



Outcomes for people involved with amphetamine-type stimulants accessing community alcohol and drug services: Regional analysis

ADOM report 21 (January 2023 to December 2025)

Acknowledgements

This report was prepared by Sandra Baxendine (information analyst), Talya Postelnik (researcher), Kahu-Rangi Watene (Kaihāpai Rangahau), Dr Angela Jury (research manager), Selina Elkington (programme manager addiction), Dr Mark Smith (principal advisor – outcomes and information), and Malcolm Mckenna (lived experience project lead) of Te Pou.

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Contents

Executive summary	6
Introduction	9
Method	11
Results	13
Part one: ADOM collections	13
Part two: ADOM treatment start	16
Substance use in past 28 days	16
Main substance of concern	19
Lifestyle and wellbeing	20
Part three: Outcomes (matched pairs)	21
Changes in substance use	21
Changes in lifestyle and wellbeing	24
Changes in perceptions of recovery progress	28
Discussion	29
Conclusion	33
Appendix A: Method	35
Appendix B: Demographics	36
Appendix C: ADOM Section 2 questions	37
References	38

List of tables

Table 1: Percentage with amphetamine-type stimulants main substance of concern/use, by region (January 2023 to December 2025)	14
Table 2: Demographics of people accessing services by region, January 2023 to December 2025	36
Table 3. ADOM section two questions (lifestyle and wellbeing)	37

List of figures

Figure 1: Health New Zealand regions and key population demographics.....	10
Figure 2: Main substance of concern at ADOM treatment start by region (January 2023 to December 2025)	13
Figure 3: Percentage with amphetamine-type stimulants main substance/s of concern/use, by region and year (January 2023 to December 2025)	14
Figure 4: Percentage with amphetamine-type stimulants main substance of concern/use, by region and gender (January 2023 to December 2025)	15
Figure 5: Percentage with amphetamine-type stimulants main substance of concern/use, by region and ethnicity (January 2023 to December 2025)	15
Figure 6: Percentage with amphetamine-type stimulants main substance of concern/use, by region and age group (January to December 2025)	16
Figure 7: Percentage alcohol use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)	17
Figure 8: Percentage cannabis use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)	17
Figure 9: Percentage opioid use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)	17
Figure 10: Percentage sedative/tranquilliser use in the past 28 days at ADOM treatment start by reported ATS use and region (January 2023 to December 2025)	18
Figure 11: Percentage injecting drug use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)	18
Figure 12: Number of substances used by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025).....	19
Figure 13: Main substance of concern at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)	19
Figure 14: At least weekly lifestyle and wellbeing problems at treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)	20
Figure 15: Matched pair changes in average amphetamine use in the past 28 days for matched pairs (January 2023 to December 2025)	22
Figure 16: Matched pair changes in average days of alcohol use in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025).....	22
Figure 17: Matched pair changes in average standard drinks in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)	23
Figure 18: Matched pair changes in average cannabis use in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)	23
Figure 19: Matched pair changes in average cigarette/tobacco use in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025).....	24

Figure 20: Matched pair changes in physical health problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025) 25

Figure 21: Matched pair changes in mental health problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025) 25

Figure 22: Matched pair changes in friend/family problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025) 26

Figure 23: Matched pair changes in meaningful activity problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025) 26

Figure 24: Matched pair changes in housing problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025) 27

Figure 25: Matched pair changes in criminal activity by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025) 27

Figure 26. Matched pair changes in perceptions of closeness to recovery goals by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025) 28

Figure 27. Matched pair changes in satisfaction with recovery progress goals by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025) 29

Glossary

Term	Definition
Amphetamine-type stimulants (ATS)	A range of substances, including amphetamine, methamphetamine, and phenethylamines (a class of drugs that includes ecstasy/MDMA) (Australian Institute of Health and Welfare, 2025). Tāngata whai ora are described as having ATS involvement if they report ATS use and/or ATS as their main substance of concern.
AOD	Alcohol and other drugs.
Matched pairs	Two collections of the ADOM from the same person over time. In this case at treatment start and routine treatment end.
Episode of care	Where multiple referrals for a person are overlapping or within 14 days they are condensed to one episode of care using the first referral and last discharge.
PRIMHD	Programme for the Integration of Mental Health Data.
Tāngata whai ora, Tāngata whai ora	Person or people seeking wellness; refers to people accessing AOD services.

Executive summary

This 21st national Alcohol and Drug Outcome Measure (ADOM) report focuses on regional variation among tāngata whai ora accessing community alcohol and other drug (AOD) services who report recent involvement with amphetamine-type stimulants (ATS). ATS, particularly methamphetamine, is a national priority due to the range of harms it may cause people and communities (Ministry of Health, 2026; New Zealand Government, 2025). The intent of the 2022 health system regional transformation was to reduce inequities and improve outcomes, so it is important to look at ATS use and outcomes by region to determine what is working well and opportunities for improvement.

This report analyses data from non-government organisations (NGOs) and Health New Zealand | Te Whatu Ora services mandated to offer the ADOM to tāngata whai ora. It includes people with valid ADOM collections at treatment start, and matched pairs (where people had data collected at treatment start and end).¹ Health New Zealand | Te Whatu Ora, (extracted on 26 April 2026) supplied the data from PRIMHD for Jan 2023 to Dec 2025.

Results reflect people who were offered and completed the ADOM so may not represent all people accessing community AOD services or those in other settings such as hospital or residential services. Appendix A summarises the method.

This report focuses on tāngata whai ora who report ATS involvement (either use or ATS as main substance of concern) in the 28 days prior to treatment start. Results are presented in three parts.

- Part one provides an overview of ADOM collections for the analysis period.
- Part two summarises ADOM data at treatment start.
- Part three presents outcomes in substance use, lifestyle and wellbeing, and recovery progress (based on matched pairs data).

The regions presented in this report are Northern Region, Midland/Te Manawa Taki, Central/Te Ikaroa, and South Island/Te Waipounamu. This is based on where the team is located.

Key findings

There were 28,515 valid ADOM treatment starts and 3,441 matched pairs between January 2023 and December 2025. Among people accessing community AOD services who reported recent ATS involvement, ADOM data shows:

- two-thirds to three-quarters report ATS as their main substance of concern. This is highest in Northern (79 percent) and lowest in South Island/Te Waipounamu (67 percent) regions
- ATS involvement remained relatively stable over time (2023 to 2025), but increased slightly in Northern and Midland/Te Manawa Taki regions, while decreasing in Central/Te Ikaroa

¹ Tāngata whai ora could potentially have multiple matched pairs. ADOM treatment end is within January 2023 to December 2025.

- Māori are more likely to access services for support with ATS involvement in all regions
- people reporting ATS involvement are less likely to report using alcohol, but more likely to report use of multiple other substances like cannabis, opioids, sedatives/tranquilisers, and injecting drug use, where use tends to be highest in South Island/Te Waipounamu
- lifestyle and wellbeing problems are higher among people involved with ATS across regions.

Between treatment start and end, matched pairs data among people who reported recent ATS involvement show on average:

- Midland/Te Manawa Taki had the largest reductions in recent substance use for days of ATS use (9.3 to 3.1 days) and alcohol days of use, and moderate reductions in cannabis use
- improvements in all lifestyle and wellbeing domains across all regions, however, problems tend to remain higher for people involved with ATS after treatment, especially in South Island/Te Waipounamu. Central/Te Ikaroa saw the largest improvements in lifestyle and wellbeing domains overall
- improvements in recovery progress across all regions, like those who did not report recent ATS use. Patterns of improvement are similar across regions, but largest in Central/Te Ikaroa for people with ATS involvement.

Conclusion

Like previous reports, findings show high rates of multiple substance use, lifestyle and wellbeing problems among tāngata whai ora with recent ATS involvement. Services make a positive difference for people in all regions, with significant improvements in substance use, lifestyle and wellbeing, and recovery progress at the end of treatment. However, people who report ATS involvement are more likely to still report frequent problems at treatment end compared to people with no ATS involvement. The higher rates of Māori accessing services for support with ATS across regions reinforces the importance of culturally safe services tailored to people's needs, including the availability of Kaupapa Māori services.

There are some differences in outcomes across regions. This highlights potential regional diversity in the availability of substances, service access and delivery, and social determinants. Overall, improvements in substance use were highest in Midland/Te Manawa Taki, while lifestyle and wellbeing, and recovery progress improvements tend to be highest in Central/Te Ikaroa. These regions also have the highest proportion of Māori, contributing to positive outcomes for Māori accessing treatment and support.

While there were improvements in South Island/Te Waipounamu, some problems remained high relative to other regions at treatment end, such as with housing and criminal activity. These differences can't be explained by the types of services accessed alone, as people accessed Health New Zealand | Te Whatu Ora and NGO services at similar rates in these regions (PRIMHD, 2026).

There are many contributing factors and complex interactions between personal, whānau, cultural, social, environmental, and economic factors that can impact ATS use and harms, as well as the impact of using multiple substances. It is essential that services are well equipped to provide holistic

and integrated support that considers personal, whānau, and community context. People involved with ATS may require more holistic support in a range of areas compared to others.

What does this report add to current knowledge?

This report shows there are regional differences in outcomes related to ATS involvement. This is important to understand as it can help to target workforce development and service improvement activities to benefit people involved with ATS who seek support from services. Benchmarking and sharing what is working well across services may benefit people and whānau accessing services in different regions, helping to improve outcomes and reduce inequities.

Introduction

This report builds on previous ADOM reports (2025) and focuses on regional variation of ATS involvement and treatment outcomes for people involved with ATS.

Background

Amphetamine-type stimulants (ATS) are a group of synthetic substances that stimulate the central nervous system and can cause feelings of alertness, increased energy, and euphoria. ATS include substances like methamphetamine and speed, as well as prescription medications such as Wellbutrin (bupropion) and Ritalin (methylphenidate), which are used to treat certain conditions like attention deficit hyperactivity disorder (ADHD) (Paz-Ramos et al., 2023; UNODC, 2024). ATS is a national priority due to the range of harms it can cause to people and communities (New Zealand Government, 2025). One of the actions in the *Action Plan to Prevent and Reduce Substance Related Harm (2026)* is to invest in regions experiencing methamphetamine use to boost intensive treatment services. Therefore, it is important to understand regional methamphetamine/ATS use and outcomes.

A regional approach aligns with service delivery

In 2022, Aotearoa New Zealand's health system was transformed from 20 districts to four key regions for service delivery – Northern, Midland/Te Manawa Taki, Central/Te Ikaroa, and South Island/Te Waipounamu, see Figure 1. Reasons for the shift include addressing inequities, and fragmented and inconsistent service access including for mental health and addiction services. The ultimate intent was to improve inequities and outcomes for people through more sustainable and coordinated funding, planning, workforce development, integrated support and collaboration, and alignment of different services (Health and Disability System Review, 2020; Health New Zealand | Te Whatu Ora, 2026; Manatū Hauora, 2023). While this approach enables more consistency and sustainability, it still allows for adapting services to meet local community needs. Outcome data can be used to determine whether people experience equitable outcomes across regions, which can inform service delivery.

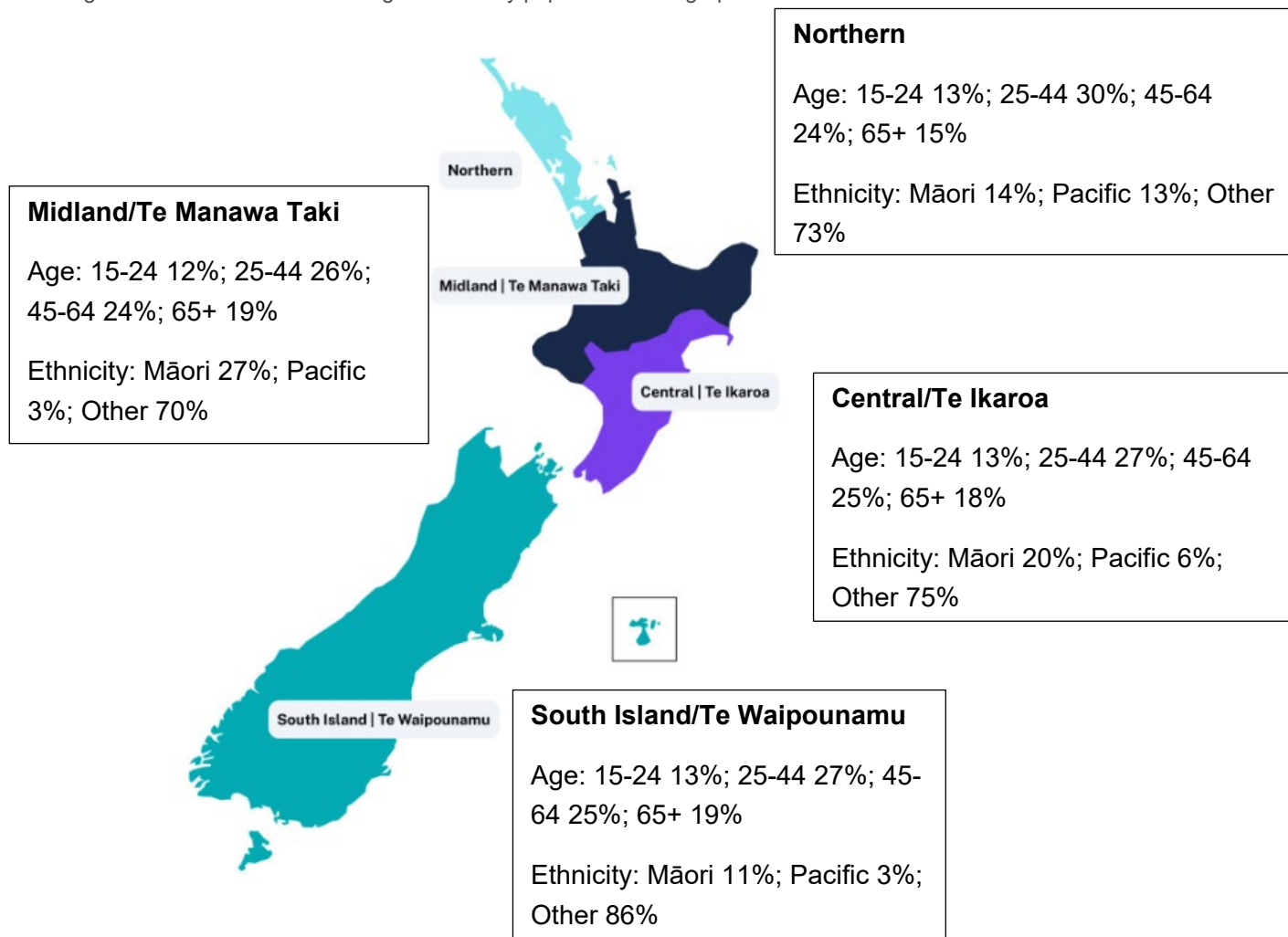
There are demographic differences across regions

ATS involvement based on ADOM data differs based on demographics like ethnicity and age (see Section 1). Therefore, demographics of the population should be considered among the range of factors that may impact ATS involvement, see Figure 1 (Te Whatu Ora | Health New Zealand, 2025). In the general population, the proportion of:

- Māori is highest in Midland/Te Manawa Taki (27 percent) and lowest in South Island/Te Waipounamu (11 percent)
- different age groups are similar across regions – for example in the 25 to 44 age group, the highest proportion is in Northern region (30 percent) and the lowest in Midland/Te Manawa Taki (26 percent) – a difference of only 4 percent.

