

Aotearoa New Zealand addiction nursing standards

For nurses specialising in working with tāngata
whai ora and whānau impacted by addiction



Te Ao Māramatanga
New Zealand College of Mental Health Nurses Inc



ISBN: 978-1-991076-86-1

Email: info@tepou.co.nz

Website: www.tepou.co.nz

Te Pou is a national centre of evidence-based workforce development for the mental health and addiction sectors in New Zealand.

Recommended citation: Te Pou. (2025). *Aotearoa New Zealand addiction nursing standards: For nurses specialising in working with tāngata whai ora and whānau impacted by addiction*

Foreword

Kohikohi ngā kākano

whakaritea te pārekereke

kia puāwai ngā hua

This whakataukī highlights that good results stem from the effort invested in building a strong foundation and preparing well for future success. This is what I hope these Addiction Nursing Standards will do to support our future nurses in the kaupapa of addiction.

As a new nurse, beginning my journey over 30 years ago, it was a very different climate, and the support systems weren't there to help us.

Through our combined leadership we hope that these Addiction Nursing Standards will be one form of support and that they will be like the māra (garden bed) that you need to grow strong and resilient no matter what the environment and or conditions.

Addiction is often a pathway taken when you have yourself experienced the heartache and fallout of this kaupapa for you and or your whānau. Nurses care about people and want them to live their best lives. We hope these Addiction Nursing Standards will support your journey.

Tihei Mauri ora

Riana Manuel

Te Pou and Blueprint for Learning chief executive.

The Aotearoa New Zealand Addiction Nursing Standards reflect the collective wisdom of nurses, educators, tāngata whai ora and whānau committed to compassionate, safe and effective care. Addiction nursing is a specialised practice grounded in therapeutic relationships, recovery, and resilience, and shaped by values of manaakitanga, equity and respect.

These Standards are underpinned by Te Tiriti o Waitangi, affirming partnership, protection, participation and tino rangatiratanga as essential to culturally responsive care. They outline values, knowledge and skills across foundational, proficient and expert levels, providing a pathway for professional growth and excellence.

As a profession, addiction nurses work alongside whānau and communities to reduce harm, uphold dignity and enhance wellbeing. These Standards are a living guide, uniting us in our shared purpose to provide care that honours the mana of every person.

Noho ora mai

Hineroa Hakiaha

Te Ao Māramatanga president

The Drug and Alcohol Nurses of Australasia (DANA) are proud to be part of the development of the Aotearoa New Zealand Addiction Nursing Standards and endorse this resource for use by addiction nurses.

Addiction nurses in Aotearoa walk alongside tāngata whaiora, whānau and communities with a strong sense of advocacy, compassion, skill and knowledge. These Addiction Nursing Standards guide and strengthen addiction nursing practice by providing a clear framework that recognises the complexity of addiction, the importance of cultural safety and the vital role this rōpū of nurses have in recovery and equity.

The Addiction Nursing Standards can inform education and workforce development, and provide assurance of quality across services. They represent a significant step in strengthening and recognising the contribution of addiction nurses to the health and wellbeing of tāngata whaiora and communities in Aotearoa.

Elly Richards, RN

Clinical nurse lead

DANA member and representative

Whakapapa

The Aotearoa New Zealand Addiction Nursing Standards (Addiction Nursing Standards) describe the practice and educational requirements of addiction nurses. This includes registered nurses, nurse prescribers and nurse practitioners who specialise in working with tāngata whai ora, whānau, groups and communities impacted by addiction.

The Addiction Nursing Standards build on the visionary body of work initiated and supported by Drug and Alcohol Nurses Australasia (DANA) and Matua Raki who worked with a national nursing reference group to develop *The Aotearoa New Zealand Addiction Specialty Nursing Competency Framework* (2012), updated in 2018.

The Addiction Nurses Branch of Te Ao Māramatanga New Zealand College of Mental Health Nurses Inc (Te Ao Māramatanga) identified the need to review the 2018 framework. This set in motion the development of these Addiction Nursing Standards to support the professional development and practice of addiction specialty nurses in the current health context in Aotearoa New Zealand (Aotearoa).

The Addiction Nursing Standards were then developed by Te Pou with guidance from a reference group that included expertise from Te Ao Māramatanga, DANA, lived experience, and addiction nurses.

In addition to the reference group, many people contributed including Te Ao Māramatanga Māori Caucus, nurse educators and trainers, and people with lived experience. Their contributions further informed and strengthened the Addiction Nursing Standards supporting their relevance for our context.

Acknowledgements

Health New Zealand | Te Whatu Ora funded Te Pou to develop these Addiction Nursing Standards in collaboration with Te Ao Māramatanga addiction nursing branch, Drug and Alcohol Nurses of Australasia (DANA), addiction nurses, and experts from cultural, whānau and lived experience perspectives.

We thank and acknowledge everyone who contributed and provided feedback and guidance.

The Te Pou project team includes:

- › Emma Wood (national manager - practice)
- › Selina Elkington (programme manager addiction)
- › Lissa Carlino (project lead)
- › Jacqui Hampton (project lead)
- › Paula Parsonage (contractor)
- › Maria Basabas (researcher)
- › Eboni Siueva (ringa tohutohu matua - Māori lead)
- › Malcom McKenna (lived experience project lead).

Members from Te Ao Māramatanga, addiction branch include:

- › Richard Jeffcoat (chair)
- › Daryle Deering
- › Louise Tauhinu-Leonard
- › Sarah Haldane
- › Hineroa Hakiaha
- › Members of the Te Ao Māramatanga Māori caucus.

Members from DANA, New Zealand branch include:

- › Elly Richards
- › Rachel Beech.

Lived experience advice and input was provided by:

- › Rhonda Robertson.

Pacific cultural advice and input was provided by:

- › Manase Lua (ringa huti punga - Pasifika equity lead, Wise Group)
- › Dr Sione Vaka (Poutumatua Pasifika Tausisoifua Associate Professor nursing).

Special guidance was provided by:

- › New Zealand Nurses Organisation
- › Nursing Council of New Zealand
- › InsideOUT Kōaro
- › Michelle Fowler (registered nurse).

To help bring these Addiction Nursing Standards to fruition, we acknowledge and thank the guidance from those working within the addiction nursing sector. This included 30 nurses who participated in four technical advisory groups and provided feedback to help shape the diverse range of skills that are expected of addiction nurses in Aotearoa.

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Key terms

To guide the reader, key terms used frequently are defined below.

Addiction: the continuum of harms associated with substance use, gambling and other behaviours. Harms range from less harmful to severely harmful and may affect physical, mental, spiritual, and whānau wellbeing, as well as wider social functioning. In nursing practice in Aotearoa New Zealand (Aotearoa), understanding addiction as a continuum acknowledges both individual and collective impacts, aligns with holistic Māori models of health, and supports culturally responsive, person- and whānau-centred approaches.

Addiction nurse: a registered nurse, designated nurse prescriber or nurse practitioner specialising in working with tāngata whai ora, whānau and communities impacted by addiction.

Co-existing problems: more than one health issue occurring at the same time. Can include mental health challenges, substance use issues, gambling harm, physical health and social problems.

Culture: refers broadly to the shared attitudes, beliefs, values, and experiences that shape the worldview and practices of groups. Culture can be based on shared ethnicity (eg Māori, Tongan, Chinese), faith and spiritual beliefs (eg traditional Māori spirituality, Christianity, Islam), or shared identity (eg Rainbow communities, deaf culture, youth culture, recovery culture and sub-cultures based on substance use).

Tāngata whai ora: people seeking support to address addiction related challenges, or addiction and other mental health challenges. The singular form tangata whai ora: person seeking support, is used to refer to an individual person.

Whānau: an inclusive term for family, the collective someone may affiliate or belong to, and anyone who tāngata whai ora consider to be close to them or important in their lives.

About the Aotearoa New Zealand Addiction Nursing Standards

These Aotearoa New Zealand Addiction Nursing Standards (Addiction Nursing Standards) describe the values, attitudes, knowledge, and skills required by registered nurses specialising in working with tāngata whai ora, whānau, groups and communities impacted by addiction.

Addiction nursing is a specialised area of practice in Aotearoa that builds on the national standards for all nurses (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025) and specific standards for mental health nursing (Te Ao Māramatanga New Zealand College of Mental Health Nurses, 2012). Addiction nursing practice emphasises collaborative partnerships and supports people, whānau and communities impacted by addiction. Grounded in concepts of compassion, caring and therapeutic relationships, addiction nursing is holistic and culturally responsive, addressing the needs and recognising the strengths of individuals, whānau, groups, and communities. Addiction nurses practice in a range of services and settings.

The Addiction Nursing Standards reflect the Aotearoa context and describe up-to-date, evidence-informed addiction nursing practice. They are guided by Te Tiriti o Waitangi principles.

The Standards are made up of:

- › **values and attitudes:** providing a foundation for addiction nursing
- › **six pou:** each pou contains a defined standard and a set of descriptors that outline what addiction nurses are expected to know and do to meet the standard. The descriptors are organised into topics and set at three levels: Competent, Proficient, Expert.

The pou directly align to those outlined in *Standards of Competence for Registered Nurses* (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025).

Values

Respect
Manaaki
Hope
Kotahitanga
Wellbeing
Whanaungatanga

Attitudes

Compassionate
Genuine
Honest
Open-minded
Optimistic

The pou



Māori health



Cultural safety



**Whanaungatanga
and communication**



**Pūkengatanga and
evidence-informed
addiction nursing
practice**



**Manaakitanga and
people-centred
care**



**Rangatiratanga
and leadership**

Who are the Addiction Nursing Standards for?

The Addiction Nursing Standards are for registered nurses, designated nurse prescribers and nurse practitioners who specialise in working with tāngata whai ora, whānau, groups and communities impacted by addiction.

They outline what is expected of addiction nurses and are intended to guide professional development to support provision of high-quality addiction nursing care.

The Addiction Nursing Standards also describe the addiction nursing specialty pathway, setting out levels of practice and expectations about the requirements for nurses to enter and progress within the addiction nursing specialty.

