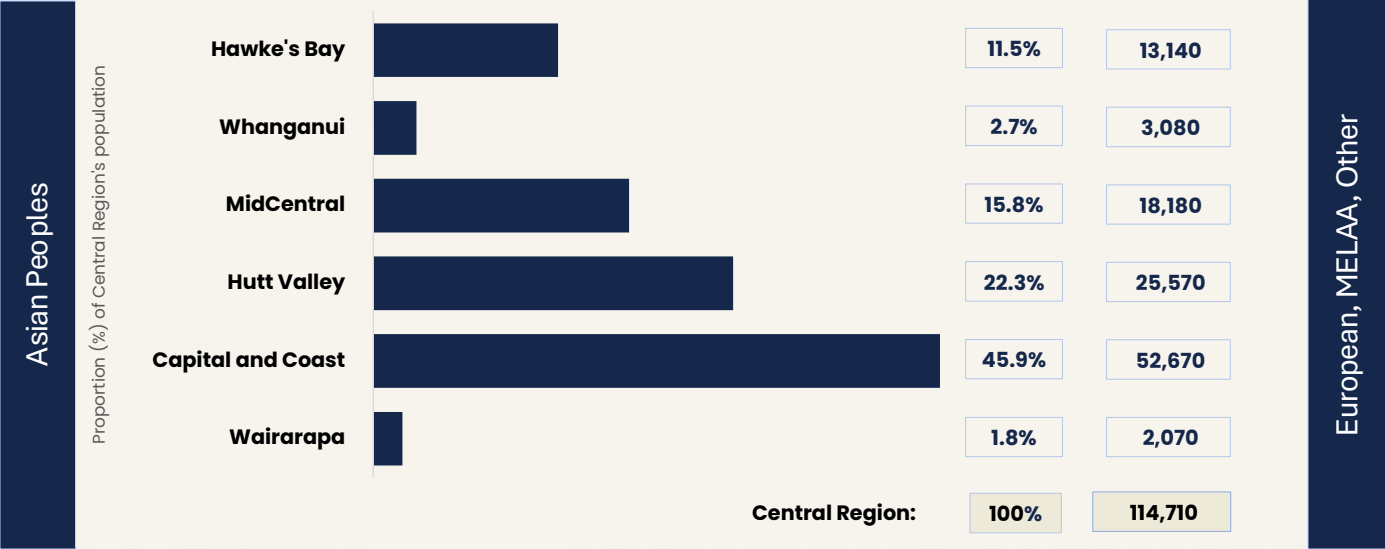
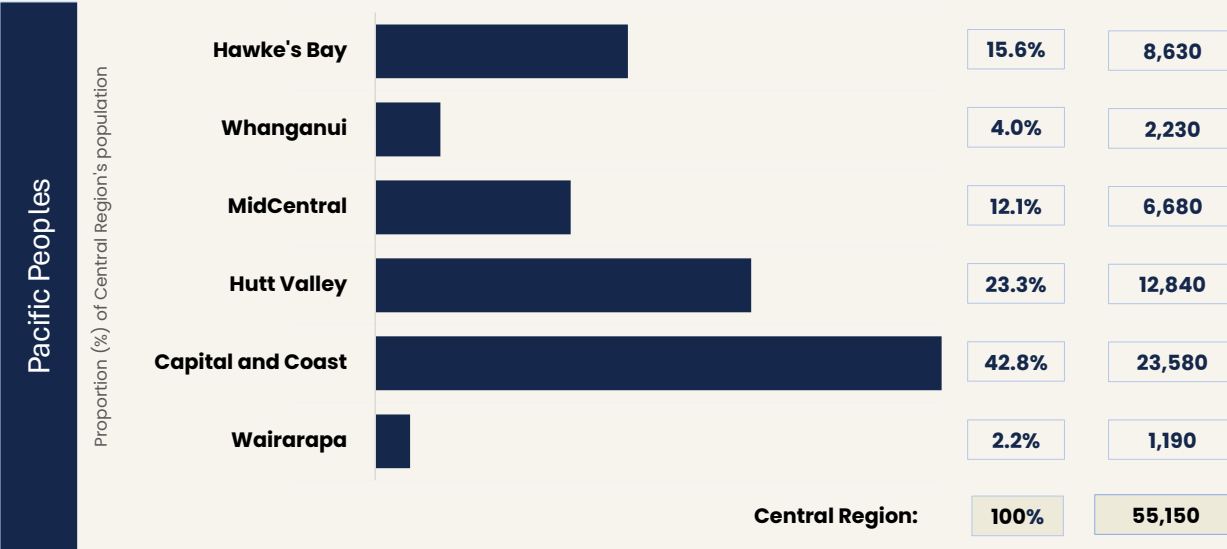
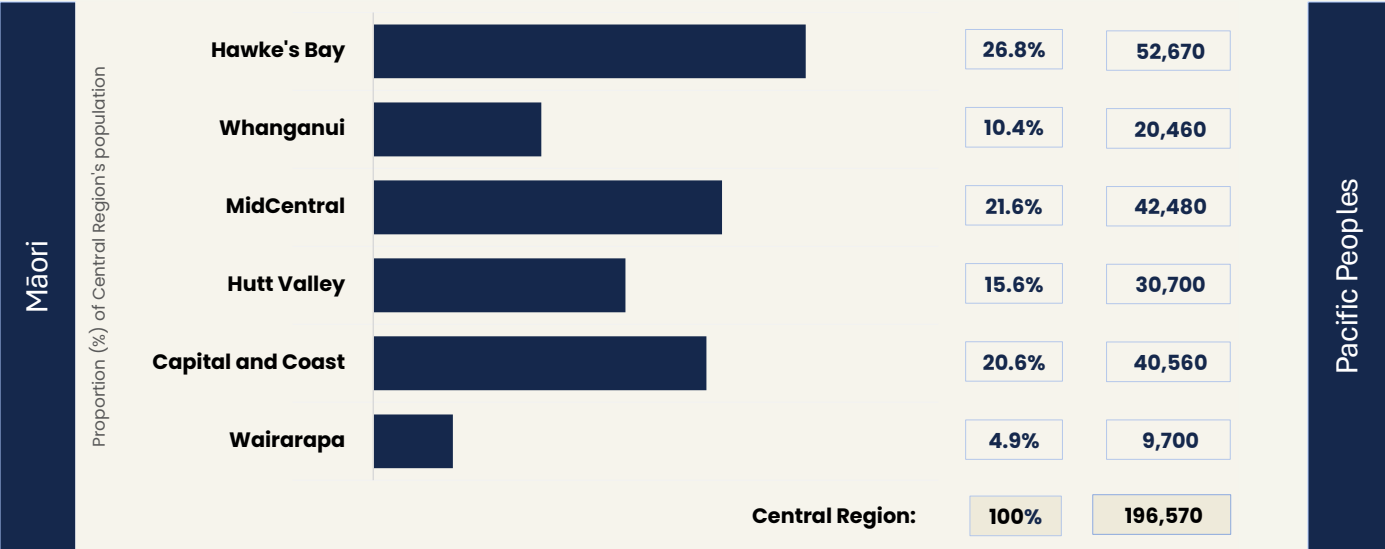
Capital and Coast



Wairarapa



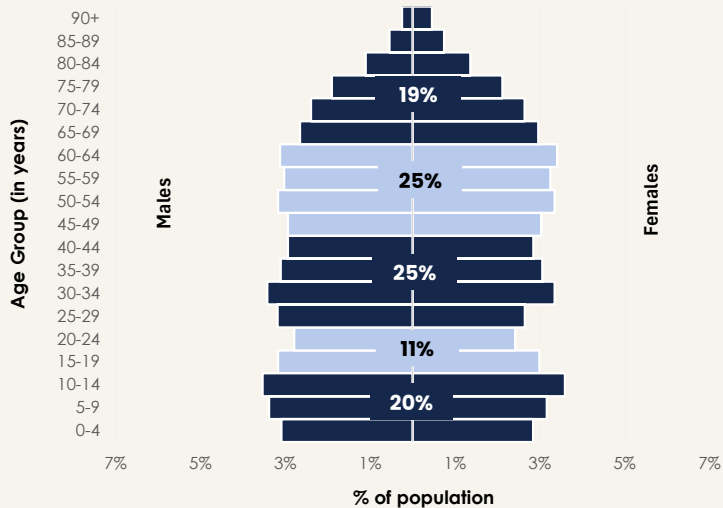
Distribution of population of each ethnic group