The population demographics are very similar to demographic proportions among people accessing services. Appendix B has a breakdown of demographics by region for people accessing services.

Figure 1: Health New Zealand regions and key population demographics



Methamphetamine use can be harmful

While all substances have the potential to cause harm, methamphetamine in particular is highlighted as having the potential for significant negative impacts on people, whānau, and communities (Ministry of Health, 2026). The largest contributors to methamphetamine harm are negative impacts to whānau wellbeing and community damage (Crossin et al., 2023; National Drug Intelligence Bureau, 2023).² Due to higher use, methamphetamine has greater negative impacts in

² Family adversities are defined as the extent to which the use of a drug negatively impacts whānau wellbeing (eg relationship breakdown, economic wellbeing, emotional or spiritual wellbeing, future prospects of children, child neglect, and maltreatment). Community damage is defined as the extent to which the use of a drug negatively impacts social cohesion, community productiveness and

rural and high-deprivation communities in particular; and for Māori who are criminalised for its use at higher rates and experience compounding harms compared to other groups due to the flow-on impacts from colonisation and systemic racism (Yasbek et al., 2022).

Methamphetamine use is increasing in Aotearoa

Recent wastewater testing data shows national methamphetamine use almost doubled between 2023 and 2024, then increased further in 2025 (New Zealand Police, 2025a).³ Locations with higher methamphetamine use are Northland (Northern region), Eastern (Midland/Te Manawa Taki and Central/Te Ikaroa) and Waikato (Midland/Te Manawa Taki) (New Zealand Police, 2025b). Increases in wastewater detection are likely driven by growing local and international supply and demand, and declining methamphetamine prices (New Zealand Police, 2025a). Increased detection is likely driven by more use among current users, rather than a significant number of new people using (Wilkins et al., 2026).

Purpose

It is important to understand how amphetamines may be impacting on the wellbeing and recovery outcomes of tāngata whai ora who access AOD services in different regions, especially among Māori to achieve equitable outcomes.

This report uses ADOM data to examine substance use, wellbeing, and recovery outcomes for tāngata whai ora accessing community AOD services who report involvement with ATS in the past 28 days compared to those who did not, in different regions between 2023 and 2025.

Method

This report analyses ADOM data from PRIMHD supplied by Health New Zealand | Te Whatu Ora for the period January 2023 to December 2025 (extracted on 26 April 2026). During this period, there were 78,774 episodes opened for tāngata whai ora across Health New Zealand | Te Whatu Ora and NGO services mandated to offer the ADOM.⁴ Of those, this report analyses ADOM data from 28,515 valid treatment starts and 3,441 matched pairs. Appendix A provides full details of the method.

Section 1 of the ADOM records different types of substances tāngata whai ora identify as their main substance(s) of concern and what they have used in the past 28 days. Due to how data is collected, it is only possible to report rates for ATS use overall, but not specific types of ATS.

wellbeing, and community reputation; increases stigma and whakamā; and distorts the tikanga and/or narratives of hapū, iwi, or marae.

³ While use continued increasing in 2025, the increase is not as large as from 2023 to 2024 as highlighted in previous reports.

⁴ Of these, 37.2 percent were ADOM treatment start or assessment only collections.

It is important to consider the following when interpreting findings.

- This report is based on data from people who have been offered and completed the ADOM. Therefore, the levels and trends of ATS involvement in regions doesn't represent all people accessing services or the population as a whole in that region.
- ADOM data is only collected for tāngata whai ora who complete the ADOM at community AOD services mandated to offer the tool. Findings may not be generalisable to people accessing other AOD services, such as residential or inpatient services.
- Findings in part three reflect outcomes for people who completed the ADOM at both treatment start and end. Findings may not apply to others with different ADOM collections.
- Data cannot be used to estimate the level and impacts of ATS use in the general population, and those people who do not access community AOD services.

In addition:

- differences in outcomes across regions may reflect a range of factors that aren't taken into account, including differences in availability of services within that region. For example, some regions may have a higher proportion of NGOs, who tend to have higher levels of ADOM collection and reporting
- as this report uses data from the last 3 years, trends could be impacted by COVID-19 which affected service use and availability.

Results

This report presents findings in three main sections.

- Part one provides an overview of ADOM collections for the analysis period.
- Part two summarises ADOM data at treatment start.
- Part three summarises outcomes in substance use, lifestyle and wellbeing, and perceptions of recovery (based on matched pairs data).

Part one: ADOM collections

This section provides an overview of valid ADOM collections between January 2023 and December 2025 for tāngata whai ora with and without reported recent ATS involvement in each region.

Figure 2 shows one-fifth of tāngata whai ora report amphetamine-type stimulants as the main substance of concern in each region, although overall, alcohol is the main substance of concern at treatment start. Opioids have a larger proportion as main substance of concern in South Island/Te Waipounamu compared to other regions.

Figure 2: Main substance of concern at ADOM treatment start by region (January 2023 to December 2025)

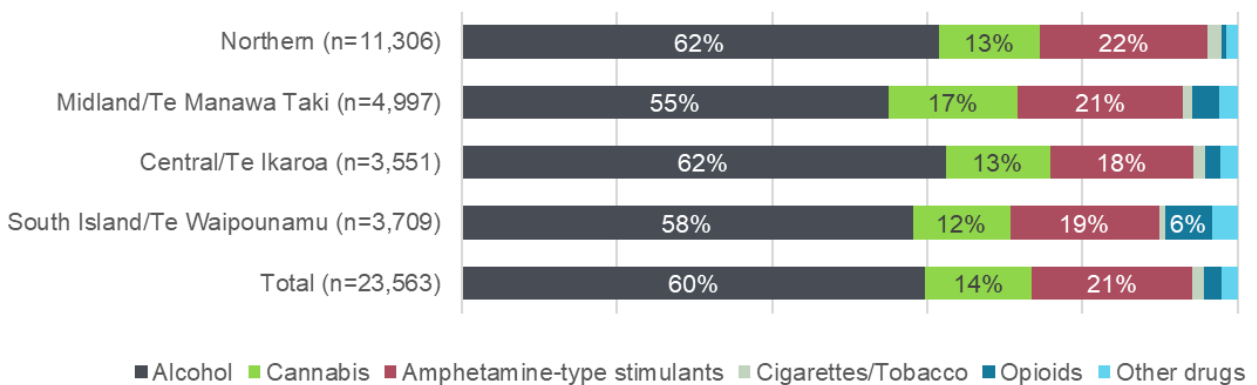


Table 1 shows that similar proportions of people use ATS and have ATS as their main substance of concern. Patterns are similar across regions, with Northern and Midland/Te Manawa Taki the highest for main substance of concern and Midland/Te Manawa Taki and Central/Te Ikaroa the highest for ATS use.

Table 1: Percentage with amphetamine-type stimulants main substance of concern/use, by region (January 2023 to December 2025)

Region	ATS as main substance of concern	ATS substance use	Combined*	Number
Northern	21.5%	18.7%	27.2%	13,923
Midland/Te Manawa Taki	21.4%	21.0%	27.4%	6,003
Central/Te Ikaroa	18.5%	21.0%	25.3%	3,918
South Island/Te Waipounamu	19.2%	20.8%	26.1%	4,670
Total	20.7%	19.8%	26.8%	28,514

Note. *Tāngata whai ora can be in one or both categories (main substance of concern and/or use).

Figure 3 shows that among people accessing community AOD services, ATS involvement has varied slightly between 2023 to 2025.

Figure 3: Percentage with amphetamine-type stimulants main substance/s of concern/use, by region and year (January 2023 to December 2025)

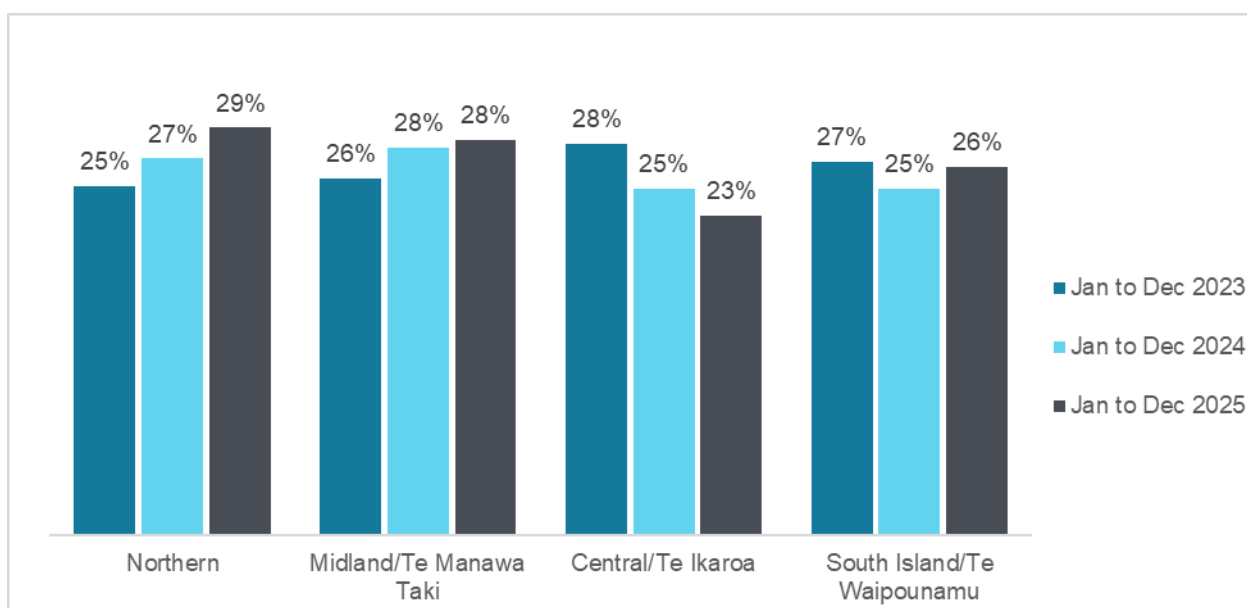


Figure 4 shows females tend to report higher ATS involvement, particularly in Northern and Central/Te Ikaroa regions. Use is the same between sexes in South Island/Te Waipounamu.

Figure 4: Percentage with amphetamine-type stimulants main substance of concern/use, by region and gender (January 2023 to December 2025)

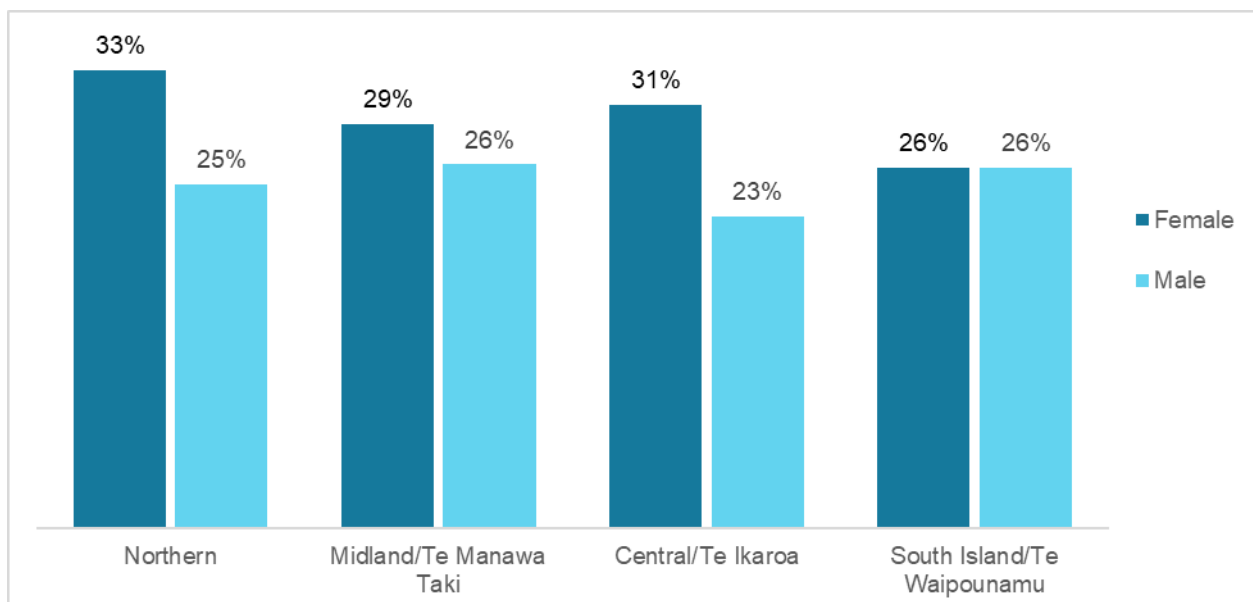


Figure 5 shows that Māori are more likely to access services for support with ATS involvement in all regions. Midland/Te Manawa Taki sees the highest levels of Pacific peoples accessing support for ATS involvement, at similar levels to other ethnicities.

