



National Committee
for Addiction Treatment

Addiction leadership Day Ōtautahi Christchurch 2025

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**



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

National & Regional direction, priorities and workstreams

Vicki Dent, Regional Lead Mental Health and Addiction, Te Waipounamu and Steve Rossell, System Design Manager (Addiction), Planning Funding & Outcomes, Te Waipounamu



Addiction Leadership Day

Ōtautahi Christchurch
20th November 2025

Vicki Dent
Regional Lead, Mental Health & Addictions

Te Waipounamu

Steve Rossell
System Design Manager (Addictions)

Planning, Funding & Outcomes /
Mental Health & Addictions

Te Waipounamu

- National & Regional MH&A programme
- Priorities and Focus areas

- Regional AoD & Addiction, Te Waipounamu

Kaimahi, Mapping, Money & Mahi

- Q & A

National Mental Health and Addiction Improvement Programme

1. SYSTEM PERFORMANCE AND MONITORING

Provide more detailed MH performance information and embed a coordinated approach to data and performance monitoring.

2. RINGFENCE TASKFORCE

Develop detailed view of MH&A expenditure linked to inputs, outputs, activities and outcomes and recommend reallocation of MH&A investment to support target delivery and shift delivery to communities.

3. CLINICAL QUALITY AND SAFETY

Establish an integrated focus on clinical quality and safety, with clear clinical and lived experience leadership and networks.

4. INTEGRATED WORKFORCE PROGRAMME

Bring together a strategic and integrated MH&A workforce programme to increase the MH workforce.

5. MENTAL HEALTH INFRASTRUCTURE PROGRAMME

Establish a joined-up approach to planned mental health infrastructure programmes including B25 investment

6. IMPLEMENT BUDGET INITIATIVES AND MINISTERIAL PRIORITIES

Establish a coordinated approach to ensure implementation of Minister's priority initiatives, including B22 and B25 initiatives.

7. INTEGRATED NATIONAL PLANNING AND COMMISSIONING

Integrate delivery across Primary, Community, Specialist and Hospital Services to provide a consistent continuum of care.

System Performance & Monitoring: Q4 / Q1

Faster access to primary MH&A services

Target: 80% within 1 week

Regional: **82.7%**

Q4

Q1

Region met
2025/26 target?



* youth data now included

Faster access to specialist MH&A services

Target: 80% accessed within 3 weeks

Milestone: 75% U25s accessed within 3 weeks

Regional: **78%**

U25s: **73.2%**

MH: **80.4%**

AoD: **65.9%**

Q4

Q1



Region met
2025/26 target?

Shorter MH&A stays in ED

Target: 95% departed within 6hrs

Milestone: 77% departed within 6 hrs

Regional: **84.9%**

Q4

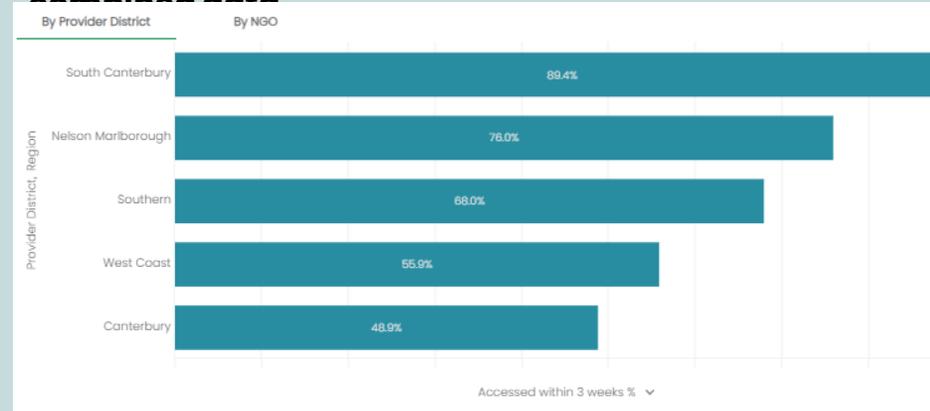
Q1

Region met
2024/25
milestone?



Access to specialist – deeper dive: AoD Q4&Q1

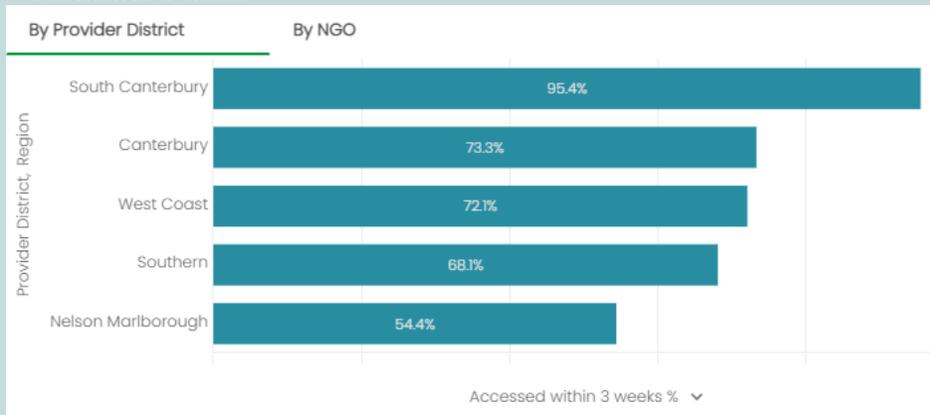
combined data



- AoD 65.5% v MH 79.2%
- AoD u25s: 74.6% (small volumes)
- Access consistent across ethnic groups
- NM trial: 64.4% Jul – 85% Sept
- SC Peers / DNA rate: 69.2% Jul – 92.9% Sept

Access to specialist – deeper dive: U25s Q4&Q1

combined data



- U25s access: 71.8%
- 0-11s: 45.2% v 12-24s: 76.1%
- S, C, NM all well below for u11s
- Access for Maori higher than all other groups
 - 63% v 38.5, 30.6, 38.6%
- Noting u11s also waiting longer in ED (71.4%)
- NM: Choice appt, significant improvement in 8 week wait
- ADHD / ASD impact Canterbury

National Mental Health and Addiction Improvement Programme

2. RINGFENCE TASKFORCE

Detailed assessment of core MH&A areas (e.g. Addiction, Maternal Infant Child & Youth and Forensic)

Sapere drafted AOD report

3. CLINICAL QUALITY AND SAFETY

Various programmes of work

National Clinical Network – Addictions workstream

Clinical Quality & Safety: National Clinical Network Workstreams

1. System Integration, Partnership & Prevention

Build connections with other clinical networks and map cross-sector relationships (NGOs, iwi, primary care).

Coordinate efforts to reduce duplication and strengthen collective impact, identifying evidence-based prevention opportunities.

2. Addictions

Develop and support consistent, high-quality addiction services aligned with lived experience, cultural safety, and emerging priorities.

Key focus on national alcohol withdrawal guidelines and AOD services environment scan.

3. Child & Youth

Support tamariki and rangatahi by creating national guidance, strengthening school-based mental health supports.

Improve access to culturally appropriate, youth-focused services (primary, NGO, HSS).

Includes national neurodevelopmental pathway project (ASD, ADHD, FASD).

4. Adult

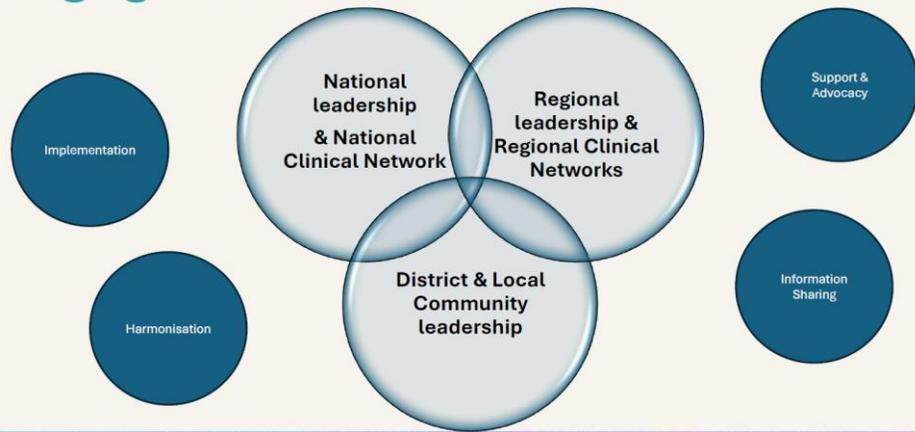
Improve MHA care for adults (including Older Adults) by developing key clinical pathways across the care continuum.

Set national standards to enhance quality and equitable access across Aotearoa.

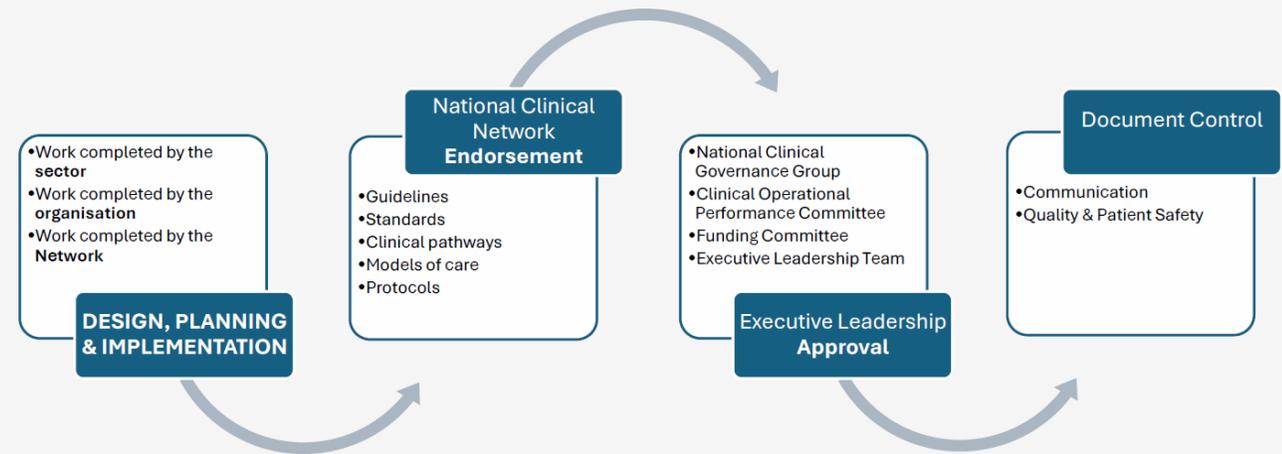
Includes National ECT Standards and clinical pathways for psychosis management.

Clinical Quality & Safety: National Clinical Network Workstreams

How do we work together - Engagement Framework?



Approval pathway



Acknowledgement to Dr Clive Bensemman and Rozi Pukepuke, Network co-leads

National Mental Health and Addiction Improvement Programme

4. INTEGRATED WORKFORCE PROGRAMME

MHA workforce plan 24-27
Workforce Targets
Specific sector areas of development
e.g. peer workforce Addiction, Meth, forensic, maternal mental health, eating disorders etc.

6. IMPLEMENT BUDGET INITIATIVES AND MINISTERIAL PRIORITIES

B22: Peer support ED / Crisis cafes
B25: Co-response, telehealth, forensic, abuse in care, crisis response, AoD

7. INTEGRATED NATIONAL PLANNING AND COMMISSIONING

Integrate delivery across Primary, Community, Specialist and Hospital Services to provide a consistent continuum of care.

Regional AoD & Addiction, Te Waipounamu

Kaimahi, Mapping, Money & Mahi

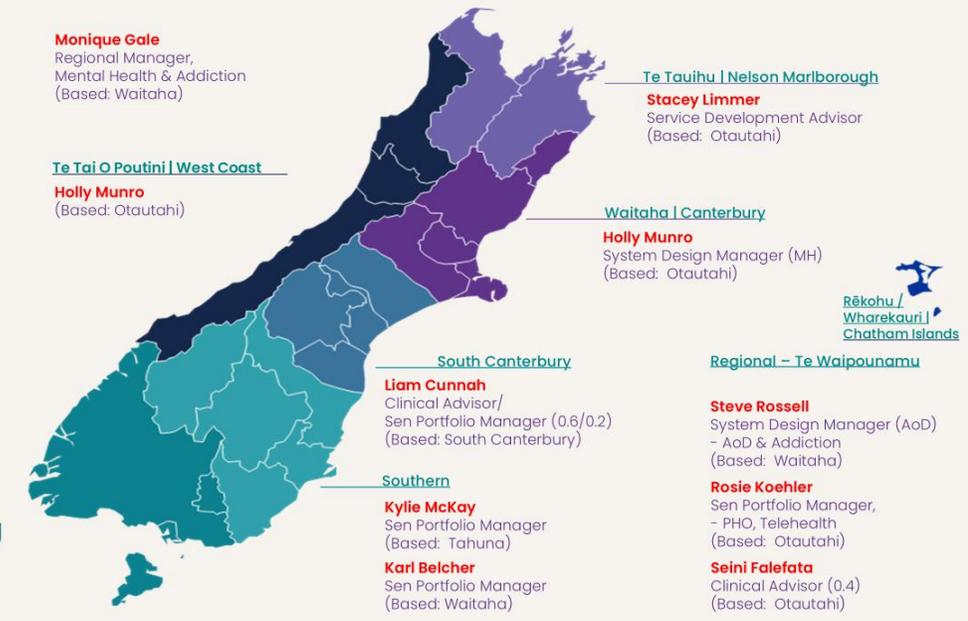
Planning, Funding & Outcomes

Mental Health & Addictions team, Te Waipounamu

Mental Health & Addiction Te Waipounamu

Delivering Regionally to:

Plan, design, and fund primary & community services, ensuring effective delivery of mental health and addiction services.



‘What’s on the near horizon’ for the waka?

- AoD Service Mapping
 - (Min. of Health / Manatū Hauora)
 - (National Addiction Clinical Forum)
- ‘Substance Harm Action Plan’
 - (Min. of Health / Manatū Hauora)
 - (wider stakeholder engagement)
- AoD Framework
- Integrated commissioning
- Methamphetamine responses
 - (Ministerially-led, HNZ Nationally supported, and Regionally developed & delivered)

AoD Framework

Messy to Managed

- Shifting policy drivers, over time
- Shifting funding, over time
- Ad hoc service devt., over time



- Sometimes siloed, episodic, uncoordinated services, with ill-defined system expectations and limited understanding



- 'Resuscitated' service and system framework – WiP



- **AoD Service Framework**

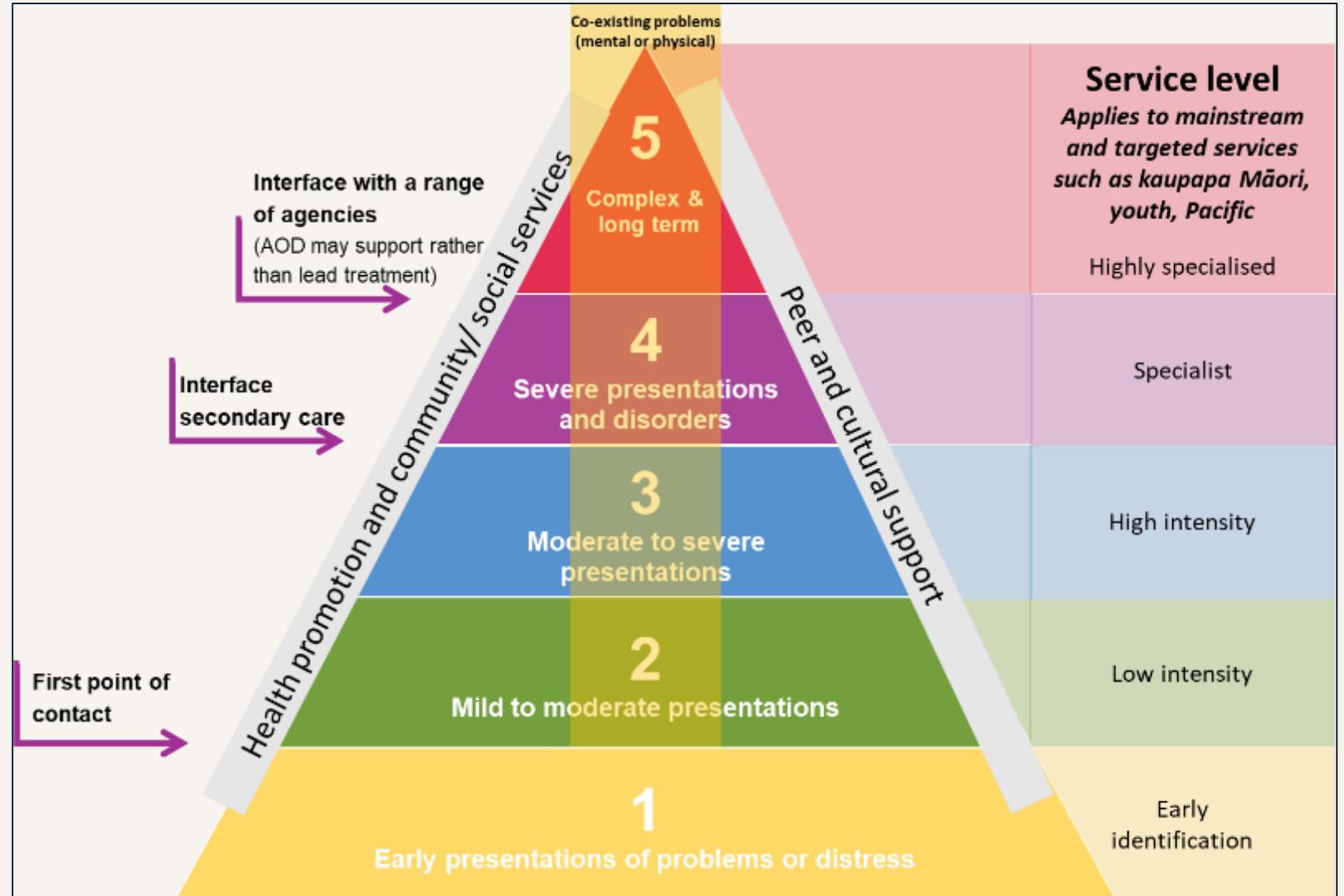
- Ongoing National/Regional AoD, LE, Hauora Māori, Corrections, and Sector input
- Offering a clear set of expectations for a contemporary system and services
- Supporting mapping and commissioning to a framework going forward

Stepped model of care

“The stepped model of care progresses from early presentations through to complex and long term, with the corresponding levels of service intensity and specialist services required.