Age profile by district

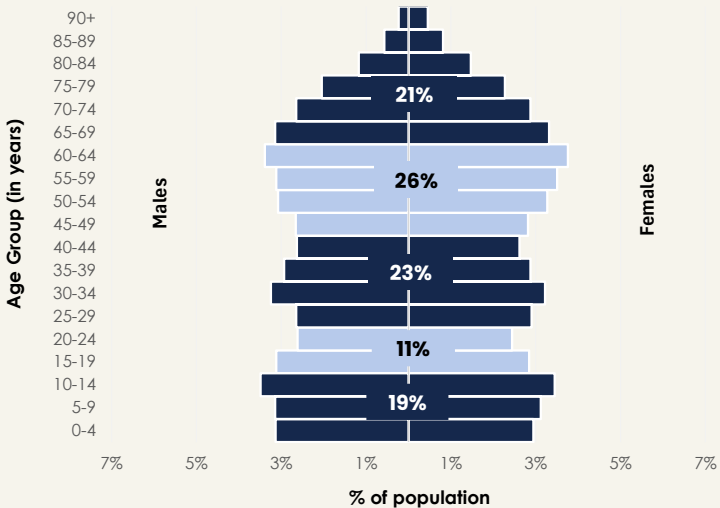
Hawke's Bay

Population: 184,660



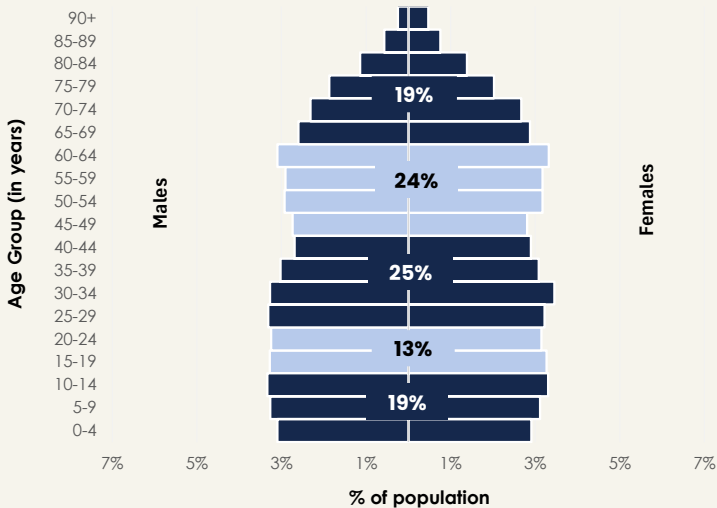
Whanganui

Population: 69,920



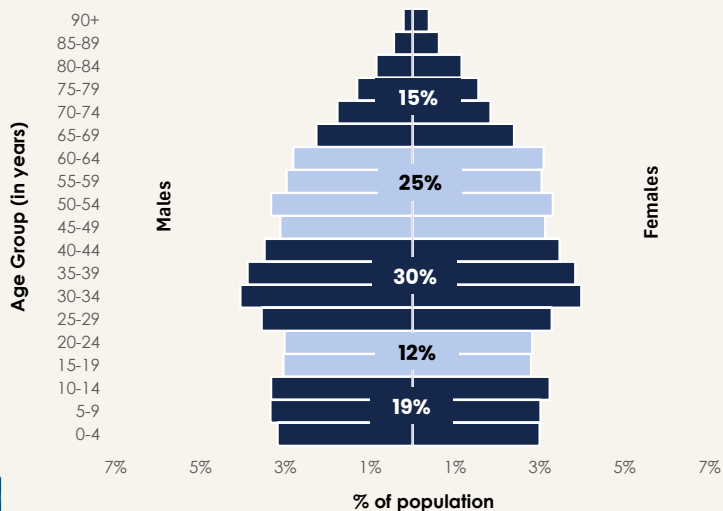
MidCentral

Population: 192,810



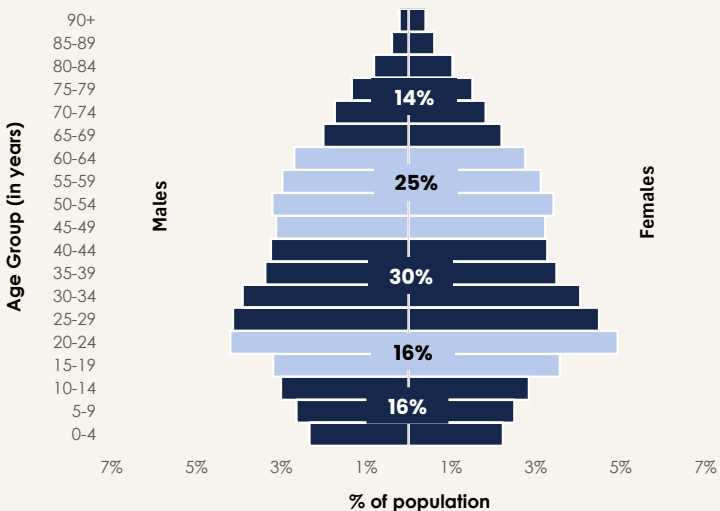
Hutt Valley

Population: 162,210



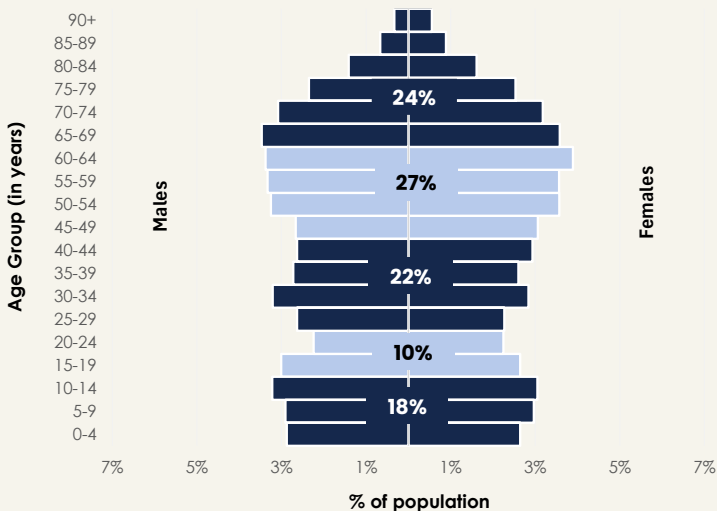
Capital and Coast

Population: 326,690

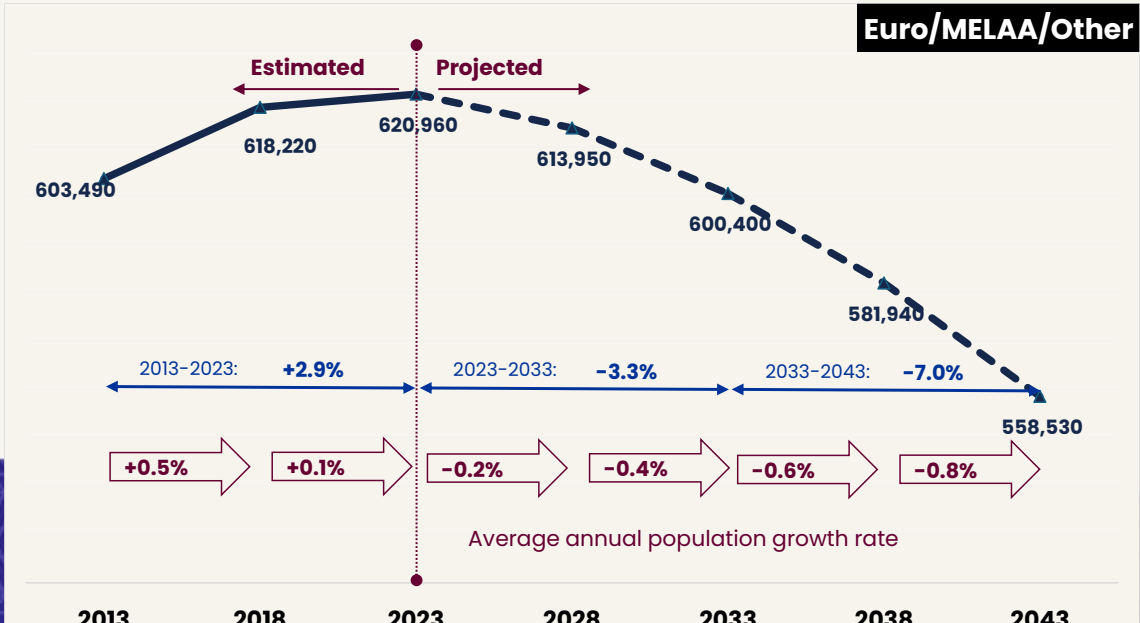
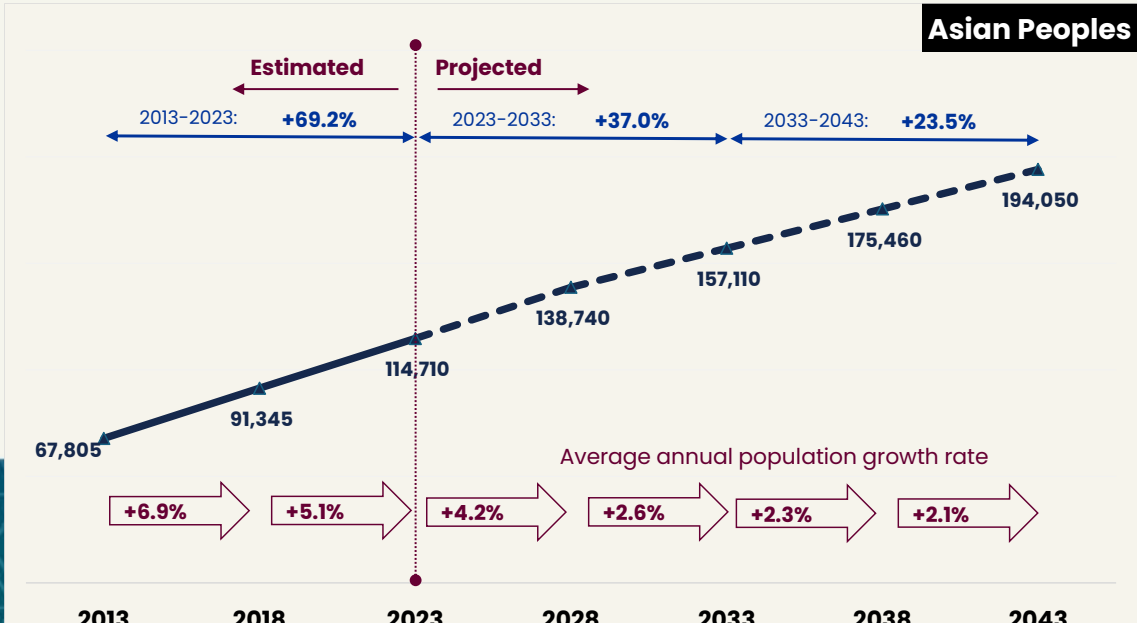
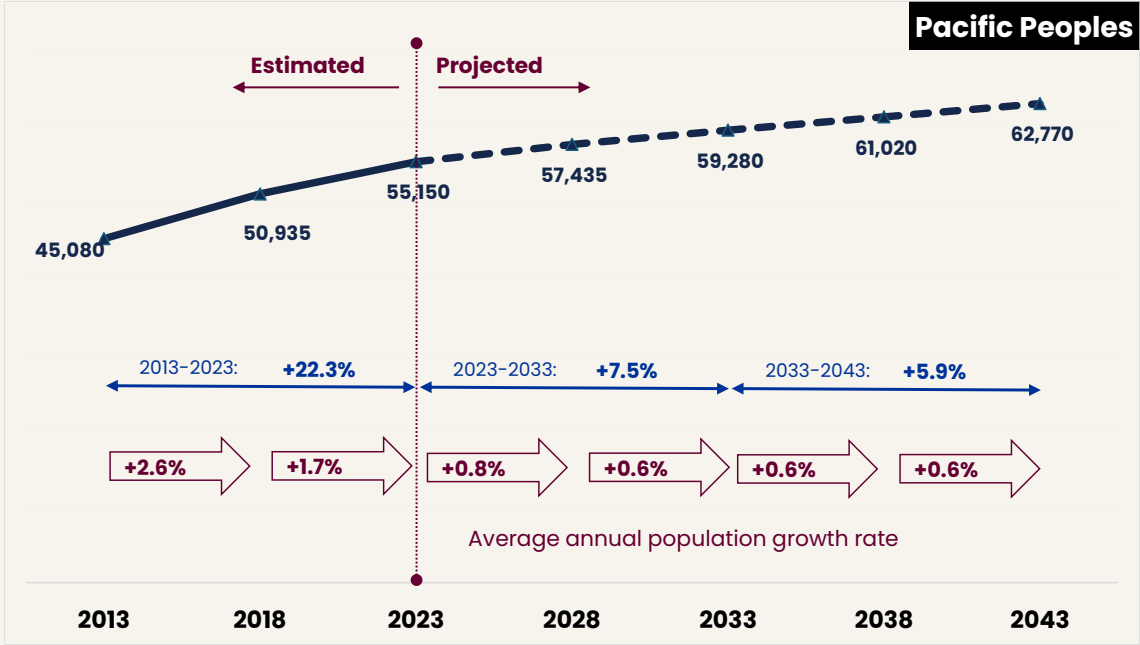
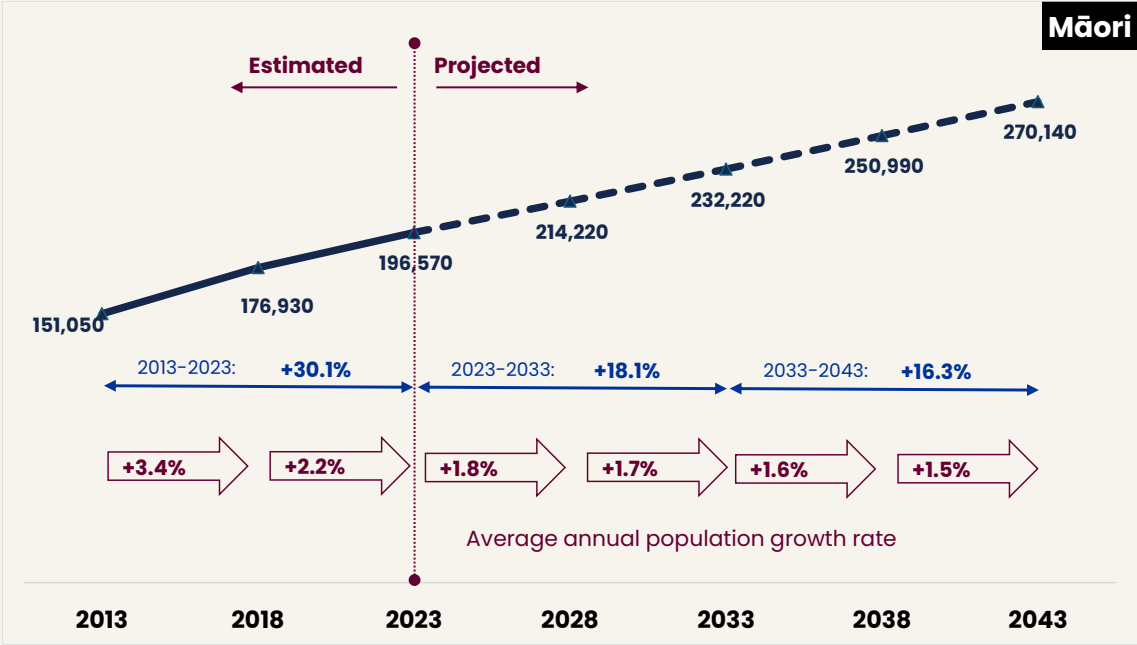


Wairarapa

Population: 51,100



Population change in Central region by prioritised ethnicity

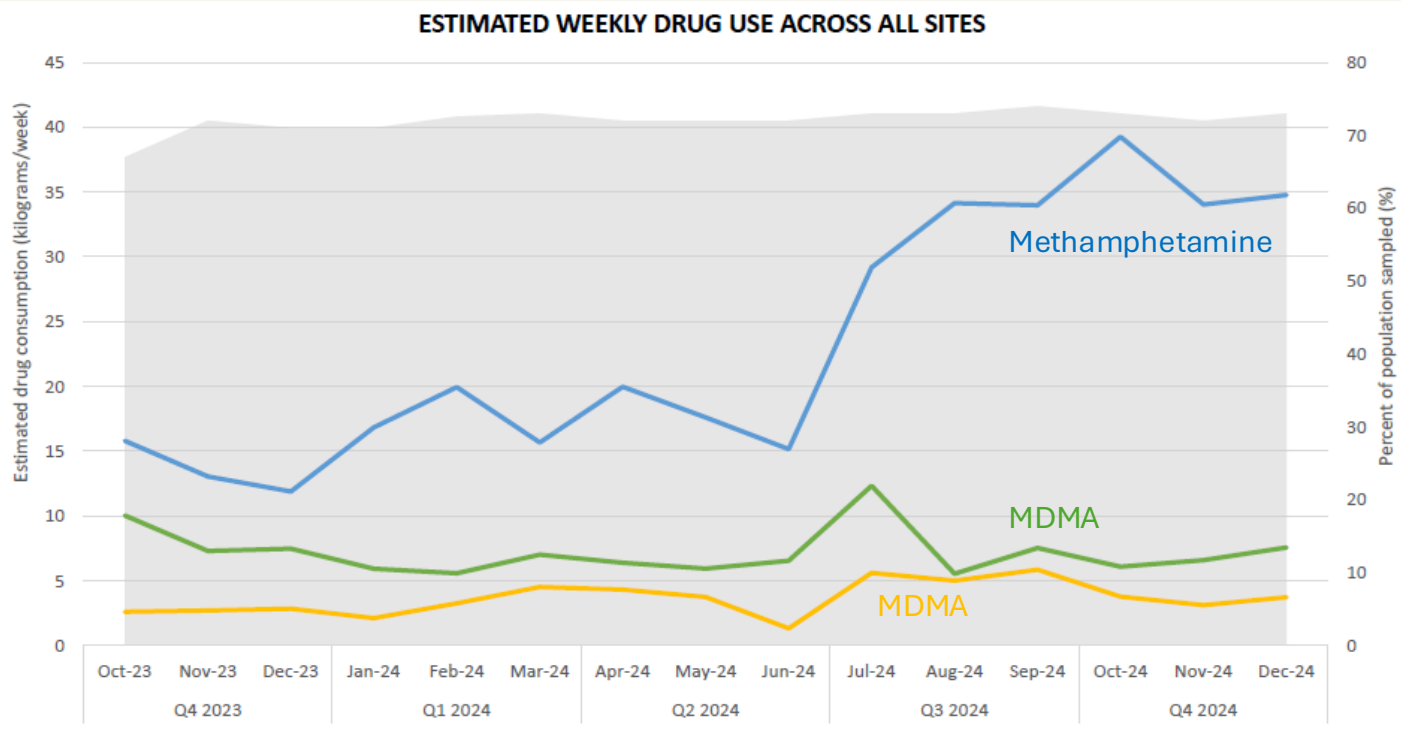
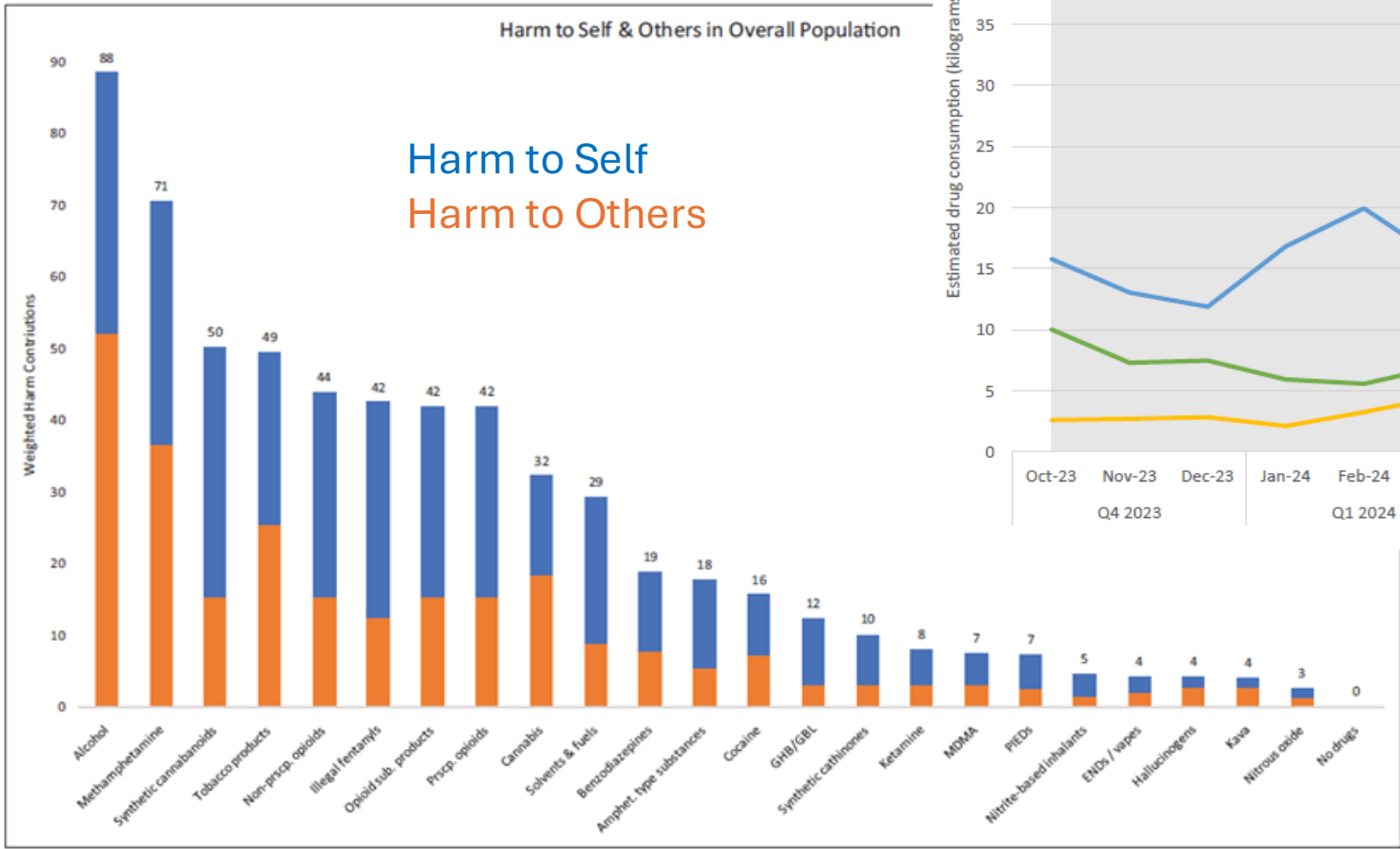