Figure 5: Percentage with amphetamine-type stimulants main substance of concern/use, by region and ethnicity (January 2023 to December 2025)

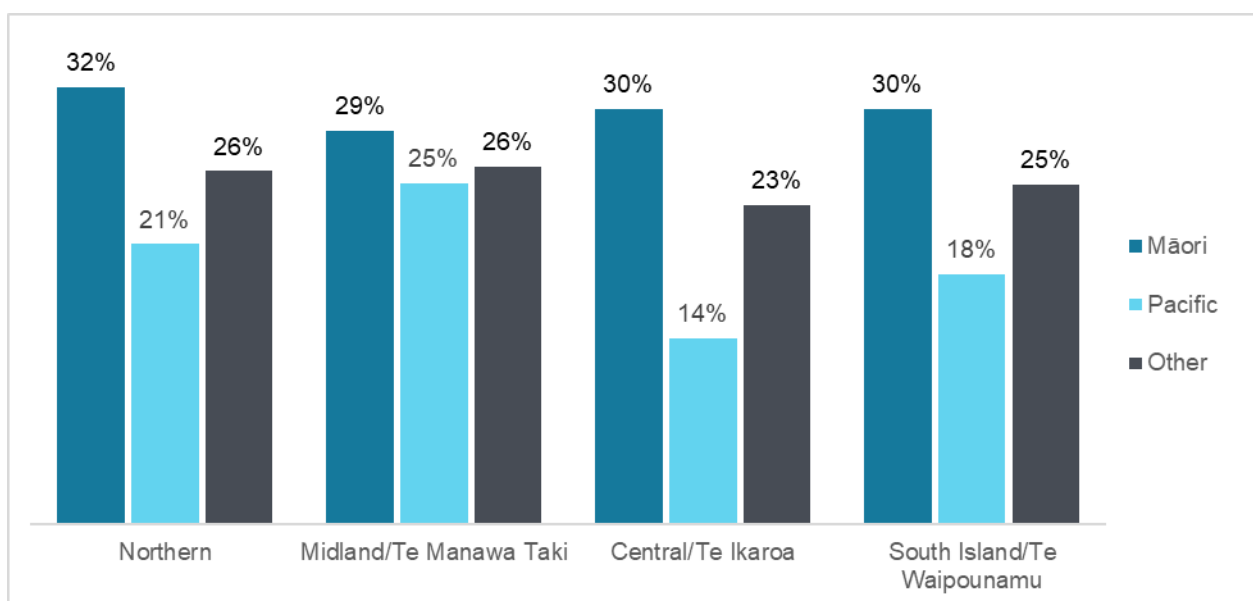
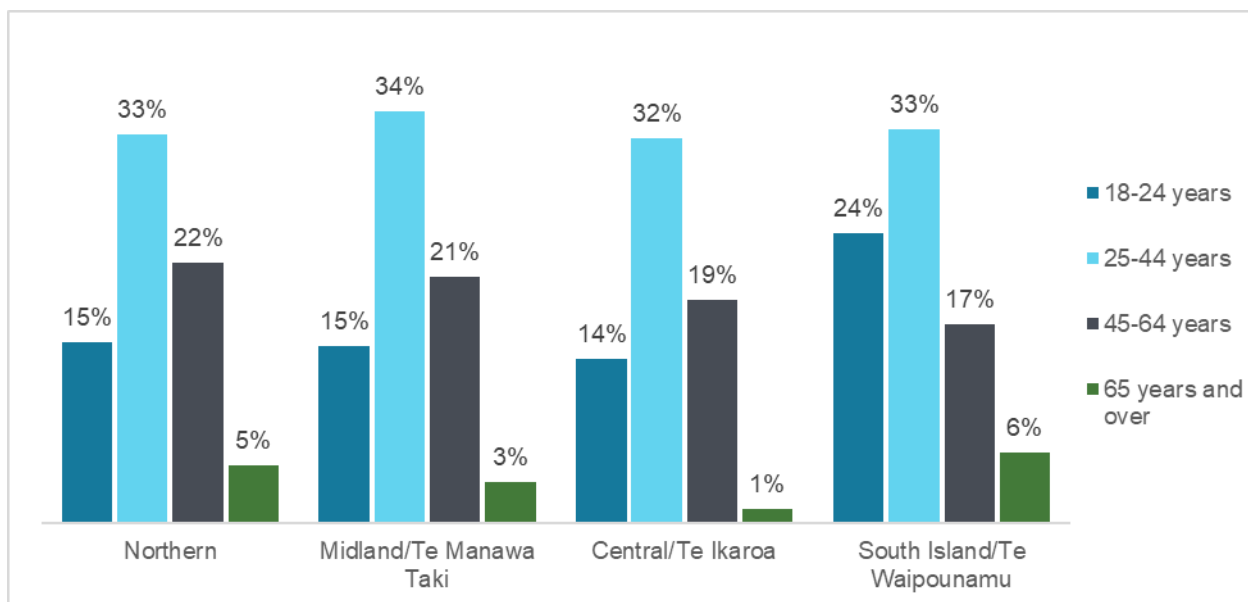


Figure 6 shows ATS involvement is highest among 25 to 44 year olds in all regions. Use among younger people aged 18 to 24 is relatively higher in South Island/Te Waipounamu compared to other regions.

Figure 6: Percentage with amphetamine-type stimulants main substance of concern/use, by region and age group (January to December 2025)



Part two: ADOM treatment start

This section looks at recent substance use in the past 28 days, main substance of concern, and lifestyle and wellbeing in more detail, including similarities and differences between regions.

Substance use in past 28 days

Figures 7 to 11 show involvement with specific substances by region. Similarities across regions include:

- tāngata whai ora who report ATS involvement are more likely to also report use of multiple other substances
- among people with ATS involvement, substances aside from alcohol tend to be used at higher rates, while alcohol use tends to be higher among people not involved with ATS
- the pattern of alcohol and cannabis use is similar across regions between ATS involvement and no ATS involvement.

Some regional differences include:

- opioid, sedatives/tranquilisers, and injecting drug use is highest in South Island/Te Waipounamu, especially among those involved with ATS (see Figures 9 to 11)
- use of all substances tends to be lowest in Northern region for both ATS and no ATS involvement, except for injecting drugs where use is lowest in Midland/Te Manawa Taki.

Figure 7: Percentage alcohol use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)

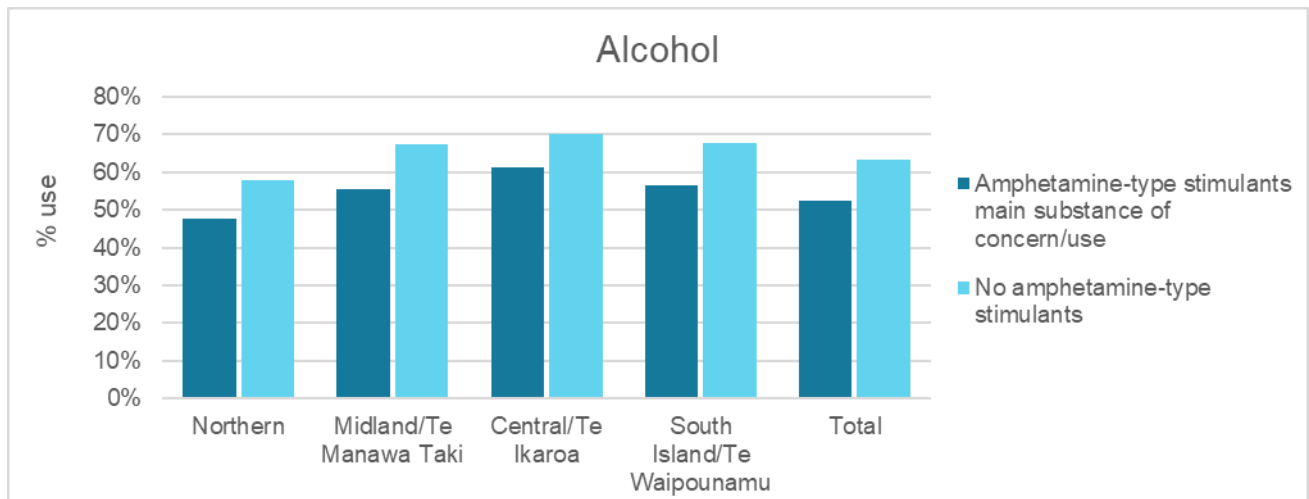


Figure 8: Percentage cannabis use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)

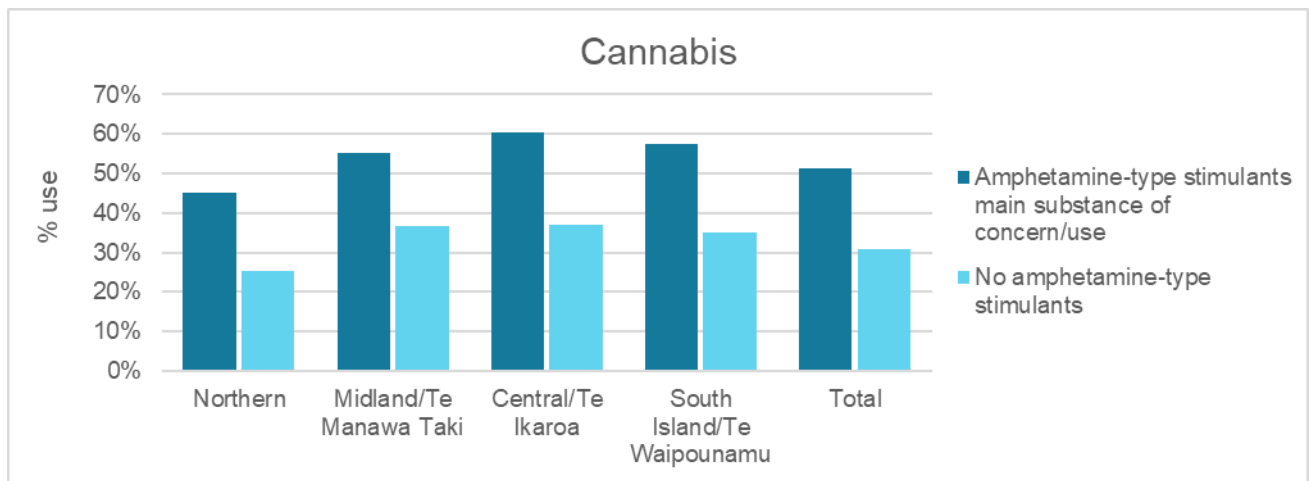


Figure 9: Percentage opioid use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)

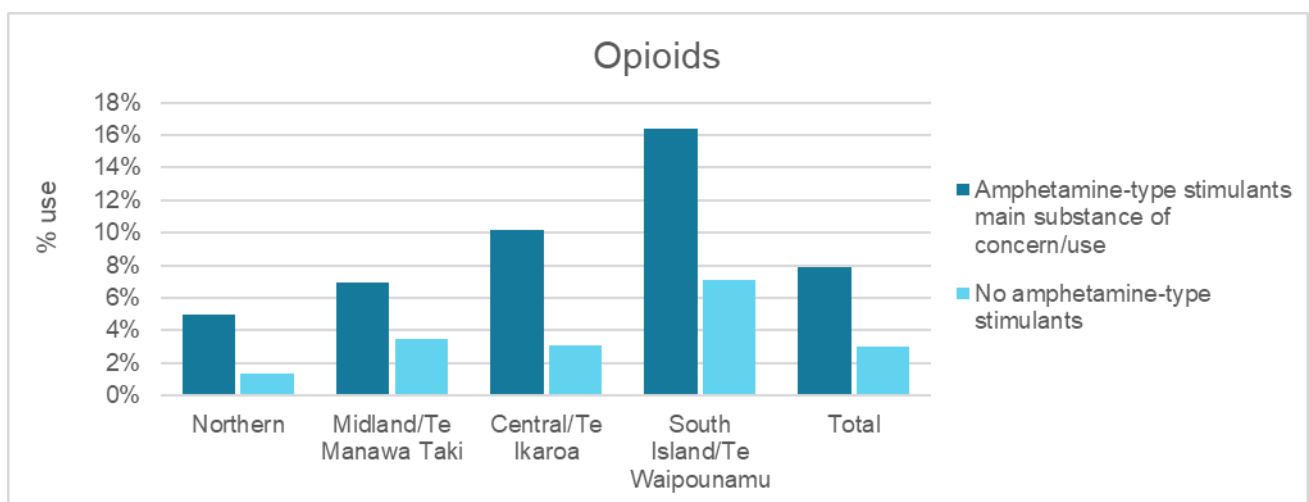


Figure 10: Percentage sedative/tranquiliser use in the past 28 days at ADOM treatment start by reported ATS use and region (January 2023 to December 2025)