Addiction nurses can use these Addiction Nursing Standards to guide their professional development, including meeting requirements of professional development recognition programmes (PDRPs).

The Addiction Nursing Standards provide a key reference for:

- › **educators, trainers and supervisors** supporting nursing education and practice development within the addiction specialty to assist with professional training and development
- › **leaders, clinical supervisors, managers and employers** of nurses working in the addiction specialty to assist with role design, recruitment, retention and workforce support
- › **tāngata whai ora and whānau** to assist with understanding the skills and expertise expected of addiction nurses
- › **addiction practitioners and others working in the addiction area** to assist with understanding what addiction nurses are expected to know and do.

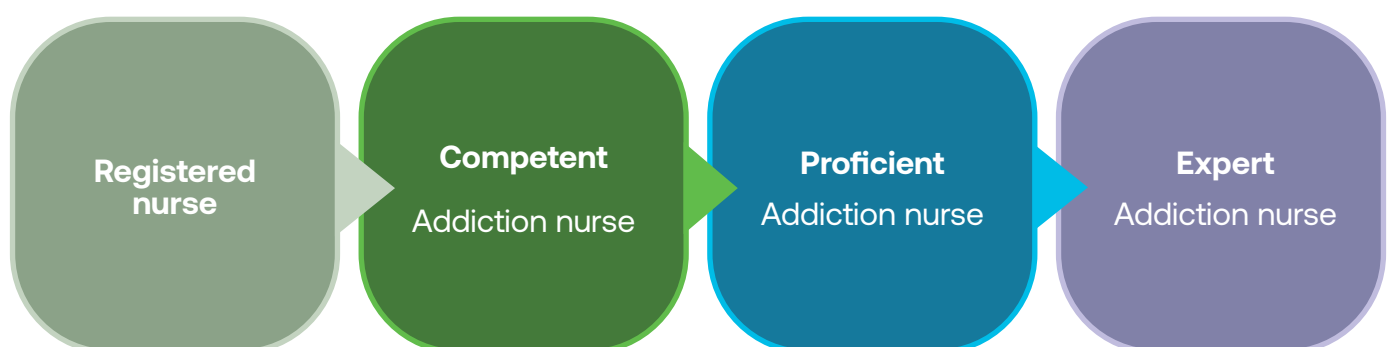
These Addiction Nursing Standards provide a useful reference for nurses who are not addiction nurses who are seeking to develop their knowledge and skills in working with tāngata whai ora and whānau, groups and communities impacted by addiction.

The addiction nursing specialty pathway

The addiction nursing specialty pathway includes three progressive levels: Competent, Proficient, and Expert. The Competent level marks the entry into the addiction specialty, building on the *Standards of Competence for Registered Nurses* (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025).

Each subsequent level builds on the previous level, reflecting increasing depth and breadth of practice. The levels align with PDRP framework defined by Nurse Executives New Zealand (2017).

Figure 1. Addiction nursing specialty pathway



Practice expectations for each level of the addiction nursing specialty pathway are outlined below.

Competent addiction nurse: addiction nurses practising at the competent level are developing and consolidating the values, attitudes, knowledge and skills required for practising in the addiction specialty. They practice across the spectrum of addiction care to support wellbeing and recovery for tāngata whai ora, whānau, groups, networks and communities. Competent addiction nurses typically practice within a team or service context, supporting comprehensive addiction and mental health assessment and care processes, and referring appropriately when further expertise and resources are needed.

Proficient addiction nurse: a proficient addiction nurse practices in a variety of settings to provide or facilitate comprehensive addiction assessments, planning and care for tāngata whai ora and whānau experiencing complex addiction and related issues, including co-existing problems. They collaborate with and support groups, networks and communities focused on recovery and wellbeing. A proficient addiction nurse contributes to addiction related learning for colleagues and provides clinical advice and role models best practice within the addiction specialty. They contribute to quality improvements and initiatives in the practice setting and influence addiction nursing practice and support systems, particularly at local and regional levels.

Expert addiction nurse: an expert addiction nurse provides leadership and is recognised as an expert within the addiction nursing specialty. They provide addiction nursing care in unpredictable challenging and/or complex situations. In addition, they provide clinical learning opportunities for colleagues, contribute to addiction nursing knowledge and demonstrate innovative practice. Expert nurses initiate and guide quality improvement activities and changes in the practice setting. They influence and advocate for addiction nursing within the health sector. Expert addiction nurses advocate for services and initiatives to meet the needs of tāngata whai ora and whānau impacted by addiction. They provide input into relevant policy at local, regional and national levels.

Nursing roles with the addiction nursing specialty pathway

Along with the registered nurse role, the Addiction Nursing Standards are also for the following roles.

Designated nurse prescribers: working within the addiction specialty meet the education and competency requirements specific to the designated registered nurse prescriber role. They work to achieve addiction specialty standards at the expert level, commensurate with their education and experience.

Nurse practitioners: working within the addiction specialty, they meet education and competency requirements specific to the nurse practitioner scope of practice. They will meet the descriptors at a level commensurate with their education and experience in the addiction specialty.

Advanced nursing roles: addiction nurses may work in a range of advanced nursing roles and in diverse practice settings. Advanced practice involves using highly developed clinical skills and judgement, built on nursing experience, postgraduate education (typically at masters level), research, and knowledge from nursing and health sciences. These foundations guide and support the decisions and actions taken in practice. Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Examples of advanced nursing roles are clinical nurse specialists, nurse educators, nurse consultants and other roles defined within service settings. Nurse practitioners are also part of this group.

Addiction nursing specialty education, training and other learning options

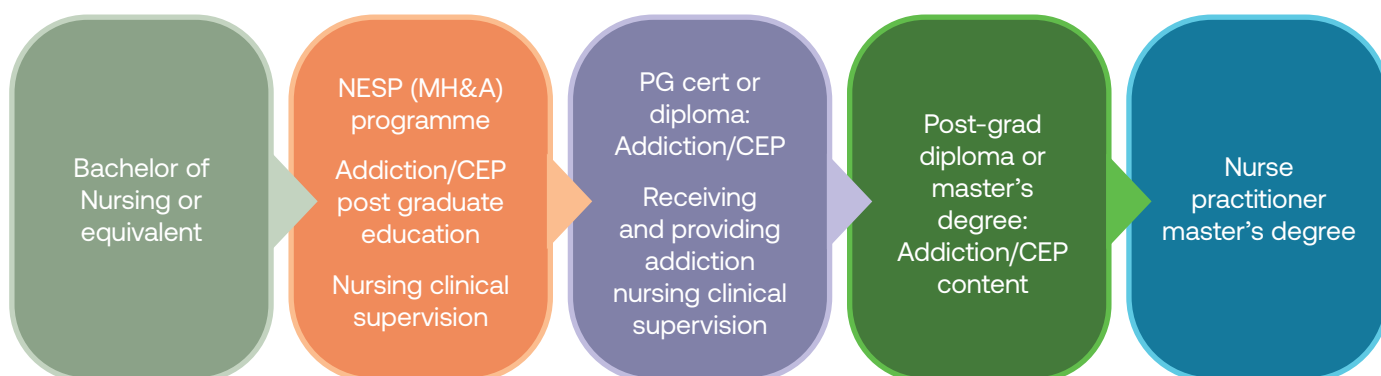
Addiction nurses develop the knowledge and skills required to begin and progress practice within the addiction specialty in a range of ways.

Options for those in the early stages of addiction nursing practice (0 to 3 years) include learning via practice experience and participation in addiction nursing clinical supervision, combined with addiction related study. Examples of study options include the New Entry to Specialist Practice (NESP) programme (mental health and addiction) and study towards a post-graduate certificate (PG cert) addiction/co-existing problems (CEP).

Nurses choosing to progress within the addiction specialty typically undertake further formal study to complete qualifications such as a PG cert, diploma or master's degree programmes focused on addiction and CEP. They also gain speciality knowledge and skills via practice experience, participation in addiction clinical supervision (receiving and providing) and addiction/CEP related research and special projects.

Figure 2 shows a typical progression of learning options, though this is not definitive.

Figure 2. Addiction nursing education, training and other learning options



Relationship to other nursing requirements and relevant practice frameworks

The Addiction Nursing Standards reflect the essence and intentions of the *Standards of Practice for Mental Health Nursing in Aotearoa New Zealand* (Te Ao Māramatanga, 2021) which define expected practice outcomes and attributes (knowledge, skills and attitudes) applicable to all nurses specialising in mental health and addiction, in any practice setting.

The Addiction Nursing Standards build on the knowledge and skills described in *Keeping it Real | Kia Pono te Tika* (Te Pou, 2025b). This is a framework that describes the shared values, attitudes, knowledge and skills required for supporting tāngata whai ora and whānau experiencing addiction and/or mental health challenges. All addiction nurses are expected to reflect the essential and enhanced levels of *Keeping it Real | Kia Pono te Tika*. The Addiction Nursing Standards expand on these and the leadership level of *Keeping it Real | Kia Pono te Tika*. Many of the indicators from the Real Skills are also reflected in the competent and proficient levels of the pou in the Addiction Nursing Standards.

In addition, the Addiction Nursing Standards are consistent with *Real Skills Plus ICAMH | AOD Competency Framework* (Whāraurau, 2024) and the *dapaanz Addiction Intervention Competency Framework* (Addiction Practitioners' Association Aotearoa New Zealand, 2011).

Te Tiriti o Waitangi

Te Tiriti o Waitangi sets the context for addiction nursing in Aotearoa, to demonstrate commitment to Te Tiriti o Waitangi and support improved health outcomes and equity for Māori.

Its principles are foundational to the Addiction Nursing Standards and are reflected in each pou. Addiction nurses apply the following principles in their practice.