NZ Drug Harm ranking

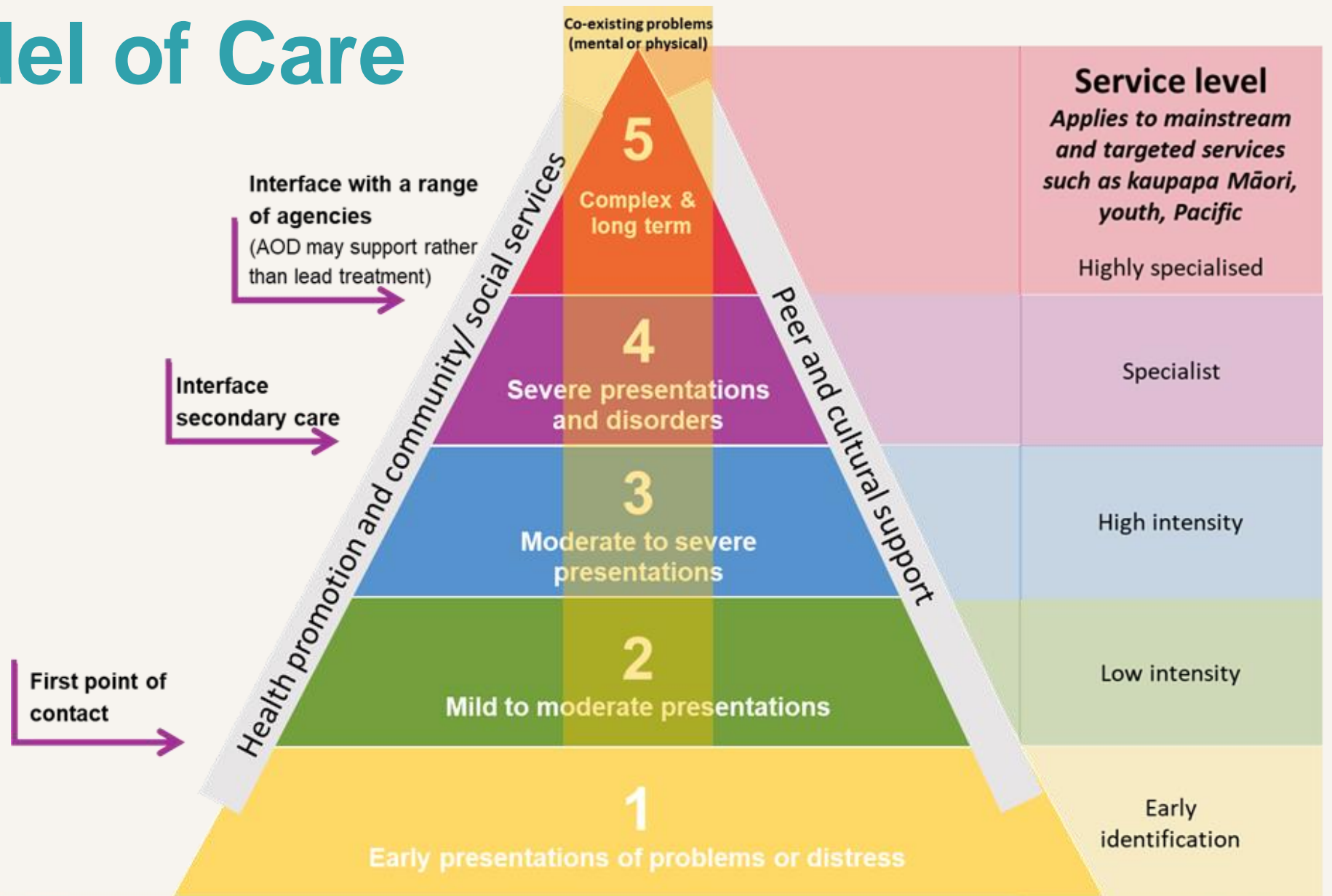
Crossin, et al., 2023

Wastewater testing

NDIB, 2025



AOD Model of Care



AOD service continuum

Corresponding level in stepped model of care

Corresponding level in stepped model of care		Level 1		Level 2		Level 3	Level 4	Level 5		
"Harm has not occurred yet" - prevention and early intervention				"Harm is occurring" - AOD intervention needed			"Mitigating further harms" - Maintenance / aftercare			
Health promotion and universal prevention		Selective (at-risk)	Indicated (at risk)	Secondary prevention	Intervention - mild / moderate	Intervention - moderate / severe	Intervention - severe / complex	Maintenance / stabilisation	Continuing care	Reintegration
Type of service/ support available					Dedicated AOD services					
National / regional	Primary / community services							Primary / community services		
							SACAT			
							Residential treatment services			
							Withdrawal services: Medical			
							Cross-agency solutions for enduring substance use disorders			
Multi-locality (district) / locality							Step-up accommodation	Step-down accommodation		
							Structured day programmes			
							Addiction consultation liason (in hospital and community settings)			
							Withdrawal services: Community residential			
							Withdrawal services: Community-based (at home)			
							Opioid substitution treatment			
							Addiction medical support - including pharmacotherapy			
							Counselling and group work			
							Case coordination	Case management	Care coordination (continuing care/ aftercare)	
							Whānau-based support and services			
							Peer support and mutual aid groups			
							Employment, social, housing and health support			
							Impaired driving			
							Triage and clinical assessment (incl comprehensive)			
							Outreach / assertive outreach			
						Harm reduction services - drug checking, needle exchange, overdose prevention etc				
	Screening and brief intervention									
	School-based services (mainstream and alternative education, teen parent units and activity centres)									
Universal	Helplines, online self-help, and information services									
	Education (community and schools), awareness raising and destigmatisation									
	Structural - laws, policy, taxation									

Across the life course

Applies to mainstream and targeted services (eg. Kaupapa Māori, Pacific, youth)

Interventions - settings

Who for	Treatment / intervention	Type of treatment/ intervention	Emergency department	General Hospital	Specialist provider arm / CADS	Either specialist provider arm or NGO ³⁵	Specialist NGOs	General services Other NGOs/ primary care
Tāngata whaiora	Information and education		X	X	X		X	X
	Intake, triage, and assessment		X	X	X		X	X
	Withdrawal management	Unplanned	X					
		Medical		X	X			
		Residential community					X	
		At-home			X	X	X	
	Psychosocial interventions	Brief intervention	X	X	X	X	X	X
		Individual counselling			X	X	X	X
		Group work			X	X	X	X
	Residential	Shorter, longer, TCs and SACAT					X	
	Step-up and step-down accommodation						X	
	Medical Interventions	Pharmacology			X			
		Comorbidity screening, referral, and management			X			
		OST (also a harm reduction service)			X	X	X	X
	Consult liaison				X			
	Harm reduction	Needle exchange					X	
		Overdose prevention			X	X	X	X
		Drug checking					X	
		Blood-borne virus advice, screening, and treatment	X	X	X	X	X	X
	Case management	Severe and complex			X			
	Care management	Moderate to severe			X	X	X	
	Structured outpatient programmes				X	X	X	
	Peer support and mutual aid				X	X	X	X
	Assertive outreach				X	X	X	X
	School services						X	X
	Impaired driving				X	X	X	
	Employment, social and housing support					X	X	X
Whānau	Information and education		X	X	X	X	X	X
	Brief intervention				X	X	X	X
	Individual counselling				X	X	X	
	Group work				X	X	X	
Community	Prevention						X	X

Harm is occurring



Mild intervention

GP, community services, telehealth, ED, self-refer



Screening assessment
Given information and advice, advised of further support options

Further support through primary care

Whānau: information and referral to whānau services and community support if needed

Cultural and peer support available



Moderate intervention

GP, community services, telehealth, ED, self-refer



Community AOD service, digital/telehealth services



Other community AOD service



Waitlist management
Referred to community AOD service for triage

Warm handover
If needed: referral to new service

Recovery may not be linear
Transition to maintenance

Screening assessment
Given brief intervention & options for initial support

Triage and initial treatment/care plan developed
Treatment / interventions begin

If required:
Further treatment / interventions

Further support through peer and group work to maintenance and reintegration

Specific whānau support: information and referral to whānau services and community support (eg housing, family violence) if needed
Whānau inclusive support: information on AOD and referral process, whānau able to support treatment if/when appropriate

Cultural and peer support available



Severe/complex intervention

GP, community services, telehealth, ED, self-refer



Specialist AOD service



Specialist AOD service



Other specialist AOD service



Case management
Waitlist management
Referred to specialist AOD service for triage

Case management
Waitlist management
Initial treatment plan

Case management
Warm handover
If needed: referral to new service

Recovery may not be linear
Transition to maintenance

Screening assessment
Given immediate support, referred to specialised AOD service for triage and comprehensive assessment

Triage and initial treatment/care plan developed
Treatment continues until comprehensive assessment

Comprehensive assessment, formulation, and full treatment plan developed

Whānau involved in comprehensive assessment if appropriate

If required:
Further treatment / interventions

Further support through peer and group work to maintenance and reintegration or long-term care

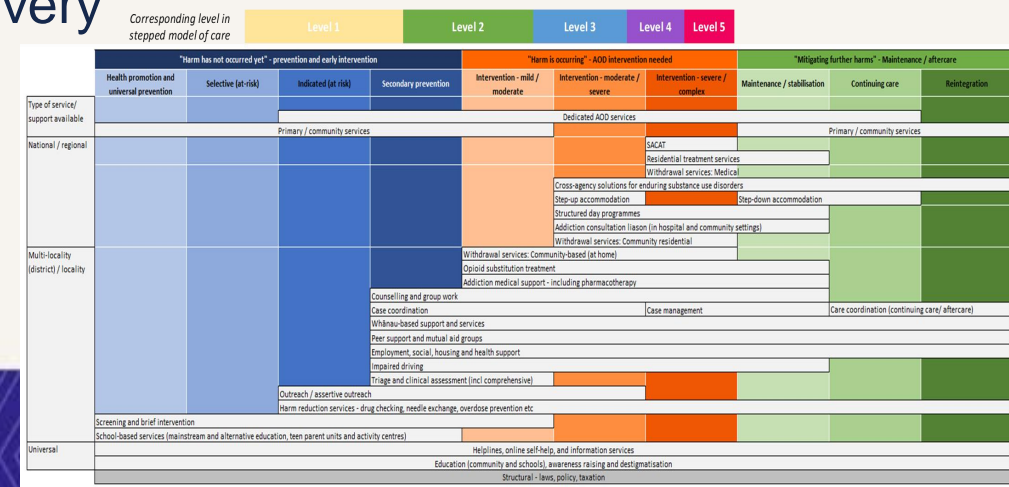
Whānau-specific support: information and referral to whānau services and community support (eg housing, family violence) if needed
Whānau-inclusive support: information on AOD and referral process, whānau able to support treatment if/when appropriate

Cultural and peer support available

Regional priorities – at a glance

Immediate and medium priorities include:

- Ongoing review and planning to support consistent baseline service delivery and developing options for pooling resources to support regional enhancements, and alignment with MHA targets.
- Priority areas:
 - Community-based managed withdrawal beds (and access to at-home and medical withdrawal within hospitals)
 - Residential services improvements – access, treatment matching, enhanced care, and continuing/after care
 - Youth services (within MHA) – primary, specialist (including residential access)
 - Aftercare/continuing care to support a sustainable recovery
 - Peer support and whānau services.
- Strong clinical, cultural and lived experience leadership groups
- Regional and local workforce solutions.



There is work being done

- Strong AOD collaboratives exist or are being stood up
 - Service mapping and service directories – Wellington Directory being released soon
 - Strengthening points of entry and access, and supporting waitlist management
 - Workforce solutions
- We have strong clinical, cultural and peer leadership
 - Regional arm of the National Addiction Clinical Forum
 - Residential leaders group
 - Regional Lived Experience MHA Steering group
- Local workforce development
 - AOD Symposium – Wellington and Palmerston North
 - Wellington training scheme – harm reduction, cultural models of care, neurodevelopment on the way....
 - Supporting WFC planning

More good news...

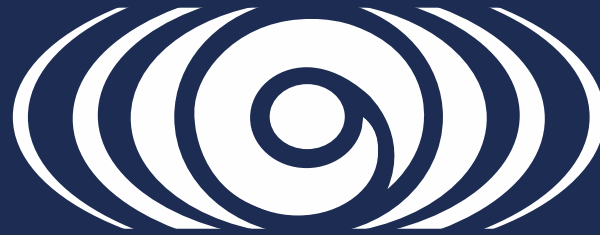
- Maternal Mental Health and Addiction:
 - rolling out new services, including 2 new CEP residential beds
- National Addiction Clinical Forum
 - HSS Alcohol withdrawal guidelines
- Digital AOD modules – Just a thought
 - www.justathought.co.nz/drugandalcohol
- Ao Maarama - Te Rau Ora / Te Whare Tukutuku
 - <https://terauora.com/ao-maarama/>
- AOD Symposium – MidCentral, 8 May

Thank you

- Hang in there! We need all of us 😊
- There is heaps of good work still happening and to be done

We are here to help!

- anna.tonks@tewhatuora.govt.nz
- peter.carter@tewhatuora.govt.nz



National Committee
for Addiction Treatment

Paramanawa/Morning tea

‘Doing more of what works to break the cycle of violence- Te Aorerekura Action Plan (2025-2030).’

Deborah Morris, Manager of Strategic Communications, & Mary Beresford-Jones, National System Practice Lead, Te Puna Aonui



**National Committee
for Addiction Treatment**

Te Aorerekura Action Plan 2025-2030

***Doing more of what works to
break the cycle of violence***

Addictions Workforce Leadership Hui
26 March 2025



www.tepunaonui.govt.nz

TE AOREREKURA – NATIONAL STRATEGY FOR THE ELIMINATION OF FAMILY VIOLENCE AND SEXUAL VIOLENCE

Shift 1 – Towards strength-based wellbeing

Shift 2 – Towards mobilising communities

Shift 3 – Towards skilled, culturally-competent and sustainable workforces

Shift 4 – Towards investment in primary prevention

Shift 5 – Towards safe, accessible and integrated responses

Shift 6 – Towards increased capacity for healing

Learning and monitoring – addressing gaps in data and evidence

SECOND ACTION PLAN

The second Te Aorerekura Action Plan is framed around 7 five-year focus areas. Three of these areas will be the focus of the next two years and will be underpinned by the Social Investment Impact Review and budget cycles.

Five-Year Strategic Priorities and where we will start first

Keeping People Safe

Agencies working better together in regions and localities to keep people safe and respond to family violence.

Stopping People who use Violence

Stopping violence; holding people accountable for their behaviour; and supporting them to change.

Strengthening our Workforce

A trained, skilled, and sustainable FVSV workforce that can recognise, safely refer, and respond to family violence and sexual violence.

Protecting Children and young people

Prevention and effective early intervention to safeguard children and young people.

Take Action on Sexual Violence

Stopping sexual violence from happening and helping those who have been affected.

Preventing Violence before it Starts

Increasing understanding about family violence and sexual violence to promote positive behaviour and empower people to recognise and prevent harm.

Investing and Commissioning Well

Investing in what works and meets people’s needs; being strategic about what, where, and how we fund; and stopping things that are not effective.

INVESTING AND COMMISSIONING WELL

Ensuring we Invest in what works

Annually, government directly invests over \$1.3bn in family violence and sexual violence services and initiatives.

We need to ensure that this is being invested in what works and stop things that are not effective.

ADOPTING A SOCIAL INVESTMENT APPROACH

Improving how we make investment decisions.



- **Investment Prioritisation:** Expanding initial FVSV impact review to a full review of baseline funding across the FVSV system; scope agreed by Mar 2025, and the review completed by Nov 2025, to inform Budget 2026 decisions.
- **Contracting differently for Better Outcomes:** Exploring opportunities to contract differently by applying social sector commissioning principles. In the first instance, determine where achieve greater contract alignment, starting with contracts that support multi-agency responses and services for people who use violence.

KEEPING PEOPLE SAFE

Keeping people safe by strengthening multi-agency responses to family violence

Focus area seeks to strengthen multi-agency responses to FV so people get the right support at the right time

Strong governance, leadership, and ways of working

- 12-month System Improvement Plans across 12 localities

Integrated approach to managing high risk of death and serious injury

- Specialist outreach support in Rotorua and Auckland
- Nationally consistent approach to responding to high risk

Consistent approach to understanding risk

- The Family Violence Risk and Safety Practice Framework

Improving information sharing processes and systems

- A national, integrated information sharing model and technology

Joined-up approaches for children and young people

- Scoping alignment with Fast Track responses in three regions
- Implement recommendations

STOPPING VIOLENCE

Holding people who use violence to account for their actions by strengthening legal powers and providing the right support to help people change their behaviour [which means victims and families are protected and safe] .