... where someone might sit in this diagram depends on their presentation and the level of substance use”

Pp 50-52



Continuum of services

“... continuum of services **within the stepped model of care**, across the **three phases of harm** and **mapped to service structures**. It also indicates where services will operate, at a national through to local level.” Pp52-60

Corresponding level in stepped model of care



Type of service/ support available	"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
	Primary / community services				Dedicated AOD services			Primary / community services		
National / regional							SACAT			
							Residential treatment services			
							Withdrawal services: Medical			
							Cross-agency solutions for enduring substance use disorders			
							Step-up accommodation	Step-down accommodation		
							Structured day programmes			
							Addiction consultation liason (in hospital and community settings)			
							Withdrawal services: Community residential			
Multi-locality (district) / locality					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					

Intervention settings

“People experiencing AOD harm should be able to **access services in a range of different places**, including community, primary care, and hospital settings...

... The intervention settings table outlines where each treatment, care, or support intervention needs to be available.”

Who for	Treatment / intervention	Type of treatment/ intervention	Emergency department	General Hospital	Specialist provider arm / CADS	Either specialist provider arm or NGO ¹	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		
Assertive outreach					X	X	X		
School services							X		
Impaired driving					X	X	X		
Employment, social and housing support						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		

¹ Depending on several factors including service capability and capacity, service arrangements, workforce, local preferences

Intervention descriptions

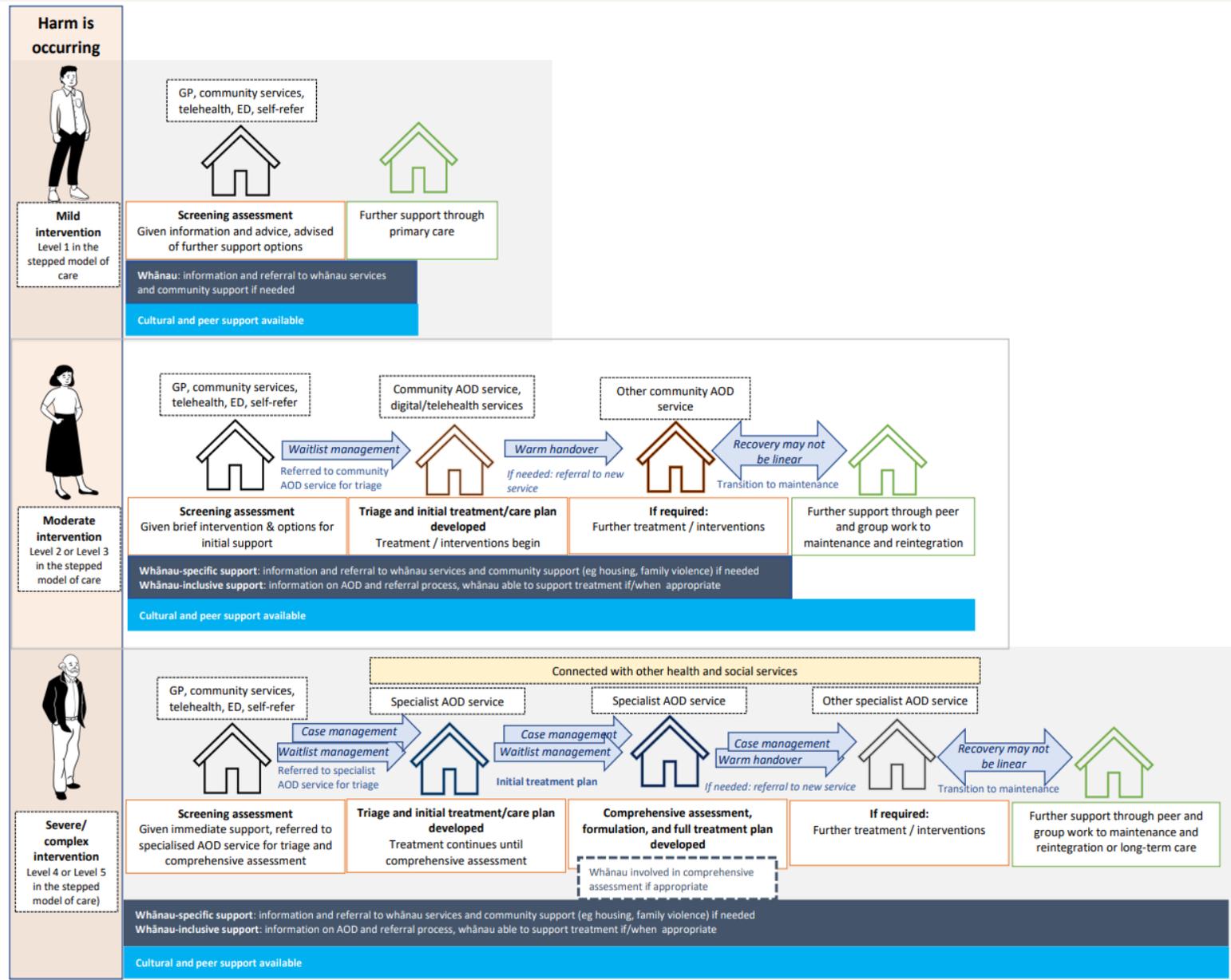
*“... the **prevention, intervention, treatment and support options** that would be available in a contemporary AOD system...”*

*... **Not all of these will be available in every location but would be accessible to all dependent upon assessed need.**”*

pp66-77

<p>Impaired driving services provide a range of measures, programmes, and interventions aimed at addressing the issue of driving while impaired by alcohol, drugs, or other substances.</p> <p>Services are normally provided through course-based learning modules that are variable in length and duration, ranging from multi-day to multi-week courses.</p> <p>Services can involve prevention and education, legal and judicial support, and referral and coordination with other relevant agencies or organisations. Their overarching aim is to provide participants with learning and skills to manage the harm associated with drink and drug driving.</p>	<p>Secondary prevention</p> <p>Intervention - mild / moderate</p> <p>Intervention - moderate/severe</p> <p>Intervention - severe / complex</p> <p>Maintenance / stabilisation</p> <p>This service will be delivered through local and regional initiatives</p>
<p>Opioid substitution treatment (OST) is a form of pharmacological treatment that uses prescribed medication to replace illegal/illicit opioids. It reduces the harms associated with illicit drug use (eg, overdose, the spread of blood-borne viruses) and is provided as part of a wider treatment plan that may include psychological and social support to address underlying issues and promote recovery.</p>	<p>Intervention - mild / moderate</p> <p>Intervention - moderate/severe</p> <p>Intervention - severe / complex</p> <p>Maintenance / stabilisation</p> <p>This service will be delivered through local and regional initiatives</p>
<p>Outreach / assertive outreach is the practice of proactively engaging with at risk people not currently accessing treatment or support services, offering a range of opportunistic treatments such as brief interventions and referral.</p> <p>Outreach can include street-based, mobile, peripatetic, and domiciliary initiatives, providing a range of accessible opportunities for engagement.</p>	<p>Secondary prevention</p> <p>Intervention - mild / moderate</p> <p>Intervention - moderate/severe</p> <p>Intervention - severe / complex</p> <p>This service will be delivered through local initiatives</p>

example



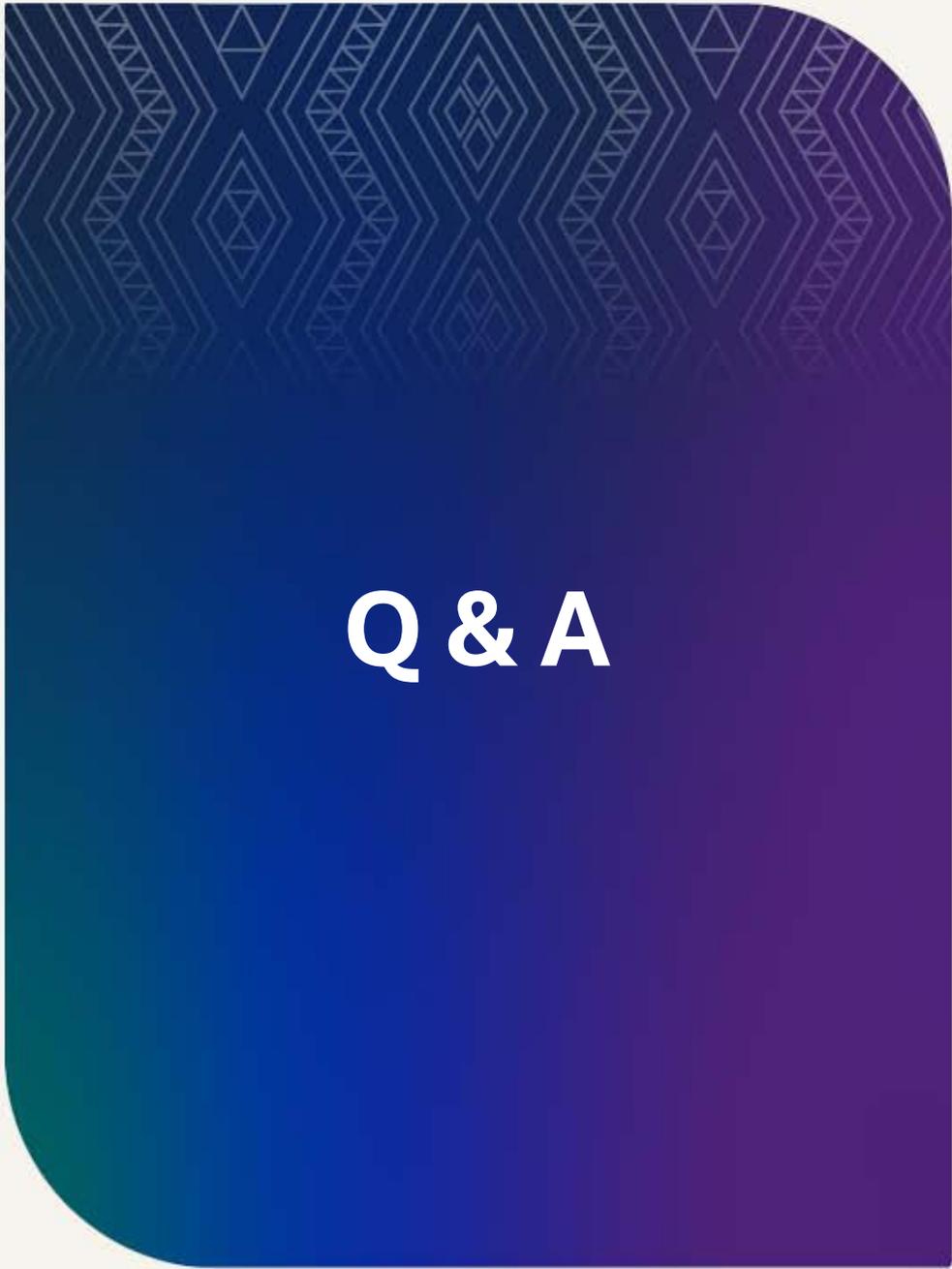
Referral pathway, Tx planning, and essential referral pathways

*“The framework ‘principles’ and ‘elements of effective treatment and services’ need to be considered carefully within treatment planning and referral pathways, with intentional focus on treatment matching, and the development of equity of access, intervention, treatment and outcomes. **Having clear and dedicated pathways, that kaimahi can follow and whaiora can understand, when referring tāngata whaiora to and through services will help better enable accessing to the care and support needed.**”*

pp78-85

Methamphetamine Responses

- To **address the issues related to methamphetamine** and develop a comprehensive, multipronged approach, the Prime Minister established a **Ministerial sprint team** comprising of the Ministers of Justice, Police, Customs and Mental Health
- **Targeted mostly within four locations** identified as experiencing the greatest increases in methamphetamine consumption and harms:
 - the far-North area of Northland, from Kaikohe to Kaitaia,
 - the Hastings to Wairoa area,
 - Gisborne and the broader Tairāwhiti region, and
 - Rotorua
- Early intervention, peer support, treatment and workforce development initiatives:
 - **Prevention** through targeted, community-based prevention and education initiatives;
 - **Early intervention**, through expanding access to screening, brief intervention, and referral to treatment in high-risk communities and health settings;
 - **Treatment and Support** to achieve recovery, through enhanced access to treatment, wraparound recovery supports, and peer- and whānau-based services that reduce relapse and reoffending
- Plus, **national services and campaigns**



Q & A

Thank you for your attention

Lived Experience Addiction Leadership Group Update

Lived Experience Leadership Group



National Committee
for Addiction Treatment



Lived Experience Addiction Leadership Group



Current projects we are supporting



**Addiction Workforce
Sharing Space**



**Competencies
refresh**



**Increasing retention
of LE addiction
kaimahi**



**CPSLEW Strategy
and action plan**



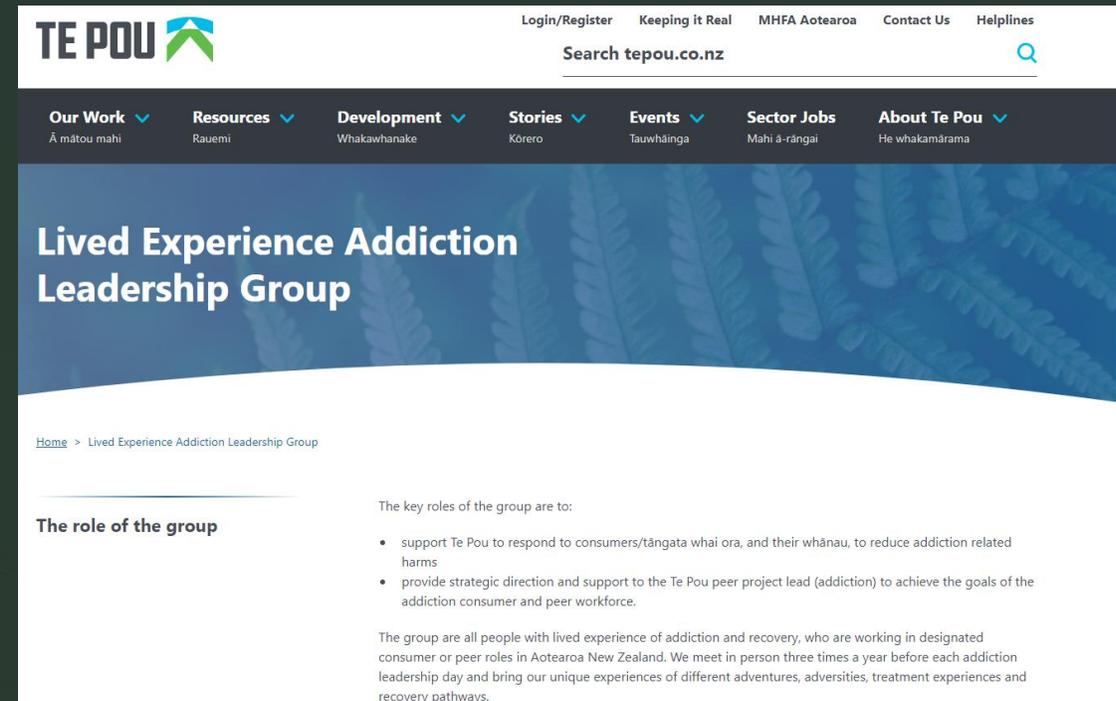
**Substance harm and
reduction action plan**

Ready to Network!