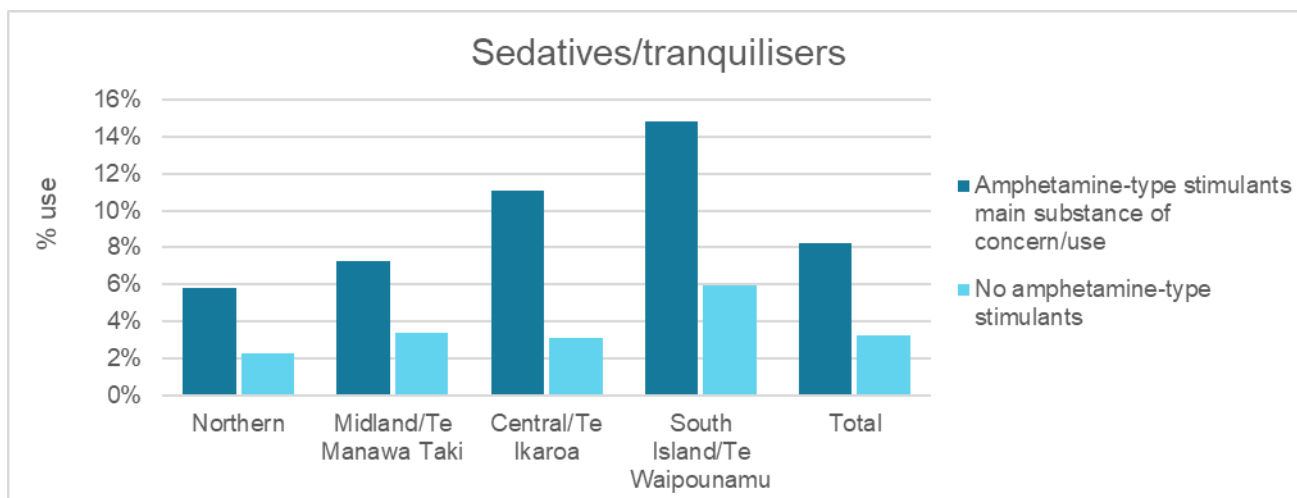


Figure 11: Percentage injecting drug use in the past 28 days at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)

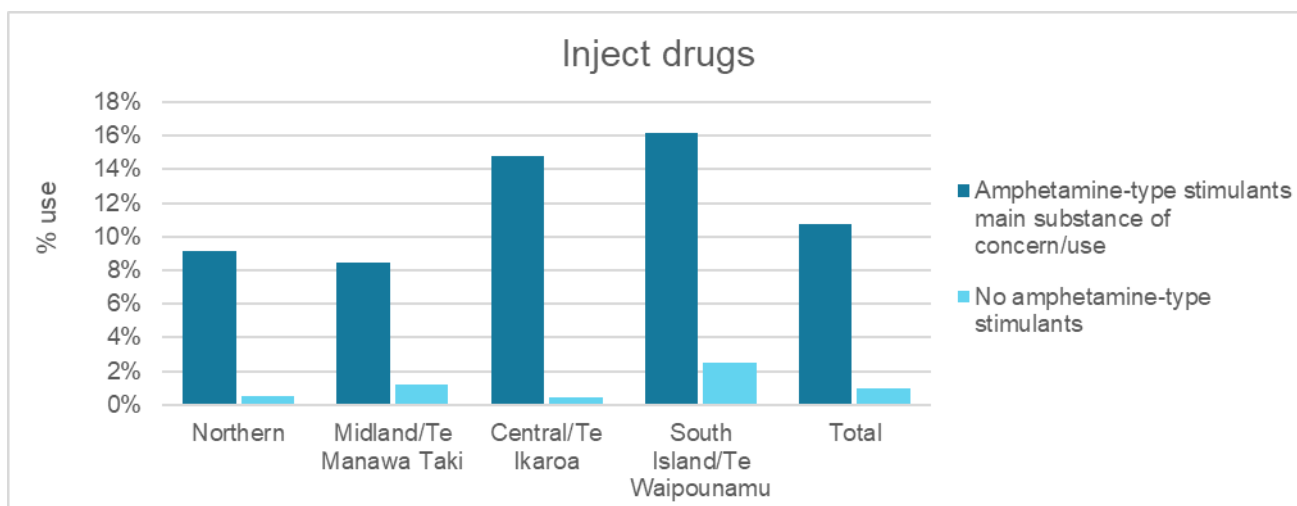
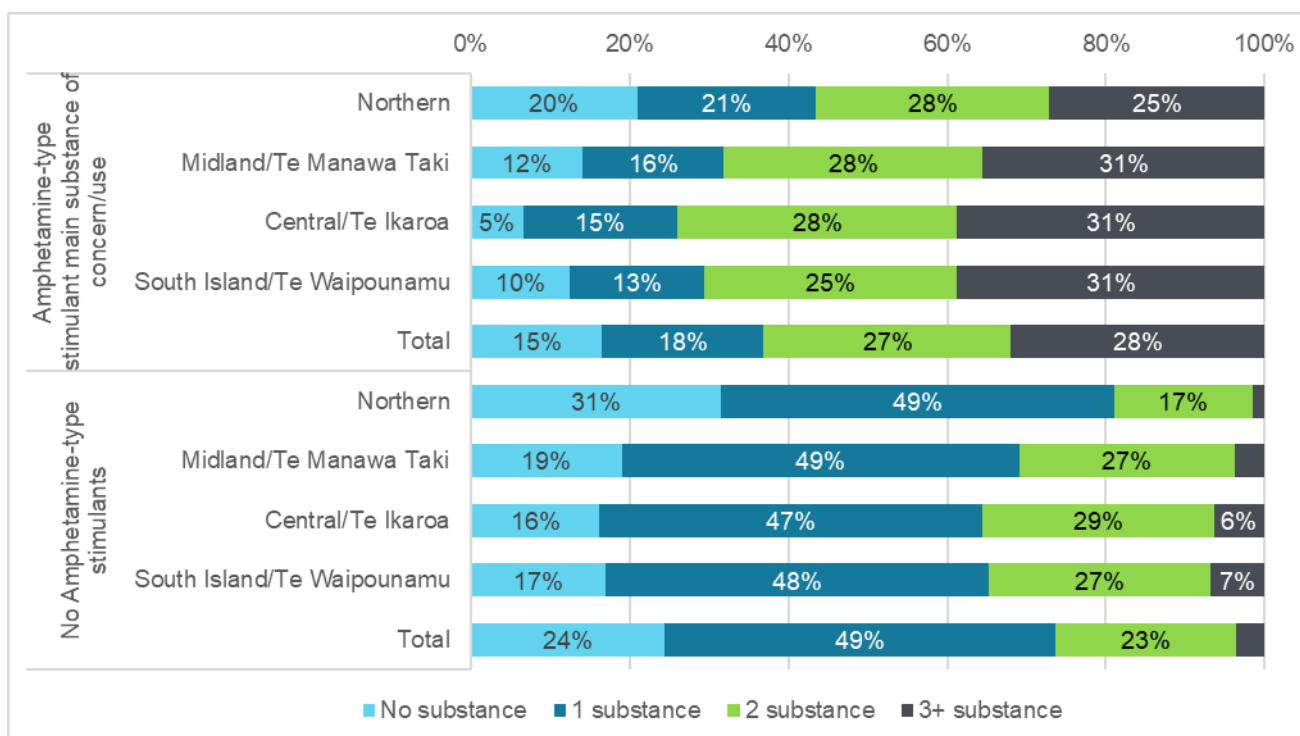


Figure 12 shows that tāngata whai ora with ATS involvement are more likely to use three or more substances compared to people with no ATS involvement. This is consistent across regions. Central/Te Ikaroa has the highest proportion of tāngata whai ora using multiple substances for both ATS and no ATS involvement, while Northern has the lowest.

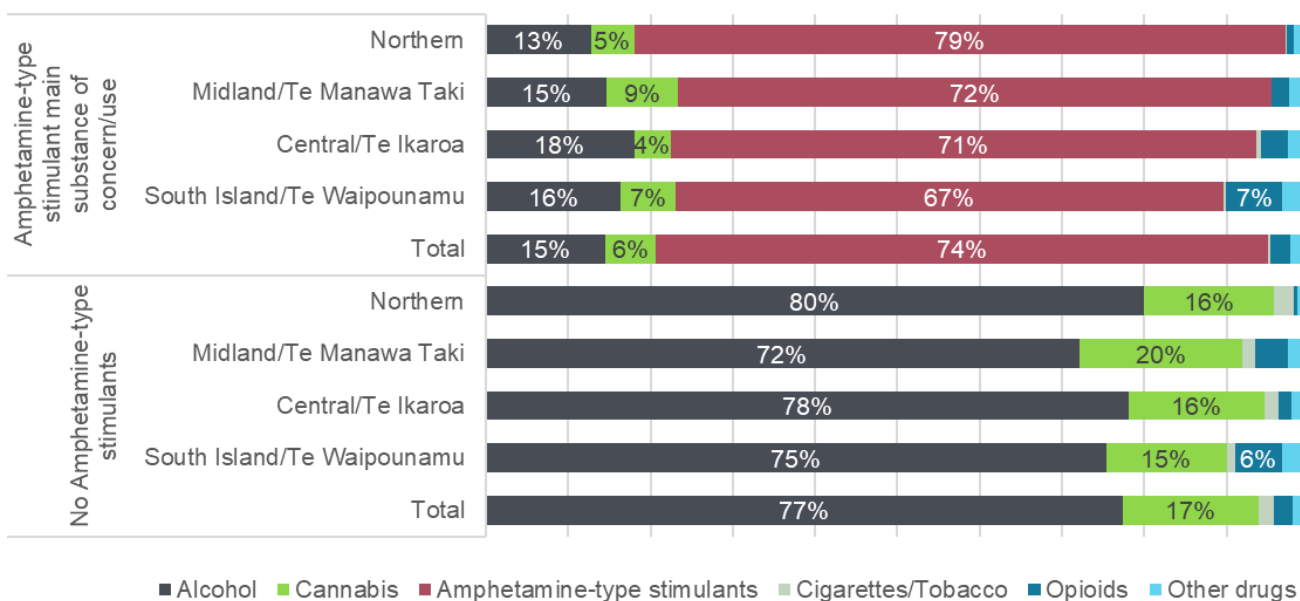
Figure 12: Number of substances used by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)



Main substance of concern

Figure 13 shows that among people with ATS involvement across regions, ATS is the main substance of concern, followed by alcohol. ATS is most commonly the main substance of concern in the Northern region. For people with no ATS involvement, alcohol is the main substance of concern, followed by cannabis.

Figure 13: Main substance of concern at ADOM treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)

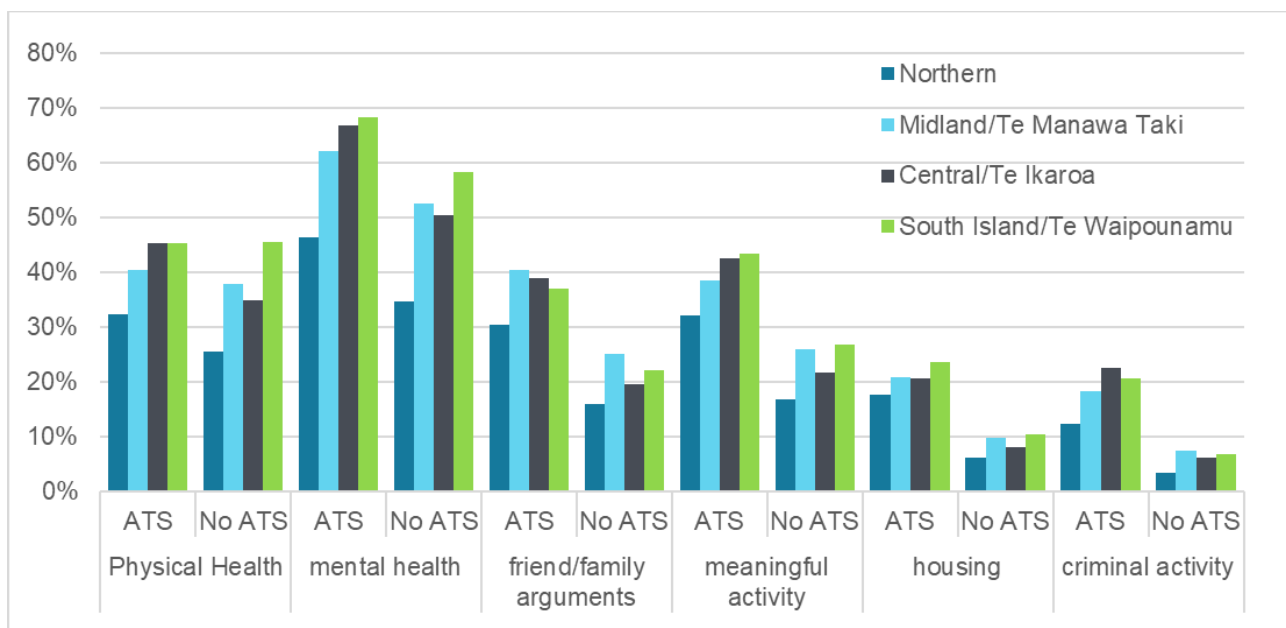


Lifestyle and wellbeing

This section describes lifestyle and wellbeing domains for tāngata whai ora at treatment start based on ADOM section two questions for tāngata whai ora in each region (see Appendix C).⁵

Figure 14 shows that across regions, people who report recent ATS involvement experience more frequent problems across all lifestyle and wellbeing domains than those with no ATS involvement. People with ATS involvement in South Island/Te Waipounamu tend to report slightly higher lifestyle and wellbeing problems overall compared to other regions. Friend/family arguments are slightly higher in Midland/Te Manawa Taki, and criminal activity in Central/Te Ikaroa.