Actions

1. Stalking as new offence (introduced on 9 Dec)
2. Review current interventions for people using violence (including look at how to resolve the fragmented funding across agencies)
3. Support men's behaviour change through Te Huringa o Te Ao - design and delivery of new and improved healing services for men using violence (supported by *Change is Possible* national campaign) + long term contracts for providers
4. Extend rehabilitation support services to prisoners on remand
5. Expand access to safety programmes in the criminal court - victims will be offered safety support service when their abusers plead guilty in court



STRENGTHENING OUR WORKFORCE

Trained, skilled, and sustainable workforce that is able to recognise, safely respond, and refer people experiencing FVSV

Four activities under this focus area aimed at addressing these issues:

- **Future capacity and capability plan for FV and SV workforce** – Developing a future strategy by end of 2026
- **FV and SV capability frameworks and training plans** - Working to ensure adoption of frameworks and training plans in all statutory agencies with phase 1 to 2027 involving Police, Oranga Tamariki and Ara Poutama, Corrections
- **Training 10,000 frontline statutory workers in SV and FV by end of 2027**
- **Health Workforce Violence Intervention Programme** – Support the tertiary health workforce to develop capability to identify FV, assess health and risk and make appropriate referrals





Ineffective or harmful responses can:

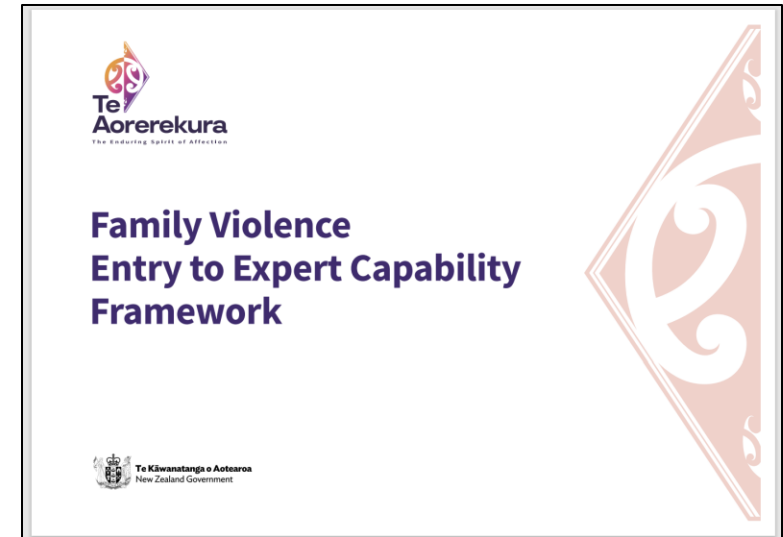
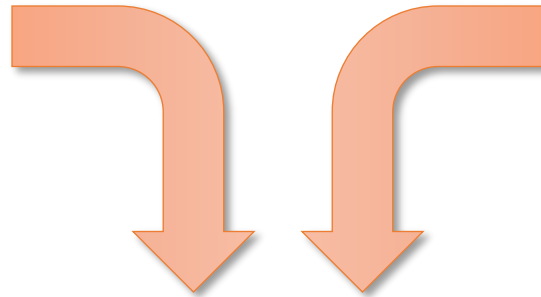
- Increase risk of further harm and fail to keep people safe
- Create barriers to help



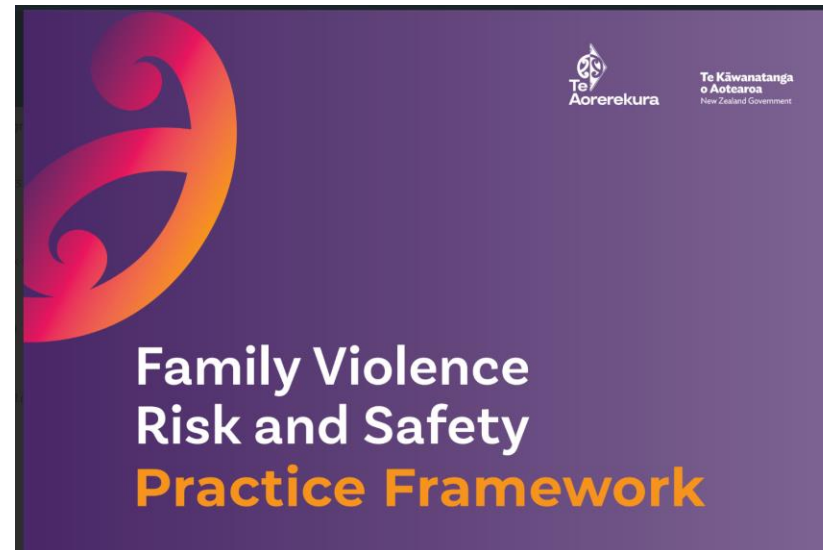
SAFELY AND CONSISTENTLY RESPONDING TO FAMILY VIOLENCE



The [SOS](#)



The [E2E](#)



The [RSPF](#)

THE FRAMEWORKS INCLUDE

Organisational capability guide

Supports senior leadership, managers, team leaders, and boards to:

- Map existing values, policies, and procedures and identify and address any gaps.
- Identify the support they may need to address gaps.
- Support and initiate conversations with workers about how this could affect them.

Worker capability guide

Supports workers to:

- Map their existing capabilities and identify any gaps.
- Initiate conversations with their manager or team leader to address gaps.

Supports managers and team leaders to:

- Map existing training to the capabilities and identify and address any gaps.
- Guide performance appraisal, professional development, and cross-crediting processes.

FOUR LEVELS OF CAPABILITY

Essential

Applies to people who, through their day-to-day work, could be in contact with people, whānau or families impacted by family violence, or people who are using violence. People at this level need to demonstrate essential level knowledge and skills as appropriate to their role.

Entry

Applies to workers in the family violence sector who are new to family violence work or their role involves routine family violence service provision. People at this level need to demonstrate both essential and entry level knowledge and skills as appropriate to their role.

Enhanced

Applies to workers in the family violence sector at an advanced or senior level, whose role involves complex family violence service provision. People at this level need to demonstrate essential, entry and enhanced level knowledge and skills as appropriate to their role.

Expert

Applies to specialist workers in the family violence sector who are team leaders, managers or service leaders. People at this level need to demonstrate essential, entry, enhanced and expert level knowledge and skills appropriate to their role.

The capability frameworks provide the **benchmark for good practice and safe actions**, to enable organisations and workers, throughout the system, to improve their understanding of, and responses to family violence



He pātai? Questions?



For information about Te Aorerekura and the Action Plan:
contact@tepunaonui.govt.nz

For information about the Frameworks: workforce@tepunaonui.govt.nz

‘Meth Workshop in Samoa.’

Tugalua Paul Nonu, Dapaanz registered Addictions Practitioner, Mapu Maia & Misa Arona Aloaina, CADS
Tupu AOD Clinician & Tupu Matua, DRUA



**National Committee
for Addiction Treatment**

INTRODUCTIONS

- TUGALUA PAUL NONU
- AOD Clinician at Mapu Maia
- MISA ARONA ALOAINA
- CADS Tupu Clinician & Matua



CLOSING



METH WORKSHOP IN SAMOA (20-22nd January 2025)



Why we went to Samoa

- Invitation by Samoa Salvation Army Addiction Service in collaboration with DRUA (20-22 January 2025)
- ‘Tautua’ or service for Samoan people-’O le ala I le pule o le tautua’ or ‘the way to blessings is through service’. It is part of a Samoan person’s life to serve his/her family, village and community.
- An opportunity to help our people and to give back to my country of origin, where I was raised. Myself and Tugalua are still deeply connected to Samoa through our family and ‘matai’ titles.
- Using our clinical experience to facilitate Samoa’s first Methamphetamine Workshop.
- Learning and professional development opportunity. *‘The reward of our work is not what one gets but what one becomes.’*

Salvation Army Western Samoa



What we wanted to achieve in Samoa?

- Suitable treatment & support for meth users and their 'aiga'
- Minimise Methamphetamine harm to the Samoan people in terms of their health, families, Christian faith and culture
- Create greater awareness and understanding about Methamphetamine and its harm on society
- All stakeholders including government agencies, NGOs, churches & schools to disseminate the knowledge to the community about methamphetamine harm
- An integrated services approach including the Aiga / Atua / Aganu'u / A'u collective. To develop a sustainable workforce to work with Methamphetamine use in Samoa
- Enhancing HIV awareness / Hepatitis B / Withdrawal and Psychosis awareness.
- Working with Ambivalence / Changing the narrative

Attendees



What's working in NZ for Samoan people

- Drugs Addiction Services e.g CADS Tupu (Govt & NGO)
- Detox Services-Need Detoxification (whether that is in hospital/community with medical support) (Govt & NGO)
- The Mea'ai Mamafa Programme Mapu Maia
- Rehabilitation Services(Govt & NGO)
- Peer support & NA meetings
- Supportive environment for users, those who want to quit or reduce use and their 'aiga'
- Strict NZ Police & Immigration laws in border surveillance

Ways to support those already affected by meth

- Set up a Detox and rehabilitation services in Samoa
- Professional, cultural & spiritual support for users & their 'aiga'
- Set up a Mental Unit specializing in drug related issues like drugs induced psychosis
- Continue using MI, CBT and Pasifika models like Fono fale & Talanoa
- Remove stigmatisation and discrimination against users to re-integrate them back into society. Stigma – it is not a weakness but an addiction (health issue).
- Peer support & NA groups
- Greater awareness programmes

Christian Principles

- O le Atua e malie ai o tatou loto I mea lelei
- O tatou tino o le malumalu lea o le Atua
- Where there is no vision, the people perish

Samoan alagaupu

- E sili le puipuia I lo le togafitia
- O le uta a le poto e fetalai
- E fofo e le alamea le alamea

Ongoing Challenges

- The impact of technology like internet & mobile phones where drugs are sold
- No recognised medication to treat meth & cannabis use withdrawal
- Changing lifestyle with people wanting easy ways to make money and not through hard work
- Returning Samoans bringing foreign lifestyles
- Pacific as transit hub for drugs from Asia & South America to lucrative markets of NZ & Australia
- Corruption affecting public officials and community leaders
- Breakdown in family values & unity
- Alcohol & cannabis use lead to meth use

Hopes for future Samoa

- Meth free Samoa
- Limit harm on Samoan people in terms of their Atua, Aiga, Aganuu & A'u (physical & mental health)
- Greater awareness and understanding about methamphetamine and its harm on Samoan society
- All stakeholders and Samoan people working together in combatting the Methamphetamine epidemic in Samoa
- Samoan Government & donor partners commitment in eradication meth use in Samoa
- The need for a collective organization that brings together the different services under one umbrella with the focus being Methamphetamine use.

Acknowledgements



Questions



‘Recovery for Everyone.’

April Long, Chief Executive Officer & Trevor Pearce,
National Trainer and Facilitator Yarn Smart, SMART
Recovery Australia



**National Committee
for Addiction Treatment**

Recovery for Everyone

Presented by **April Long** Chief Executive Officer
Trevor Pearce Yarn SMART National Trainer and Facilitator

Acknowledgment of Country

We acknowledge the unceded and continuous connection to Country, water, and community. We pay our respects to Elders past and present and acknowledge community controlled Aboriginal organisations that we work with around the country. We value self-determination, we learn by looking back and as we look to the future we center deep listening and collaboration in our work.



SMART Recovery |

Australia

Introducing Our Team



April Long

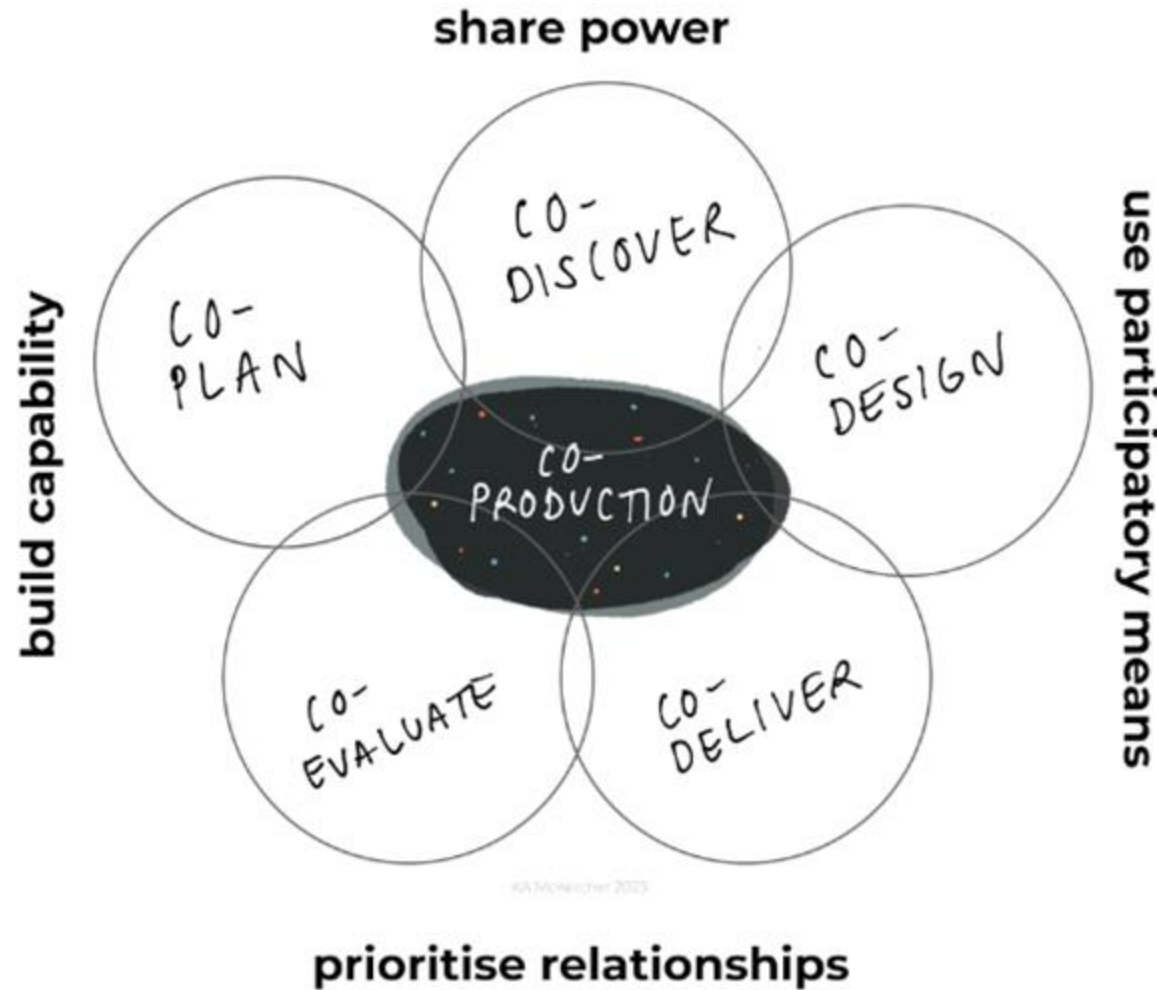
Chief Executive Officer



Trevor Pearce

Yarn SMART National Trainer and Facilitator

How we work



Our New Zealand Partners



Who is SMART Recovery?

- Strengths based, self management mutual aid
- Any problematic behaviour
- Utilising CBT and MI to help support change process
- Helping participants equip themselves with tools, skills and strategies
- Harm minimisation focused
- Research and evidenced based
- Global program
- 31 Countries (USA, UK, Ireland, Denmark, Canada Affiliates)
- 13 different languages
- In Australia partner with over 100 member organisations facilitate over 450 groups



Through the power of this group, I developed effective plans and found ways to respond to life rather than react to it.



Face-to-Face



Online Training



Inside Out



Friends & Family



Yarn SMART



LGBTQI



Youth

1

Building & maintaining motivation

2

Learning to cope with urges and cravings

3

Problem solving

4

Finding a lifestyle balance

The Four C's



Land, air, water, plants, animals, people, spirit, stories, lineage, home



Pride, traditions, protocols, practices, wisdom



Belonging, extended family, diversity of Aboriginal and Torres Strait cultures and countries, support, resilience



Links, identity, peace, spirit.