Livedexperience@tepou.co.nz

www.tepou.co.nz/initiatives/lived-experience-addiction-leadership-group

Questions?



The screenshot shows the Te Pou website's navigation and content for the Lived Experience Addiction Leadership Group. The header includes the Te Pou logo, a search bar, and links for Login/Register, Keeping it Real, MHFA Aotearoa, Contact Us, and Helplines. The main navigation menu lists: Our Work (Ā mātou mahi), Resources (Rauemi), Development (Whakawhanake), Stories (Kōrero), Events (Tauwhāinga), Sector Jobs (Mahi ā-rāngai), and About Te Pou (He whakamārama). The page title is "Lived Experience Addiction Leadership Group". A breadcrumb trail shows "Home > Lived Experience Addiction Leadership Group". The content area is divided into two columns. The left column has the heading "The role of the group". The right column contains the text "The key roles of the group are to:" followed by a bulleted list of two points: "support Te Pou to respond to consumers/tāngata whai ora, and their whānau, to reduce addiction related harms" and "provide strategic direction and support to the Te Pou peer project lead (addiction) to achieve the goals of the addiction consumer and peer workforce." Below the list, a paragraph states: "The group are all people with lived experience of addiction and recovery, who are working in designated consumer or peer roles in Aotearoa New Zealand. We meet in person three times a year before each addiction leadership day and bring our unique experiences of different adventures, adversities, treatment experiences and recovery pathways."



National Committee
for Addiction Treatment

Paramanawa | Morning tea

**Same same...but
different. How times
change but the mahi
stays the same**

**Bernie Thijssen, Clinical Team Manager,
Specialist Addiction Service – Tohunga
Puawaitanga Ratonga | MHAID Service –
Health NZ | Te Whatu Ora Southern**



Mapping access barriers for gambling harm services in Aotearoa, New Zealand

Jeff Foote, Associate Professor, and Dr
Andrea Clarke, Teaching and Research
Fellow, University of Otago Business
School



Mapping access barriers for gambling harm services in Aotearoa, New Zealand

Jeff Foote, Andrea Clark, Edmond Fehoko and Renee Lawson, University of Otago

Takurua Tawera, Manaaki Ora

Bridgitte Thornley, Problem Gambling Foundation

Research project

- “Should I stay or should I go now”: Systemic mapping of barriers to generate solutions for equitable access to gambling harm services
- Funded by Te Whatu Ora
- Three objectives
 1. Identify barriers and enablers from the perspectives of tangata whaiora, whānau and gambling harm providers
 2. Develop a ‘systems map’ to understand how barriers and enablers interact
 3. Co-design solutions to access barriers to improve engagement and outcomes

Māori, Pacific people, Rangatahi, Asian and Service Managers

Candidacy

- How people understand their eligibility for problem gambling services
- Candidacy is shaped by identification of candidacy, navigation, permeability of services, appearances at health services, adjudications, offers and resistance, and operating conditions

“Accomplishing access to healthcare requires considerable work on the part of users, and the amount, difficulty and complexity of that work may operate as barriers to receipt of care”

(Hinton et al., 2023, p. 223)

Methodology

- Q methodology
 - Uncovers subjectivity – viewpoints, beliefs and attitudes
 - Invites participants to rank statements according to importance
 - Statistical analysis uncovers similarities (perspective) between participants
- Systems mapping
 - Theory of Constraints' Figure 8 loop model (Powell & Cronin, n.d)
 - Make visible key inter-relationships between enablers and barriers
 - Captures a core dilemma associated with perspectives (using cause and effect logic)
- Co-design
 - Gambling harm service
 - Structured dialogue about system maps
 - Identification of interventions to disrupt cause and effect relationships and their potential for impact (low, high) and ease of implementation (easy, hard)

Analysis

- Statistical analysis highlighted four perspectives
 - 40% of the variation in sorting
- Perspective 1 (21%)
 - Stigma-related avoidance
 - 3x Service Manager, 3x Asian, 2x Māori
- Perspective 2 (9%)
 - Socially and culturally trapped
 - 4x Pasifika, 2x Service Manager
- Perspective 3 (5%)
 - Ambivalent about change
 - 8x Youth, 5x Māori, 3x Asian
- Perspective 4 (5%)
 - Failure to understand lived context
 - 4x Pasifika, 1x Māori, 1x Asian, 1x Service Manager

Analysis

- Interpretation depends on statements with higher or lower factor scores relative to other factor arrays
- Example - Perspective 1
- Important barriers and enablers
 - Q29: +5 People who experience harm from gambling do not access gambling help services because of the shame/loss of face if friends find out
 - Q46: + 4 People who experience harm from gambling will access gambling help services if community education raises awareness about available gambling help services
 - Q32: +4 People who experience harm from gambling do not access gambling help services because they do not trust that their information will be kept confidential
- Unimportant barriers and enablers
 - Q22: -4 People who experience harm from gambling do not access gambling help services because they do not want to stop gambling
 - Q3: -3 People who experience harm from gambling do not access gambling help services because they believe that winning or losing is based on luck
 - Q23: -3 People who experience harm from gambling do not access gambling help services because they do not believe their gambling is harmful

System map

“Shame is the biggest thing for me. Friends finding out, whānau finding out – that’s got to be there with that” (Service Manager#1)

“If people think others will find out, they hide it, even when they need help” (Asian#8)

“It’s not just about privacy – it’s about survival. If word gets out, your family feels it too” (Māori#4)



Perspective 1:
Stigma-related avoidance

System map

“If someone finds out you’re gambling and losing money, it’s not just your problem – it’s everyone’s. You get yelled at ... or just made to feel useless” (Pacifica#3)

“My dad’s gambling wasn’t just about personal gain – it was seen as helping.... It became part of his identity” (Pac#1)

“Our people are tired of walking into spaces where they have to translate not just their language, even the way they ask questions – it doesn’t feel safe” (Service Manager#6)



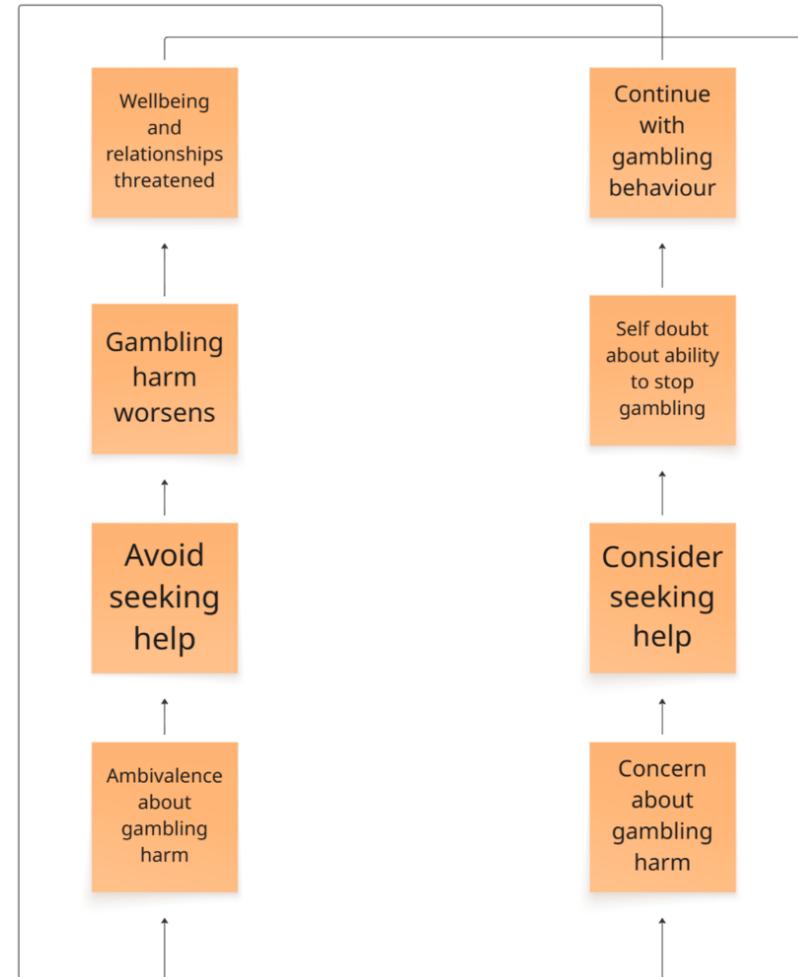
Perspective 2:
Socially and culturally trapped

System map

“It’s always about the next big win. They think they’ll fix everything with that one big payout”
(Asian#7)

“It’s just who they are. If they want help, they’ll ask. But not everyone is like that”
(Youth#2)

“You lie to yourself first – ‘I could afford to lose that money’. That starts a chain reaction”
(Māori#5)



Perspective 3:
Ambivalent about change

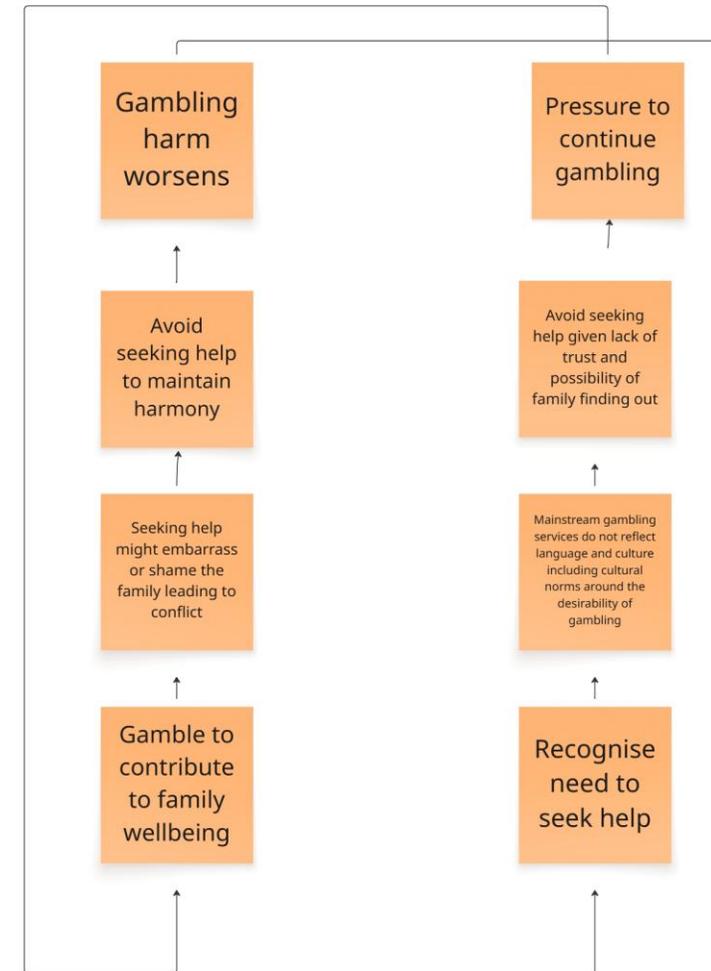
System map

“Once your family knows, it’s like your whole image is gone. Reputation is everything. You can be broke, but as long as no one knows, you’re fine. But once it’s out – nah, that’s when you have to clean it up” (Pac#7)

“People don’t seek help... it’s addiction, but they believe it’s not an issue because they think they can always win next time.” (Asian#5)

“It’s not even pressure with words — it’s expectation. If the family’s used to gambling together or there’s a partner who expects you to bring in money that way, it’s hard to walk away.” (Pac#4)

“No flyers at church, nothing at the community halls. Sometimes people think help is only for Pālagi. If it was promoted through pastors or elders, more people would know and maybe go.” (Pac#8)



Perspective 4:
Failure to understand lived context

Co-design

- To what extent do these core dilemmas resonate with your professional practice?
- What assumptions lock the cause and effect in place?
- Which assumptions can we challenge as a service or in collaboration with others?
- How might this translate into service improvements?



How do our findings relate to candidacy?

- Perspective 1
 - Candidacy breaks down at stages of navigation and appearance, given social cost of accessing services outweighs the benefit of help
- Perspective 2
 - Candidacy is blocked at the level of permeability, as cultural expectations and language barriers mean that services are not seen as culturally appropriate or relevant
- Perspective 3
 - Candidacy is frustrated at identification, appearance at service and offers of/resistance to service stages due to cognitive distortions about harm, skill and self-control
- Perspective 4
 - Candidacy is limited at the adjudication and offers of/resistance to service stages as services are seen as irrelevant due to cultural misalignment, lack of trust and fear of community judgment

Summary

- Traditional ways of framing service engagement draws on an understanding of individual responsibility and downplay what shapes help-seeking behaviour
- Four perspectives highlight how individual, whānau, community and service barriers and enablers intersect to compound disengagement and create inequities in access
- System mapping provides a foundation for co-designing
- Thank you to our participants and advisory group members - Abbey Popham, Anaru Haumaha, Antoanette Du Preez, Philip Siataga, Wardah Ali and Bridgitte Thornley (chair)

Questions?
Ngā mihi nui



National Committee
for Addiction Treatment

Tina | Lunch

Te Hiringa Mahara AOD monitoring update

Sonya Russell, Director Mental Health
and Addiction Sector Leadership and
Wendy Allison, Senior Analyst, Te
Hiringa Mahara | Mental Health and
Wellbeing Commission



Access to specialist addiction services and Alcohol and other drug harm reduction work plan 2025-29

Presenters:

Sonya Russell

Director, Mental Health and Addiction Sector Leadership

Wendy Allison

Senior Analyst, Wellbeing

Te Hiringa Mahara: our role and focus

- We are a Kaitiaki (guardian) of mental health and wellbeing, leading improved mental health and wellbeing outcomes, towards all people in Aotearoa New Zealand thriving together.
- Independent Crown Entity
- Key functions:
 - System-level oversight and leadership
 - Monitoring and reporting
 - Advocacy for collective interests of people with lived experience and whānau who support them.

Our work



Te Hīringa Mahara - Mental Health and Wellbeing Commission is legislated to monitor mental health and addiction services. We have previously reported a broad suite of measures about mental health and addiction services in our online **He Ara Āwhina dashboard** and reports. The purpose of this publication is to highlight and bring together the key monitoring findings for the addiction specific data.

The following information is focused on specialist addiction services. It includes a range of data including the number of people accessing addiction services, wait times, workforce, investment, among others. In most cases, it covers data over the five-year period to June 2024.

At a glance

44,850 people

in 2023/24 were accessing specialist addiction services (over 5,000 fewer people than five years earlier).



Around a quarter of people accessing specialist mental health and addiction services are seen by addiction services.

Access to specialist addiction services is relatively evenly spread across Health NZ and NGO provided services.

Addiction specialist services data summary 1



The purpose of this summary is to provide a synthesis of key mental health and addiction findings from the NZ Health Survey. We want to maximise available evidence to drive improved decision making. Our aim is for this information to be used for planning and investment, and to direct resources where they are most needed to improve mental health and addiction outcomes.

About

This report summarises key adult mental health and addiction findings from the New Zealand Health Survey (NZHS) 2023/24¹ our legislated priority groups. The NZHS is a continuous, representative survey of the health and wellbeing of adults (15 to 75+ years) and children (0 to 2 to 14 years²) in New Zealand. Findings are reported annually. Note that when the term significant is used in this report it refers to statistical significance.³

Overall, the data shows an increase in psychological distress, and unmet need for mental health and addiction care. While hazardous drinking has decreased, problematic use of illicit substances has not. In general, findings show significant disparities for disabled adults and Māori and Pacific adults.

¹ Data is available at <https://mh.health.nz/shinyapps.io/nz-health-survey-2023-24-annual-data-explorer>.
² Children are asked about 0- to 14-year-old children, the mental health and problematic substance use module is asked about 2- to 14-year-old children.
³ In New Zealand Health Survey data is measured at the 5% significance level (that is, a p-value less than 0.05). When calculating p-values, results are age-standardised to account for changing age structures in the underlying population. A statistically significant difference is likely to represent a real change over time rather than a random sampling process.

Key mental health and addiction findings: NZ Health Survey 2023/24 1

Specialist addiction service access

Out of all people accessing mental health and addiction specialist services in 2023/24



**addiction services
= 25.4%**

In 2019/20, this was 27.1 per cent.