Figure 14: At least weekly lifestyle and wellbeing problems at treatment start by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)



⁵ Table 7 in [Appendix C](#) provides the section two questions in full.

Part three: Outcomes (matched pairs)

This section describes outcomes in each region for people accessing community AOD services where ADOM was collected at both treatment start and end, between January 2025 and December 2025 (3,441 matched pairs).⁶

Note, the following analyses exclude people who completed treatment after this period and those with missing valid ADOM treatment end collections (see [Appendix A](#) for inclusion criteria).⁷

Changes in substance use

This section presents changes in people's substance use between treatment start and end.⁸

Figures 15 to 19 show changes in specific substances by region. Overall, use for most substances tended to drop by around half across each region, for both ATS and no ATS involvement at treatment end. The smallest reduction was for cannabis among people with ATS involvement, where use decreased by less than half. Regions with the biggest differences between treatment start and end are highlighted below.

- Large reductions in days of ATS use in Midland/Te Manawa Taki (9.3 to 3.1) and Central/Te Ikaroa (8.6 to 2.6).
- Large reductions in alcohol days of use in Midland/Te Manawa Taki for both ATS (10.5 to 3.8) and no ATS involvement (14.2 to 6.2).
- Large reductions in standard drinks in Central/Te Ikaroa for both ATS (10.3 to 3.7) and no ATS involvement (11.9 to 3.9).
- Moderate reductions in cannabis days of use in Midland/Te Manawa Taki for both ATS (18.4 to 11.1) and no ATS involvement (17.8 to 9.5).
- Moderate reductions in tobacco days of use in Northern for ATS (10.6 to 5.4) and Central/Te Ikaroa (13.6 to 6.7) for no ATS involvement.

⁶ The main substance of concern for people with matched pairs data is similar to that of all people who had ADOM collected at treatment start.

⁷ Treatment for some substances (such as opioid substitution treatment) occurs over a long duration and are therefore less likely to be captured in matched pair analyses covering a short time period.

⁸ Analyses for opioids, sedatives/tranquilisers, and injected drugs are not shown due to the limited amount of data available.

Figure 15: Matched pair changes in average ATS use in the past 28 days for matched pairs (January 2023 to December 2025)

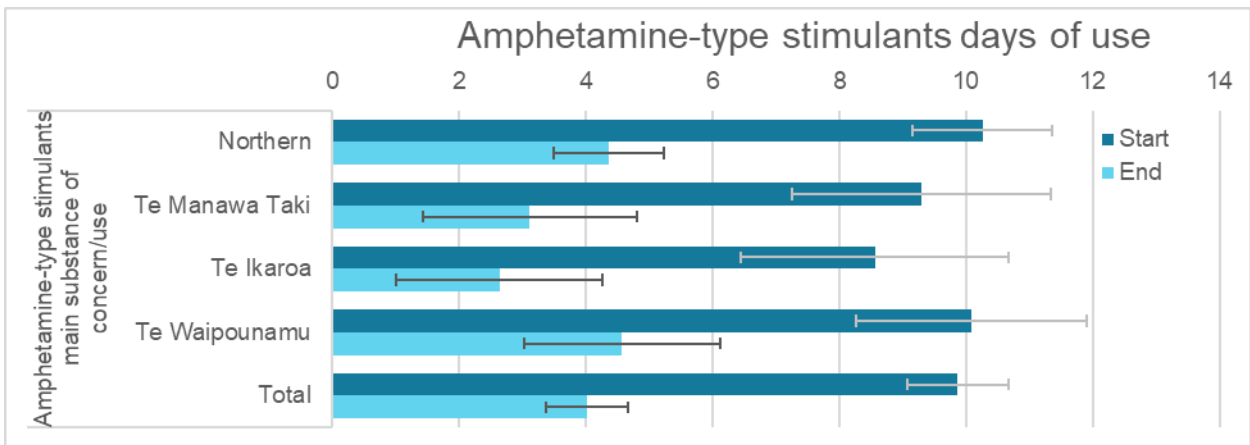


Figure 16: Matched pair changes in average days of alcohol use in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

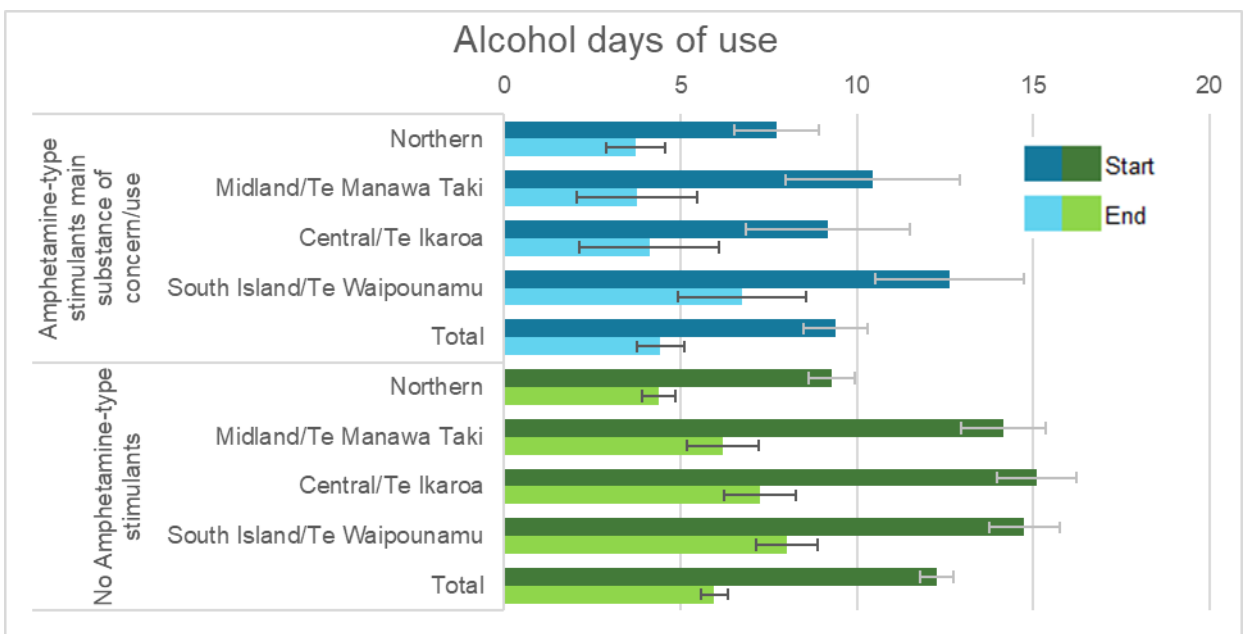


Figure 17: Matched pair changes in average standard drinks in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

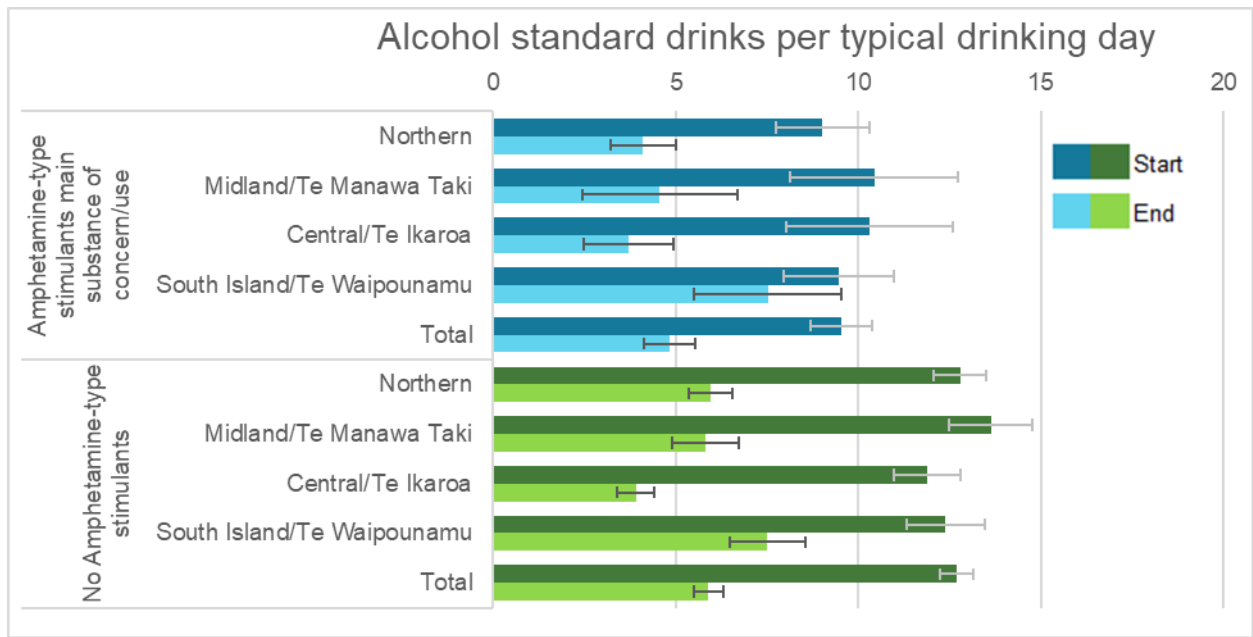


Figure 18: Matched pair changes in average cannabis use in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

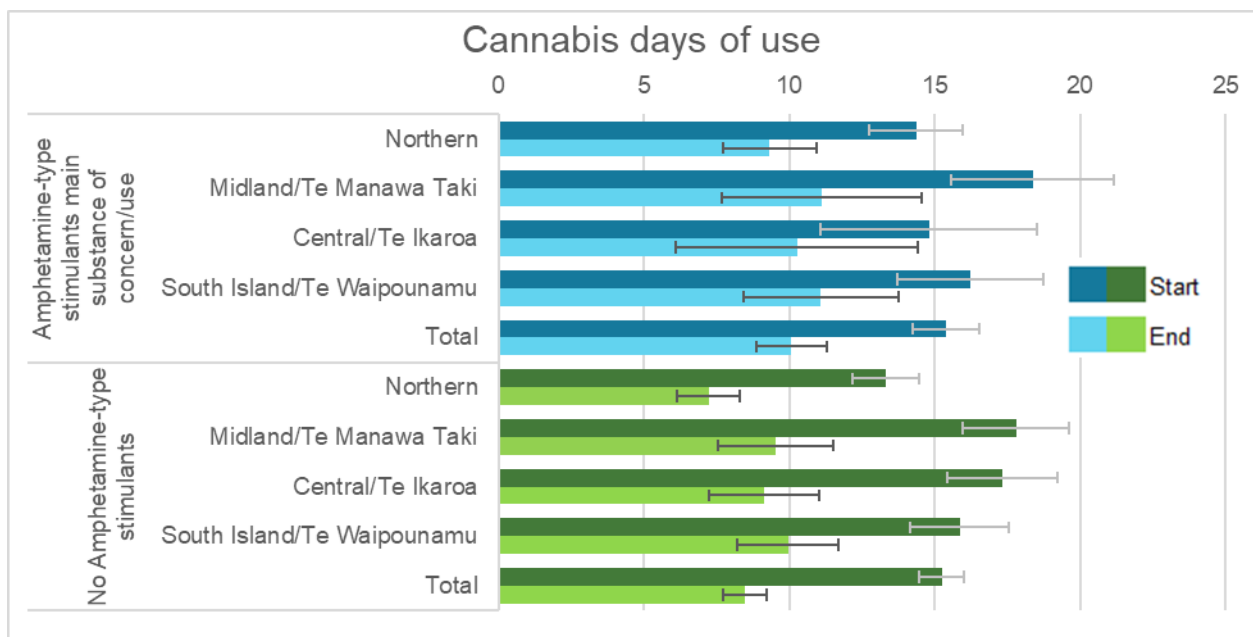
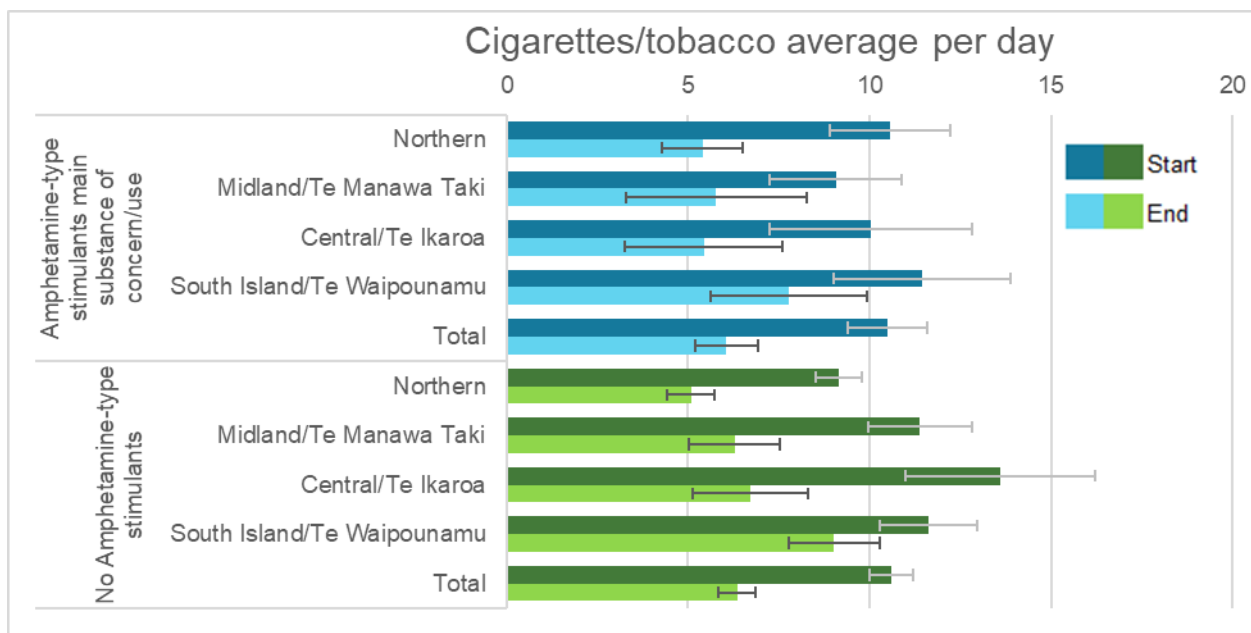


Figure 19: Matched pair changes in average cigarette/tobacco use in the past 28 days for matched pairs by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)



Changes in lifestyle and wellbeing

This section shows changes for tāngata whai ora in each region in problems in lifestyle and wellbeing occurring at least weekly.