- › Tino rangatiratanga (self-determination): supporting Māori self-determination and mana motuhake in all aspects of practice.
- › Mana taurite (equity): contributing to equitable health outcomes for Māori.
- › Whakamarumarutia (active protection): building their professional capability and the capability of tāngata whai ora, whānau, services and communities to support wellbeing and freedom from addiction related harm.
- › Kōwhiringa (options): providing and promoting culturally effective service and support options.
- › Pātuitanga (partnership): encouraging and supporting development of effective partnerships with Māori at all levels of design and delivery of nursing care.¹

Equity

Equity is recognised as a key driver in the provision of health services in Aotearoa. Equity recognises different people with different levels of advantage require different approaches and resources to achieve equitable outcomes. Inequity is avoidable, unfair and unjust (Ministry of Health, 2019). Nurses have a key role in advocating for equitable health care, particularly when working with marginalised groups such as tāngata whai ora and whānau impacted by addiction.

Achieving equitable health outcomes for Māori as a population group with identified high health needs is paramount in addiction nursing. Te Tiriti o Waitangi principles provide a foundation for addiction nursing practice. They are referenced in the Registered Nurse Scope of Practice | Tapuhi kua rēhitatia² and in these Addiction Nursing Standards. There is growing recognition of the need to lift responsiveness to other populations with identified high health needs. Examples include, but are not limited to, Pacific peoples, disabled people (tāngata whaikaha), people from refugee-backgrounds and rainbow populations (Minister of Health, 2024).

In addiction nursing practice, recognising and supporting populations with identified high health needs is essential to achieving equitable health outcomes. This involves providing culturally safe, respectful, and affirming care that acknowledges the unique health needs and experiences of discrimination and disadvantage faced by these populations.

Key concepts and approaches in addiction nursing

Below are key concepts and approaches essential to the provision of addiction nursing within the Aotearoa context that are described in Appendix A and referenced throughout the Addiction Nursing Standards.

- › Mana-enhancing and mana-protecting addiction nursing practice.
- › Cultural safety.
- › Harm reduction.
- › Recovery.
- › Recovery capital.
- › Trauma-informed principles.
- › Challenging discrimination in the context of addiction.
- › Whānau inclusive care.

¹ Adapted from Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand (2023) and Health New Zealand (2024).

² See https://nursingcouncil.org.nz/Public/NCNZ/nursing-section/Registered_nurse.aspx

The Addiction Nursing Standards

Values and attitudes

Addiction nursing practice reflects the values and attitudes of Keeping it Real | Kia Pono Te Tika, outlined below. These values and attitudes apply to all in the Aotearoa health workforce regardless of context, organisation, role, or profession. They have been developed collaboratively by tāngata whai ora, whānau, people with cultural knowledge and health professionals, to support positive healthcare experiences and improved health outcomes.

Values

Values guide our actions and are at the core of all health relationships. By embodying these shared values, nurses and services can enable better experiences and outcomes for tāngata whai ora and whānau.

Respect: we respect tāngata whai ora and whānau, their worldviews, values and the choices they make. We believe respect is fundamental to all human relationships. We understand respect as a right.

Manaaki: we support, care for, tend to and show generosity to others in all that we do. We seek to uphold the dignity and protect and enhance the mana of others through our work. We take time to know people and what is important to them, and to establish positive and authentic relationships.

Hope: we believe that hope is fundamental to wellbeing, and that a life that has meaning and value for the person is always possible. We support people to have hope.

Kotahitanga: we work together in unity and with a common purpose to promote wellbeing. We weave together the rich diversity of our perspectives, acknowledging the work of those who have come before us, to enhance our collective effectiveness.

Wellbeing: we focus on wellbeing, encompassing all dimensions of health: tinana (physical), hinengaro (mental and emotional), whānau (social) and wairua (spiritual).³ We work to understand tāngata whai ora perspectives of wellbeing.

Whanaungatanga: we believe that a sense of connection and belonging is fundamental to wellbeing. We prioritise being in relationship with people and support their relationships with others, to enhance a sense of belonging for all. We value communities and connections to communities.

Attitudes

Attitudes shape our interactions with others. They can have a powerful and immediate impact. They reflect what tāngata whai ora and whānau want to experience when they interact with the health workforce and health services.

Compassionate: welcoming, supportive, caring, kind, sensitive, empathetic, understanding, patient, flexible, validating, and empowering.

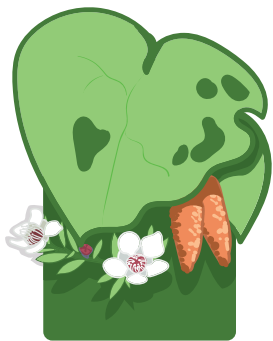
Genuine: authentic, warm, self-aware, and have aroha and a sense of humour.

Honest: have integrity, professional, accountable, reliable, responsible, direct, and trustworthy.

Open-minded: accepting, non-discriminatory, culturally responsive, respectfully curious, and inclusive.

Optimistic: positive, encouraging, inspiring, enthusiastic, purposeful, innovative, creative, resilient, and hopeful.

³ Durie (1994).



Pou one: Māori health

Addiction nurses contribute to tino rangatiratanga, mana taurite (equity), hauora and whānau ora for tāngata whai ora, whānau and hapori Māori impacted by addiction.

| Competent | Proficient | Expert |
|--|---|---|
| Ongoing learning to support Māori impacted by addiction | | |
| <p>Engages in ongoing learning to develop understanding of how to apply the principles and articles of Te Tiriti o Waitangi in addiction nursing practice⁴</p> <p>Respectfully demonstrates openness and curiosity to develop and deepen understanding of Māori models and approaches to addiction, recovery and wellbeing</p> <p>Accesses Māori cultural supervision and support</p> | <p>Models ongoing learning to integrate Te Tiriti o Waitangi principles and articles in practice</p> <p>Models respectful continuous learning to deepen understanding of Māori models and approaches to addiction, recovery and wellbeing</p> <p>Guides nursing students and other nurses to support learning related to integrating Te Tiriti o Waitangi principles and articles into practice</p> | <p>Provides leadership within the addiction nursing specialty and the broader health sector to support ongoing learning about the principles and articles of Te Tiriti o Waitangi</p> <p>Provides leadership to enable addiction nurses to engage in ongoing learning about Māori models and approaches to addiction, recovery and wellbeing</p> |
| Health equity for Māori impacted by addiction | | |
| <p>Recognises and works to address barriers that prevent tāngata whai ora and whānau Māori from accessing addiction support in the practice setting (eg recognises that whakamā can be a barrier to accessing services)</p> <p>Respects and upholds self-determination and autonomy for tāngata whai ora and whānau Māori within the context of healing, recovery, and wellbeing</p> <p>Advocates within the practice context for accessible and responsive approaches tailored to Māori</p> | <p>Advocates for adequate provision of Kaupapa Māori addiction approaches and services at the local and regional level</p> | <p>Provides leadership to build capacity within the addiction nursing specialty to support equity of health outcomes for Māori</p> <p>Works to address barriers that prevent tāngata whai ora and whānau Māori from accessing addiction and other support nationally, across addiction and other sectors</p> <p>Advocates for adequate provision of Kaupapa Māori addiction approaches and services at the national level</p> |

⁴ For further guidance see Te Rau Ora, the National Centre for Māori Health, Māori Workforce Development and Excellence. See <https://terauora.com/>

| Competent | Proficient | Expert |
|--|--|--|
| Social determinants of health | | |
| <p>Demonstrates awareness of how wider determinants of health, both historical and current, impact recovery and wellbeing for tāngata whai ora and whānau Māori</p> <p>Models practice that respects the importance of identity as Māori to the recovery and wellbeing of tāngata whai ora and whānau Māori</p> <p>Works to account for and address the needs of whānau Māori arising from colonisation and cultural alienation (eg supports tāngata whai ora to reconnect with Māori culture and whānau to support recovery from addiction and whānau ora)</p> <p>Respects the importance of identity as Māori to the recovery and wellbeing of tāngata whai ora and whānau ora Māori⁵ (eg reflects on own practice to avoid imposing non-Māori models of care)</p> <p>Supports the strengths of tāngata whai ora, whānau and hapori Māori, inspiring hope for recovery from addiction</p> <p>Demonstrates understanding of the wide range of possible effects of intergenerational trauma on tāngata whenua and the interface with addiction</p> <p>Supports whānau Māori to access Māori-led and Māori-responsive services and options that optimise cultural linkages and whānau connectedness, according to their choices, to support recovery from addiction and trauma</p> | <p>Models practice that supports tāngata whai ora and whānau Māori to build recovery capital</p> | <p>When working with tāngata whai ora and whānau Māori, provides leadership to support addiction nurses to understand and account for wider determinants of health, colonisation and cultural alienation</p> |

⁵ Adapted from Durie, 2003. See Glossary for definition of whānau ora

| Competent | Proficient | Expert |
|---|--|--|
| Te reo and tikanga Māori | | |
| <p>Follows the lead of tāngata whai ora and whānau in use of te reo and tikanga within the practice context</p> <p>Works to ensure whānau Māori can engage with addiction support and services in ways that work for them</p> <p>Engages in ongoing learning to develop and deepen own understanding of te reo and tikanga Māori to support effective addiction practice</p> <p>Respects Māori colleagues' use of te reo and tikanga Māori</p> | <p>Engages in kōrero with local marae, hapū and iwi to support ongoing learning about te reo and tikanga to support continuous improvement within addiction practice</p> <p>Models respect for Māori colleagues' use of te reo and tikanga Māori</p> | <p>Provides leadership and advocacy to ensure whānau Māori can engage with addiction support and services in ways that work for them</p> <p>Develops meaningful and enduring relationships with Māori leaders to support continuous development in use of te reo and tikanga within addiction nursing practice</p> <p>Provides leadership and support so that Māori addiction nurses are able to practice in a way that is consistent with being Māori (as determined by them)</p> |
| Wairuatanga | | |
| <p>Demonstrates respect for Māori spiritual practices and their importance in recovery from addiction (eg asks about wairua during assessment)</p> <p>Follows the lead of tāngata whai ora and whānau to integrate concepts of Māori spirituality in practice</p> <p>Seeks appropriate support as needed to integrate concepts of Māori spirituality in practice</p> | <p>Models respect for Māori spiritual practices in relation to recovery from addiction</p> | <p>Advocates for resources that support Māori-led and Māori-responsive options and processes to meet the wairua needs of tāngata whai ora and whānau Māori impacted by addiction</p> <p>Advocates for access to Māori cultural supervision for Māori addiction nurses</p> |
| Hauora Māori | | |
| <p>Respectfully applies and integrates Māori models and perspectives of hauora in addiction nursing practice</p> <p>Supports whānau Māori to access traditional Māori healing resources to support their recovery from addiction, if they wish to (eg rongoā Māori)</p> <p>Develops understanding of the interaction between Māori healing practices and other approaches to support whānau ora (including recovery from addiction)</p> <p>Shares information about the interaction between Māori healing practices and other interventions with tāngata whai ora, whānau and others involved</p> <p>Supports tāngata whai ora to access the natural environment (eg whenua, maunga, awa, moana and ngahere) according to their needs and preferences</p> | <p>Models respectful integration of Māori models and perspectives of hauora in addiction nursing practice</p> <p>Demonstrates in-depth understanding of the interaction between Māori healing practices and other approaches to recovery from addiction</p> <p>Contributes to development of information about the interaction between Māori healing practices and other interventions with tāngata whai ora, whānau and others involved</p> | <p>Promotes and provides for processes and practices that meet Māori cultural requirements (eg Māori models of hauora and wellbeing)</p> |