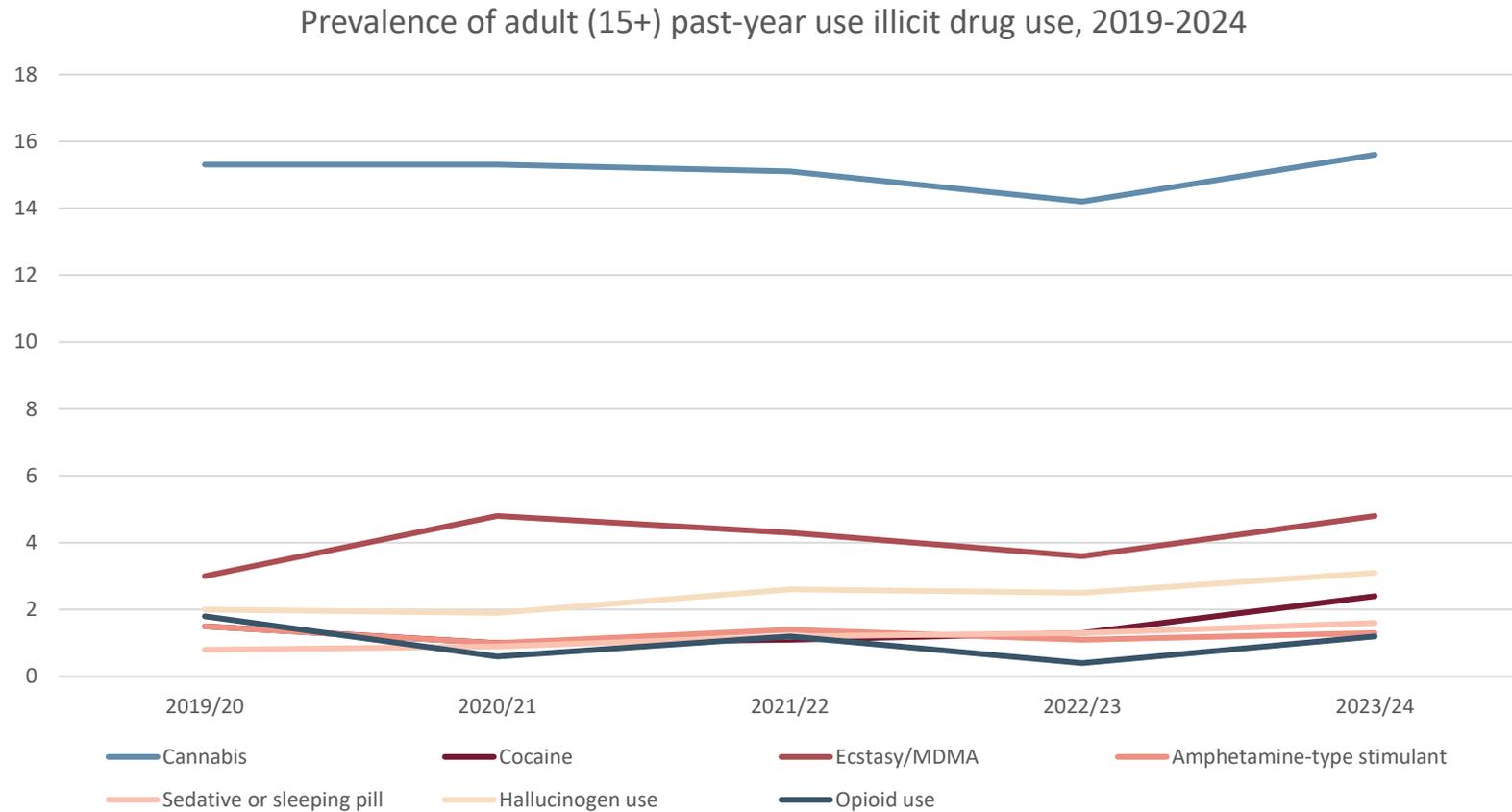
In 2023/24, there were 44,850 people who accessed specialist addiction services.



**Over 5,000
fewer people**

than five years earlier (50,114 people in 2019/20).

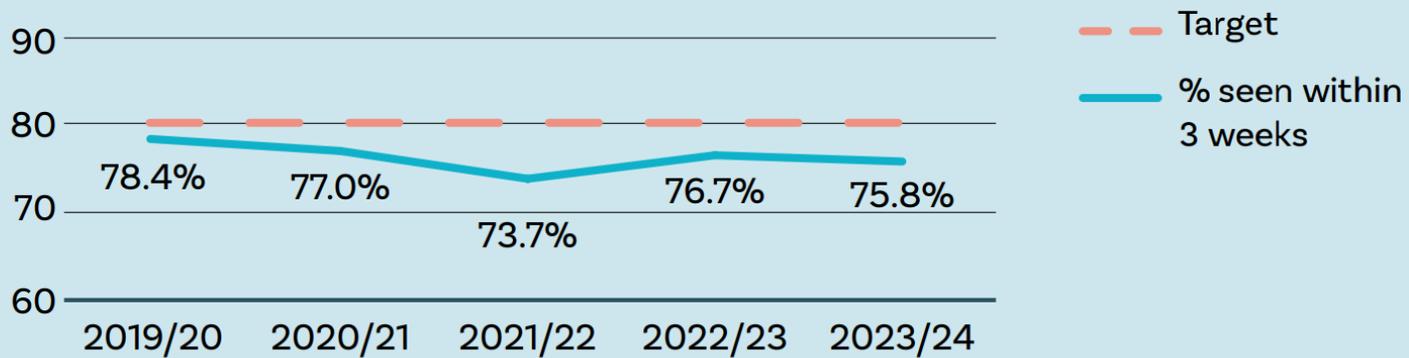
Illicit drug use



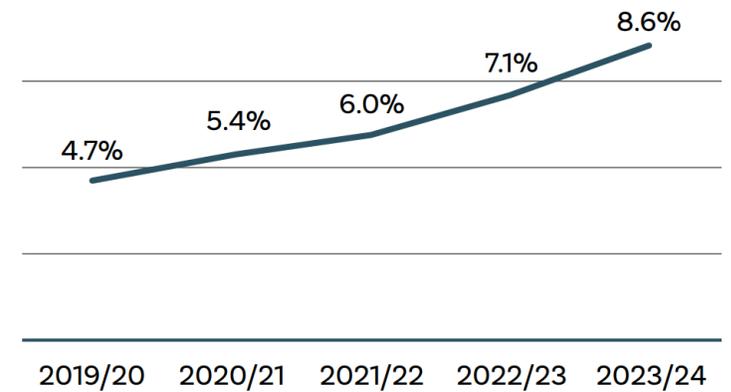
Source: [NZ Health Survey](#)

Service constraints

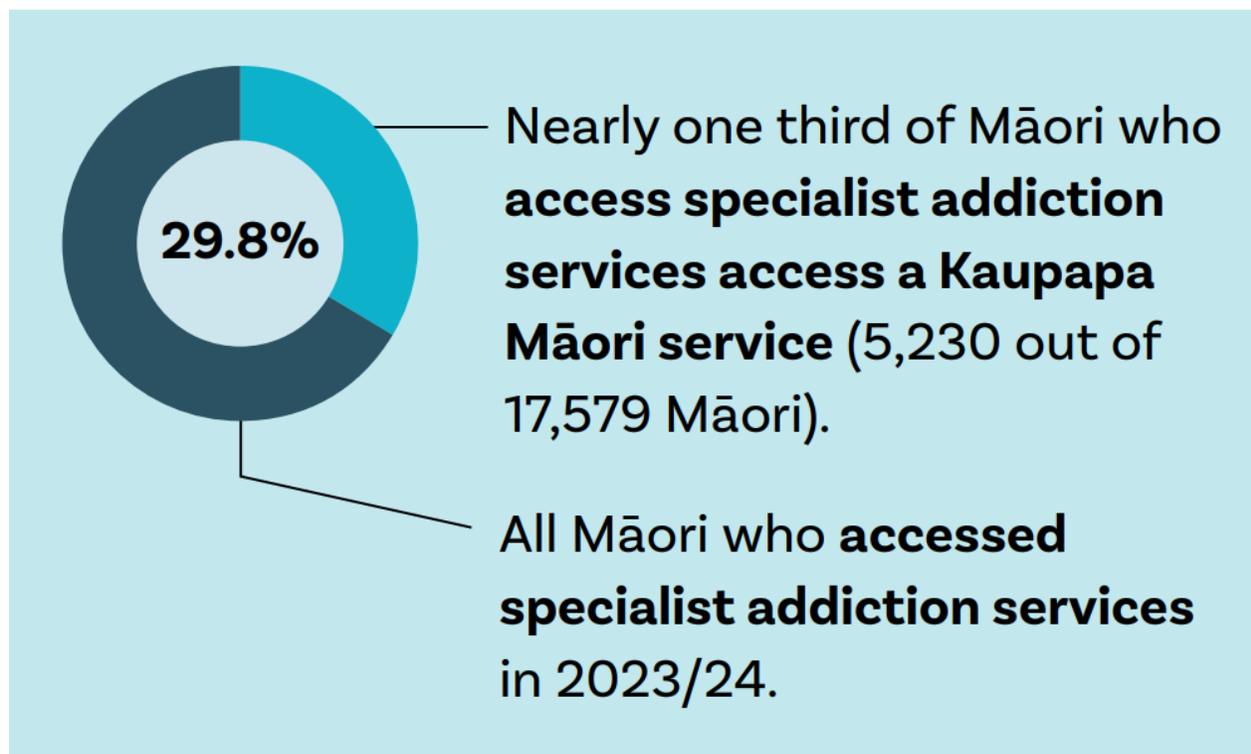
Percentage of people accessing specialist services seen within three weeks of referral, 2019/20 to 2023/24



Percentage¹⁵ of declined specialist service referrals, 2019/20 to 2023/24



Māori specialist addiction services access



Alcohol and Drug Outcome Measure

Self-rated progress towards recovery goals, 2023/24:

At start of service use



At end of service use



This increase in satisfaction with progress between start and end of service use has improved over the last five years.

In 2023/24 there was a

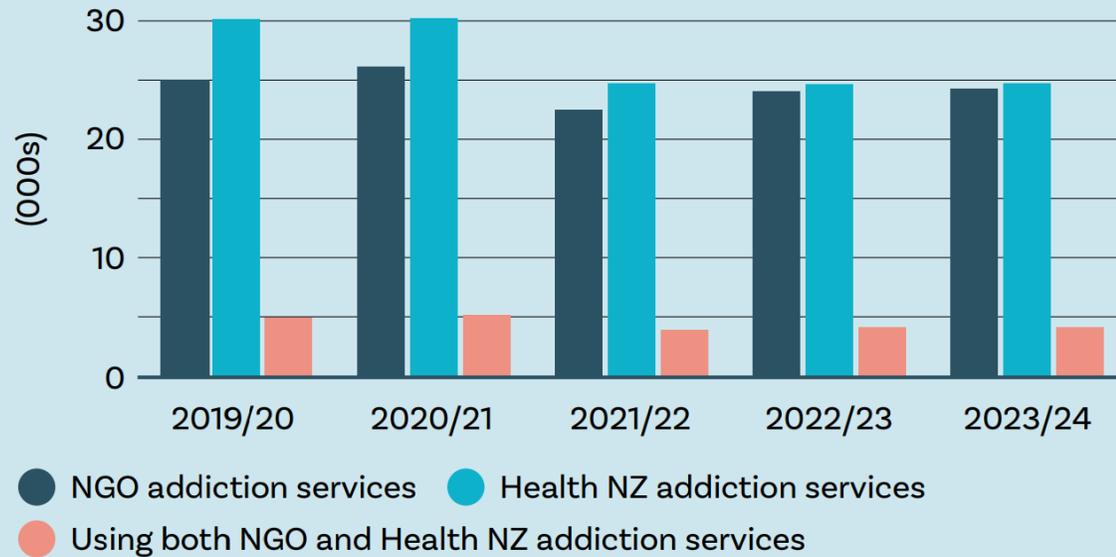


29.4% increase

from start to end of service use,
up from 26.1 per cent in 2019/20.

Health NZ vs NGO addiction services

Number of people accessing specialist addiction services delivered by NGO and Health NZ, 2019/20 to 2023/24



Between 2019/20 and 2023/24:

Health NZ services



**5,349
fewer people**

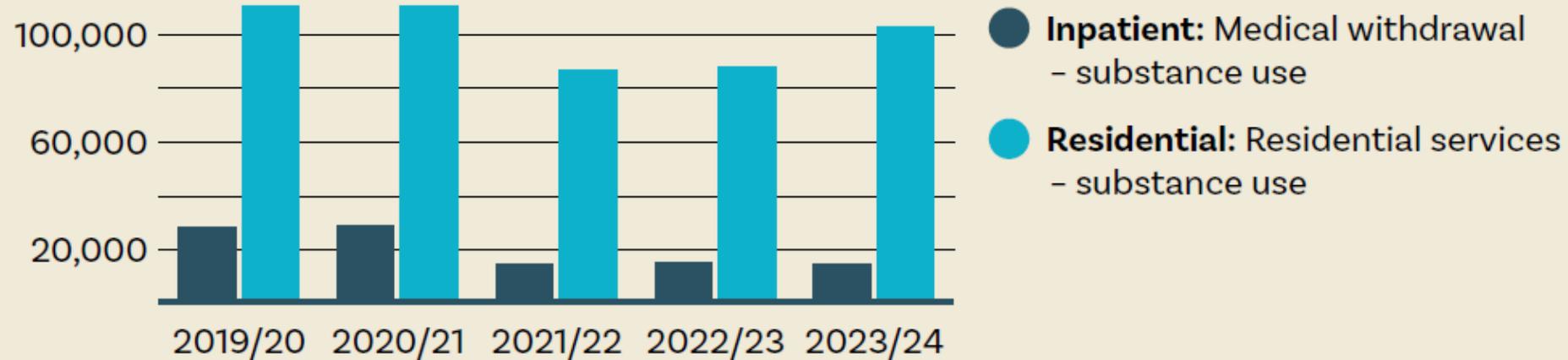
NGO services



**755
fewer people**

Inpatient and residential bednights

Number of bednights in inpatient and residential addiction services, 2019/20 to 2023/24



Addiction workforce

The total number of full-time equivalent (FTE) positions in adult specialist addiction services in 2022 was



1,594
positions



The number of dapaanz¹⁸ registered addiction practitioners is increasing.

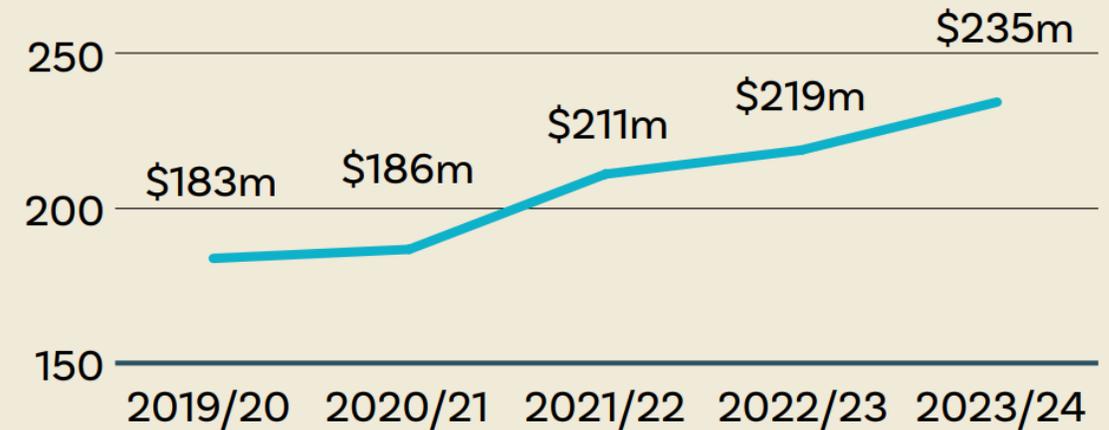
In 2019/20, there were 752 registered practitioners, **increasing to 991 registered practitioners in 2023/24.**¹⁹

Investment

Addiction services percentage out of total mental health and addiction expenditure:

↓ **10.8% in 2019/20**
9.1% in 2023/24

Total annual expenditure for addiction services, 2019/20 to 2023/24



Alcohol and other drug harm reduction work programme 2025-29

21 November 2025

Wendy Allison

Kaitātari Mātāmua - Senior Analyst, Wellbeing

NZ Health Survey:

Increase in moderate to high risk of problematic substance use in adults

In 2021-23

11.2%

**of adults (about
470,000 people)**

2016/17

10.1%

**of adults (about
390,000 people)**

In 2021-2023, young adults had the highest risk for problematic substance use.

18.4% of 15–24-year-olds (about 118,000 people) were estimated to be at moderate to high risk.