Figures 20 to 25 look at key lifestyle and wellbeing domains across regions and show some regional differences. Overall, there were large reductions in lifestyle and wellbeing problems between treatment start and end for both ATS and no ATS involvement. Central/Te Ikaroa tend to show the biggest improvements across lifestyle and wellbeing domains. South Island/Te Waipounamu tends to have the highest lifestyle and wellbeing problems at treatment end. Overall patterns were similar for ATS and no ATS involvement. Key differences are highlighted in the following graphs.

Figure 20 shows the biggest reduction in physical health problems in Central/Te Ikaroa for ATS involvement, with smaller reductions in other regions. Physical health problems remained relatively high after treatment end, with similar patterns for ATS and no ATS involvement, with highest remaining problems in South Island/Te Waipounamu.

Figure 20: Matched pair changes in physical health problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

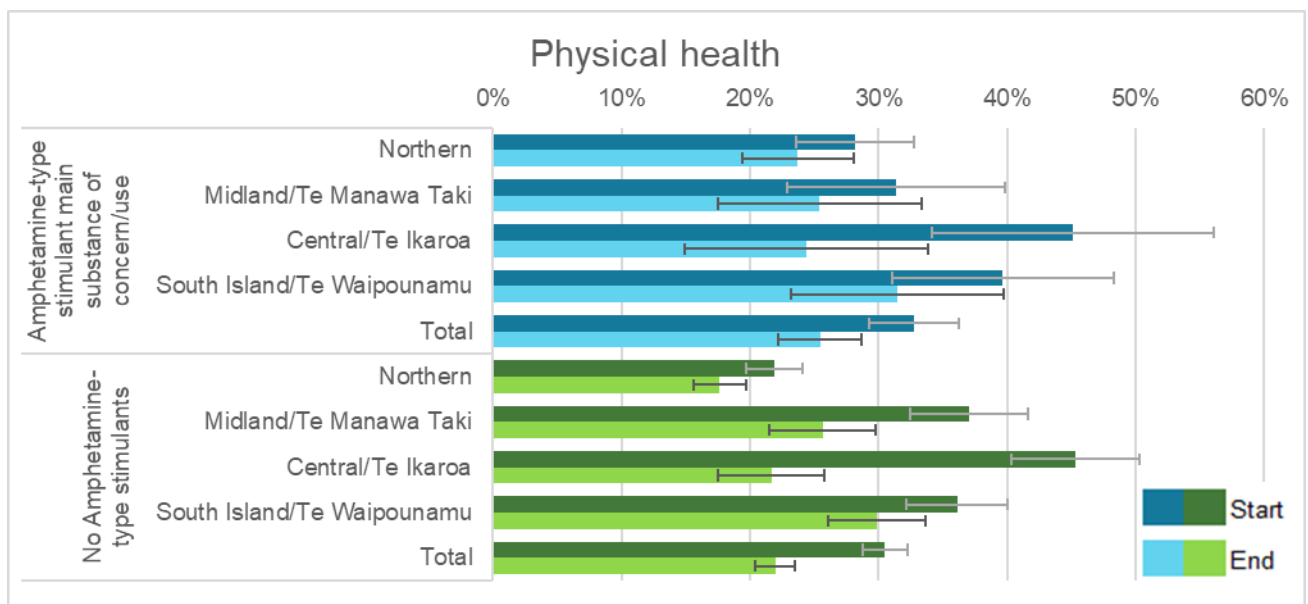


Figure 21 shows the biggest improvement in mental health problems in Central/Te Ikaroa for ATS involvement. One-third to one-half still experienced problems at treatment end, with the highest problems in South Island/Te Waipounamu for both ATS and no ATS involvement at treatment end.

Figure 21: Matched pair changes in mental health problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

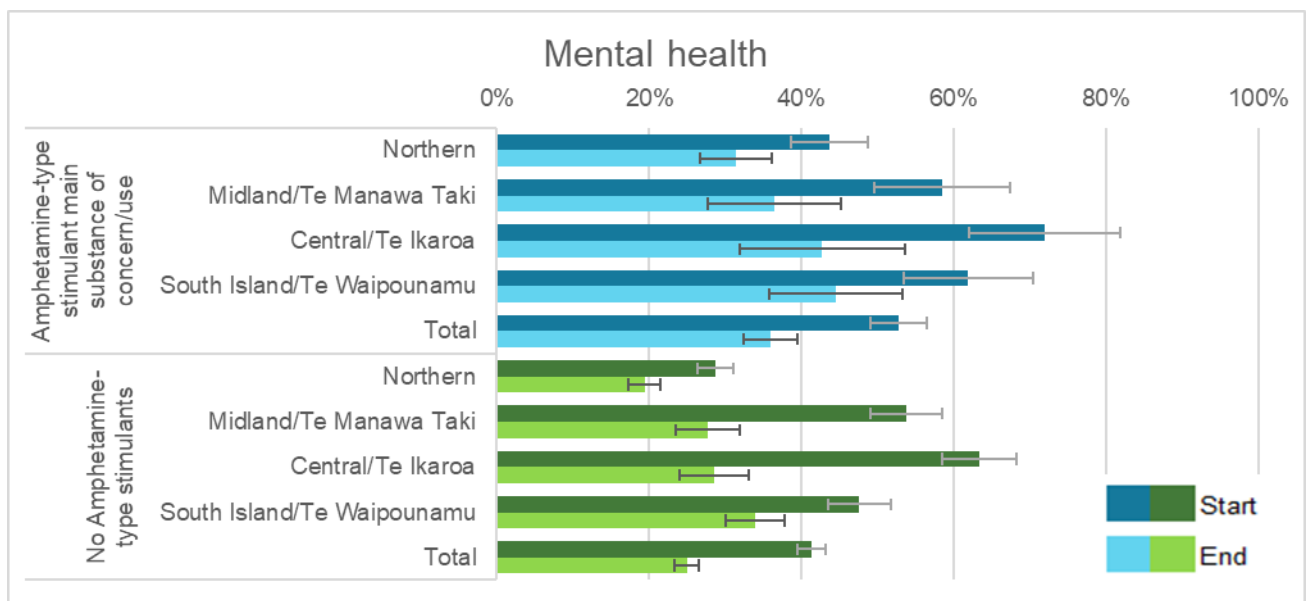


Figure 22 shows the biggest reductions in friend/family arguments in Central/Te Ikaroa and Midland/Te Manawa Taki among those with ATS involvement; though still remained relatively high in Northern and South Island/Te Waipounamu for those using ATS

Figure 22: Matched pair changes in friend/family problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

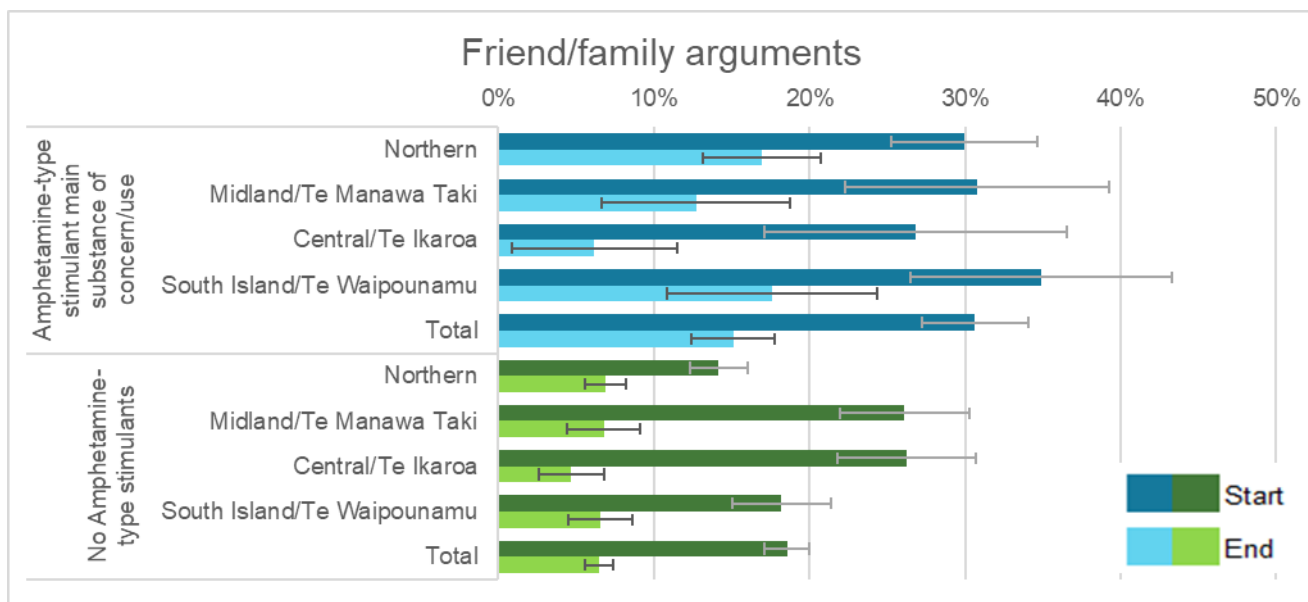


Figure 23 shows that after treatment, problems with meaningful activity remained high for people with ATS involvement across all regions, except Midland/Te Manawa Taki where problems dropped to similar levels to people with no ATS involvement. Central/Te Ikaroa followed by Midland/Te Manawa Taki had the biggest improvements in meaningful activity between treatment start and end.

Figure 23: Matched pair changes in meaningful activity problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

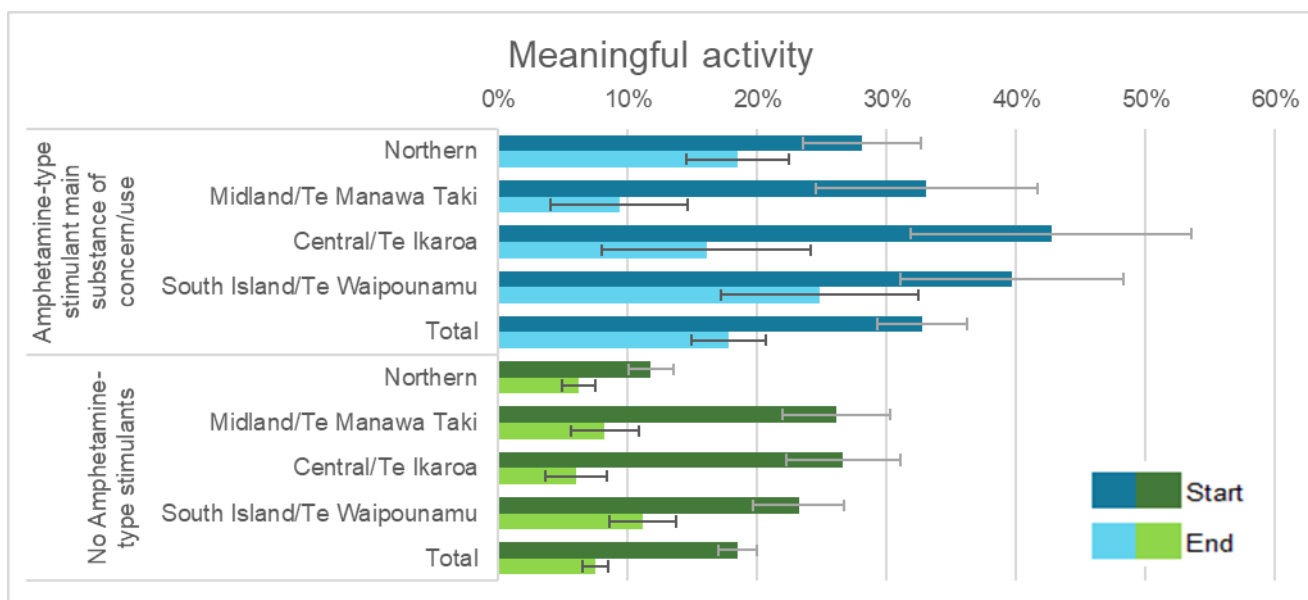


Figure 24 shows that after treatment, housing problems remained higher among ATS involvement across all regions. They were highest in South Island/Te Waipounamu and lowest in Midland/Te Manawa Taki. The Northern region saw the biggest improvement among people involved with ATS, while Central/Te Ikaroa saw the biggest improvement for no ATS involvement.