Pou two: cultural safety

Addiction nurses provide care that is culturally safe, responsive to the needs and aspirations of diverse groups, and contributes towards equitable health outcomes.

| Competent | Proficient | Expert |
|---|---|---|
| Culturally safe addiction nursing | | |
| <p>Practises culturally safe addiction care as defined by tāngata whai ora and whānau (eg accounts for own biases, cultural assumptions and power, and the impact these may have on interactions with tāngata whai ora and others)</p> <p>Advocates for culturally safe addiction care within the service context</p> <p>Accesses and uses culturally specific resources and services to support recovery from addiction</p> <p>Understands and works to eliminate barriers to accessing addiction related support (eg provides information tailored to the person's needs; takes time and checks understanding for tāngata whaikaha, older people and people for whom English is not their first language)</p> | <p>Models culturally safe practice (eg demonstrates respect for collectivist cultural values)</p> <p>Supports others to practise culturally safe care in the addiction context</p> <p>Advocates for practices that are culturally safe and effective for all groups</p> <p>Respectfully collaborates with tāngata whai ora, whānau and others to integrate cultural perspectives and practices into nursing care</p> <p>Models ongoing learning to support culturally safe practice</p> <p>Models and supports others to provide addiction nursing care that integrates evidence-informed age and gender responsive practices</p> | <p>Leads and develops systems to ensure culturally safe addiction nursing practice</p> <p>Advocates for culturally safe practice within the addiction sector, the wider health sector and across other sectors and services</p> <p>Advocates for and contributes to the development of partnerships and collaborative models of care to enable culturally safe and effective nursing practice for all groups</p> <p>Provides addiction nursing leadership in diverse settings</p> <p>Collaborates with others to develop gender responsive addiction models of care and practices</p> |

| Competent | Proficient | Expert |
|--|---|---|
| Diversity | | |
| <p>Demonstrates respect for diverse worldviews and perspectives of addiction, recovery and wellbeing (eg asks open-ended questions about what addiction and recovery mean to tangata whai ora and their whānau)</p> <p>Engages in ongoing learning about culturally informed beliefs and practices relevant to addiction in order to support safety and recovery for diverse population groups such as Pacific peoples,⁶ Asian peoples, rainbow communities, other migrant communities, tāngata whaikaha, people from refugee backgrounds (eg learns about Pacific cultural models such as Fonofale, Ūloa,⁷ Talanoa, Tivaevae)</p> <p>Demonstrates understanding of prevalence of addiction for diverse population groups</p> <p>Develops practice to provide addiction nursing care that is gender responsive and responsive to tāngata whai ora across different stages of life (like pregnancy, infancy, childhood, youth,^{8 9} adulthood and older age)¹⁰</p> <p>Ensures practice reflects tāngata whai ora perspectives of addiction, recovery and wellbeing</p> <p>Tailors evidence-based addiction approaches and therapies to respond to culture, gender identity, gender expression, sexuality disability and across the lifespan, engaging support as needed</p> | <p>Supports others to tailor addiction approaches and therapies to culture, gender identity, gender expression, sexuality, age and disability</p> | <p>Contributes to development of addiction approaches and therapies that are tailored to respond effectively at the interface with culture, gender identity, gender expression, sexuality, disability and across the lifespan</p> |

6 Le Va provides Engaging Pasifika, New Zealand's national Pasifika cultural competency training programme, for further information see <https://www.leva.co.nz/training-education/engaging-pasifika/>

7 Vaka et al. (2022).

8 Whāraurau provides training and support to the infant, child, adolescent and youth mental health and alcohol and other addictions sector. See <https://www.wharaurau.org.nz/>

9 See Matua Raki (2017).

10 See for example <https://www.tepou.co.nz/resources/more-skills-for-working-with-older-people-in-mental-health-and-addiction-services/working-alongside-alongside-t%C4%81ngata-whai-ora>

| Competent | Proficient | Expert |
|---|--|--|
| Diversity - continued | | |
| Develops relationships with diverse groups and networks to support addiction recovery and wellbeing | Engages in partnership with diverse groups and networks to support addiction recovery and wellbeing | Provides leadership to initiate, support and maintain effective partnerships with diverse groups to support addiction recovery and wellbeing (eg Pacific groups and networks) |
| Equity and intersectionality | | |
| <p>Considers and accounts for social and cultural determinants that impact wellbeing for tāngata whai ora, whānau and communities impacted by addiction</p> <p>Recognises and works to address health inequity for populations with high health need such as Māori, Pacific peoples, tāngata whaikaha, people from refugee-backgrounds and rainbow populations (eg builds relationships with health and social service providers to share knowledge and skills and strengthen referral networks)</p> <p>Engages with tāngata whai ora, whānau, colleagues and communities to understand experiences of inequity, racism, discrimination against rainbow communities, ageism and intersectionality</p> <p>Demonstrates understanding of the impacts of structural stigma and racism in the addiction context</p> | <p>Engages with communities known to experience health inequity and disadvantage to understand their aspirations, worldviews, and requirements to address barriers to accessing effective addiction support</p> <p>Advocates for measures to recognise and address structural stigma and racism in the addiction context</p> | <p>Leads meaningful engagement with communities known to experience health inequity and disadvantage to understand their aspirations, worldviews, and requirements to address barriers to accessing effective addiction support</p> <p>Promotes use of addiction related quality, research and evaluation approaches that are informed by an equity perspective (eg challenges addiction policy and procedures that support mono-cultural views, and views that people have a singular identity)</p> |

| Competent | Proficient | Expert |
|--|--|--|
| Addiction related discrimination | | |
| <p>Demonstrates understanding of the prevalence and impact of stereotyping, prejudice and discrimination on tāngata whai ora, whānau, services and communities impacted by addiction</p> <p>Works to develop awareness of own beliefs about addiction that may lead to discriminatory behaviour</p> <p>Promotes and models social inclusion and affirmative attitudes in relation to tāngata whai ora and whānau (eg speaks respectfully and positively about tangata whai ora strengths when working with other services)</p> <p>Advocates for the elimination of discrimination relating to addiction and mental health challenges</p> <p>Supports self-advocacy for tāngata whai ora and whānau</p> <p>Demonstrates understanding of evidence-informed approaches to addressing addiction and mental health-related prejudice and discrimination</p> <p>Develops skills in supporting tāngata whai ora and whānau to challenge and manage the impacts of self-stigma and associative stigma (eg shares evidence-informed tools and strategies)</p> <p>Promotes understanding of self-stigma with colleagues and others</p> <p>Uses language that promotes wellbeing (eg promotes acceptance, respect, hope; conveys uniqueness in relation to people, their qualities, histories and circumstances)</p> <p>Checks on acceptability of language with tangata whai ora and whānau</p> <p>Respects people's right to label themselves (eg disabled person, person in recovery)</p> | <p>Supports others to recognise and address discrimination related to addiction and mental health challenges</p> <p>Promotes the positive aspects of working in the addiction nursing specialty</p> <p>Models practice that supports tāngata whai ora and whānau to challenge and manage the impacts of self-stigma and associative stigma</p> <p>Models use of language that promotes wellbeing</p> <p>Contributes to development of policies, processes and documentation methods that use affirmative, strengths-based, inclusive and non-discriminatory language</p> | <p>Provides leadership to support elimination of prejudice and discrimination related to addiction and mental health challenges</p> <p>Promotes the addiction nursing speciality in regional and national forums</p> <p>Provides education to support nurses to develop skills in challenging and addressing the impacts of self-stigma and associative stigma</p> <p>Champions and leads development of policies, processes and documentation that uses language that is affirmative, strengths-based, inclusive and non-discriminatory</p> |



Pou three: whanaungatanga and communication

Addiction nurses build therapeutic relationships and use context-appropriate communication to foster shared understanding of addiction, recovery, and wellbeing.