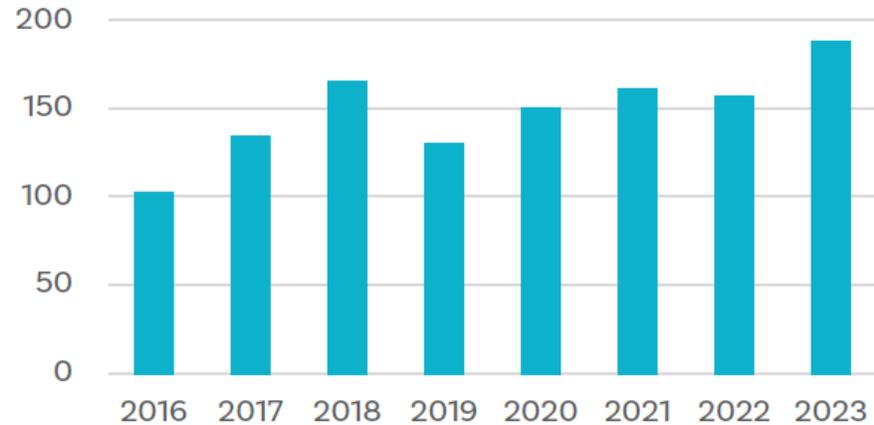
There has been a large
increase in overdose deaths



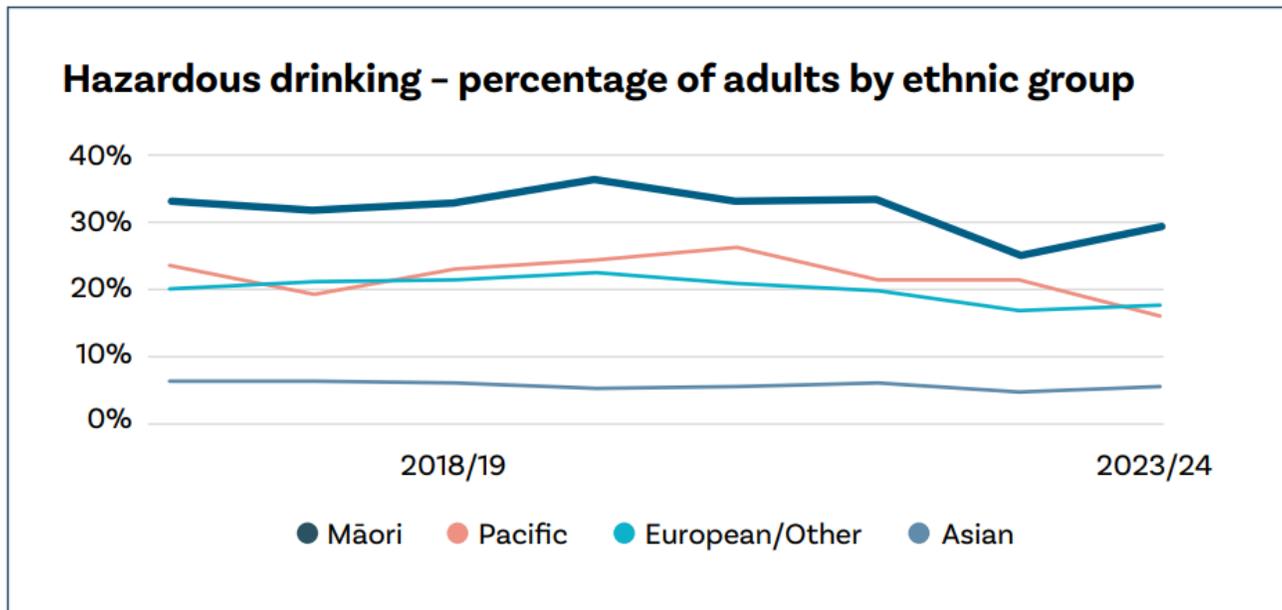
88%

increase in accidental
overdose deaths between
2016 and 2023

Number of deaths from accidental overdose



Hazardous Drinking



Among ethnic groups, only European/Other adults have reported a significant reduction in rates of hazardous drinking over the last 5 years.

Our Plan 2025-2029

Outputs	Impact – system (4yr)	Measures
<p>Publish insights on what works to reduce harm from alcohol and other substance use.</p> <p>Advocate for policy change for alcohol and other substance use harm reduction.</p>	<p>Increased evidence, knowledge and insights for decision making on effective approaches to harm reduction from problematic alcohol and other substance use.</p> <p>Increased availability of evidence-informed solutions to problematic alcohol and other substance use.</p>	<p>Uptake of advice on alcohol and other drugs legislation, policies and plans.</p>

Year 1: Develop understanding

1

Contract and publish a literature review to ascertain “what works” and what approaches are most suitable to the Aotearoa New Zealand context.

2

Develop an organisational position on alcohol and other drug harm reduction.

3

Explore existing measures for harm reduction both nationally and internationally, to develop a measure set for future monitoring of harm reduction in Aotearoa New Zealand.

Year 2: Report on current situation

1

Report on the state of alcohol and other drug harm reduction in Aotearoa New Zealand and compare internationally

2

Develop an advocacy agenda based on what we have found

Year 3: Advocate for change

1

Publish advice and deep-dive papers on specific topics identified as areas of high impact.

2

Lead an event or forum on alcohol and other drug harm reduction based on previous years' findings.

Year 4: Continuation and review

1

Continuation of our advocacy, including submissions on government plans and strategies, and responding to emerging issues.

2

Detailed reviews with recommendations, including measuring changes since our first insights report

One of the most important things we can do as advocates is to define & make concrete the vague terms used by politicians. What does it mean to "take a public health approach"? What you mean when you say "treatment"?

Our job is to make it plain for them.

~ Jonathan Giftos, MD ~

Pātai? Questions?

Ngā Mihi. Thank you.

Presenters:

Sonya Russell

Kaiwhakahaere Hauora Hinengaro, Waranga

Director Mental Health and Addiction Sector Leadership

sonya.russell@mhwc.govt.nz

Wendy Allison

Kaitātari Mātāmua

Senior Analyst

wendy.allison@mhwc.govt.nz



**Te Kāwanatanga
o Aotearoa**
New Zealand Government



Mental Health and
Wellbeing Commission

"Other" addictive behaviours - starting some global discussions

Jenny Wolf, GLE Addictions and Lived Experience Council Lead, and Lyndsay Fortune, GLE collaborative coordinator, General Manager, Organisational Development and Support, Odyssey





Global Leadership Exchange

“Other” addictive behaviours – starting some global discussions

Jenny Wolf
Addictions Lead, GLE
Lyndsay Fortune
Co-Chair Substance Use and Addictions Collaborative

November 2025

GLE's purpose



GLE works to support **rapid knowledge exchange** about innovations and problem solving in the mental health, addiction and disability sectors.

We develop and support leaders through the creation of networks, collaboratives and partnerships.

We engage organizations and countries to achieve high quality supports and services with a focus on people with lived experience of mental health distress and disability.

Through a **collective and inclusive approach to leadership development**, we work to engage all partners in all sectors and across the lifespan, to enact meaningful change that supports people to maintain and achieve positive mental health and well-being and to live in healthy and inclusive environments.

GLE is **free to join** for leaders in investing Countries / Organisations.

The implications of working together globally

We recognise:

- It takes effort and time to collaborate
- There is a need to avoid duplication
- We need to ensure we address northern hemisphere bias
- Considering language and culture difference is critical



The implications of working together globally (cont'd)

We learned very quickly that countries and organisations need:

- Swift exchange of knowledge and learning
- Collaboration to shrink problems
- Diversity of thought and experience

With such a turbulent environment with conflict, political and fiscal challenges globally there are:

- Benefits for service change and transformation
- Supportive environments for leaders



The GLE Substance Use and Addictions Collaborative

- Established 2022 at New Zealand GLE event (formerly known as “IIMHL”)
- 60 members from 13 countries
- Online meetings – key topics and guest speakers - peer and lived experience workforce (New Zealand), how to strategise for significant high-level changes (gambling harm example from Australia), how lived experience in a senior role can inform change (USA)
- Two day in-person exchange (“Match”) – began as a virtual event in 2022; an in-person Match in Utrecht, The Netherlands, 2024; upcoming in Montreal, Canada, 2026
- Hosted a recent webinar “Breaking the Algorithms – Something for Everyone”

<https://youtu.be/L94PKNWylyw>

The GLE Substance Use and Addictions Collaborative Match Theme for 2026

“Sex, Drugs, Rock and Roll including and beyond substances, towards intersectionality”

The facts:

- Very few specialist services around the world specialise in ‘other’ behavioural addictions outside substance use, apart from gambling harm
- Some addiction services treat certain substance use addictions, only to later find that the client has transferred their addictive behaviours to another form of addiction
- 12 step programmes have an often discussed “13th step” which refers to the tendency to substitute the addictive behaviour with a sexual compulsion

The GLE Substance Use and Addictions Collaborative Match Theme for 2026

“Sex, Drugs, Rock and Roll including and beyond substances, towards intersectionality”

The facts:

- No need for separate specialised services, as these other addictions can be addressed with some small workforce development additional skills
- Behavioural addiction is a recognised disorder in DSM-V
- Key guest speaker Dr Andrew Kim, Toronto University – widely published, global research collaborations

<https://scholar.google.com/citations?user=FYtWeAcAAAAJ&hl=en>

What is our responsibility as addiction treatment services?

The GLE Substance Use and Addictions Collaborative Match Theme for 2026

“Sex, Drugs, Rock and Roll including and beyond substances, towards intersectionality”

The facts:

- Theme of the Canada Leadership Exchange “Ideas to action: Inspiring leaders to mobilise collective solutions”
- The Match will explore how we learn about the synergies of approaches with other addictive behaviours and what can we do to respond?
- This will require “in-country” discussions about broadening our focus.
- In Aotearoa we already screen for gambling harm, for example.
- Some NZ addictions leaders will attend the Match. We will report back after June’s event.

What are your thoughts?

**The GLE Substance Use and Addictions Collaborative
Match Theme for 2026**

**“Sex, Drugs, Rock and Roll including and beyond substances, towards
intersectionality”**

Contact us

lyndsayf@oddysey.org.nz

jenny@gle.world

National Addiction Clinical Forum Updates

Emma Schwarcz, Dr Emma Schwarcz, Clinical Director, CADS Auckland and Dr Mike Ngawati, Clinical Director, Whitiki Maurea



National Clinical Addiction Forum (NCAF)
&
Lived Experience and Whānau Forum (LEWF)

Why NCAF and LEWF

- 2022: saw 20 DHBs turn into 1 organisation – Health NZ/Te Whatu Ora, with 4 regions
- Other clinical networks setting up (renal, cardiology etc)
 - Reduce duplication, variation and waste
 - Increase connection across districts, share resources
- We have national OST practice guidelines (2025 – it's alive!), but no national guidelines for alcohol, BZD, meth, GHB etc... and all the other addictions
- Whoppertunity?



SLA- Objectives and Scope

NCAF

- Establish a clinical forum for addiction services across the Health NZ's Hospital and Specialist Services (HNZ HSS)
- Focus on improving quality, safety, appropriateness, equity, consistency and efficiency of addiction treatment services
- Connect with LEWF and other groups

Scope:

- Specialist addiction services delivered by HNZ HSS (non-NGO)
- Specialist addiction services funded by HNZ HSS but sub-contracted to a third-party provider

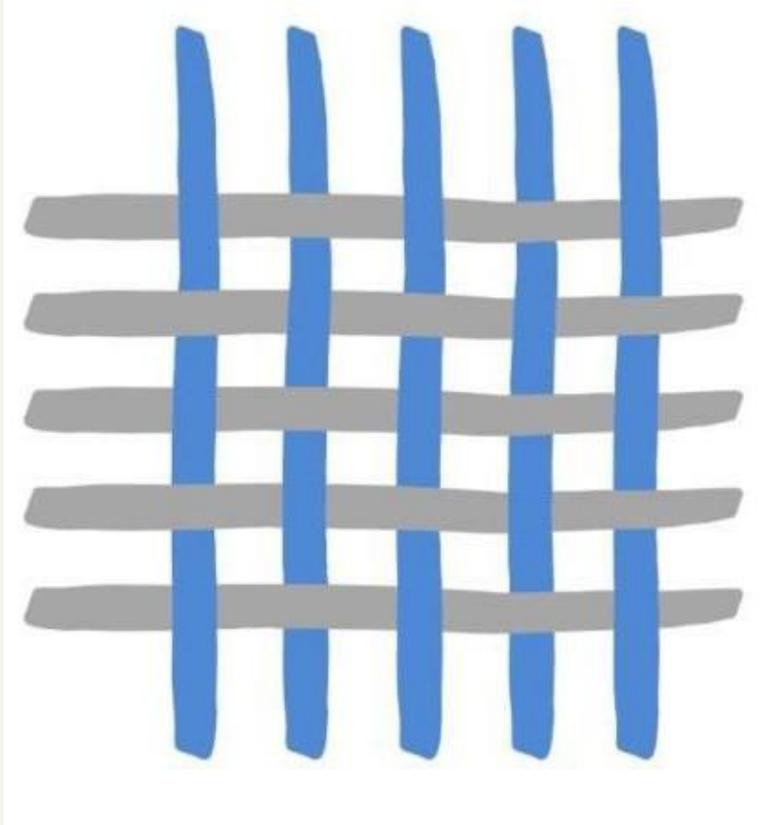
LEWF

- Establish a lived experience forum for addiction services with leaders from providers across the country
- Ensure the voices of lived experience and whānau play a pivotal role in shaping service delivery and system structures across Aotearoa
- Enhance addiction services in NZ and to complement the Clinical Forum

Scope:

- Addiction sector – NGO & HNZ

NCAF – A horizontal weave



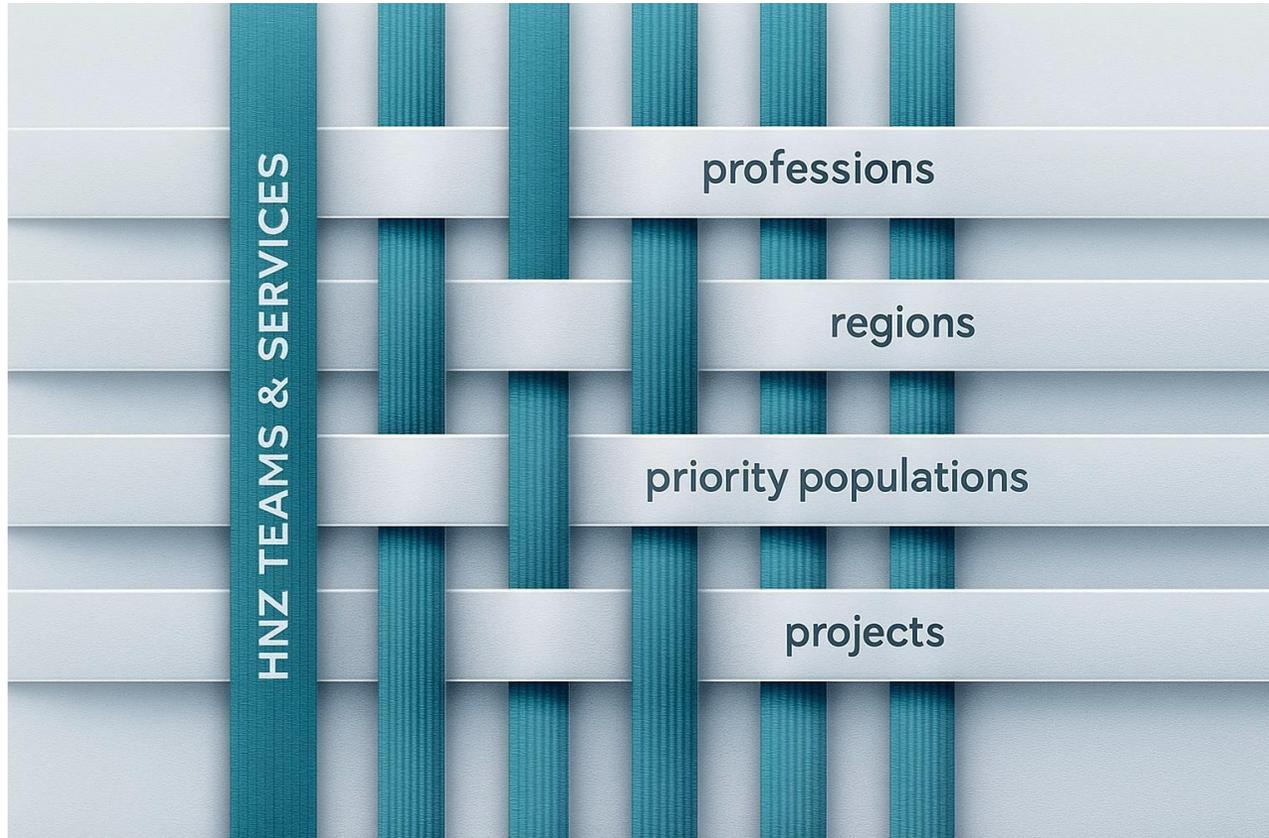
- **Vertical weave: doing**

- Accountability, reporting, safety, from client up to government
- It's what we do, it's who we report to. Service delivery
- Each blue/green strand is someone reporting to someone – from clinician to team leader to manager/director to district manager/director, to regional to national
- Teams and services are usually siloed, but interface

- **Horizontal weave: being**

- Less formed in health
- Connects same types of professions/groups/projects/roles beyond teams, services or areas. Same level. We.
- Sits across teams/organisations/districts/regions (think bungee cord – goes as wide as you want it to)
- Concerned with CHIME – Connection, Hope, Identity, Meaning and Empowerment. Builds quality & cohesion