SMART Recovery | Australia

Behaviours We Support



ALCOHOL
72%



FOOD, INTERNET,
SHOPPING
21%



CANNABIS
13%



METHAMPHETAMINE
13%



OTHER DRUGS
18%



SEX/PORN
6%



GAMBLING
6%

SMART and Methamphetamine Use Outcomes



**REPORTED
BENEFITS RELATED
TO SUBSTANCE USE**
(REDUCTION / MAINTENANCE
OF ABSTINENCE)

94%



**REPORTED
IMPROVEMENTS
IN THEIR MENTAL
HEALTH AND WELL-
BEING**

71%



**REPORTED
IMPROVEMENTS
IN THEIR PHYSICAL
HEALTH**

74%



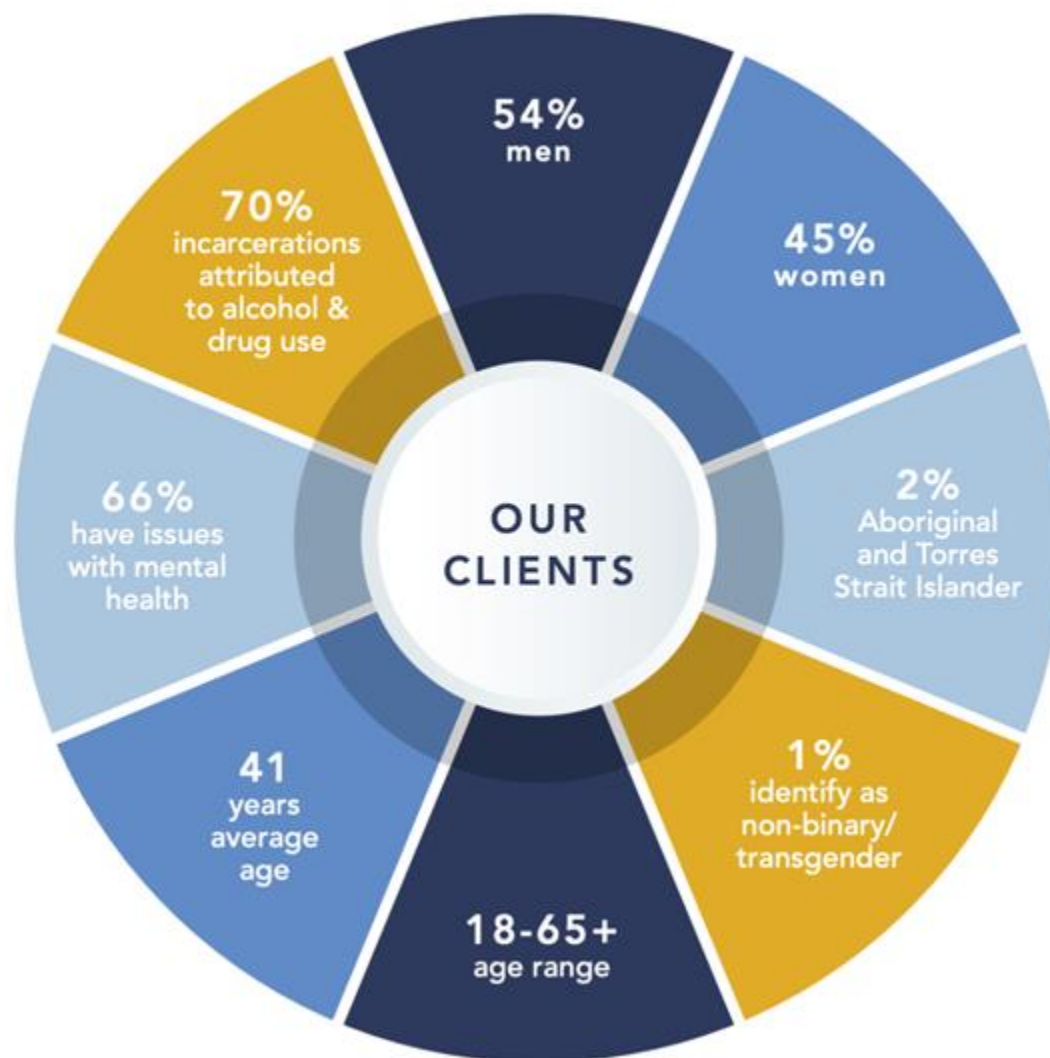
**REPORTED FEELING
BETTER CONNECTED
WITH OTHERS**

81%



By identifying the unhelpful thoughts and beliefs, I was able to change the behaviours that followed.

MARK

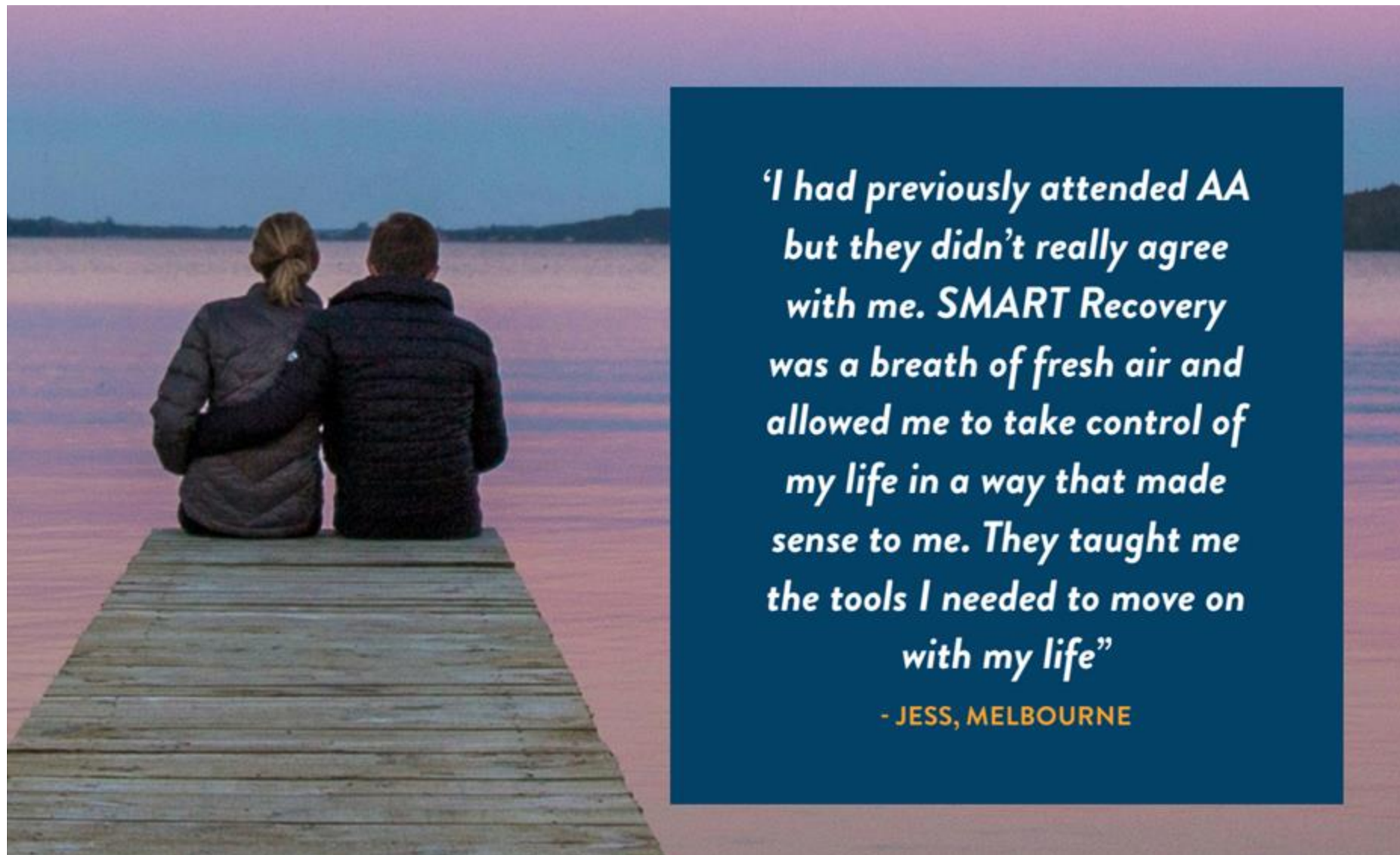


Understanding of Peer Support and Mutual Aid

Peer support- Sharing and support between people with similar experiences

Mutual aid- The process of giving and receiving non-professional, non clinical assistance

- Widely cost effective
- Can amplify and extend treatment effects
- Enhances long term recovery
- Supports the achievement of enduring behavior change
- Increases connections and strengthening positive pro-recovery social networks
- Helps build community and engagement through acceptance, empathy and accountability
- Helps reduce stigma and provide a safe, non-judgmental environment



'I had previously attended AA but they didn't really agree with me. SMART Recovery was a breath of fresh air and allowed me to take control of my life in a way that made sense to me. They taught me the tools I needed to move on with my life'

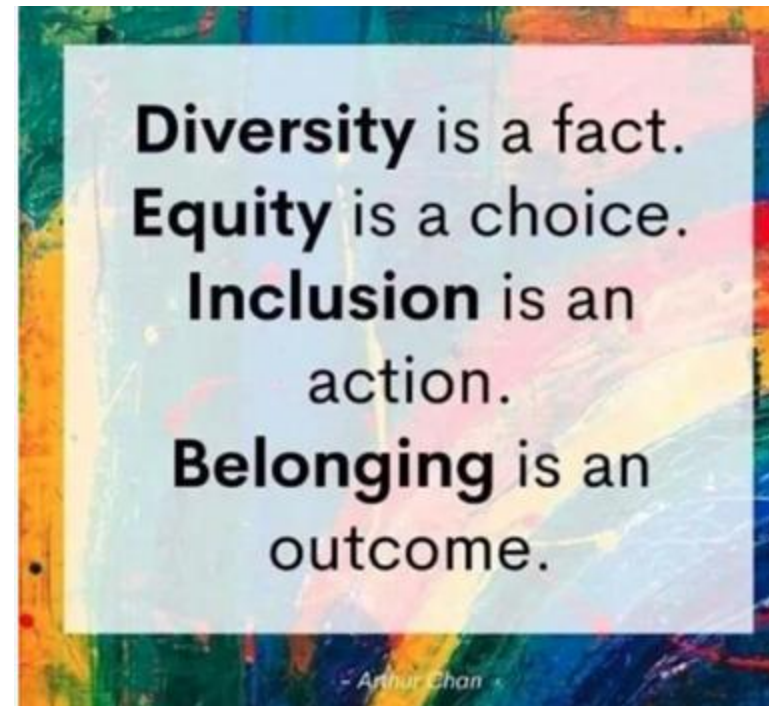
- JESS, MELBOURNE

Distinctions between SMART and 12-Step

SMART Recovery	Traditional 12-step (AA, GA, NA)
Self- empowerment, cognitive behavioral approach	Disease model of addiction approach
Emphasis on self determination and belief in change	Surrender to a 'higher power'
Flexibility in attendance and goals	Life long, abstinence only approach
Support all addictions or behaviour or concerns	Tend to be focused on one behaviour (alcohol, drugs, gambling)
4 Point program that used evidence based techniques (CBT, MI, ACT)	12-step (Higher power surrender, acknowledging mistakes, making amends, searching moral inventories etc)
Tool and resources for everyday life, 7-day plan	Sponsorship and 'day at a time' approach
Focus on the here and now	Re-account past history and identifying this each meeting

Our Results

- Youth Meetings - 18
- Yarn SMART Meetings - 20
- Family and Friends - 12
- LGBTIQA+ Meetings - 10
- CALD - 4
- Justice Meetings - 24



Yarn our Way, Heal Your Way: Yarn SMART



Presented by: Trevor Pearce



Deadly Pathways, 2023 by Kamilaroi/Gamilaraay artist Dennis Golding

Artwork

Deadly Pathways honours and acknowledges the resilience of Aboriginal and Torres Strait Islander people who continue to learn, grow, and heal despite the devastating impacts of colonisation. The work is a topographical piece that highlights the lands, waters and skies that have been nurtured by traditional owners for thousands of years. The artwork also features cultural motifs that represent the 4 C's: Country, Community, Culture, and Connection. The centre of the work highlights a gathering of people who have come together to share stories, knowledge, love, and respect for our people, land, skies, and waterways.



SMART Recovery | Australia

OUR VISION

The SMART Recovery Aboriginal and Torres Strait Islander program is strengths-based, culturally safe and evidence informed designed by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people, communities and ACCOs.

OUR VALUES

- **Acceptance:** we engage with the unique circumstances of each participant.
- **Integrity:** we honour our values and principles.
- **Respect:** we acknowledge participants' thoughts, feelings, choices, experiences, beliefs, and privacy.



OUR PROGRAM PRINCIPLES

- The program acknowledges and celebrates Aboriginal and Torres Strait Islander wisdom, thinking, doing and being.
- The program understands and responds to the ongoing impacts of colonisation and intergenerational trauma.
- The program highly values self-determination and is flexible and providers are encouraged to adapt to local cultural, community or individual context.
- The program is holistic and recognises that Aboriginal and Torres Strait wellbeing and healing has many components.



THE PROGRAM IS GROUNDED IN THE 4C'S



COUNTRY

Land, air, water, plants,
animals, people, spirit, stories,
lineage, home



CULTURE

Pride, traditions, protocols,
practices, wisdom



COMMUNITY

Belonging, extended family,
diversity of Aboriginal and
Torres Strait cultures and
countries, support, resilience



CONNECTION

Links, identity, peace, spirit.

What do the 4 C's
mean to you?

Write down individually and
then share with the group



SMART Recovery | Australia



Using clinical yarning

The three steps of clinical yarning can be adapted to the SMART program. The three steps are:



1

The **social yarn** where the facilitator aims to find common ground and develop their interpersonal relationship

2

The **diagnostic yarn**, where the participants story is interpreted through the contextual lens of the mutual support setting

3

The **management yarn** that uses stories and metaphors as tools for participants to help them understand their behaviour issues so a management approach can be adopted



SMART Recovery | Australia

The Healing Map Worksheet

The Healing Map worksheet is important for participants to keep with them as a reminder of what they want to change. You may need to complete the worksheet for people with literacy barriers, in a way they can take the sheet with them and understand it. This could include simple drawings or icons instead of words. If a participant with literacy issues has a smart phone, they could record their change plan on it to replay to themselves whenever they need to.

THE HEALING MAP WORKSHEET

The changes I want to make are:
1 _____
2 _____
3 _____

The three most important reasons why I am making these changes are:
1 _____
2 _____
3 _____

The steps I need to take to make the changes are:
1 _____
2 _____
3 _____

People who can help and ways they can help are:
1 _____
2 _____
3 _____

Signs that my plan is working will be:
1 _____
2 _____
3 _____

Things that could get in my way are:
1 _____
2 _____
3 _____



Inside Out: Supporting Justice involved peoples in custody and community

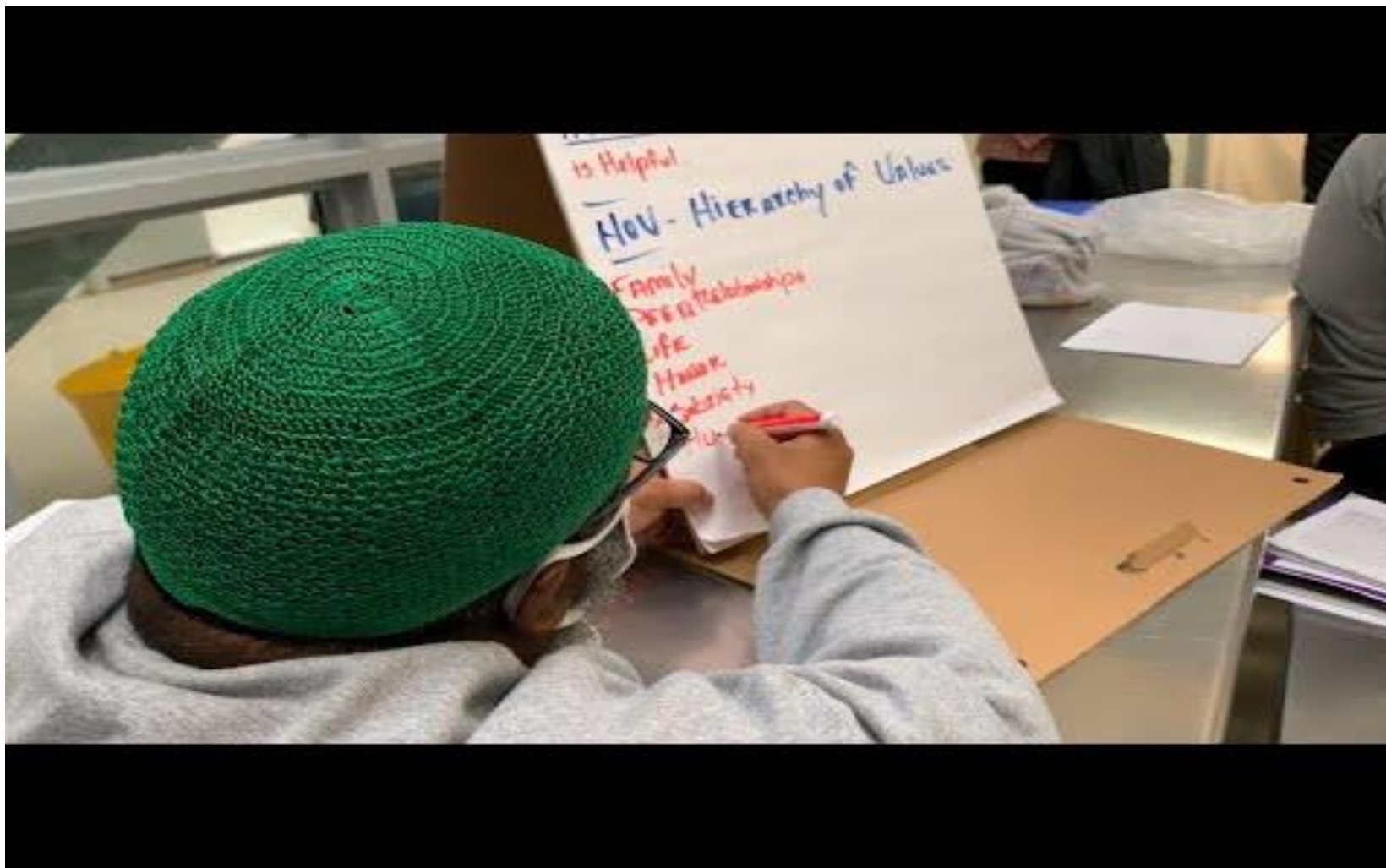
The Power of Choice: Danbury Federal Prison for Women

- 100 women in which a 12-Step Program and the SMART Program were introduced.
- About 45% of women selected 12- Step and 45% SMART and 10% had no preference.
- In community about 30% of SMART Recovery Clients also do AA Meetings

Aims of Program

- Improved rates of **sustained recovery** and **reduced offending**
- Improved **knowledge** about the **nature of addictive behaviour**
- Improved confidence in **using tools and techniques** to **self-manage recovery**
- Increased **long-term engagement** with SMART Recovery based **mutual aid**
- **Changes to lifestyle** that will sustain recovery
- **Changes to attitudes and values** towards beliefs and self-responsibility

The Power of Peer Support



In over 200 prisons worldwide



Maryland



Indiana



The entire country of Canada



California



Connecticut



Maine



Texas



Massachusetts



Rikers Island



United Kingdom



NSW Prison - Longitudinal Study



8-13% REDUCTION
in re-offending and
conviction for 2,343
offenders over 4 years



13% REDUCTION
in violent
reconviction rates



21-42% REDUCTION
in general and violent crime
for offenders attending
both Inside Out and SMART
Recovery Programs



19% REDUCTION
in reconviction rates for
attendees of Inside Out
and SMART Recovery
Programs combined



10 SMART
program sessions
attributed to
a significant
therapeutic effect



Corrective Service New South Wales Evaluation

Getting
SMART –
the most
commonly
delivered
program

73%

achieved their main
goal at program
completion.