| Competent | Proficient | Expert |
|--|--|--|
| <p>Takes time to know and connect with tāngata whai ora and whānau</p> <p>Works to develop understanding of tāngata whai ora and whānau experiences of addiction and their aspirations, strengths and needs</p> <p>Conveys hope for recovery and wellbeing</p> <p>Develops understanding and applies theories about motivation, engagement and therapeutic relationships to develop and maintain effective therapeutic relationships with a diverse range of tāngata whai ora</p> <p>Uses effective communication and interpersonal skills with a diverse range of people in the addiction context</p> <p>Understands professional boundaries and their importance in therapeutic relationships (eg identifies the purpose and limits of the therapeutic relationship)</p> <p>Consistently maintains professional boundaries to enhance mana and promote safety, trust, and respect (eg maintains non-judgmental interactions with tāngata whai ora and whānau when relapse occurs)</p> <p>Develops understanding of potential conflict situations and supporting resolution of conflict in the context of addiction treatment (eg conflicting views of recovery; conflicting views on appropriate goals and care plans)</p> | <p>Models effective whanaungatanga and rapport building to develop understanding of tāngata whai ora and whānau experiences of addiction and their aspirations, strengths and needs</p> <p>Develops and maintains effective therapeutic relationships with tāngata whai ora and whānau experiencing complex addiction and other related challenges</p> <p>Models effective use of boundaries in therapeutic relationships and supports colleagues to establish and maintain boundaries</p> <p>Models effective negotiation, conflict resolution and delegation skills to enhance working relationships within teams and across care settings</p> <p>Models effective participation in clinical decision-making within teams and across care settings</p> | <p>Supports addiction nurses and other professionals to demonstrate whanaungatanga and rapport building with tāngata whai ora and whānau experiencing complex addiction related challenges</p> <p>Supports others to maintain effective therapeutic relationships with tāngata whai ora and whānau experiencing complex addiction and other related challenges</p> <p>Provides leadership to support positive outcomes in conflict situations that arise within teams and across care settings in the addiction sector and intersectoral contexts</p> <p>Leads clinical decision-making processes within teams and across diverse settings</p> |

| Competent | Proficient | Expert |
|--|------------|--------|
| <p>Uses effective communication strategies to present and support the views of tāngata whai ora and whānau in decision-making processes (eg in inter-professional teams)</p> <p>Participates effectively in clinical decision-making within teams and across care settings (eg shares clinical observations and assessment findings that help inform the team's understanding)</p> <p>Communicates addiction related information and provides education that is accessible, and appropriate to age and culture</p> | | |



Pou four: pūkengatanga and evidence-informed addiction nursing practice

Addiction nurses work in a spirit of kotahitanga with tāngata whai ora, whānau, colleagues and others to assess needs, support informed decisions, and deliver evidence-informed, effective, and empowering care.

| Competent | Proficient | Expert |
|--|--|--|
| Foundations of addiction nursing | | |
| <p>Recognises that addiction encompasses a continuum of use, behaviour and harm</p> <p>Understands addiction in the context of holistic wellbeing encompassing tinana (physical), hinengaro (mental and emotional), whānau (social) and wairua (spiritual) dimensions</p> <p>Recognises a range of common co-existing physical and mental health challenges that people can experience alongside addiction</p> <p>Recognises and understands a range of addiction related challenges that people can experience across the lifespan</p> <p>Understands the interplay between addiction, mental health, physical health and social determinants of health</p> <p>Recognises the prevalence and impact of trauma and adversity related to addiction</p> <p>Develops and maintains knowledge of psychological and physical effects of substances (including new psychoactive substances), patterns of use and associated harms</p> <p>Develops understanding of the neurobiology of addiction</p> <p>Demonstrates understanding of concepts of recovery, recovery capital and wellbeing</p> | <p>Maintains in-depth knowledge of psychological and physical effects of substances (including new psychoactive substances), patterns of use and associated harms</p> <p>Demonstrates in-depth understanding of the neurobiology of addiction</p> <p>Models critical thinking about the role of classification systems, including potential value and harms associated with application of such systems in practice</p> <p>Contributes to research and development of appropriate knowledge and tools to guide addiction nursing practice</p> <p>Supports others to develop and maintain the foundational knowledge of addiction required for effective addiction nursing practice</p> | <p>Provides leadership to support dissemination of up-to-date foundational knowledge of addiction across the addiction nursing workforce and services</p> <p>Provides leadership to support addiction nurses to apply critical thinking about the role of classification systems, including potential benefits and harms of such systems</p> <p>Provides leadership to support research and development of appropriate knowledge and tools to guide addiction nursing practice</p> |

| Competent | Proficient | Expert |
|---|------------|--------|
| Foundations of addiction nursing - continued | | |
| <p>Recognises and develops understanding of recommended addiction and mental health classification systems and diagnostic criteria¹¹</p> <p>Describes key approaches including whānau ora, mana enhancing practice, strengths-based practice, whānau inclusive practice, motivational models</p> <p>Describes core psychosocial approaches to addressing addiction including individual, whānau, group therapy, and self/mutual help support systems (eg 12-step fellowships, SMART recovery)</p> <p>Demonstrates understanding of assessment, management, risks and treatment options for physical dependence on substances</p> <p>Demonstrates understanding of prevalence and patterns of addiction at national and local levels</p> <p>Develops understanding of the wider addiction practice context, such as the range of services and structures and their inter-relationships within the Aotearoa addiction sector, locally, regionally and nationally</p> | | |

¹¹ Network of Alcohol and other Drugs Agencies (2020).

| Competent | Proficient | Expert |
|--|--|---|
| Harm reduction and abstinence approaches | | |
| <p>Applies harm reduction principles, approaches and support options (eg provides non-judgmental, evidence-informed care that prioritises safety, autonomy, and dignity for tāngata whai ora, whānau, groups, and communities while supporting access to health services, education, and safer practices)</p> <p>Provides information about local regional and national addiction related groups and services that are harm reduction focused (eg needle exchange programmes, opioid substitution services, drug checking services)</p> <p>Demonstrates understanding of and provides information about the evidence supporting a harm reduction approach</p> <p>Demonstrates understanding of abstinence approaches to addiction</p> <p>Demonstrates understanding of and provides information about local regional and national abstinence-based groups and services (eg 12-step fellowships, 12-step facilitation-based programmes, residential and community abstinence-based services)</p> <p>Demonstrates understanding of and provides information about the evidence supporting an abstinence approach</p> <p>Recognises that harm reduction and abstinence approaches are not necessarily exclusive of each other and can be part of the same recovery journey, depending on needs, values, and stage of change (eg tāngata whai ora may choose to abstain from a substance that is causing them harm and choose to continue using a substance that they do not find harmful)</p> | <p>Supports colleagues to apply harm reduction principles, approaches and support options</p> <p>Contributes nursing knowledge to support development of harm reduction and abstinence focused information and service development</p> <p>Educates others on the evidence base for harm reduction principles, approaches and support options</p> | <p>Provides leadership and education within nursing and the broader health sector to support understanding and application of addiction harm reduction principles, approaches and support options</p> <p>Actively engages with key stakeholders including service users, CPSLE workforce (consumer, peer support, lived experience) and networks to formulate strategies to reduce the harm from addiction and promote community well-being</p> |

| Competent | Proficient | Expert |
|---|---|---|
| Screening, brief intervention and referral | | |
| <p>Selects, applies and interprets a range of evidence-based screening tools to assist in identifying the presence and severity of harms from tobacco, other substance use, gambling, other behaviours and health related challenges</p> <p>Identifies and incorporates strengths and protective factors in screening and brief intervention processes</p> <p>Provides information, advice and support, including referral to other services and information on self-directed care, tailored to the strengths and needs of tangata whai ora and appropriate to their context and the practice context</p> <p>Engages whānau in health services to support their wellbeing (eg providing information, strategies and referral to relevant services and support)</p> | <p>Supports others to select, apply and accurately interpret a range of evidence-based screening tools to assist in identifying the presence and severity of harms from tobacco, other substance use, gambling, other behaviours and health related challenges</p> | <p>Leads and initiates innovation related to screening, brief intervention and referral</p> |
| Assessment, planning and provision of nursing care | | |
| <p>Undertakes comprehensive assessment (including of risk), formulation of differential diagnosis, tailored care planning, risk management, and discharge planning for tāngata whai ora experiencing addiction and co-existing issues</p> <p>Demonstrates ability to identify, assess and support tāngata whai ora to address specific risks associated with substance use (eg intoxication, overdose, withdrawal symptoms, metabolic effects, substance toxicity, infection, risks associated with injecting substances and other health issues)</p> <p>Uses recommended evidence-based assessment methods and tools</p> <p>Initiates and interprets routine diagnostic tests and procedures in accordance with scope of practice</p> <p>Identifies and works to address barriers that prevent tāngata whai ora and whānau from accessing support and services</p> | <p>Supports others to develop knowledge and skills related to assessment, care planning and provision of addiction nursing care</p> <p>Understands the role of relevant diagnostic tests and procedures; initiates and interprets a range of diagnostic tests and procedures where this is supported by organisational policy and supervision arrangements</p> <p>Supports others to develop skills in risk identification and respectful, collaborative safety planning</p> <p>Takes a leadership role within health care and cross-sector teams to provide effective support to tāngata whai ora and whānau in situations of high risk and crisis</p> <p>Provides addiction related clinical advice to other professionals and services</p> | <p>Leads care planning for tangata whai ora requiring complex care co-ordination</p> <p>Provides mentoring and leadership for others in developing core clinical skills and psychosocial interventions</p> <p>Applies advanced clinical reasoning and judgement to provide assessment, treatment planning and care for tāngata whai ora experiencing complex addiction and co-existing issues</p> <p>Provides addiction nursing expertise along the care continuum through autonomous and collaborative practice, across a wide range of settings</p> <p>Prescribes medications in alignment with professional designation, authority, area and scope of practice</p> |