NCAF – internal connections: horizontal weaves*



AOD Pracs, Nurses, Psychologists,
Pharmacists, Doctors (clinicians in HNZ)

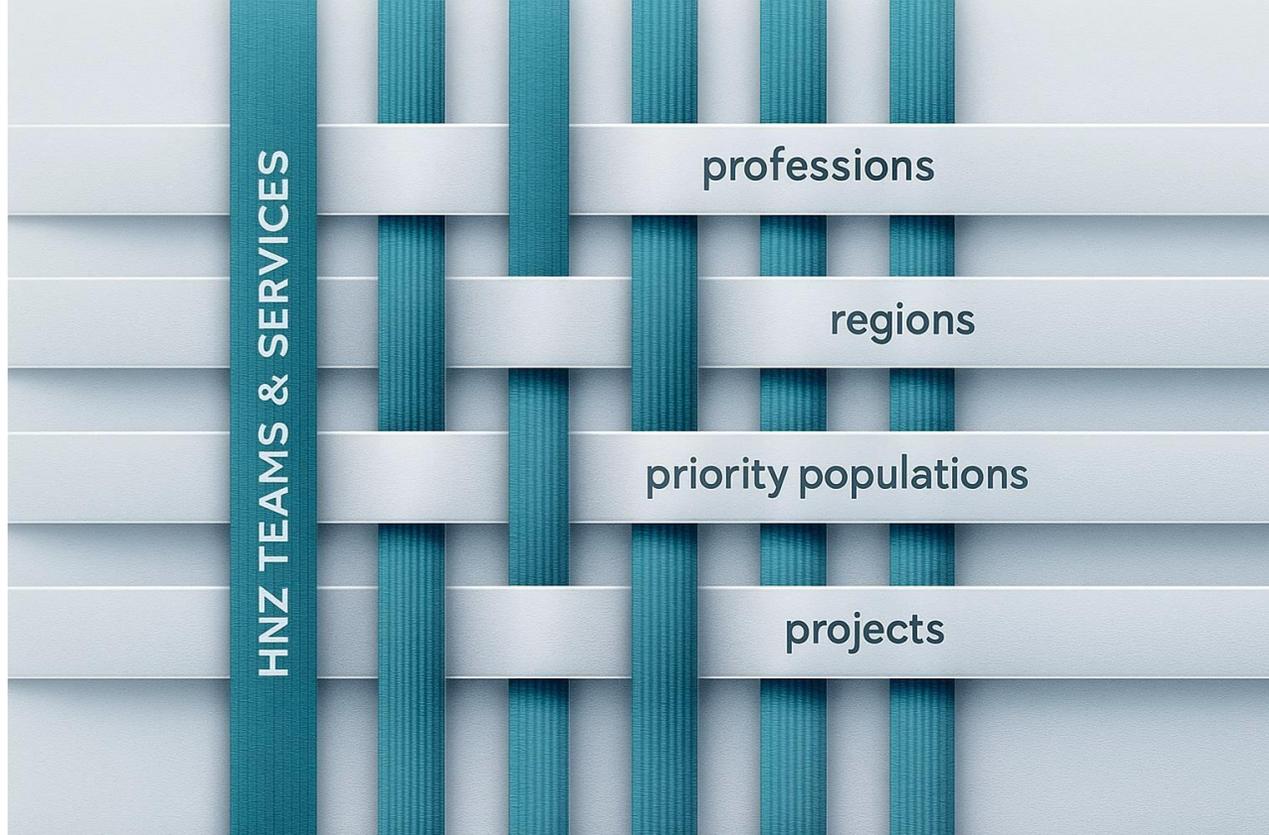
Southern, Central, Te Manawa Taki,
Northern

Māori, Pacific, Rainbow, Youth, Older
Adults etc

Guidelines, info sheets, model of care etc

*a representative from each profession, region, priority pop and project sits on NCAF steering committee

Horizontal weaves promote CHIME



Every person can belong to a profession, region, priority population and/or project weaves

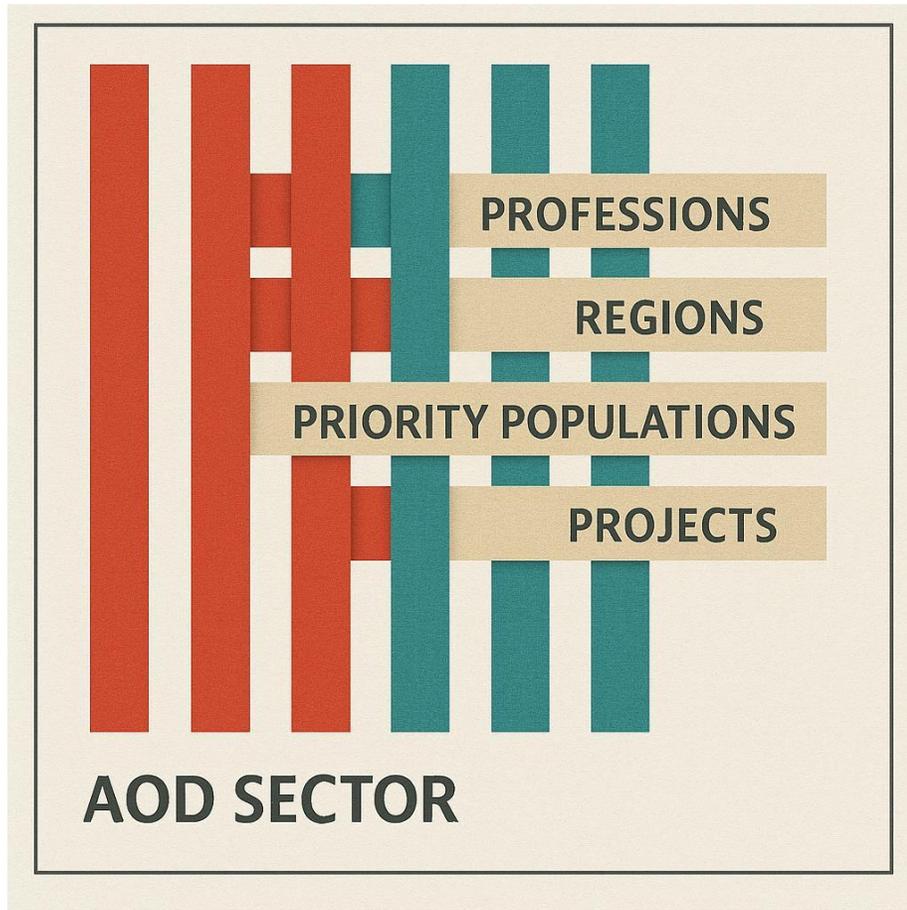
Within that weave, there is a sense of identity – eg "We are (HNZ HASS) addiction nurses, hear us roar" Or "we are Te Manawa Taki addiction services, hear us roar". That kind of thing.

Connection. Hope. Identity. Meaning. Empowerment.

United we stand. Have a voice.

*a representative from each profession, region, priority pop and project sits on NCAF steering committee

HNZ HSS addiction doesn't work in isolation



NCAF are getting our HNZ HASS (clinical) house in order, so people can expect:

- the same clinical guidelines for clinicians working in hospitals, EDs, secondary services regardless of region or district (not 20 versions)

- the same quality of care anywhere in the country* (nb different models of care)

- the same clinical information for staff, clients and whānau visiting HNZ services (sharing resource)

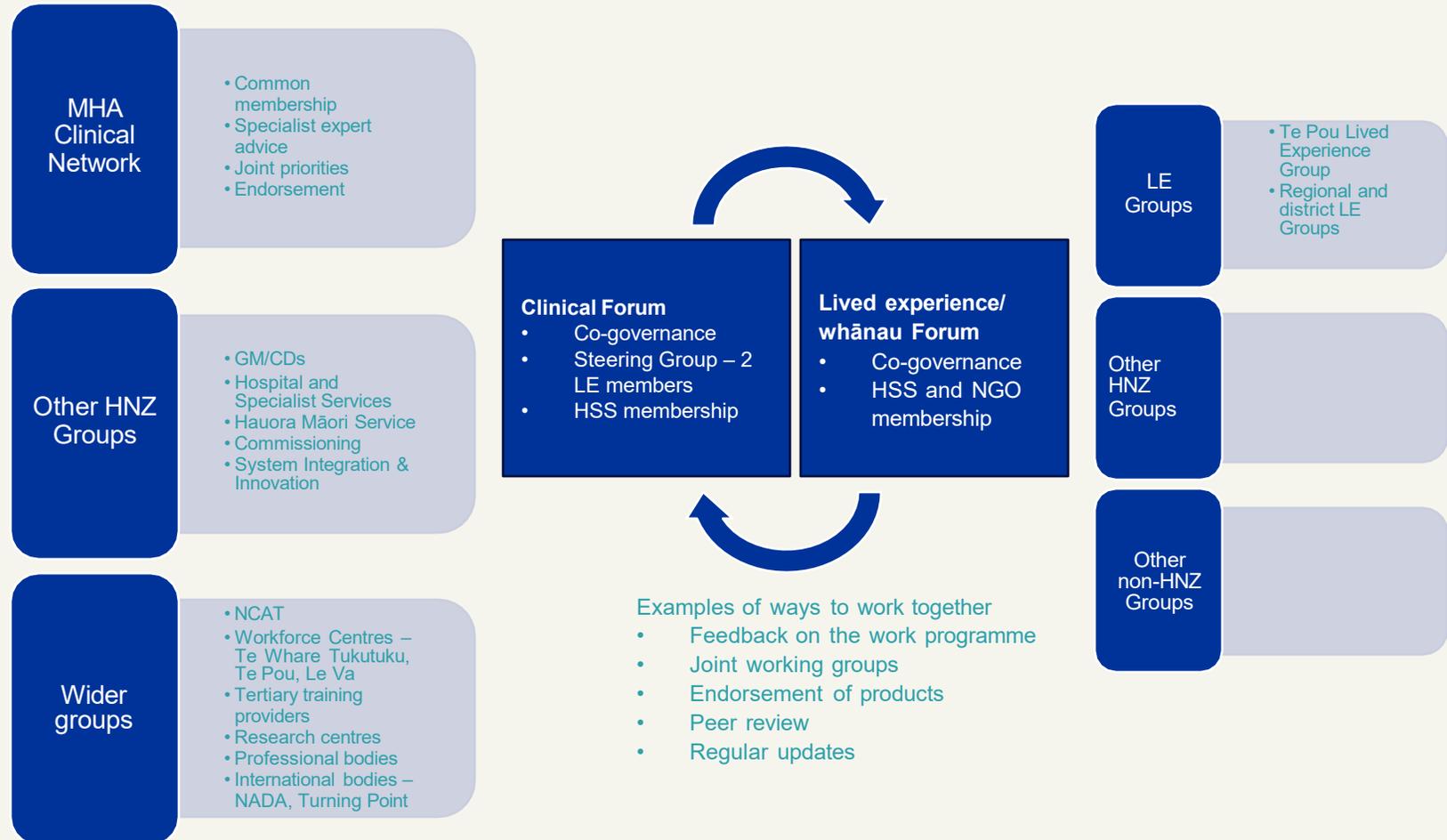
LEWF weaves across both HNZ HSS & NGOs

*a few caveats here... horizontal weaves can only suggest 'gold standard' clinical standards. Vertical weaves implement, and have various resourcing and implementation limitations

NACAF and LEWF external connections

Modes of Engagement and Decision-Making

- **Inform:** Share information and updates with members, stakeholders, and other relevant groups to ensure transparency and awareness
- **Consult:** Gather input and feedback from stakeholders, further discussion as needed
- **Collaborate:** Work jointly with relevant groups
- **Endorse:** Review and formally endorse activities and outputs
- **Escalate:** Identify and escalate issues, risks, and opportunities that require higher-level input, decision-making or intervention
- **Feedback:** Feedback to relevant stakeholders, and refine activities as needed



LEWF update



Currently the forum has 72 members, made up of people in various CPSLE roles around the country

Current projects:

National peer support directory

Anti stigma & discrimination posters for emergency healthcare settings

Guide on collecting & implementing feedback from tāngata whai ora

Know someone who would be keen to join?

Get in touch with the co-chairs: NationalLEForum@waitematadhb.govt.nz

Co-chairs:

Liam Kelly: Consumer Liaison for Medically Managed Withdrawal Services, CADS Auckland

Camille Keyte: Lived Experience Lead, Care NZ

NCAF update



2024/25 Work Programme:

- Establish the Steering Committee
- NCAF co-chairs on National MH&A Clinical Network and connections with MoH, NZDF, NCAT, and advisors
- Work programme streams
- Alcohol withdrawal guidelines – endorsed.
- Partnering with LEWF
- DANA Nursing Competencies – supporting the development

2025/26 Work Programme:

Alcohol withdrawal guidelines – implementation

AOD information sheets - publication

Responding to methamphetamine in acute settings

Whānau practice guidelines and associated resources

Youth resources hub (in partnership with Whāraurau)

Pacific project

Environmental scan HASS AOD services

Documents

Teams

Newsletter Q1 2025

Newsletter Q2 2025

Recycle bin

Edit

Welcome to National Addiction Clinical Forum

The National Addiction Clinical Forum (NACF) was established in 2024 under the broader framework of Health New Zealand's recent health reforms. You will be aware the reforms emphasised the establishment of Clinical Networks across various specialties within Hospital and Specialist Services (HSS) to unify and strengthen the clinical voice, reduce variation, and enhance service quality. The NACF brings together frontline HSS addiction clinical kaimahi from across New Zealand.

We also collaborates closely with a national addiction Lived Experience Forum and the emerging national mental health and addiction clinical network, ensuring a comprehensive and integrated approach to addiction services.

-  NACF Cannabis Information Sheet - ...
-  Newsletter Q2 2025
-  Alc w/d guideline
-  Alc w/d med chart
-  Safe drinking guide

Health New Zealand
Te Whatu Ora

Manual Name
Section

Alcohol Withdrawal Management Guideline

Contents

1.	Overview	2
2.	Background	2
2.1	DSM-V Alcohol Use Disorder (AUD)	2
2.2	The Alcohol ABC Approach	3
2.3	Alcohol Withdrawal Syndrome: Features & Time Course	6
3.	Assessment and Management of Alcohol Withdrawal	7
3.1	Patient assessment	7
3.2	General care	7
3.3	Benzodiazepines for Alcohol Withdrawal Symptoms	7
3.4	Indications for Management with Benzodiazepines	8
3.5	Selection of Benzodiazepine Regimen	8
3.6	Diazepam fixed dose regimens	9
3.7	Lorazepam fixed dose regimens	10
3.8	Clinical assessment of alcohol withdrawal	12
3.9	Monitoring	12
3.10	Reviewing the taper	12
3.11	Co-existing benzodiazepine/zopiclone use	12
4.	Delirium tremens: Features and Risk Factors	13
4.1	Management of Delirium Tremens	13
5.	Wernicke's Encephalopathy and Korsakoff Psychosis	14
5.1	Clinical Features of Wernicke's Encephalopathy and Korsakoff Psychosis	14
5.2	Thiamine and Pabrinex® for Treatment of suspected or confirmed Wernicke's encephalopathy	15
5.3	Prevention of Wernicke's Encephalopathy: For All Other Patients Treated for Alcohol withdrawal	15
5.4	Alcohol related brain injury (ARBI)	16

Health New Zealand
Te Whatu Ora

A Guide to Safe Drinking Before Your Medicated Withdrawal

We know this probably seems a little unusual however we need you to keep drinking alcohol. Your body has become convinced it needs alcohol to survive, and it will react unpleasantly if it doesn't get it. If you stop drinking now it is very likely that you will go into alcohol withdrawal. Please share this information with your whānau and supporters, so they can be part of supporting your safe drinking prior to completing a planned medicated withdrawal. We know you will have a greater chance of success if you are supported to approach the medicated part of alcohol withdrawal in a planned manner.

Maintenance Drinking is Safe Drinking

We want you to be as safe as possible while you wait for your medicated withdrawal, so we are recommending that you start "maintenance drinking". This is quite different to the kind of drinking people are usually doing when they come to seek help from services.

Maintenance drinking means you have small amounts of alcohol at regular intervals. It keeps your alcohol levels steady so stops withdrawal symptoms before your medicated withdrawal admission starts.

We need you to take notice of what happens when you stop drinking.

- What are the first things you notice?
- How do you feel?
- How long does it take for this to happen after your last drink?
- Use the *Cutting Down* diary to make notes about these symptoms and how you have managed them.