Figure 24: Matched pair changes in housing problems by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)

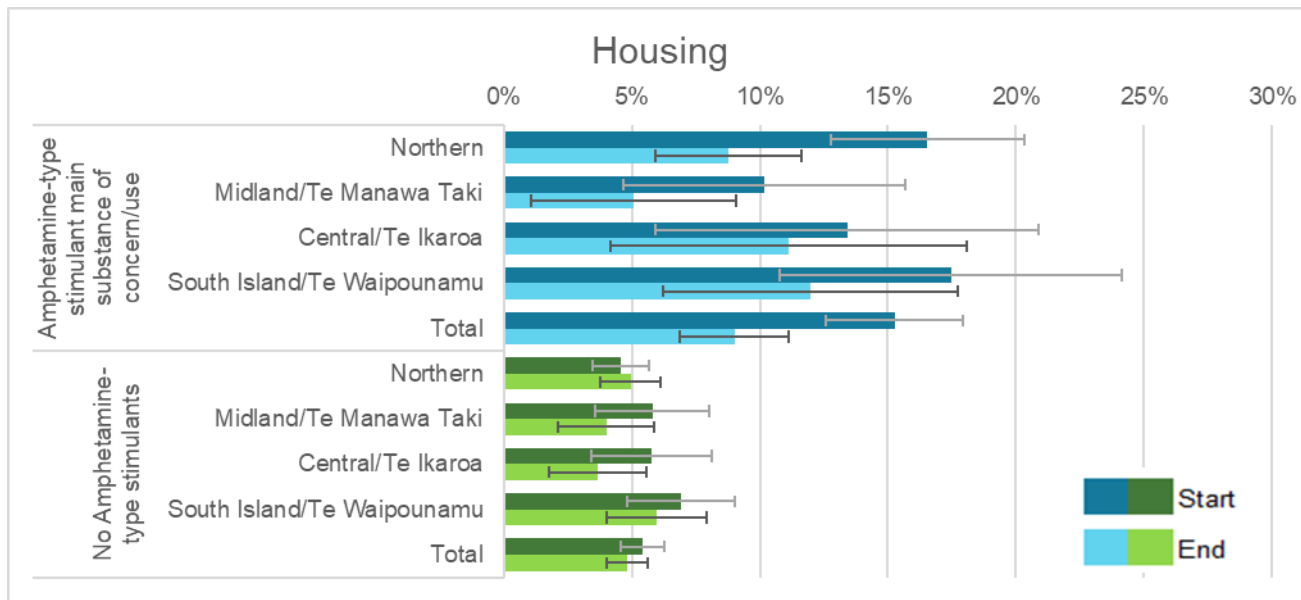
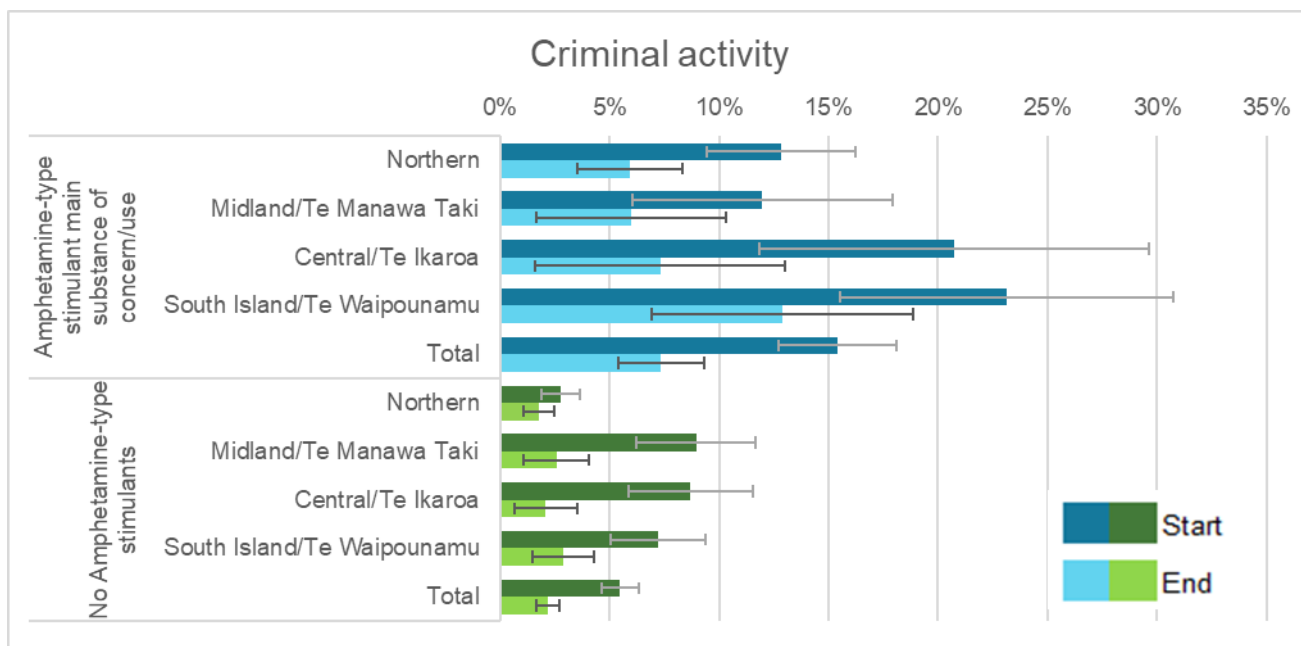


Figure 25 shows the biggest reduction in criminal activity was in Central/Te Ikaroa for both ATS and no ATS involvement. After treatment problems with criminal activity remained higher among people with ATS involvement across all regions, especially South Island/Te Waipounamu where problems were around double that of other regions.

Figure 25: Matched pair changes in criminal activity by amphetamine-type stimulants main substance of concern/use (January 2023 to December 2025)



Changes in perceptions of recovery progress

Figure 26 looks at perceptions in recovery progress. It shows that people who reported ATS involvement at treatment start experienced improvements in how close they felt to their recovery goals at treatment end, like those with no recent ATS involvement. There were large improvements in recovery progress in Midland/Te Manawa Taki, Central/Te Ikaroa, and South Island/Te Waipounamu. The largest improvement was in Central/Te Ikaroa. Improvements were moderate for the Northern region.

Figure 26. Matched pair changes in perceptions of closeness to recovery goals by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)

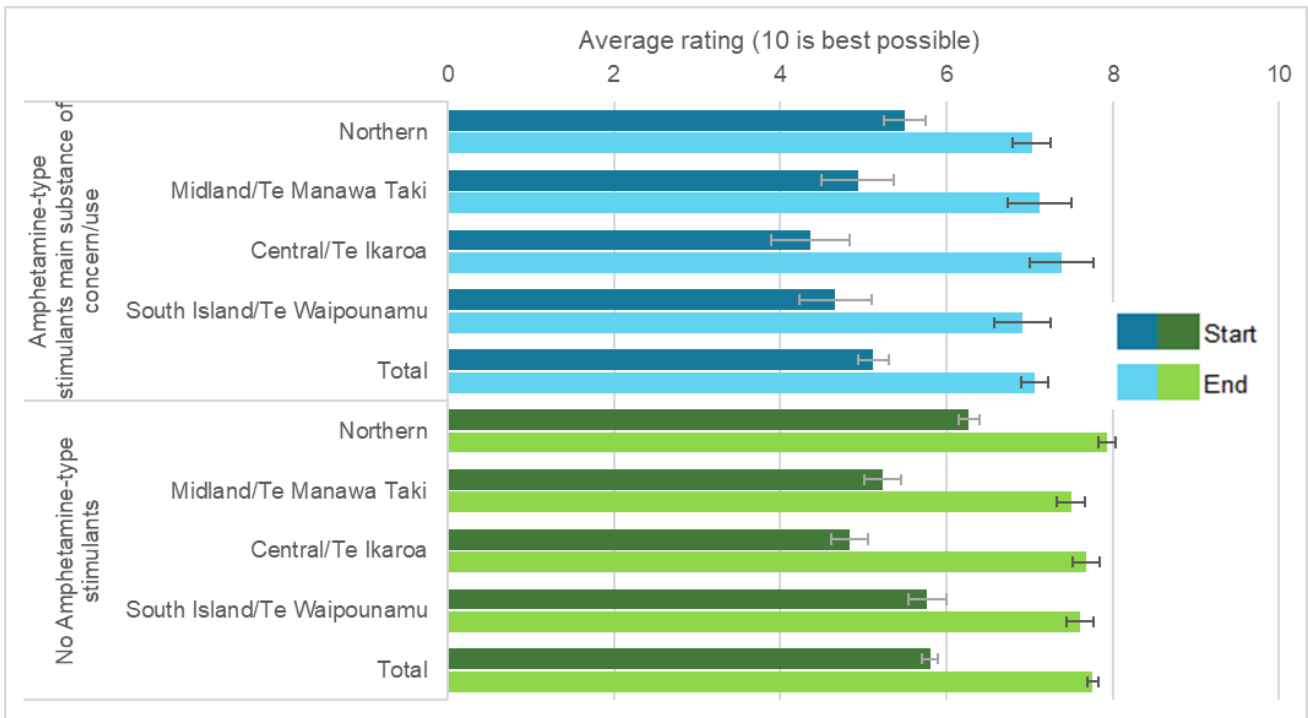
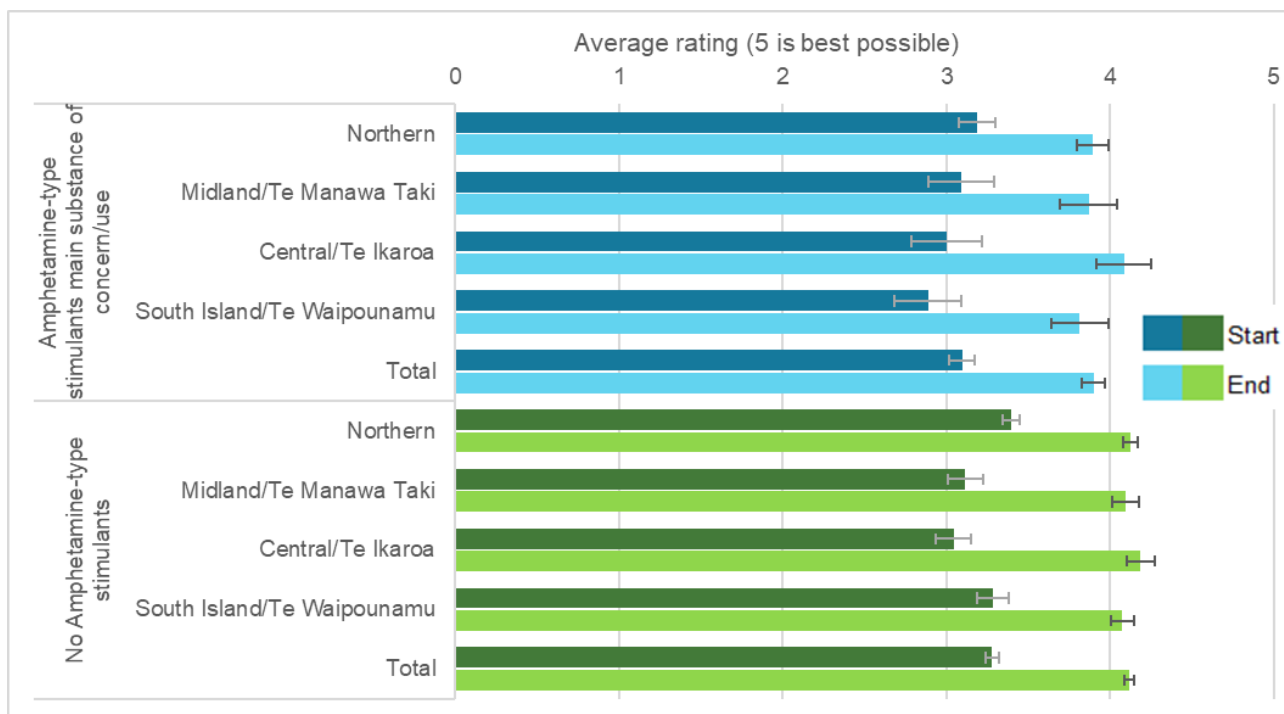


Figure 27 looks at satisfaction towards recovery progress. It shows that at treatment end, tāngata whai ora report similar perceptions of satisfaction with their progress towards achieving recovery goals, regardless of recent ATS involvement. Among people involved with ATS, there were large improvements in Central/Te Ikaroa and South Island/Te Waipounamu. Patterns were similar across ATS and no ATS involvement.

Figure 27. Matched pair changes in satisfaction with recovery progress goals by amphetamine-type stimulants main substance of concern/use and region (January 2023 to December 2025)



Discussion

This report summarises ADOM data at a regional level about substance use, lifestyle and wellbeing, and recovery outcomes among people accessing community AOD services who report recent ATS involvement. Improvements in lifestyle and wellbeing problems and perceptions of recovery progress reflect the positive outcomes community AOD services achieve in partnership with people who have used ATS and other substances in each region.

As this report focuses on regional variation, regional differences are discussed where relevant. In some cases, findings are similar across regions. While there were improvements at treatment end across all regions, overall, these improvements were larger in Midland/Te Manawa Taki (substance use) and Central/Te Ikaroa (lifestyle and wellbeing, and recovery progress), and smaller in South Island/Te Waipounamu. The regions demonstrating the largest improvements also have the highest proportions of Māori accessing services and in the general population, highlighting positive outcomes for Māori accessing treatment and support. Key regional outcomes are summarised in the box below.

Key improvements in outcomes by region for ATS involvement at treatment end

Northern: biggest improvements in tobacco days of use and housing problems.

Midland/Te Manawa Taki: biggest improvements in days of ATS use, alcohol days of use, and cannabis use.

Central/Te Ikaroa: biggest improvements in standard drinks, physical health, mental health, criminal activity, family/friend arguments, and recovery progress.

South Island/Te Waipounamu: while there were improvements across the board, these tended to be smaller than other regions across a range of areas.