| Competent | Proficient | Expert |
|---|--|---|
| Assessment, planning and provision of nursing care - continued | | |
| <p>Ensures the immediate health needs and concerns of tāngata whai ora and whānau are addressed effectively</p> <p>Supports tāngata whai ora who are feeling unsafe or at risk of suicide</p> <p>Identifies and responds effectively to address any form of abuse including physical, emotional, sexual, financial, neglect, and psychological abuse</p> <p>Recognises that people impacted by addiction and mental health challenges are more likely to face delays in diagnosis and treatment for physical health concerns</p> <p>Demonstrates understanding of the importance of options of assessment and support</p> <p>Participates in collaborative, tailored care planning, including safety and discharge planning</p> <p>Works alongside tāngata whai ora and whānau in a manner that accesses their skills and expertise</p> <p>Facilitates informed choice and supported decision-making in accordance with legislation and standards in a way that is accessible and appropriate to age, culture, and ability of tangata whai ora and whānau</p> <p>Respectfully provides or facilitates access to support for tāngata whai ora who may require additional support to make their own decisions (eg tāngata whaikaha, people with English as a second language, and people who do not have capacity to give consent)</p> <p>Applies New Zealand law, codes of practice and the Gillick principle of competence when working with young people</p> | <p>Supports others to understand and participate in addiction health promotion approaches and initiatives</p> <p>Applies evidence-informed approaches tailored to support the specific health needs of population groups</p> <p>Supports others to apply evidence-informed approaches tailored to support the specific health needs of population groups</p> <p>Demonstrates understanding of the pharmacology and pharmacokinetics of OST</p> <p>Supports others to apply OST best practice guidelines</p> <p>Supports others to develop and maintain strong working relationships with peer support systems and services</p> <p>Supports colleagues to navigate ethical concerns and power related challenges that arise within the context of OST</p> <p>Supports colleagues to reflect on ethical concerns and power related challenges in professional supervision</p> <p>Demonstrates in-depth understanding of the process for compulsory treatment and associated professional roles and responsibilities set out in the Substance Addiction (Compulsory Assessment and Treatment) Act 2017¹²</p> <p>Demonstrates advanced assessment skills required to perform the role of Authorised Officer as defined in Substance Addiction (Compulsory Assessment and Treatment) Act 2017</p> <p>Acts as an authorised officer</p> | <p>Provides consultancy to support tāngata whai ora with complex health needs across diverse settings</p> <p>Prescribes medications in alignment with professional designation, authority, area and scope of practice (eg designated nurse prescriber)</p> <p>Provides leadership to support addiction health promotion initiatives</p> <p>Promotes and provides leadership and education on evidence-informed approaches tailored to support the specific health needs of population groups</p> <p>Promotes OST within the health sector and across sectors</p> <p>Provides input to policy and provides leadership in advocating for the needs of people experiencing opioid addiction and their whānau and other support systems, at local and national levels</p> <p>Educates nurses on the processes, and roles set out in the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 and ethical challenges that can arise within the context and consideration of compulsory treatment</p> <p>Demonstrates advanced assessment skills required to perform approved specialist and responsible clinician roles as defined in Substance Addiction (Compulsory Assessment and Treatment) Act 2017</p> <p>Acts as an approved specialist/responsible clinician, authorised officer and approved specialist</p> |

¹² Note, the Act is often referred to as 'SA(CAT)' see for example, <https://www.health.govt.nz/regulation-legislation/mental-health-and-addiction/substance-addiction-act>

| Competent | Proficient | Expert |
|---|---|--------|
| Assessment, planning and provision of nursing care - continued | | |
| <p>Provides evidence-based talking therapies, whānau inclusive models, and group-based support and therapy matched to the needs and preferences of tāngata whai ora and whānau (eg develops skills in motivational interviewing and seeks out professional development opportunities to further skills in talking therapies)</p> <p>Provides core clinical nursing procedures and care as needed (eg collects and interprets health information such as vital signs, mental status, pain)</p> <p>Provides and facilitates managed withdrawal, stabilisation and reduction regimens, and other pharmacotherapy management (in accordance with scope of practice and best practice guidelines)</p> <p>Provides case management or key worker functions in a team context within scope of practice</p> <p>Works collaboratively across settings with clinical health practitioners and other professionals including cultural workers, CPSLE workers and community support workers to promote integrated care, recovery and wellbeing</p> <p>Develops understanding of and participates in addiction health promotion approaches and initiatives</p> <p>Develops understanding of evidence-based approaches to supporting tāngata whai ora across the lifespan, including (but not limited to):</p> <ul style="list-style-type: none"> › pregnant women and people › parents › children and young people › older people <p>Demonstrates understanding of the effects of substance use on brain development in young people</p> | <p>Supports others to navigate the ethical challenges that can arise within the context of compulsory treatment</p> | |

| Competent | Proficient | Expert |
|--|------------|--------|
| Assessment, planning and provision of nursing care - continued | | |
| <p>Develops understanding of evidence-based approaches to supporting population groups including (but not limited to):</p> <ul style="list-style-type: none"> › Māori › Pacific peoples › Asian peoples › people from rainbow communities › tāngata whaikaha › people involved with the justice system › people from refugee backgrounds <p>Demonstrates awareness of fetal alcohol spectrum disorder (FASD) and how it is diagnosed</p> <p>Respectfully provides information on the impact of alcohol on fetal development and the importance of abstaining from alcohol during pregnancy</p> <p>Understands the evidence base for opioid substitution treatment (OST)</p> <p>Applies OST best practice guidelines</p> <p>Provides information to tāngata whai ora, whānau and other professionals on OST programmes</p> <p>Establishes strong links with peer workers and peer systems, including harm reduction services</p> <p>Works alongside colleagues with lived experience</p> <p>Develops understanding of the process for compulsory treatment and associated professional roles and responsibilities set out in the Substance Addiction (Compulsory Assessment and Treatment) Act 2017</p> <p>Provides information to tāngata whai ora and whānau on compulsory treatment</p> | | |

| Competent | Proficient | Expert |
|---|------------|--------|
| Assessment, planning and provision of nursing care - continued | | |
| Supports tāngata whai ora and whānau undergoing compulsory assessment and treatment | | |
| Navigates the ethical challenges that can arise within the context of compulsory treatment | | |
| Develops understanding of the process for compulsory treatment and associated professional roles and responsibilities set out in the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 | | |
| Provides information to tāngata whai ora and whānau on compulsory treatment | | |
| Supports tāngata whai ora and whānau undergoing compulsory assessment and treatment | | |
| Navigates the ethical challenges that can arise within the context of compulsory treatment | | |



Pou five: manaakitanga and people-centred care

Addiction nurses uphold the dignity and protect and enhance the mana of tāngata whai ora, whānau and others. They apply addiction nursing knowledge and skills to respectfully support what matters most to tāngata whai ora and whānau in their recovery.

| Competent | Proficient | Expert |
|---|---|--|
| Manaakitanga | | |
| <p>Supports tāngata whai ora and whānau to feel safe and comfortable when accessing addiction support</p> <p>Builds and sustains trusting relationships with tāngata whai ora and whānau</p> <p>Conveys hope for recovery and wellbeing</p> <p>Ensures tāngata whai ora and whānau have space to realise and exercise their mana motuhake</p> <p>Develops understanding of a mana enhancing approach to addiction nursing</p> <p>Recognises and works to address power imbalances inherent between nurse and tangata whai ora to support equitable, person- and-whānau-centred therapeutic relationships (eg values and respects people's interpretation of their own experiences)</p> <p>Creates safe spaces to avoid retraumatising people (eg conveys compassion and sensitivity in relation to the person's story)</p> <p>Creates a safe and inclusive space for tāngata whai ora to self-determine their gender and related language preferences (such as pronouns), and demonstrates respect for stated preferences</p> | <p>Builds and sustains trusting relationships with tāngata whai ora and whānau experiencing complex addiction related challenges</p> <p>Develops and maintains mana enhancing relationships with tāngata whai ora and whānau</p> <p>Supports others to provide a mana enhancing approach</p> <p>Supports colleagues to recognise and manage power imbalances to support equitable, person- and whānau-centred therapeutic relationships (eg invites and supports reflection to explore power dynamics and strategies to address them)</p> | <p>Provides leadership and supports others to develop skills to build relationships and understanding of those experiencing complex addiction related challenges</p> <p>Fosters understanding of a mana enhancing approach to addiction nursing</p> <p>Engages and collaborates with others to develop models of care that are person-centred, family and whānau recovery and wellbeing oriented</p> <p>Provides leadership and education for addiction nurses on addressing power within the therapeutic relationship</p> |

| Competent | Proficient | Expert |
|--|---|---|
| Whānau centred | | |
| <p>Engages with and includes whānau, respectfully navigating consent requirements</p> <p>Tailors approach to reflect culture and life stages (eg acknowledges that Pacific people's sense of identity and belonging may be connected to family, village and church)¹³</p> <p>Ensures whānau (including children and young people) have access to relevant addiction and recovery information, education, resources and support, including cultural support</p> <p>Conveys hope that whānau can employ their knowledge and strengths to enhance whānau wellbeing and support recovery from addiction</p> <p>Facilitates whānau inclusion in recovery and wellbeing plans of tāngata whai ora (with consent)</p> <p>Facilitates whānau meetings that build support and understanding between whānau members to contribute to recovery and wellbeing, using an appropriate framework (eg Te Whare Tapa Whā, Talanoa, Single Session Family Consultation)</p> <p>Develops understanding of a range of evidence-based, trauma-informed, and cultural models for supporting whānau</p> <p>Participates in provision of whānau support and therapy</p> <p>Participates in networks and collaborative relationships with services supporting whānau</p> <p>Advocates for and supports provision of services for whānau seeking support in their own right</p> | <p>Models effective engagement of whānau</p> <p>Demonstrates in-depth understanding of a range of evidence-based, trauma-informed, and cultural models for supporting whānau</p> <p>Provides evidence-based whānau support and therapy</p> <p>Applies an understanding of parenting and child development to support whānau, including children</p> | <p>Advocates for and leads service and programme systems that include and support whānau</p> <p>Educates and supports others to navigate complex consent requirements that can arise in relation to whānau engagement and inclusion</p> <p>Advocates for or provides education and training for nurses in evidence-based, trauma-informed, and cultural models for supporting whānau</p> <p>Promotes advisory, management and governance structures that foster inclusion of whānau perspectives in service and programme development</p> <p>Advocates for and leads development of systems to support whānau in their role as caregivers¹⁴</p> <p>Advocates for learning opportunities that support addiction nurses to develop understanding and skills in parenting and child development</p> |

¹³ Le Va (2009).