Typical Symptoms of Alcohol Withdrawal

Nausea	You feel sick and / or vomiting.
Shaky	Yours hands shake.
Sweaty	You may feel hot and sweaty. Sometimes this is worse during the night.
Anxiety	Feeling uneasy and / or apprehensive.
Agitated	Feeling restless and / or distressed.
Numbness	And / or tingling in the hands and feet.
Sensitivity to Noise	Some people hear noises or voices that are not real (auditory hallucinations).
Sensitivity to Light	Your eyes are very sensitive, and you may need to wear glasses. Some people see shapes, things, objects or people who are not real (visual hallucinations).
Headache	Or a feeling of "fullness" in the head.
Feeling disoriented, like your senses are "Cloudy"	Not knowing what time or day it is or not knowing where you are or remembering the names of those around you. This is an extreme withdrawal symptom and only occurs in a small percentage of those who experience alcohol withdrawal.

Health New Zealand
Te Whatu Ora

Facts about Cannabis

Pot, marijuana, weed, dope, grass, mull, dak, hash, smoke, buds, skunk, cabbage, ganja, reefer

Cannabis is the most popular and commonly used illegal drug in New Zealand though is increasingly being used legally for medicinal purposes. Cannabis comes from the Cannabis Sativa plant and can be used in a dried plant, resin, oil and edible products. The potency of cannabis depends on the concentration of THC (tetrahydrocannabinol), which is higher in resin and oil than in the dried plant.



What Cannabis does

Health New Zealand
Te Whatu Ora

Insert district

AFFIX PATIENT LABEL HERE

First prescriber to write patient's name and NHI:

ALCOHOL WITHDRAWAL CARE AND MEDICATION CHART

Sample Signature - Prescribers			Sample Signature - Administrators/Others		
NAME & DESIGNATION (family & given)	REG NO.	SIGNATURE	NAME & DESIGNATION (family & given)	REG NO.	INITIAL

Attach this document to patient's medication chart in support of monitoring and treating alcohol withdrawal. This chart does not replace the standard medication chart as required.

- This bundle contains the tools for the assessment, treatment, and monitoring of patients with alcohol withdrawal.
- Prescriber(s):**
- Complete management flow chart (page 3)
 - Prescribe Pabrinex (back page) and lorazepam or diazepam as appropriate
 - Contact [insert which team / person, eg, Consult Liaison](#) to help facilitate treatment review and discharge planning (page 2)
- Nursing staff:**
- Monitor regularly for signs of withdrawal using CIWA-A_r (page 4-7)
 - Give medications as prescribed
 - Alert treating team and [Consult Liaison or care coordinator](#) of any new concerns
 - Quiet room where possible, careful fluid balance, continue to reorient and reassure patient
- Contents:**
- General Principles, Discharge Planning and Complications Page 2
 - Management Flow Chart Page 3
 - CIWA-A_r Withdrawal Monitoring Scale Pages 4-7
 - Diazepam Medication Chart Pages 8-9
 - Lorazepam Medication Chart Pages 10-11
 - Pabrinex Medication Chart Page 12

DO NOT WRITE IN THIS MARGIN

REVIEW DATE: DRAFT

DOC number # DOCUMENT

ALCOHOL WITHDRAWAL CARE AND MEDICATION CHART

Environmental scan – project objectives

- to catalogue HSS addiction services across the nation
- to clarify service availability & lack of availability
- In terms of regional, district and local service provision

Not: MHS, NGOs (that aren't HSS linked) or primary care

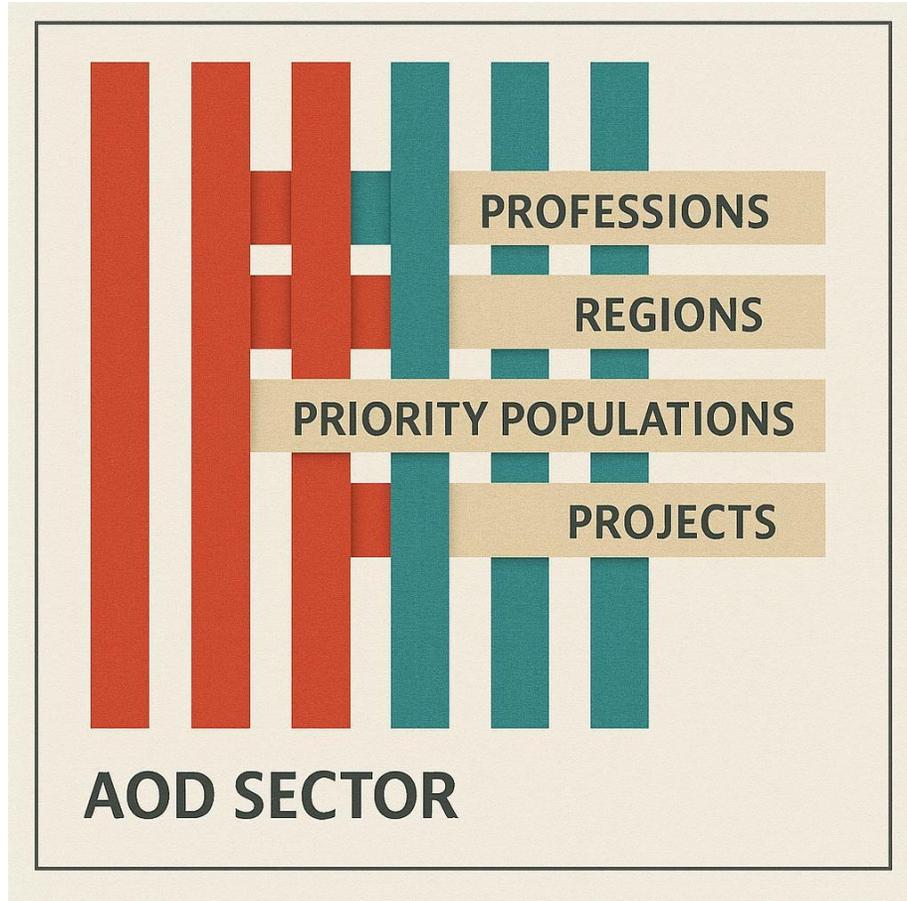
In order to:

- Identify gaps and opportunities to improve service provision
- Inform conversations at service development and commissioning levels
- With a focus on priority populations and equity

Preliminary 74 page report with graphs.



NCAF and interface with NGOs, primary care



- We do have some NGO and workforce organisation people in our projects already
- Professions sit across HNZ, NGOs – new national connectio
- Future wishes – Clinical guidelines for GPs/primary care, eg alcohol, BZD etc
- Extension of clinical guidelines or info sheets to NGOs?

dapaanz Update

Sam White, Executive Director, dapaanz



National Committee
for Addiction Treatment



dapaanz

fostering excellence in addiction practice

Addiction leadership day, Ōtautahi
20 November 2025

**20
25**
CONFERENCE



CuttingEdge

Te toka tū moana

Hosted by



dapaanz

20
25
CONFERENCE



Hosted by



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CONFERENCE



CuttingEdge
Te toka tū moana

Hosted by



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25
CONFERENCE



CuttingEdge

Te toka tū moana

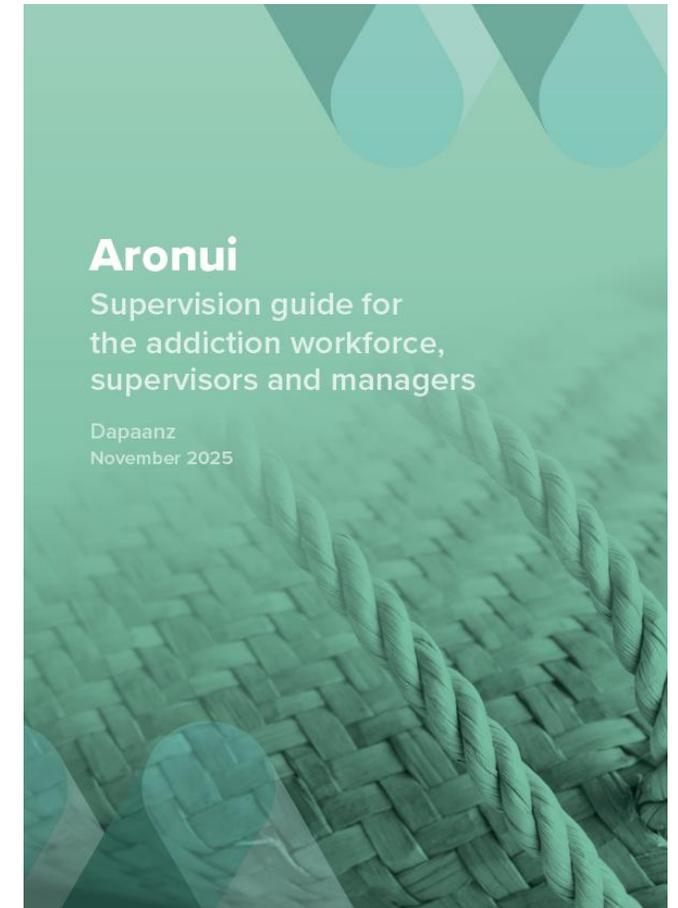
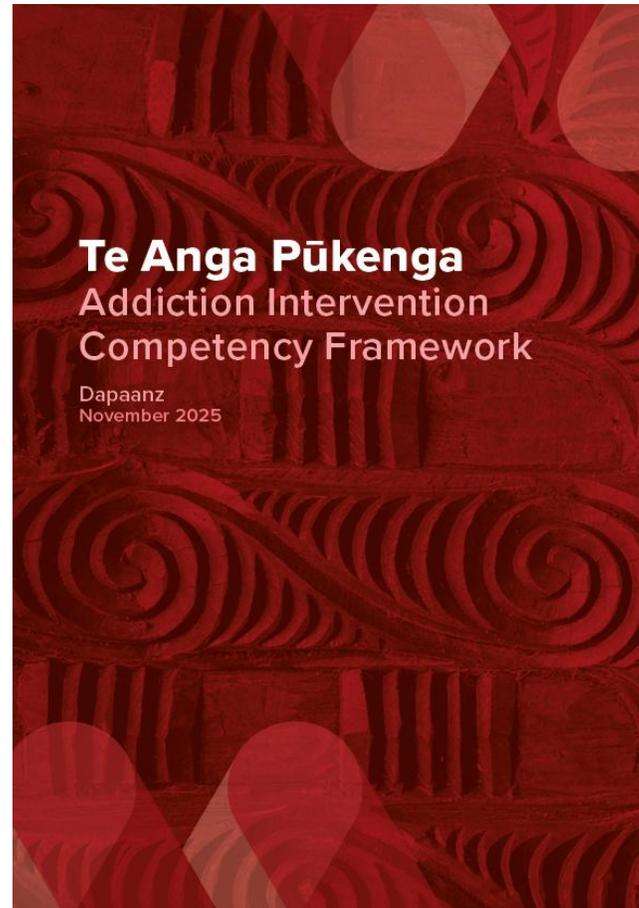
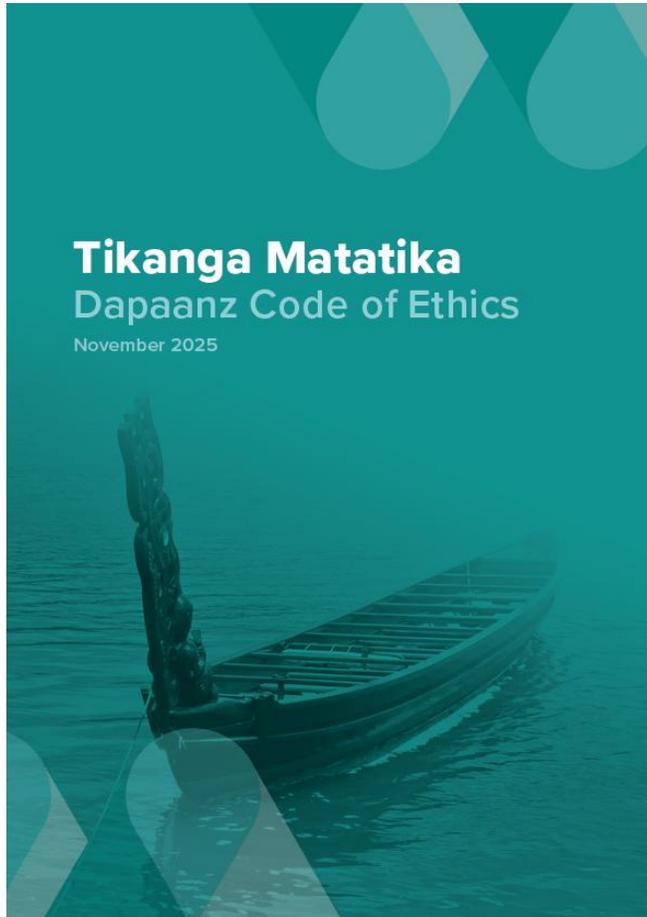
Hosted by



dapaanz



Our guiding documents

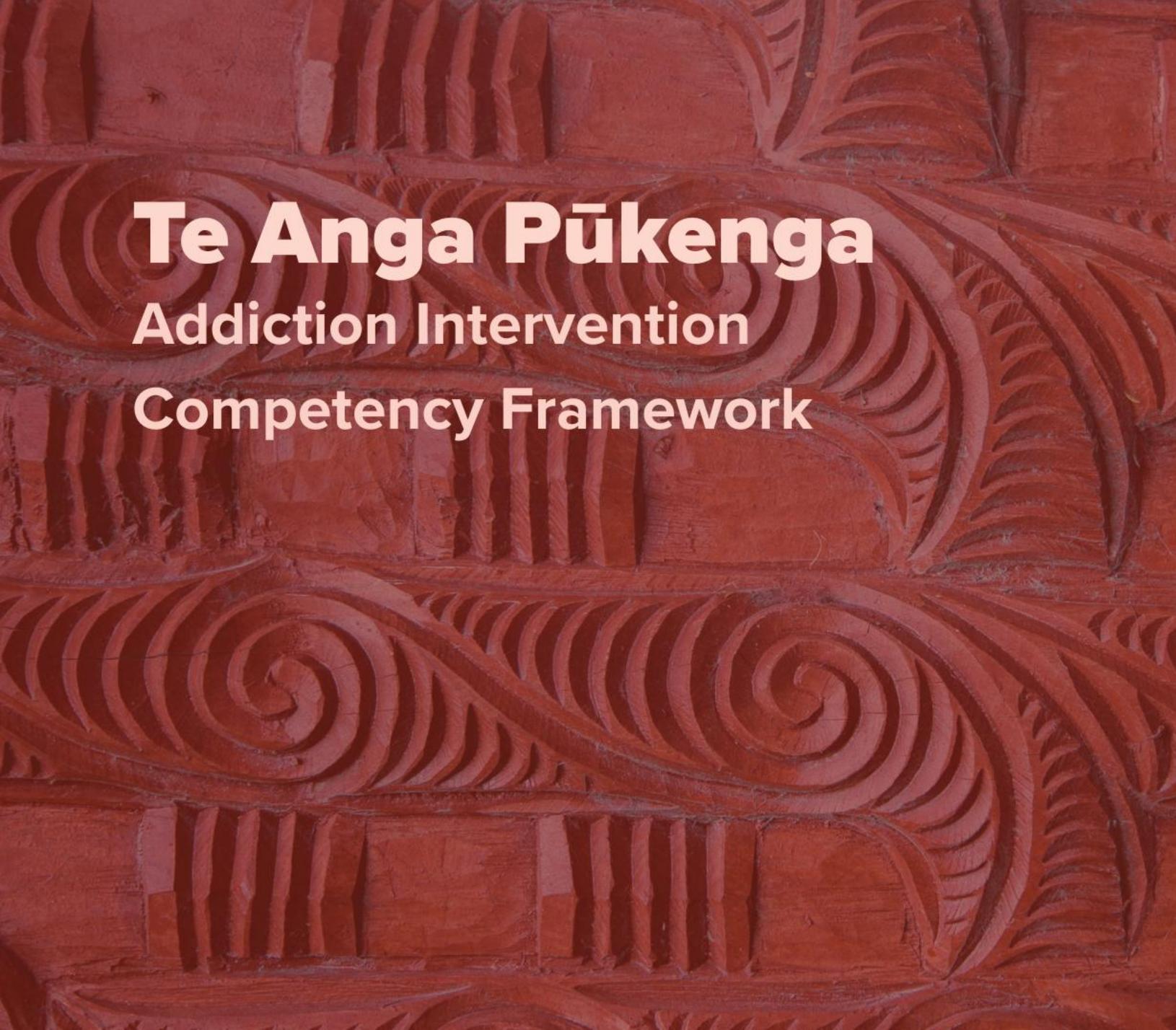


Tikanga Matatika

Dapaanz Code of Ethics

The 2025 version of Tikanga Matatika includes guidance to support the use of AI and other digital conduct.

Visit dapaanz.org.nz for a digital copy.



Te Anga Pūkenga

Addiction Intervention Competency Framework

The 2025 refresh of Te Anga Pūkenga is based on the 2011 Addiction Intervention Competency Framework.

Te Anga Pūkenga introduces a new competency: ‘Working with tāngata whai ora under the care and management of Corrections’.