99%

reported that the program
was useful in terms of
addressing their drug
problem

Executive Summary

Background

In 2007 Corrections Research, Evaluation and Statistics (CRES), Corrective Services NSW (CSNSW) initiated the Corrections Treatment Outcome Study (CTOS) to provide a broad evaluation framework for drug treatment programs delivered in NSW correctional centres. CTOS enabled the examination of previously unavailable data.

The CTOS framework was used in the current evaluation of the custody-based Getting SMART (Self-Management and Recovery Training) program. Getting SMART is the most commonly delivered program in the NSW correctional system.

There is limited empirical evidence on the influence of individual psycho-social characteristics on offender program retention and completion. Prior to the current evaluation, there were no standardised baseline assessment procedures in place for the Getting SMART program aside from the eligibility criteria. The CTOS framework combined computer-assisted baseline and post-program assessment interviews (DATOP) with demographic and criminal history factors to examine individual and program factors associated with program completion and subsequent behavioural outcomes.

Anna's Recovery Journey

- **Background:** Anna*, a 43-year-old woman, engaged with OARS Community Transitions and SMART Recovery while incarcerated at Adelaide Women's Prison in early 2023.
- **Commitment to Recovery:** Anna actively participated in sessions, shared personal experiences, and encouraged others to join the program.
- **Engagement Highlights:** Anna focused on values exploration, relapse prevention strategies, and emphasised making changes for oneself.
- **Post-Release Support:** Graduating from the program, Anna continued her engagement with OARS, addressing challenges like depression, anxiety, and BPD.
- **Holistic Support:** Through individual counseling and community engagement, Anna rebuilt self-esteem, addressed mental health, and set achievable goals.
- **Achievements:** Anna successfully maintained abstinence, set goals to quit smoking and obtain a driver's license, and improved family and community relationships.

Diversion from Criminal Justice Space

- SMART AU provided 4,940 Certificates of attendance last Financial Year
- So far this Financial Year 3,086 certificates provided



Pathcheck™ Instant Verification (Step 1 of 2)

Attendance verification is provided for meetings from the past week only.
You must have attended the entire meeting to qualify for a verification.

Instructions:

- Wait one hour after the scheduled end of your meeting to request verification. At that time, the meeting will appear in the list below.
- Enter the Zoom name you joined the meeting as, even if you changed your name after joining.

If you have any questions please email smartrecovery@srau.org.au.

KEY POINTS

- SMART Recovery runs mutual aid / self-help meetings in custody and in community
- Participants help themselves and each other use self-empowering tools.
- InsideOut is a peer support, moderate intensity, psycho-educational, program of 24 / 12 sessions designed for group delivery inside custody.
- It also helps individuals make the best use of SMART Recovery meetings in future.
- It covers SMART's 4-Point Program® with additional content on thrill-seeking, dealing with depression, crimogenic thinking and thought-rebuilding.
- Created by substance use experts and corrections experts
- Based on the latest substance use and correctional research

Recovery for Everyone

Improving Access for the LGBTQI+ community





LGBTQI+ SMART Meetings

We proudly support the LGBTQI+ community with 10 weekly meetings led by passionate volunteers and member organisations. In collaboration with our members, we're continuously refining our guidelines to ensure inclusive support and empower positive transformation.

5 Top Tips for Supporting the LGBTQIA+ Community in Recovery Meetings



SMART Recovery Australia

Youth Program



Your Future Your Way

- 20 Youth Meetings with over 200 participants.
- Recent Evolution of program included research studies, trials and scholarships, and consultations with SMART Facilitators working with Youth.
- Recent Research (2023) by The University of Newcastle, University of Wollongong, and SMART Recovery.

Lumi Lum ¹, Despina Darnanidou ², Kylie Bailey ³, Stephanie Cassel ⁴, Katherine Unwin ⁵, Alison Beck ⁶, Peter J. Kelly ⁷, Angela Rogers ⁸, Frank P. Deane ⁹, Sophie Langford ⁹, Amanda L. Raker ⁹ and Kirsten McCarter ¹

Addiction Science &
Clinical Practice

RESEARCH

Open Access



SMART recovery for youth: a small, exploratory qualitative study examining the potential of a mutual-aid, peer support addictive behaviour change program for young people

Lumi Lum ¹, Despina Darnanidou ², Kylie Bailey ³, Stephanie Cassel ⁴, Katherine Unwin ⁵, Alison Beck ⁶, Peter J. Kelly ⁷, Angela Rogers ⁸, Frank P. Deane ⁹, Sophie Langford ⁹, Amanda L. Raker ⁹ and Kirsten McCarter ¹

Abstract

Background: SMART (Self-Management and Recovery Training) Recovery is a mutual-aid program informed by cognitive behaviour therapy and motivational interviewing that provides support for a range of addictive behaviours. SMART Recovery has not been adapted to target young people with addictive behaviours despite the potential to overcome important barriers affecting youth engagement in other addiction programs. This study aimed to engage young people and SMART Recovery facilitators in qualitative interviews and focus groups to explore the potential of such a program and gain specific insights for its development.

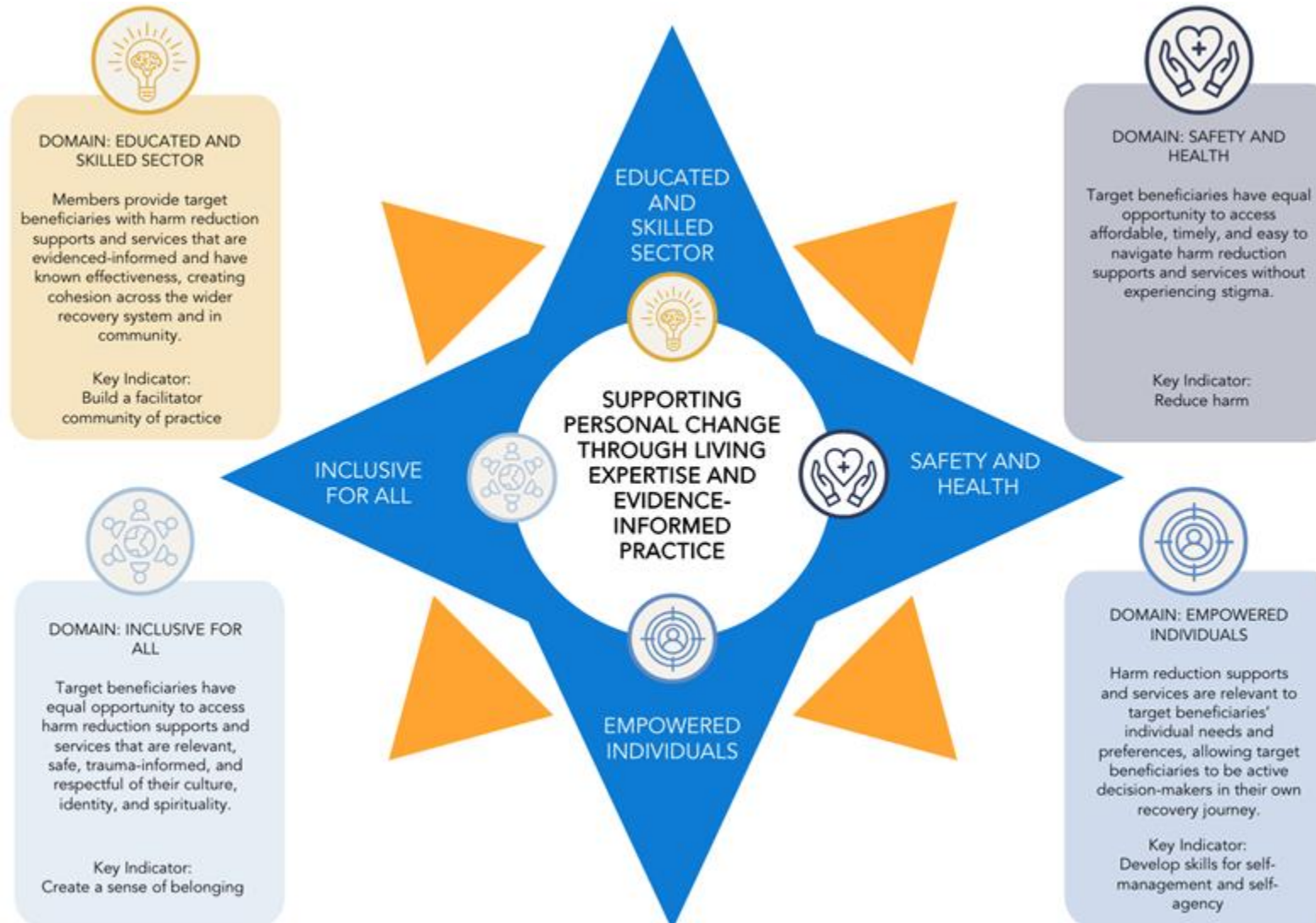
Methods: We conducted qualitative interviews and a focus group with five young people (aged between 14 and 24 years) and eight key stakeholders (including seven SMART Recovery facilitators) to obtain recommendations on how best to reach, engage, and support young people with addictive behaviours in a tailored SMART Recovery program. Qualitative data was transcribed and analysed using iterative categorisation.

Results: Five key themes were identified when developing and delivering youth-tailored SMART Recovery: (1) 'Discussing personal experiences to promote a shared identity' refers to the benefits of creating a forum where personal stories are used to connect with others and validate one's experiences. (2) 'Flexible and patient approach' emphasises a preference for facilitators to take a more gentle, less direct approach that allows for discussion beyond addictive behaviours. (3) 'Balancing information and skills with the space for discussion' acknowledges that youth want to connect in a variety of ways, beyond discussion of addictive behaviours, and that they wish to lead skill sharing and development. (4) 'Conveying a community for youth through language' highlighted the need to focus on connecting youth and to avoid the use of generic language to engage young people. (5) 'Group logistics and competing demands' refers to the logistical considerations of implementing a group program for youth that takes into account their competing demands and group accessibility.

Your Future Your Way



Outcomes Measurement Framework





Face-to-Face



Online Training



Inside Out



Friends & Family



Yarn SMART



LGBTQI



Youth

Steps to Run SMART Recovery

20% Off All SMART Recovery Training

- ✓ **Professional Development Training** – Now **\$400 AUD** (was \$500)
- ✓ **Online Standard Training** – Now **\$640 AUD**(was \$800)
- ✓ **Online Premium Training** – Now **\$960 AUD** (was \$1,200)
- ✓ **Private Training for 10 staff** – Now **\$9,600 AUD** (was \$12,000)

Email: smartrecovery@srau.org.au DISCOUNT CODE: #NZ25

Find us on Socials

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company/smart-recovery-
australia-ltd/](https://www.linkedin.com/company/smart-recovery-australia-ltd/)



Facebook



[https://www.facebook.com/
SmartRecoveryAU](https://www.facebook.com/SmartRecoveryAU)

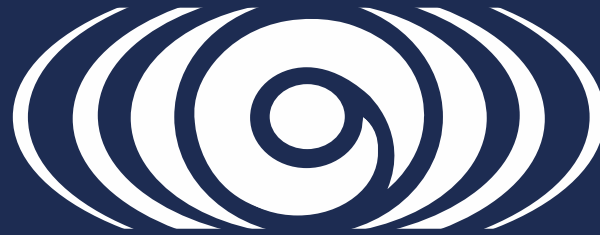


Instagram



[https://www.instagram.com/
smartrecoveryau/](https://www.instagram.com/smartrecoveryau/)





**National Committee
for Addiction Treatment**

Tina/Lunch

‘Maintaining Connections in Challenging Times.’

Mark Ormsby, Poumatua, Toitū te Waiora



**National Committee
for Addiction Treatment**

Ngā Ohu Ahumahi

Workforce Development Councils



TOITŪ TE WAIORA

Community, Health, Education
and Social Services

Workforce Development Council

toitutewaiora.nz

NGĀ OHU AHUMAHI

WHAKAPAPA



NGĀ OHU AHUMAHI

Workforce Development Councils

HANGA-ARO-RAU

TOI MAI

RINGA HORA

WAIHANGA ARA RAU

MUKA TANGATA

TOITŪ TE WAIORA

Manufacturing, Engineering and Logistics

Creative, Cultural, Recreation and Technology
Services

Construction & Infrastructure

People, Food and Fibre

Community, Health, Education & Social Services



TOITŪ TE WAIORA

Community, Health, Education
and Social Services

Workforce Development Council

Te Kāhui Ahumahi Workplan – Iwi & Māori Partnerships



Te Herenga Kura – Ohu Ahumahi Iwi & Māori Engagement Strategy



Te Rōpū Kaitakawaenga Engagement -
Ohu Ahumahi Iwi & Māori Engagement Plan





TOITŪ TE WAIORA

**Community, Health, Education
and Social Services**

Workforce Development Council

The Workforce Development Council representing Community, Health, Education, Social Services, Care services, Youth services, Disability services, Education and educational support services, Funeral services, and Mental Health and addictions services. We also represent health services, public order safety, regulatory services, skin and nail therapy services, social services, and urban pest control



TOITŪ TE WAIORA

**Community, Health, Education
and Social Services**

Workforce Development Council

Our strategy



TOITŪ TE WAIORA

Community, Health, Education
and Social Services
Workforce Development Council

Our functions

- Leadership
- Developing and setting standards, capstone assessments, and qualifications
- Endorsing programmes and moderating assessments
- Advisory and representative role
- Other functions



TOITŪ TE WAIORA

Community, Health, Education
and Social Services

Workforce Development Council

What we have been doing

- Qualifications Reviews
- Micro credential development
- National Industry Advisory Groups
- Continued engagement



Working with Industry

Opportunities

- National Industry Advisory Groups
- Kaiawhina workforce advisory
- Cultural competency layering
- Future workforce development plans

Challenges

- Changes to staffing and functions in the next 6 – 12 months
- Future collaboration efforts as Ngā Ohu Ahumahi / WDCs / ISBs



TOITŪ TE WAIORA

Community, Health, Education
and Social Services

Workforce Development Council

Ngā mihi



TOITŪ TE WAIORA

**Community, Health, Education
and Social Services**

Workforce Development Council

‘Ara Poutama Aotearoa- focus on the community.’

Sandie Finnigan, Manager, Addiction Services Team
Ara Poutama, Dept of Corrections



**National Committee
for Addiction Treatment**



ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

Focus on the community

ALD March 2025

This session

Implementation – He Ara Whakapiki Oranga

Dapaanz competency

Rapid review of investment in Community Residential

Any Patai?