Below discusses the key findings listed in more detail.

- Around one-quarter of people with ADOM collections report ATS involvement.
- Culturally safe services are essential to effectively support Māori with ATS involvement in each region.
- Multiple concurrent substance use is common among people with ATS involvement across all regions.
- All regional services should be well equipped to provide holistic, integrated support to reduce harms linked with ATS involvement.
- Differences in regions highlight the complex interplay between factors impacting substance use.

Around one-quarter of people with ADOM collections report ATS involvement

While ATS involvement is very similar across regions, people reporting to ADOM in Midland/Te Manawa Taki have the highest proportion of combined ATS involvement (use and ATS as the main substance of concern). Over the last 3 years, use varied somewhat across regions, slightly increasing among people accessing services in Midland/Te Manawa Taki and the Northern regions, while decreasing slightly in Central/Te Ikaroa. It is not clear whether this reflects actual increases in use or other factors like service prioritisation and/or that services may be supporting more people with ATS involvement. The Northern region had the largest proportion of people reporting ATS as the main substance of concern among people with recent ATS involvement. Age profiles among people accessing services are similar across regions, which are important to consider as ATS involvement is more common among 25 to 44 year olds. Northern region had the highest proportion of people aged 25 to 44 accessing services (59 percent) while South Island/Te Waipounamu had the lowest (55 percent) (PRIMHD, 2026).

At treatment end, Midland/Te Manawa Taki and Central/Te Ikaroa regions had the largest reductions in ATS days of use (9.3 to 3.1; 8.6 to 2.6 respectively). At treatment end, average days of use was lowest in Central/Te Ikaroa (2.6) and highest in South Island/Te Waipounamu (4.6).

Culturally safe services are essential to effectively support Māori with ATS involvement in each region

Among people accessing services with a valid ADOM, ATS involvement is highest among Māori across all regions. This is reflected in higher rates of Māori accessing services for support with ATS. The difference between Māori, Pacific and Other peoples is most marked in Central/Te Ikaroa, where Māori are involved with ATS at double the rate of Pacific peoples. Greater harms for Māori using methamphetamine due to the impacts of colonisation, intergenerational trauma, and systemic racism, reinforces the urgent need for services in all regions to be well equipped to deliver culturally safe support for Māori using ATS. It also highlights the importance of availability of Kaupapa Māori services across the motu, particularly in the Central/Te Ikaroa region.

Multiple concurrent substance use is common among people with ATS involvement across all regions

Among people who report recent ATS involvement, the proportion using more than one substance in the past 28 days was two times higher than those with no recent ATS involvement (55 versus 27 percent). Within this group, the proportion of tāngata whai ora who report using cannabis, opioids, sedatives/tranquilisers, cigarettes/tobacco, and injecting drugs was higher than those without ATS involvement. Central/Te Ikaroa had the highest proportion of people using multiple substances, and the Northern region the lowest. The use of opioids, sedatives, and injecting drugs was highest in South Island/Te Waipounamu for ATS and no ATS involvement. Differences may reflect access and the availability of substances in different regions. Opioids in particular were highest in South Island/Te Waipounamu compared to other regions.

Use of multiple substances is of concern given evidence showing greater negative impacts of using ATS with other substances (such as cardiovascular problems, mental health challenges, and injuries and accidents) compared to using substances alone (Åhman et al., 2025; Mefodeva et al., 2022; Narayan et al., 2021; Paz-Ramos et al., 2023). For example, the use of concurrent amphetamines and opioids is linked with poorer physical and mental health, and more housing and employment issues (Addictions, Drug & Alcohol Institute, 2021). This may be one of multiple contributing factors towards higher lifestyle and wellbeing problems for people involved with ATS in South Island/Te Waipounamu, due to the higher concurrent opioid use in this region. Other factors may include the spread of services and rurality of the population in the South Island/Te Waipounamu region.

It remains essential that community AOD services, particularly NGOs who support a greater proportion of tāngata whai ora who use ATS, have the resourcing, capacity and capability to address the complex interactions that using multiple substances can have on people's wellbeing and recovery progress.

All regional services should be well equipped to provide holistic, integrated support to reduce harms linked with ATS involvement

Similar to the previous report (Te Pou, 2025), at treatment start, people who report recent ATS involvement tend to experience more frequent problems across all ADOM lifestyle and wellbeing domains than those who report no ATS involvement. Overall, lifestyle and wellbeing problems tend to be higher in South Island/Te Waipounamu compared to other regions. Matched pairs data shows large improvements in most lifestyle and wellbeing domains, highlighting that services provide support that improves people's lives. However, at treatment end many people continue to experience at least weekly problems in most domains compared to those with no recent ATS involvement. While improvements were largest for mental health, friend/family arguments, and meaningful activity, people who report ATS involvement still had higher lifestyle and wellbeing problems than people not reporting ATS involvement at treatment end, especially in South Island/Te Waipounamu. This includes problems with criminal activity, where problems at treatment end were around double that of other regions. The region with the largest improvement in lifestyle and wellbeing domains (Central/Te Ikaroa) was also the region with the lowest ATS days of use at treatment end.

Findings reinforce the known links between ATS use and a range of wider harms such as lower wellbeing, relationship problems, violence, crime, and justice involvement including reoffending (Adams et al., 2022; Cummings et al., 2020; Crossin et al., 2023). Many personal, social, and economic factors like trauma, violence, and homelessness are associated with an increased likelihood of using ATS and experiencing further ATS-related harms (Adams et al., 2022; McKetin et al., 2019). These complex interactions highlight the critical need for AOD services to continue to be trauma-informed and address a range of wellbeing and social determinants among people who use ATS and multiple substances (Crummy et al., 2020; Yasbek et al., 2022). This includes offering or connecting tāngata whai ora with community-based support options including psychosocial approaches, physical and mental healthcare, cultural support, harm reduction information and resources, along with peer, whānau, employment, housing, and legal support (Yasbek et al., 2022).

In particular, a focus from government on early prevention and intervention across the lifespan would also support a reduction in these issues. While adults (especially age 25 to 44) are more commonly involved with ATS, around 1 in 6 young people (18 to 24) and 1 in 4 in South Island/Te Waipounamu report ATS involvement. This is not explained by rates of younger people accessing services in South Island/Te Waipounamu, as the lowest proportion (12 percent) of 18 to 24 year olds accessing services were in this region (PRIMHD, 2026). These findings highlight the importance of ensuring services are available for youth, wait times are reduced, service delivery being relevant for youth, and the need to address social determinants to prevent use among youth, especially strengthening protective factors for people at higher risk (Lambie, 2018; O'Neill, n.d.).

Services need to continue to ensure tāngata whai ora have the right information and tools to access the supports they need throughout treatment and at discharge. Smooth transitions between different services help ensure people don't fall through the cracks and receive the support they need in multiple areas of their life. Funding is required to ensure services can work in an integrated way.

Differences in regions highlight the complex interplay between factors impacting substance use

While there were similar patterns in improvements across regions, some regions tended to have larger improvements and lower use/problems at treatment end. For example, Midland/Te Manawa Taki and Central/Te Ikaroa tended to see the largest improvements at treatment end across a range of areas. This included use of ATS and a range of lifestyle and wellbeing areas. Lifestyle and wellbeing problems (especially arguments, housing, and criminal activity) tended to remain higher in South Island/Te Waipounamu at treatment end compared to other regions. This highlights potential differences in access and availability of substances, supports and services available, demographics, or social determinants in these regions.

Service access alone doesn't explain these differences, such as Health New Zealand | Te Whatu Ora (more clinically focused) and NGO service access (more community focused). For example, similar proportions of people accessed Te Whatu Ora (around one-third) and NGO services (around half) in Midland/Te Manawa Taki, Central/Te Ikaroa, and South Island/Te Waipounamu. The Northern region had a markedly different access rate than other regions – two-thirds of people were seen by Health New Zealand | Te Whatu Ora only services in Northland versus only one-fifth by NGO services. Midland/Te Manawa Taki had the biggest proportion of people accessing both types of services (16 percent), double the rate of Central/Te Ikaroa (8 percent) and South Island/Te Waipounamu (9 percent). This suggests some services may be better equipped to support tāngata whai ora with specific issues, rather than the broad range of substances and factors that may impact people with ATS involvement. Multiple services may be required to provide the support that people need. Services continuing to benchmark and share what is working well may benefit different regions, and ultimately, people accessing these services. These differences can also highlight areas for workforce development, such as enhancing skills to support people with co-existing problems and providing holistic support.

Conclusion

ADOM data demonstrates positive outcomes for people accessing community AOD treatment who have recently used ATS. While this report focuses on regional outcomes, overall, trends are similar to the last report (Te Pou, 2025). Across regions, there were improvements in ATS and other substance use in the past month, lifestyle and wellbeing problems, and recovery progress at the end of treatment. However, problems tend to remain high compared to people who don't report ATS use.

While all regions saw improvements with treatment, there appear to be greater improvements in some regions, less in others, and specific issues such as housing and criminal activity remaining high in some areas. This highlights potential differences in the availability and supply of substances, service availability and access, demographics, or social determinants in these regions, and underpins the importance of services being able to adapt support for the specific context and needs of people and communities within their region.

Most people with ATS involvement at treatment start report multiple substance use and continuing lifestyle and wellbeing problems at treatment end across regions. Findings align with broader concerns about the impacts of multiple concurrent substance use on wellbeing and recovery. There is a need for community AOD services to have resourcing to continue building the capacity and capability to provide integrated support. This includes connecting tāngata whai ora with support options to address the range of wellbeing, social, and broader harms related to ATS and multiple substance use. An early preventative approach focused on social determinants is also important given the impact of early life factors such as trauma on substance use, justice involvement, and a range of other social factors. Culturally safe support and the availability of Kaupapa Māori services are essential to support Māori whānau involved with ATS towards hauora.

This report is important as understanding regional differences in substance use and lifestyle and wellbeing can help target workforce development and service improvement activities to benefit people involved with ATS who seek support from services. It also highlights the complexity of factors impacting ATS involvement and the need to understand regional context. Integrated and culturally safe support is essential, and people involved with ATS may require more holistic support in a range of areas compared to people not involved with ATS. This may help to improve outcomes for people involved with ATS and reduce stigma and discrimination.

Appendix A: Method

This Appendix contains an overview of the inclusion and exclusion criteria for data used in this report. Please see full details for ADOM report building rules at <https://www.tepou.co.nz/resources/adom-report-building-rules/775>

AOD episode of care entering mandated services:

- includes teams mandated to collect ADOM¹²
- includes team type of alcohol and drug team or a co-existing team
- includes tāngata whai ora aged 18 years and over
- includes referrals with an in-scope contact. Excludes activity settings: WR, PH, SM, OM and exclude activity type: T08, T32, T35, T46, T47 and T49. The activity type is a contact.
- join referrals together to make an episode of care if they overlap or have 14 days or less between referral end and referral start date
- includes those episodes of care which start in the period of the report.

Treatment starts are within the episode of care: include only episodes of care with a treatment start ADOM collection including assessment only (RC13, RC14, RC15) in the analysis.

ADOM collections analysis:

- includes teams recognised or identified as those mandated to collect ADOM
- includes tāngata whai ora are aged 18 years and over
- excludes ADOM collections with five or more missing items⁹
- excludes RC19 – Treatment end – DNA and RC21 – Treatment end – other.

For treatment start ADOM collections (RC13, RC14) are used.

ADOM matched pairs:

- based on ADOM collections above
- includes those for 28 days or longer
- uses the date of the end collection. Start collection can be outside the period but after 1 July 2015.

Other notes

'Not specified' answers to items are excluded for specific questions. For example, substance of main concern analyses exclude several collections without a response to this question.

⁹ Excluding question 7, 9, and 11.

Appendix B: Demographics

This Appendix contains demographic information for people accessing services in each region (PRIMHD, 2026).

Table 2: Demographics of people accessing services by region, January 2023 to December 2025

	Gender	Ethnicity	Age
Northern	Female – 31%	Māori – 38%	18-24 – 14%
	Male – 69%	Pacific – 15%	25-44 – 59%
	Other – 0	Other – 46%	45-64 – 25%
			65+ – 2%
Midland/Te Manawa Taki	Female – 36%	Māori – 53%	18-24 – 16%
	Male – 64%	Pacific – 3%	25-44 – 57%
	Other – 0	Other – 44%	45-64 – 24%
			65+ – 3%
Central/Te Ikaroa	Female – 36%	Māori – 41%	18-24 – 15%
	Male – 64%	Pacific – 6%	25-44 – 58%
	Other – 0	Other – 53%	45-64 – 25%
			65+ – 3%
South Island/Te Waipounamu	Female – 40%	Māori – 28%	18-24 – 12%
	Male – 60%	Pacific – 3%	25-44 – 55%
	Other – 0	Other – 69%	45-64 – 28%
			65+ – 4%

Appendix C: ADOM Section 2 questions

This Appendix contains the ADOM lifestyle and wellbeing questions.

Table 3. ADOM section two questions (lifestyle and wellbeing)

Question key
Q12 How often has your physical health caused problems in your daily life?
Q13 How often has your general mental health caused problems in your daily life?
Q14 How often has your alcohol or drug use led to problems or arguments with friends or family members?
Q15 How often has your alcohol or drug use caused problems with your work or other activities in any of the following: social, recreational, looking after children or other family members, study or other personal activities?
Q16 How often have you engaged in any of the following: paid work, voluntary work, study, looking after children or other caregiving activities?
Q17 Have you had difficulties with housing or finding somewhere stable to live?
Q18 How often have you been involved in any criminal or illegal activity such as driving a motor vehicle under the influence of alcohol or drugs, assault, shoplifting, supplying an illicit substance to another person?

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