Aronui

**Supervision guide for the addiction workforce,
supervisors and managers**

In 2025, we conducted a survey and ran focus groups with supervisors, and consulted with sector experts to understand how our workforce were using Aronui and how it could be updated.

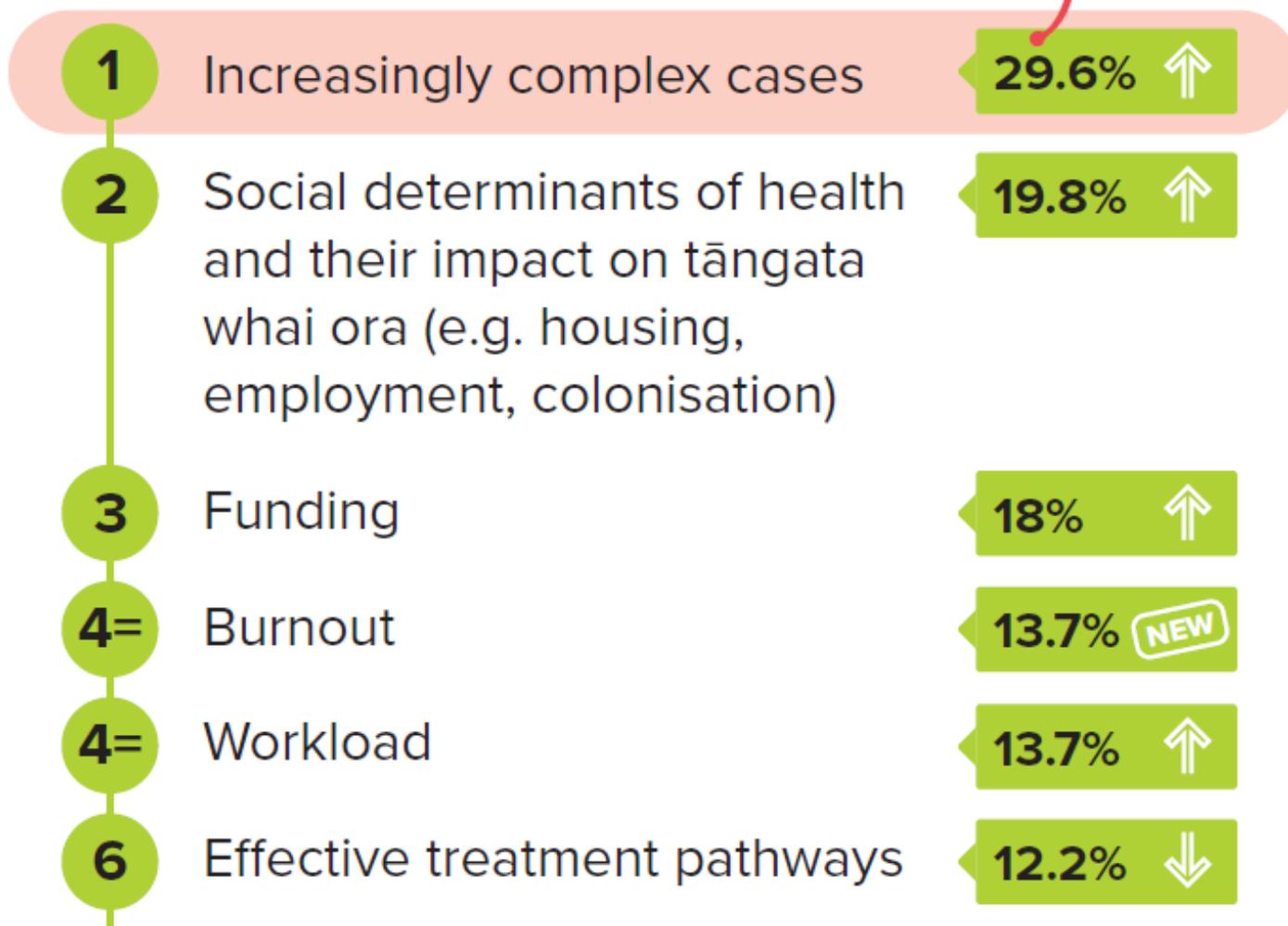
The refreshed version of Aronui includes a range of new content, e.g.

- **Trauma-informed practice and supervision**
- **Technology and supervision**
- **Lived experience and supervision**

What's top of mind for dapaanz members?

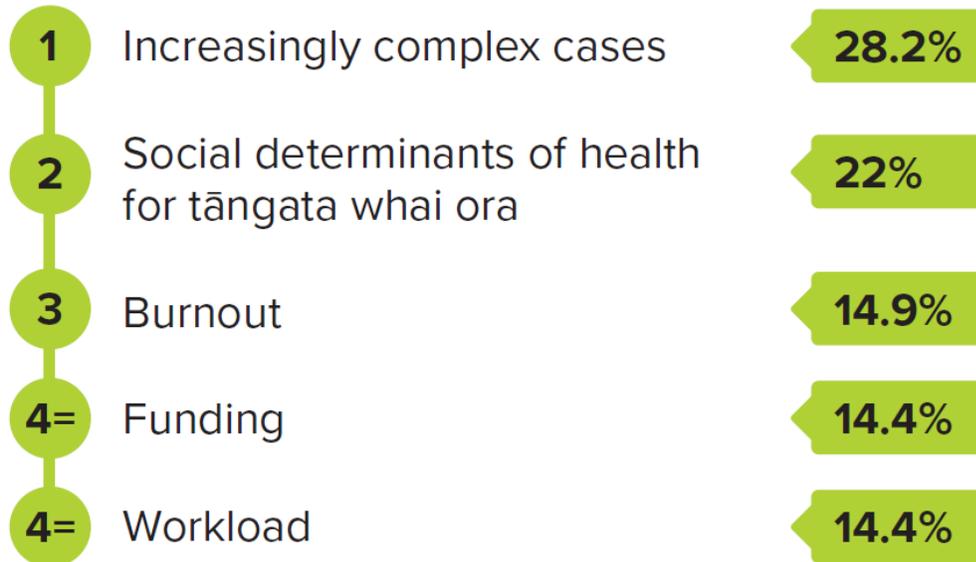
Top 10 issues** for the addiction workforce in 2025

UP FROM 8TH PLACE (12%) IN 2023

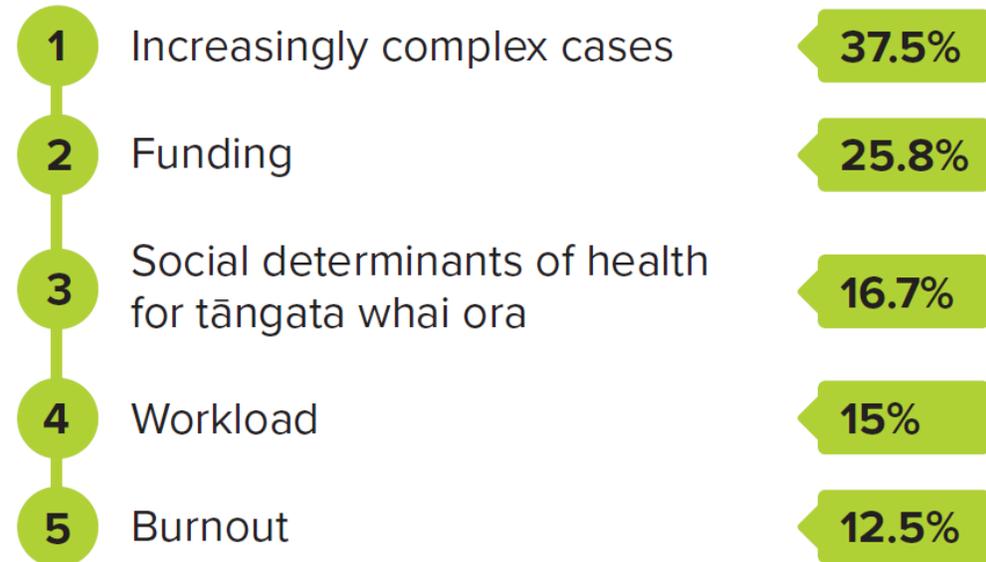


What's top of mind for dapaanz members?

TOP 5 ISSUES: North Island



TOP 5 ISSUES: South Island



What's top of mind for dapaanz members?

What was top of mind in 2023?

Workforce shortage

24.8%

Service availability

19.2%

Effective treatment pathways

19%

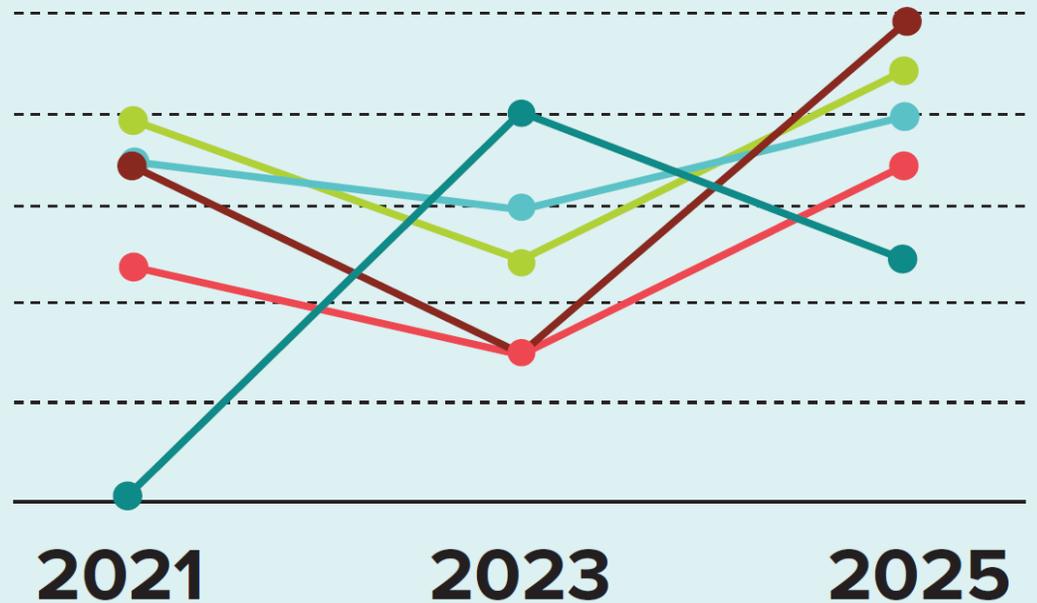
Skill gaps

16.4%

Social determinants

15.7%

Comparison of the top 5 issues 2021-2025:



● Increasingly complex cases

● Burnout/Workload¹

● Social determinants

● Funding

● Effective Treatment Pathways²

1. 'Burnout' was combined with 'Workload' in 2021 and 2023. These two issues separately placed 4th= in 2025. When combined they are 2nd=.

2. 'Effective treatment pathways' was not in the top 10 issues in 2021.

WHAT DO I LOVE ABOUT MY WORK



Top 6 themes - percentage of respondents mentioning this theme*

*Some responses referenced several themes

- Supporting positive change (48.7%)
- Rewarding/meaningful work (26.8%)
- The people/tāngata whai ora I support (19.2%)
- My workmates, team, organisation (10.4%)
- Supporting the workforce as a trainer/educator/mentor/manager/supervisor (7.3%)
- Supporting my community/cultural approaches (6.8%)



Whare Tukutuku: Whānau Supporting Whānau

Sam Moncur, Project Advisor, Whare
Tukutuku



National Committee
for Addiction Treatment



Whare Tukutuku
Whānau Supporting Whānau

Addiction Leadership Day
20 November 2025

About Whare Tukutuku

- Strengthens Māori solutions that reduce Alcohol and other Drug harms.
- Elevates alcohol and other drug (AOD) approaches to be whānau-centred and community-focused.
- Advocates for better health and social outcomes for whānau Māori that they can lead.

Whare Tukutuku Scholarships

2026 Hoe Tahī Scholarships



Up to \$5,000 available for those working in the alcohol and drug (AOD) sector wanting to pursue studies that contribute to reducing AOD harms.

Opens 1 November 2025
Closes 12 December 2025

For more information, visit:
wharetukutuku.com/funding/



Mason Durie Pae Ora Scholarship

This excellence scholarship is for tauira Māori wanting to study in the Mental Health, Allied Health and Addiction areas.

Opens 1 November 2025
Closes 30 November 2025

For more information, visit:
wharetukutuku.com/funding/



TE RAU ORA



2026 Māori Health Leadership Scholarships



Up to \$5,000 available for those working in, or have experience in, the health workforce who are interested in completing a tertiary qualification.

Opens 1 November 2025
Closes 12 December 2025

For more information, visit:
wharetukutuku.com/funding/



TE RAU ORA Whare Tukutuku

Visit wharetukutuku.com/funding
or contact scholarships@terauora.com for more information

Ngā Manu Tāiko o te Ora

- Strengthen peer-led solutions within the Māori AOD and broader health workforce.
- Stay informed about scholarships, grants, and funding available for further study.
- Access webinars and workshops to support your professional development.



Ki te Ara Whakamua 2025



Make Māruawai Meth Free Hui



Oraka Ararau National Māori AOD Hui



Any Patai?

If you would like to get in touch with Whare Tukutuku:

visit:

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

or contact us at

wharetukutuku@terauora.com



Te Pou Update

Selina Elkington, Programme Manager
Addictions, Te Pou





Workforce development update

Selina Elkington, programme manager addiction

Te Pou

About Te Pou

- Te Pou is a not-for-profit, national workforce development centre.
- Our mahi is support tāngata whaiora with mental health and addiction, needs by connecting the people working with, tāngata whaiora, and their whānau, with knowledge, resources, training, and information.
- Offices are in Auckland, Hamilton and Wellington.



Addiction mahi



- [Substance use and withdrawal management workshops](#)
- [Cognitive impairment](#) - micro-learning, cognitive connection cards (available Dec 2025) and training workshops in 2026
- [OST e-learning](#) & [OST and You](#) – available to reflect updated 2025 [OST guidelines](#)
- Working with whānau – profiling ways addiction services are supporting whānau
- CEP – updated [Te Ariari](#) to be published in 2026. Workshops and e-learning to follow
- [Screening and brief intervention](#) – resource to be updated with accompanying workshops in 2026
- Aotearoa New Zealand addiction nursing standards resource in press

Substance use, intoxication and withdrawal management

Workshops online and in person are for people with previous training and/or experience working in addiction services.

The workshops explore:

- Practical strategies to assess and manager behavioural disturbance due to intoxication and withdrawal
- Referral to specialist addiction services and other supports
- How to provide harm reduction advice

The workshops support kaimahi to:

Recognise and respond to someone who is intoxicated

Engage with people who use substances

Support and respond to someone contemplating or entering withdrawal

Understand the function of substance use and the impact of stigma when seeking support

Keeping it Real | Kia Pono te Tika

- [Keeping it Real](#) - updated *Let's get real*
- [More Skills for working with older people in mental health and addiction services](#) – new skills framework
- [Real Skills assessment tool](#) – for teams, individuals, services to identify workforce needs
- Champions workshops (Christchurch in March)
- Working with [older people posters](#) and [cards](#)
- Updates to some e-learnings will be available in 2026.



Keeping it real
Kia pono te tika

Skills Matter



Ongoing funding in 2026 for Skills Matter programmes – demand will be met for NESP programmes – both nursing and allied health



Supporting scholarships for the Kaitiakitanga Bicultural Supervision programme



Bi-monthly online session for new addiction practitioners



Contact
Jacqui.Hampton@tepou.co.nz

Training and connection

Te Pou hosts a Community of Practice for new addiction practitioners.

- Designed specifically for those in their first two years of practice in the addiction sector
- Held every five weeks, the sessions create a space to build confidence, share practice insights, and strengthen sector connection
- See the Te Pou Events webpage to register

Support worker community

Resource page [Support work | Te Pou](#)

- Supporting members of [rainbow community](#)
- [Importance of data](#) – micro-learning
- [Physical health micro-credential](#)–Careerforce
- Introduction to NGO and support work [videos](#)
- On the horizon
 - Supporting complexity
 - Boundaries & ethics
 - Role and value of support work
 - Support worker grants – were open Oct-Nov 25.



Mental health & addiction NGO workforce data project



- To test mental health and addiction NGOs interests and views about the feasibility and desirability of developing a collective approach to NGO workforce data.
- Platform Trust is partnering with Te Pou to explore with NGOs interest in such an approach.
- This is a whole-of-workforce approach, meaning the project includes the workforce that is funded by other government agencies.
- The findings will be described in a report that will be made available to the NGO sector and to Te Whatu Ora by the end of 2025.
- Contact Richard.Woodcock@tepou.co.nz

Question Time

dapaanz Update- Sam White,
Executive Director, dapaanz

Te Rau Ora Update- Sam Moncur,
Project Advisor, Whare Tukutuku

Te Pou Update- Selina Elkington,
Programme Manager Addictions, Te
Pou





National Committee
for Addiction Treatment

Closing remarks and evaluation





National Committee
for Addiction Treatment

Whakakape | Closure and farewell