¹⁴ For resources see <https://www.kina.org.nz/kina-resources>

| Competent | Proficient | Expert |
|--|---|---|
| Whānau centred - continued | | |
| <p>Develops an understanding of parenting and child development to support whānau, including children</p> <p>Sensitively asks tangata whai ora about support needs relating to being a parent, and takes action to address identified needs</p> <p>Respectfully communicates any concerns about the safety and wellbeing of children to tangata whai ora and provides support to address these concerns</p> <p>Follows organisational policy in relation to reporting concerns about abuse or potential abuse of children to a statutory authority</p> | | |
| Trauma-informed care | | |
| <p>Recognises the importance of trauma-informed care tailored to the Aotearoa context within addiction nursing practice</p> <p>Demonstrates understanding of the wide range of possible effects of trauma and loss on all dimensions of wellbeing</p> <p>Demonstrates understanding that adverse childhood experiences can have lasting negative impacts on brain, behaviour, and health</p> <p>Demonstrates understanding of the wide range of possible effects of intergenerational trauma on Māori</p> <p>Demonstrates understanding of intergenerational trauma and loss for other populations in Aotearoa (such as resulting from structural discrimination both historic and contemporary)</p> <p>Develops understanding and applies the principles of trauma-informed care, addressing trauma or referring to appropriate specialist services</p> | <p>Demonstrates in-depth understanding of the impacts of trauma</p> <p>Models application of the principles of trauma-informed care, including sensory modulation</p> <p>Supports others to develop skills in establishing psychological safety for tāngata whai ora and whānau who have experienced trauma</p> <p>Models development and maintenance of trusting and compassionate relationships</p> | <p>Provides education, training and supervision in trauma-informed care</p> <p>Supports teams and services to integrate a trauma-informed approach</p> <p>Promotes trauma-informed care within the addiction nursing specialty and the addiction and wider health sectors</p> |



Pou six: rangatiratanga and leadership

Addiction nurses lead and collaborate across teams, advancing culturally safe, trauma-informed practice and advocating for development, policy and law grounded in Te Tiriti o Waitangi.

| Competent | Proficient | Expert |
|---|---|--|
| Team and interprofessional work | | |
| <p>Demonstrates understanding of the addiction nursing role</p> <p>Demonstrates role clarity within team and service</p> <p>Shares addiction knowledge to support effective inter-professional teamwork</p> <p>Develops and shares understanding of key addiction roles within teams (eg CPSLE roles)</p> <p>Develops networks to facilitate person-and whānau-centred, integrated and continuous care and support for tāngata whai ora and whānau</p> | <p>Supports non-nursing colleagues to understand the addiction nursing role</p> <p>Provides addiction education and support to colleagues from other professions and groups within the team</p> <p>Contributes to an integrated approach between professionals and services while representing an addiction nursing perspective</p> | <p>Promotes understanding and champions addiction nursing across disciplines, teams, services and sectors</p> <p>Provides addiction nursing leadership within interprofessional teams</p> <p>Supports and contributes to evidence-informed policy (eg promotes evidence relevant to effective policy responses to addiction)</p> |
| Quality and innovation | | |
| <p>Participates in addiction nursing and other related addiction sector quality improvement activities</p> <p>Participates in routine outcome monitoring with tāngata whai ora and whānau</p> <p>Demonstrates understanding of the importance of collecting and using data in health settings</p> <p>Accurately inputs data into systems</p> <p>Uses outcome data to inform care planning and clinical decision-making</p> <p>Develops up-to-date knowledge of research and evaluation findings relevant to addiction nursing</p> | <p>Contributes to and promotes the development of nursing and service level policies and other quality improvement activities</p> <p>Uses outcome monitoring data to identify trends and inform treatment planning and clinical decision-making relevant to addiction</p> <p>Contributes to and initiates the development and review of nursing and addiction treatment standards, guidelines and protocols</p> <p>Maintains and shares up-to-date knowledge of research and evaluation findings relevant to addiction nursing</p> <p>Supports and contributes to nursing and addiction related research and evaluation</p> | <p>Provides leadership to support application of addiction related research findings into practice</p> <p>Builds cultural and other community partnerships to improve the quality of addiction care and address gaps and barriers to access</p> <p>Leads and engages in a range of nursing and addiction sector related quality improvement activities</p> <p>Uses outcome monitoring data to influence the quality of activities aimed to prevent and address addiction (eg programmes, services and practice trends)</p> |

| Competent | Proficient | Expert |
|---|--|---|
| Quality and innovation - continued | | |
| <p>Participates in research and evaluation activities relevant to addiction specialty nursing, and the addiction sector</p> <p>Participates in discussion forums on clinical guidelines, workforce development resources and research</p> | <p>Contributes to reviews of activities aimed to prevent and address addiction (eg programmes, services and practice trends)</p> <p>Critically reviews addiction related research findings and initiates discussion forums</p> | <p>Ensures approaches to selection and measurement of outcomes are strongly informed by tāngata whai ora and whānau perspectives, including consideration of culturally diverse and age-related perspectives</p> <p>Implements processes to share outcomes results with tāngata whai ora, whānau, nurses and others</p> <p>Leads and participates in nursing and addiction related advisory and other groups</p> <p>Promotes advisory, management and governance structures that foster inclusion of lived experience perspectives in service/programme development</p> <p>Initiates research and evaluation relevant to addiction specialty nursing, and the addiction sector</p> <p>Promotes systems to enable nurses working in the addiction specialty to develop and maintain up-to-date knowledge of research and evaluation findings relevant to addiction nursing</p> <p>Consults and collaborates with a wide range of stakeholders to address the social determinants of health and contribute to broader health policy</p> |

| Competent | Proficient | Expert |
|---|---|--|
| Legislation, regulations, standards, codes and policies | | |
| <p>Adheres to legislation, regulations, standards, codes and policies applicable to practising as a nurse in the addiction specialty, in a way that protects and enhances the mana of tāngata whai ora and whānau</p> <p>Demonstrates understanding of key codes and conventions relevant to the rights of tāngata whai ora including:</p> <ul style="list-style-type: none"> › Code of Health and Disability Services Consumers' Rights › United Nations Convention on the Rights of Persons with Disabilities › United Nations Declaration on the Rights of Indigenous Peoples <p>Demonstrates ethical decision making in addiction nursing practice</p> <p>Applies key policies and laws relevant to addiction nursing (see Appendix B)</p> <p>Applies relevant best practice guidelines (see Appendix C)</p> | <p>Supports others to understand and adhere to legislation, regulations, standards, codes and policies</p> <p>Supports colleagues in meeting practice standards and applying key codes, including codes of ethics in practice</p> <p>Models application and supports others to apply key policy and law relevant to addiction nursing</p> <p>Participates in processes for policy and legislative change to support recovery and wellbeing for tāngata whai ora and whānau</p> <p>Maintains up-to-date knowledge of and applies relevant best practice guidelines</p> <p>Supports others to apply relevant best practice guidelines</p> | <p>Provides leadership and promotes resources to enable adherence to legislation, regulations, standards, codes and policies relevant to nursing practice in the addiction specialty</p> <p>Contributes to positive legislative change and policy development that impacts on tāngata whai ora and whānau and addiction services</p> <p>Takes a proactive approach to addressing concerns about addiction treatment practice</p> <p>Provides leadership to manage and resolve complex ethical and risk issues</p> <p>Educates nurses and others on application of key policy and law relevant to addiction nursing</p> <p>Advocates for and participates in policy and legislative change to support recovery and wellbeing for tāngata whai ora and whānau</p> <p>Works with lived experience leadership to develop, review and influence guidelines, policy and law to support recovery and wellbeing</p> <p>Educates nurses and others to enable application of best practice guidelines</p> <p>Initiates and leads review of best practice guidelines relevant to addiction nursing practice</p> <p>Advocates for and leads development and maintenance of systems to support dissemination and implementation of best practice guidelines</p> |

| Competent | Proficient | Expert |
|--|--|---|
| Ongoing learning | | |
| <p>Critically reflects on addiction nursing care with peers and in clinical supervision</p> <p>Participates in clinical supervision relevant to addiction nursing practice</p> <p>Demonstrates understanding of the importance of supervision to address practice and team issues that arise including boundary, conflict, attitude and power issues</p> <p>Takes opportunities for addiction related professional development</p> <p>Participates in addiction and other nursing forums</p> <p>Participates in a professional body (eg New Zealand Nurses Organisation, Te Ao Māramatanga, DANA, dapaanz)</p> | <p>Provides clinical supervision</p> <p>Provides opportunities for nurses and others to critically reflect on addiction related practice</p> <p>Provides input to addiction related education/training forums, including presentations that promote the addiction specialty nursing role</p> <p>Supports and mentors students, addiction specialty nurses and other practitioners</p> <p>Contributes to a professional nursing body and addiction related nursing and other networks</p> | <p>Provides leadership in advocating for and developing addiction related supervision processes for nurses and other practitioners</p> <p>Advocates for addiction specialty nursing</p> <p>Provides addiction related input to post-graduate courses, training, clinical supervision systems</p> <p>Takes a leadership role in addiction mentoring/support systems</p> <p>Takes a leadership role in addiction nursing and other networks and a professional nursing body</p> |
| Nurse wellbeing | | |
| <p>Develops and uses strategies to manage personal safety and wellbeing (eg follows safety protocols, practices self-care, has a wellbeing plan, accesses professional nursing supervision), asking for support when needed</p> <p>Demonstrates awareness of the impact of own experiences of trauma and vicarious trauma</p> <p>Applies strategies to prevent and manage impacts of trauma and vicarious trauma</p> | <p>Models self-care practices and supports others to look after their own wellbeing</p> <p>Models use of strategies to prevent and manage impacts of trauma and vicarious trauma</p> <p>Provides support for nurses and other practitioners experiencing addiction within established guidelines and protocols</p> | <p>Promotes awareness and education in prevention and management of trauma and vicarious trauma within the addiction nursing specialty</p> <p>Provides leadership in raising awareness, developing guidelines, and providing support for nurses and other practitioners experiencing addiction</p> <p>Advocates for and supports employers to prioritise staff wellbeing to sustain the workforce</p> |

Glossary

The following descriptions have been taken from a variety of sources, including stakeholder feedback, and are not meant to be definitive. Language resources that support understanding of te reo Māori include Te Reo Hāpai: The language of enrichment (Opai, 2017) and Te Aka Māori Dictionary (Moorfield, 2011).