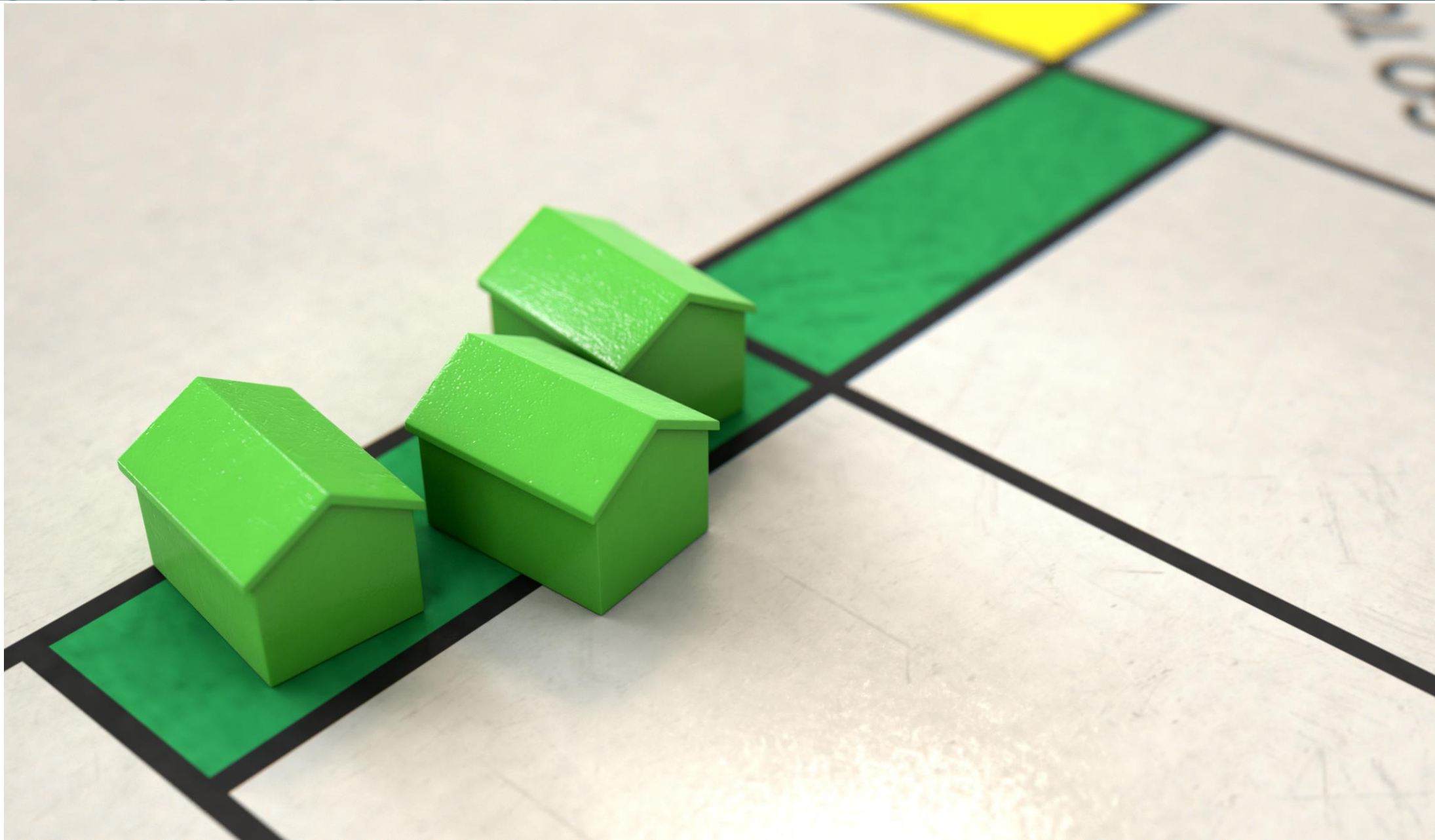
dapaanz competency

Significant number of workforce working with those in the care and management of Corrections

AOD contributes to recidivism, and treatment works

RNR, situational awareness, relational security

Collaborating with dapaanz as they refresh competencies



Rapid Review of Residential AOD Treatment

Expiring contracts

Litmus review of the investment

AOD contributes to recidivism

Treatment works

Return on Investment Undermined

Constraints of Residential AOD Treatment

Small investment

Supplements health investment

Limited numbers – great demand

Current environment

Reset of Residential AOD Treatment

Brief extension of current contracts (9 months)

Redefine the purpose of the investment - Why

Refine the target audience-Who

Reconfigure our investment – What

Priority setting (limited resource) - How

Review governance and accountability

Continue collaborative work with Te Whatu Ora



daapanz update

Sam White, Executive Director, dapaanz



National Committee
for Addiction Treatment



dapaanz
fostering excellence in addiction practice

Dr Sam White

Executive Director, dapaanz

sam@dapaanz.org.nz



dapaanz

fostering excellence in addiction practice

- **Supporting** our members guides all we do
- We support our members particularly around **registration, competencies, CPD** and **complaints**
- We continue to work with **new training providers** to help **grow** our new entry workforce
- We **advocate** and speak up to seek support for existing workforce, including accrediting addiction peer support
- A **challenging** time with health reforms with more to come
- Dapaanz remains focused on **supporting our membership, the sector** and **addiction practice** wherever we can



1000+

addiction practitioners

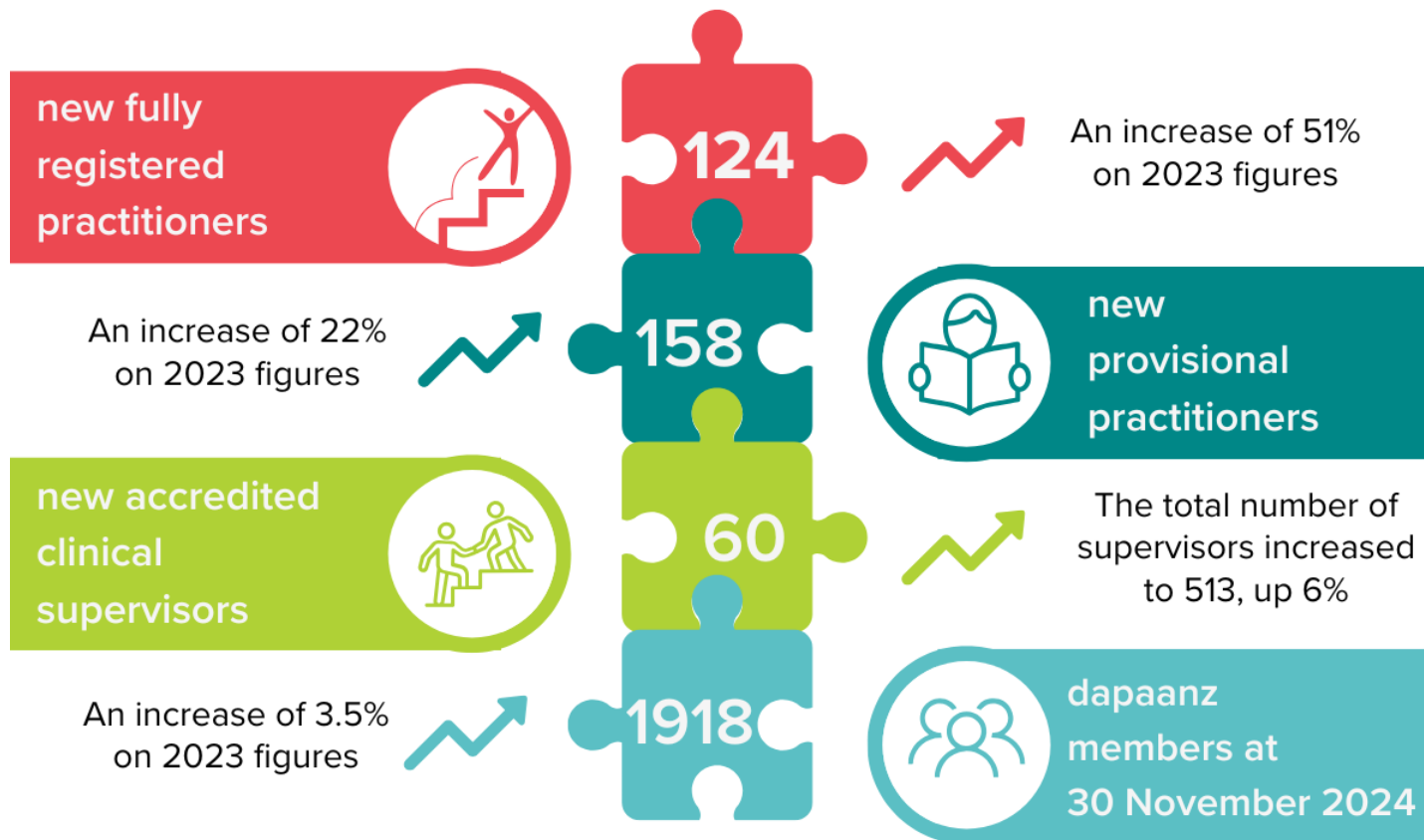
Since early December 2024, there are more than 1000 fully-registered dapaanz addiction practitioners in Aotearoa - the first time we have reached this milestone in our 22-year history!

Visit our [website](#) for more details.

dapaanz registrations and membership in 2024*

*For the period 1 December 2023 to 30 November 2024

We grew as a membership especially in fully and provisionally registered practitioners



On 21 March 25

Total members = 1965

Provisional = 244

Registered = 1057



dapaanz

fostering excellence in addiction practice

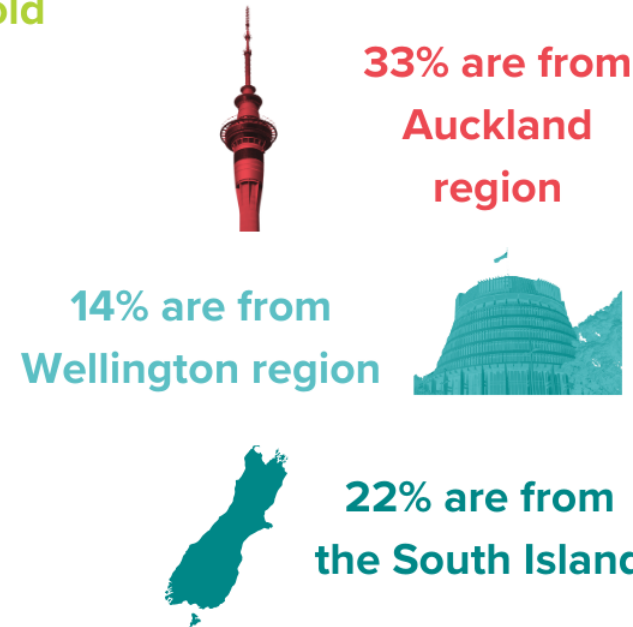
Our new fully registered dapaanz addiction practitioners:

A snapshot

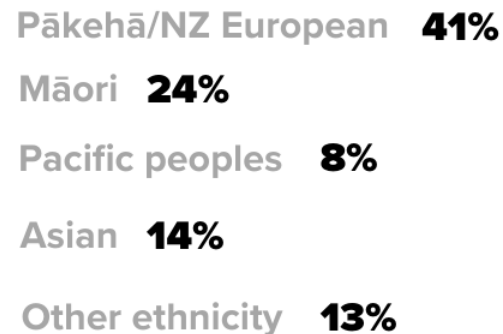
Age profile



Location



Ethnic identity



One in eight of our new fully registered practitioners have **dual registration**: just over half are **registered counsellors** and one quarter are **registered nurses**.



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Māori membership

- We continue to grow our Māori membership.

At end of March 2025:

- 553 Māori members from 1965 (~28%)
 - Provisional Practitioners n = 74 (~30%)
 - Registered Practitioners n = 284 (~27%)
- Our dedicated dapaanz communities online hui for Māori practitioners and also supervisors are underway.

- We are **building capacity** with more staff and board members who whakapapa Māori - with governance and operational **leadership from Pou Whakarae and Pou Rautaki.**
- We remain focused on supporting our members to **practise in a way that enhances Māori wellbeing.**



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Accredited Addiction Peer Support Worker & Accredited Peer Supervisors

- New membership category **launched on 1 March 2025** following several years consultation and development from many!
- Approximately **350+ peer support** members eligible
- The accreditation is available for **kaimahi working in an addiction peer support work role within addiction treatment services**, or in services working closely with clients seeking assistance to manage their addiction.
- **Accredited Peer Supervisor** category for practitioners qualified to support this group.
- We can **advocate and support** addiction peer support workers and supervisors more intentionally.
- It will also ensure we can **hear directly** from this segment of our addiction workforce and **tailor professional development** to meet their needs.
- More formal recognition to acknowledge expertise and support continued progress for our peer colleagues



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**Aronui
supervision
guide - refresh**



- In 2025, dapaanz is embarking on a refresh of Aronui, our supervision guide for addiction practitioners, supervisors, and managers.
- Aronui was first published in 2014, and much of the content remains relevant and useful for dapaanz supervisors, supervisees and our membership.
- Some areas need review and updating to make sure it is suitable for your practice in 2025 and beyond.
- The guide would also benefit from a fresh look and other design changes to make it more easily accessible online for regular use by members and supervisors.



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Competencies

- Work underway to **refresh** and update the Addiction Intervention Competency Framework
- Incorporating current subject matter expertise and stakeholder feedback.
- The **2011 version** will remain the fuller document that underpins the current refresh.
- Make it more **current, visually appealing and easier to engage with.**
- Describe the **modern scope of practice** for addiction practice
- Competencies required to be **taught and assessed** in accredited dapaanz qualifications to permit registration of addiction practitioners.
- Include a new competency **Working with clients under the care and management of Corrections**

dapaanz complaints process



Please note: Reports (draft and final) will remain confidential to the parties.
In some cases, where a member's registration has been removed, the member's name may be published on the dapaanz website.
Due to the in-depth nature of the process, resolving a complaint can take between two and five months to complete, and sometimes longer.



****For each complaint there is often more than one recommendation. The four upheld complaints in 2024 received the following recommendations:**

Removal of registration for 12 months – 1

Downgrade of registration to Provisional for 12 months – 2

Professional boundaries training – 2

Other (reflective journaling, report outlining learnings and personal reflection) - 2

Active self-care (ie personal counselling) – 3

Issued with a warning and placed on a 12 month probation period - 4

Report from supervisor regarding how matters raised in the complaint have been addressed – 4

Complaints in 2024*

*December-January 2024

Social media & use of AI
guidelines in progress

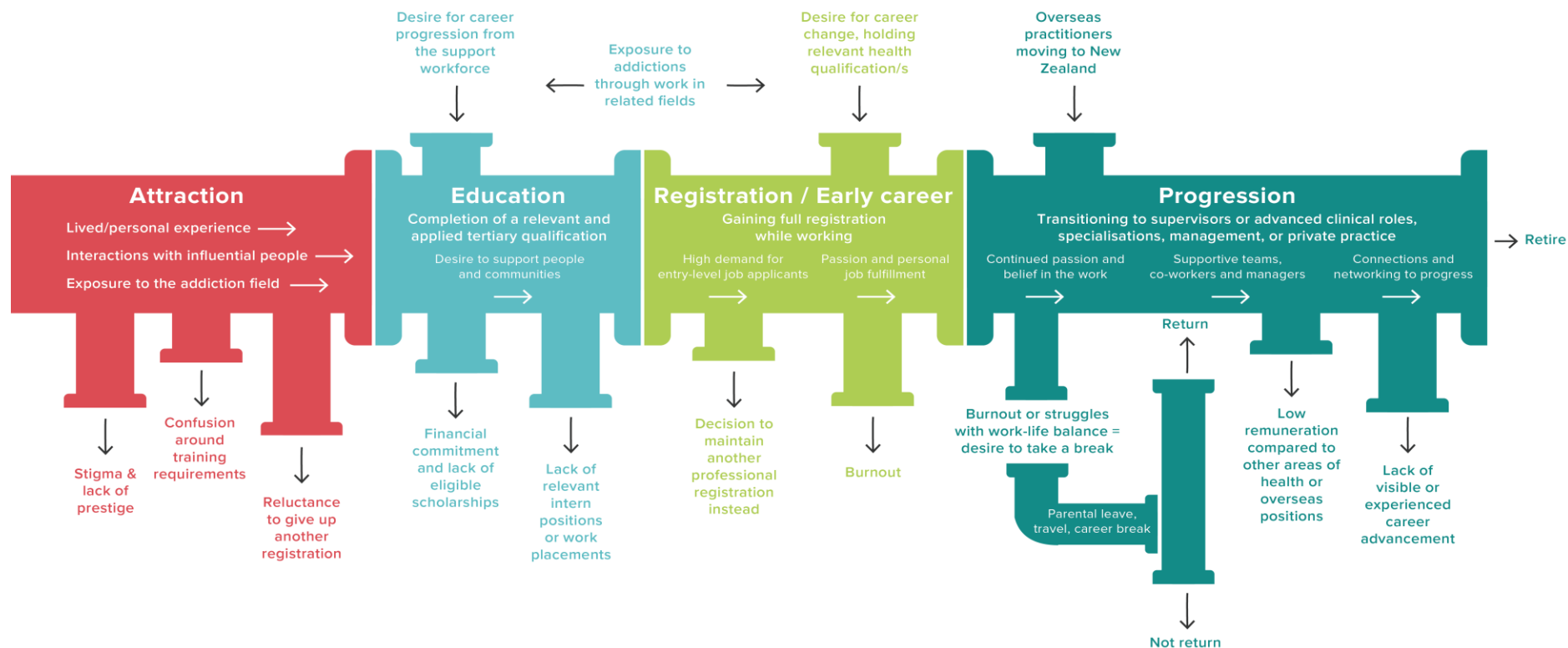


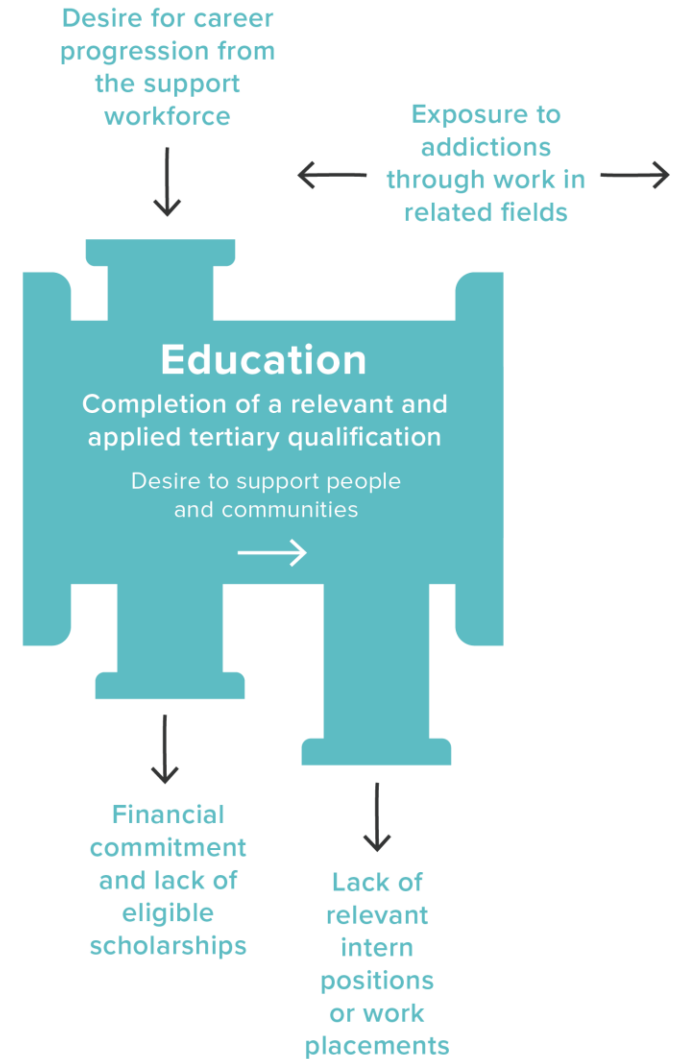
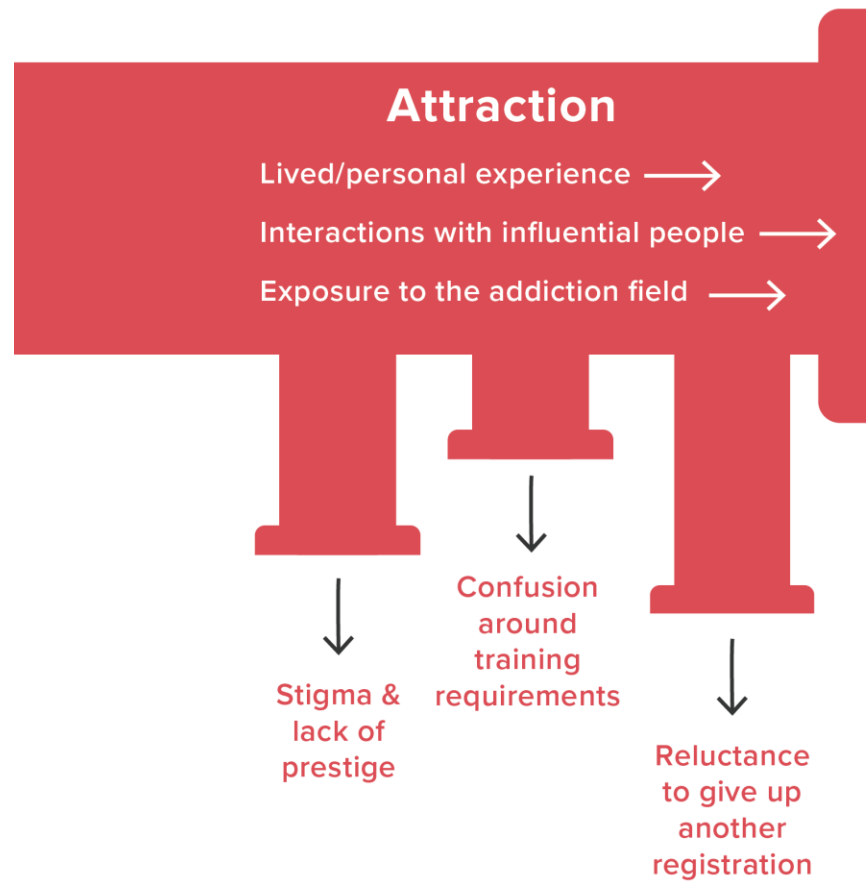
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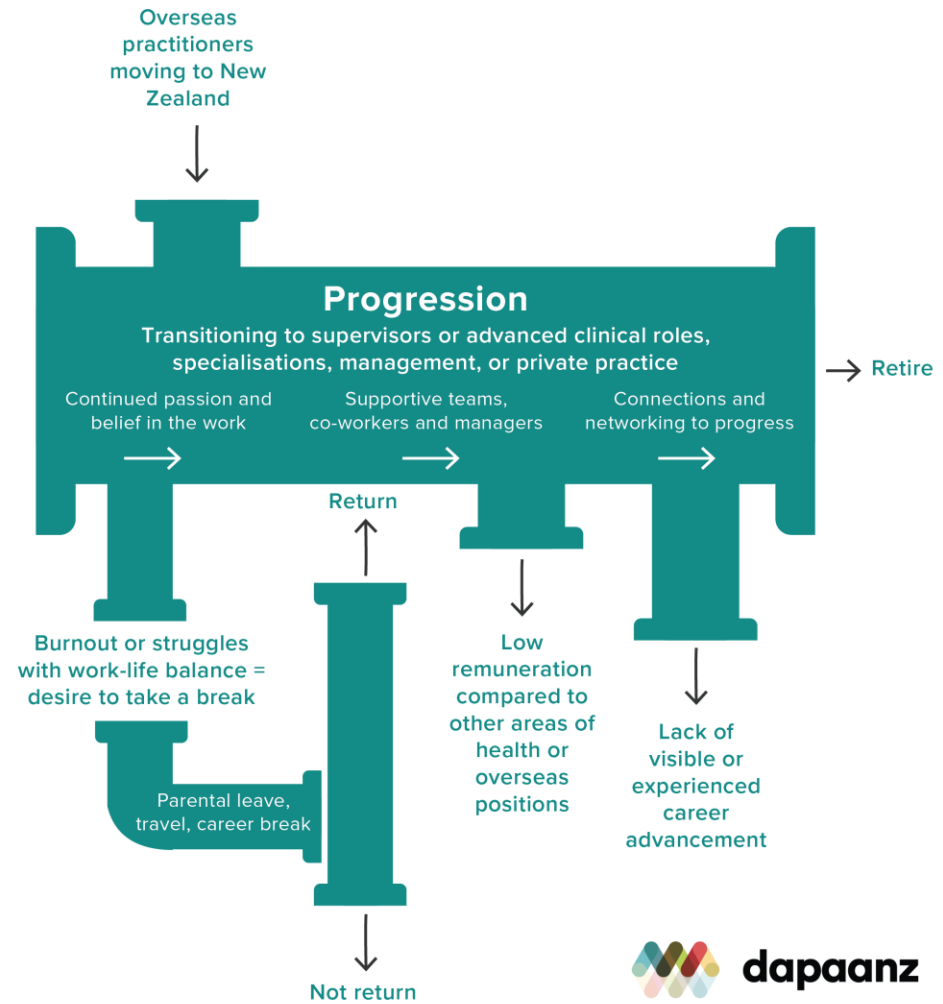


Mapping our workforce pipeline

Addiction Practitioner Pipeline in Aotearoa New Zealand









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Helping us/you to understand motivations - entry and exit

Identify areas for development and advocacy:

- **Strengthen** the **reputation and awareness** of addiction practice
- Address **key drivers of attrition** for early-career practitioners
- Clarify and formalise **progression pathways** in addiction careers
- Address and **highlight challenges** where we can - sustainable funding, salaries, benefits to attract and retrain skilled workforce
- Strengthen the **protective factors** and reasons why people stay in our sector



CuttingEdge

Te toka tū moana



Dapaanz is excited to welcome you to Rotorua for Cutting Edge Te toka tū moana conference.

**12 – 13 November
2025, Energy Events
Centre, Rotorua, New
Zealand**

Plan to attend: Arrive Wednesday, stay one night and drive or fly after Cutting Edge concludes on Thursday.

**DIARY THE DATES, LEARN, NETWORK AND
HAVE FUN WITH COLLEAGUES.**

Key Dates

Call for Abstracts Opening

Open now!

Registrations Opening

Week of 09 June

Scholarships Opening

Week of 09 June

Call for Abstracts Closing

Friday 02 May

Early Bird Registration Closing

Friday 26 September

Scholarships Closing

Friday 01 August



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Welcome to **Emma Hunter** our new board Chair for the coming term.

Hugest thank you to **Ben Birks Ang** for many many years serving as dapaanz board Chair.

And for his commitment to our sector, our workforce and dapaanz.





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Thank you!

Dr Sam White
Executive Director – dapaanz

sam@dapaanz.org.nz
www.dapaanz.org.nz



Mary Cunningham – Practice Standards
Julie Keegan - Registrar assistant



Addiction Consumer Leadership Group update

ACLG members



National Committee
for Addiction Treatment

Sharing from the Sharing Space

Lived Experience Addictions Leadership Group
Addictions Leadership Day March 2025

Findings April - Nov 2024

- ▶ Two facilitators:
 - ▶ Female/ male
 - ▶ South Is./ North island
 - ▶ Te Whatu Ora/ NGO
 - ▶ Harm reduction/ 12 step
- ▶ 20 weekly meetings held
- ▶ 146 attendances (excluding facilitators)

Who attended?

- ▶ Roles include advisory, peer support, educators, health coach
- ▶ People in Hamilton, Auckland, Christchurch, Timaru, Dunedin
- ▶ People working in CPSLE roles in CADS Auckland and Waikato, Odyssey (Auckland and Christchurch), Care NZ, Explore: PivotDrug and Alcohol Support, PGF (gambling harm), Health NZ

Conversations about:

- ▶ Selfcare:
 - ▶ How do you look after yourself while looking after others
 - ▶ How we handle disconnect when working with a client
 - ▶ Safety when working one on one
 - ▶ How we found our way here
- ▶ Maintaining boundaries and associated challenges
- ▶ Ethics
- ▶ CHIME
- ▶ 12 step and Harm Reduction: what creeps into our Mahi
- ▶ Supervision
- ▶ Managing lapse and relapse
- ▶ CPSLE roles in the Clinical world-challenges, barriers and hierarchy
- ▶ Point of contact in prison settings
- ▶ Peer roles in ED and police settings
- ▶ Peer values and SACAT
- ▶ Consistency for peer roles and service delivery
 - ▶ Common goals in our Mahi
 - ▶ Roles and similarities
- ▶ Working with family and Whānau
- ▶ Boundaries and whānau
- ▶ Connection (and lack of) between services
- ▶ Updates/ Who is doing what

Perceived benefits according to participants

- ▶ connecting new CPSLE staff into the workforce
- ▶ supporting people in isolated roles and regions
- ▶ information sharing
- ▶ improved understanding of CPSLE roles and addictions sector

Achieving the goals of:

Connection and **C**onsistency across the motu

Hope and optimism

Identify - individually and collectively

Meaning and purpose - learning through experiences

Empowerment through sharing, mutual learning and support



Alcohol & Other Drug Online Groups

Free educational discussion groups to assist your wellbeing and AOD recovery journey

Recovery 24/7

Mondays, 2.00pm - 3.00pm

Do you want to reduce harm associated with AOD use? This group provides education on addiction and aims to help attendees develop strategies for improved health and wellbeing.

Support for Whānau Impacted by Alcohol or Drugs

Tuesdays, 1.00pm - 2.00pm

This group offers education and discussion to empower and provide hope for those impacted by a loved one's use of alcohol and drugs.

Addiction Workforce Sharing Space

Wednesdays, 1.00pm - 2.00pm

An opportunity for the developing and existing addictions consumer, peer support and lived experience (CPSLE) workforce to connect and share the challenges and learnings that we come across in our work. Together we can develop our knowledge and skills through shared understanding and collective identity.

Family/Whānau Support

Thursdays, 12.00pm - 1.00pm

This group is open to family/whānau members impacted by alcohol and other drug use of their loved ones. It provides a safe space for family members to connect with others facing similar challenges and support one another. Join to gain supportive tips for yourself, as you support someone you care about.

The Friday Group

Fridays, 12.00pm - 1.00pm

An educational discussion group to support each other in developing strategies and sharing experiences on staying safe around alcohol and other drugs.

Information:

- Please note this is not a clinical service
- No registration is required for these drop-in style groups
- Attendees can choose to participate or remain anonymous
- Groups are not held on public holidays

Learn more and get meeting links at
mherc.org.nz/talktime

mherc.org.nz/talktime

0800 424 399 • info@mherc.org.nz



talk time
ONLINE | A kōrero to better
health and wellbeing

Addiction Workforce Sharing Space

Online discussion group

An opportunity for the developing and existing addictions consumer, peer support and lived experience (CPSLE) workforce to connect and share the challenges and learnings that we come across in our work. Together we can develop our knowledge and skills through shared understanding and collective identity.

**Come together for an hour each week for CHIME:
Connection, Hope, Identity, Meaning and Empowerment.**

Addiction Sharing Space is a community of practice for the addictions consumer, peer support and lived experience (CPSLE) workforce to connect, learn and grow. It provides an opportunity to expand our understanding of our different experiences and to share the wealth of diversity that exists in our workforce – different ethnicities, genders, ages, living and working environments. Everyone has something unique that others can learn from and about.

Wednesdays, 1.00pm - 2.00pm

Visit mherc.org.nz/talktime/aod for meeting link

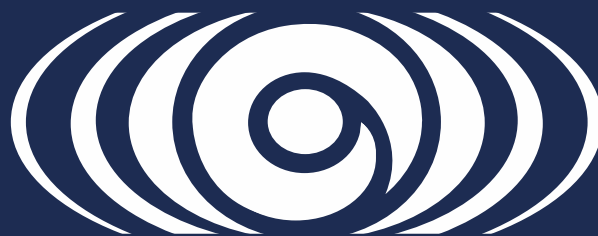
Communities of practice have been around for as long as human beings have learned together... a tribe learning to survive, a band of artists seeking new forms of expression, a group of engineers working on similar problems... they are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.
(Wenger-Trayner, in Te Pou 2023)

Groups are coordinated by Marc Beecroft,
Regional AOD
Consumer Advisor
Ph. 021 881 752



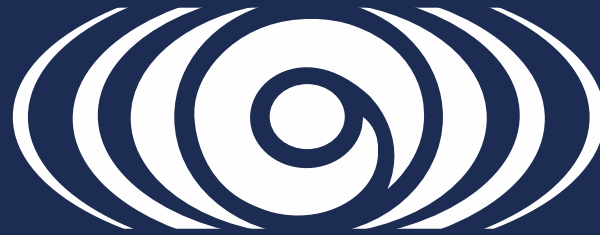
The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the frame, creating a modern, dynamic feel.

**What does the Lived
Experience Sector Want??**



National Committee
for Addiction Treatment

Closing remarks and evaluation



National Committee
for Addiction Treatment

Whakakape/Closure and farewell