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|-------------------------------|---|
| Aroha | Love, compassion, empathy, sympathy, kindness. |
| Asian | <p>Asian people in Aotearoa represent many diverse ethnic identities, cultures, languages, religions, and migration backgrounds. People who identify as Asian can include recent migrants, well-established migrants, Asian people born in Aotearoa, refugees, and asylum seekers.</p> <p>Refer to Stats NZ's ethnicity classification for the list of regions and countries that define the Asian population (Stats NZ, 2020).</p> |
| Associative stigma | Stigma experienced by whānau and others who are associated with a person experiencing addiction and/or mental health challenges. |
| Awa | River, stream, creek. |
| Community | The groups that people identify and associate with; the many places in which people live. |
| CPSLE | Acronym referring to the consumer, peer support and lived-experience workforce. |
| Culture | The shared attitudes, beliefs, values, and experiences that shape the worldview and practices of groups. Culture can be based on shared ethnicity (eg Māori, Tongan, Chinese), faith and spiritual beliefs (eg Christianity, Islam, traditional Māori spirituality), or shared identity (eg rainbow communities, deaf culture, youth culture). |
| Cultural safety | Relates to the experience of the recipient of nursing care and extends beyond cultural awareness and cultural sensitivity. This requires nurses to understand their own cultural identity and its impact on professional practice, including the potential for a power imbalance between the nurse and recipient of care (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025). |
| Differential diagnosis | A key element of nursing practice that incorporates history taking, physical assessment, and clinical reasoning skills. As part of an interprofessional healthcare team, nurses contribute their expertise to evaluate symptoms, interpret findings and consider various conditions. This collaborative approach ensures a comprehensive and accurate diagnosis. This level of clinical judgement and critical thinking develops with practice from novice to expert. A differential diagnosis is not an official diagnosis, but a step before determining what condition is causing a person's presenting symptoms as there are different conditions that often share similar symptoms (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025, p10). |
| Evidence-informed | Integration of the best available evidence with the knowledge and considered practice judgements from stakeholders and experts to benefit the needs of a population (World Health Organisation, 2022). |
| Fonofale model | The Fonofale model is a Pacific health framework that emphasises holistic and culturally grounded care. Wellbeing is depicted as a Samoan fale (house), with the family as the foundation, culture as the roof, and spiritual, physical, mental, and other factors as supporting pillars – all surrounded by context, time, and environment. |

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|------------------------------|--|
| Gender-affirming care | Gender-affirming care encompasses a range of social, psychological, behavioural, and medical interventions designed to support and affirm an individual's gender identity. |
| Hapū | Kinship group, clan, grouping of various whānau generally based on a shared ancestor. |
| Hapori | Section of a kinship group, family, society, community. |
| Hauora | Health, vigour, including hauora tinana (physical health), hauora hinengaro (mental and emotional health), whānau (social wellbeing) and wairua (spiritual health). |
| Intersectionality | Intersectionality refers to the interconnected relationship between demographic characteristics (such as gender, ethnicity, sexual orientation, disability) within an individual or group, and how they interact to create unique experiences of privilege or disadvantage. When someone belongs to multiple non-dominant or marginalised groups, they can face compounded inequities and an experience of disadvantage that is distinct (Diversity Works, cited in Nursing Council of New Zealand, 2025). |
| Iwi | Extended kinship group, nation, people, grouping of various hapū generally based on a shared ancestor. |
| Kotahitanga | Unity, togetherness, or solidarity, emphasising the importance of collective action, shared purpose, and collaboration among individuals, groups, or communities to achieve a common goal. |
| Mana | Often defined as prestige, authority, control, power, influence, status, spiritual power, charisma or status and standing. Mana may be accorded a person or group through ancestral descent, and through possession of certain gifts or achievements, and can be enhanced through the collective opinion of others. |
| Mana taurite | Equal status, equity, equality. |
| Manaaki | To support, take care of, extend hospitality, protect, show generosity, care for. |
| Mana motuhake | Self-governance, self-determination, independence, autonomy. |
| Mana whenua | The customary authority exercised by the tāngata whenua in an identified area; another term for local people (tāngata whenua). |
| Maunga | Mountain, mount, hill – about the mana and history of a mountain/hillock as opposed to its size. |
| Moana | Sea, ocean, large lake. |
| Ngahere | Bush, forest, woodland. |
| Outcome | Result or consequence; 'outcome-focused' activities apply skills, knowledge and abilities, systems and processes to achieve effective results. |
| Pacific peoples | Refers to a diverse group of ethnicities originating from the Pacific Islands, encompassing people born in the islands and those born in Aotearoa who identify with a Pacific heritage. This term acknowledges the distinct cultural and national diversity within the Pacific region. The terms Pasifika and Pasefika are also used to describe people living in Aotearoa who have migrated from Pacific countries or people born in Aotearoa who identify with a Pacific ancestry or heritage. |
| Pou | A carved wooden post or pillar that serves as a symbol of strength and support. Pou is an important symbol in Māori culture. Its identity, meaning and significance reflect the deep connection that Māori have to their land and traditions. The pou tells a story of the core values of nursing and the connection with a Māori worldview (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025). |

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|----------------------------------|---|
| Professional development | The process of increasing capability in relation to work (can also apply to students and volunteers). |
| Pūkengatanga | Refers to expertise, skill, competence, encompassing the depth of knowledge and ability. This highlights the importance of keeping abreast of new knowledge, technologies and models of whānau-centred care; the ability to self-reflect on one's own model of practice as part of continuous self-improvement; and sharing lessons learnt with other practitioners, providers, whānau and other key stakeholders (Fleming et al, 2018 cited in Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025). |
| Rainbow | An inclusive term used to describe people of diverse sexual orientations, gender identities, and sex characteristics. This includes but is not limited to lesbian, gay, bisexual, transgender, queer, intersex, takatāpui (Māori with diverse genders or sexualities), and other people whose identities fall outside cisgender and heterosexual norms. |
| Rangatiratanga | Rangatiratanga in nursing is fostering a healthcare system that upholds the dignity, rights and values of all, with a particular emphasis on acknowledging and addressing the needs and aspiration of Māori. It also enhances the quality of care that contributes to a more equitable, responsive and respectful healthcare system for everyone (Te One & Clifford 2021, cited in Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand 2025). |
| Recovery | The CHIME model of recovery highlights that recovery goes beyond symptom reduction to include building supportive relationships (Connectedness), fostering optimism for the future (Hope), reconstructing a positive sense of self (Identity), finding purpose in life (Meaning), and gaining control over one's life and decisions (Empowerment). This model emphasises the individual and holistic nature of recovery, aligning well with strengths-based and person-centred approaches (Leamy et al, 2011). |
| Rongoā | Traditional Māori medicine. A system of healing that was passed on orally. It comprises diverse practices and an emphasis on the spiritual dimension of health. Rongoā includes herbal remedies, physical therapies, such as mirimiri and romiromi, and spiritual healing (adapted from Te Ara Encyclopaedia). |
| Self-stigma | Internalised feelings of shame, low self-esteem and low self-efficacy. That is a stigmatised person internalises negative societal beliefs and feelings and the social devaluation attached to their stigmatised status. |
| Social inclusion | <p>Recognition of a person as equal to others, with the right to participate in and contribute to all aspects of social, cultural and economic life. It is a fundamental right, and implies full participation without constraints or conditions placed on a person's status</p> <p>Socially inclusive practice aims to improve the ability of people with mental health and addiction needs to participate in and contribute to key areas of economic, social and cultural life as they choose to do so and without constraint.</p> |
| Supported decision-making | An approach that uses tools (eg nominated support person, peer support, personal advocate) to empower and enable people to make their own decisions based on their will and preferences. Different levels of support are provided, depending on need. The approach recognises and responds to the values, beliefs, cultures and languages of tāngata whai ora and whānau. For example, it includes collective decision-making approaches (such as decision-making with whānau) informed by tikanga Māori and grounded in te ao Māori (Mental Health Foundation of New Zealand, 2023). |

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|---------------------------------|---|
| Talanoa | Talanoa is a Pacific method of open, respectful, and relational conversation that involves storytelling, deep listening, and shared understanding. Talanoa creates a culturally safe space where people, especially from Pacific communities, can share in ways that honour connection, trust, and collective wellbeing. |
| Tāngata whaikaha | People with disabilities (Opai, 2017). |
| Tāngata whenua | Indigenous people, local people. |
| Te ao Māori | The Māori world, including te reo, tikanga, marae (community focal points), wāhi tapu (sites of sacred significance) and access to whānau, hapū and iwi. |
| Te reo Māori | Māori language. |
| Te Tiriti o Waitangi | The founding treaty document of Aotearoa New Zealand that states rights and responsibilities agreed between the Crown and Māori. |
| Tikanga Māori | Correct Māori procedure, custom, practice, protocol. |
| Tino rangatiratanga | Sovereignty, self-determination, autonomy, self-government. |
| Tivaevae | Tivaevae is a Cook Islands cultural practice. In mental health and addiction care, Tivaevae is used to symbolise a collective, relational, and holistic approach to healing, where each piece of fabric, like each person, story, or support, contributes to the wellbeing of the whole. It reflects values of respect, reciprocity, and unity, and emphasises working with individuals, whānau, and communities in culturally meaningful ways. |
| Ūloa | Ūloa is a communal method of fishing in Tonga, which includes all members of the community. The ūloa model is a Tongan model of care based on a communal fishing technique. |
| Vicarious trauma | Feelings of anxiety, anger, sadness, etc resulting from hearing accounts of other people's trauma. |
| Wellbeing | All dimensions of health: tinana (physical), hinengaro (mental and emotional), whānau (social) and wairua (spiritual). |
| Whakamā | To be ashamed, shy, bashful, embarrassed. |
| Whakapapa | Genealogy, lineage, descent, blood ties. |
| Whānau | An inclusive term for family and wider family structures and anyone who a person considers to be close to them and important in their life. |
| Whānau Māori | Whānau as it pertains to Māori family and identity. |
| Whānau ora | The achievement of maximum health and wellbeing among whānau Māori. |
| Whānau ora model of care | Whānau Ora is an inclusive approach which empowers whānau as a whole recognising the best solutions to whānau challenges come from whānau. Whānau are supported to achieve their aspirations in education, training, economic development, health, participating in the community, developing cultural capital, strengthening identity and family development (New Zealand Nurses Association, 2018). |
| Whanaungatanga | The process of establishing and/or maintaining links and relationships; the feeling of having familial ties. |
| Whenua | Land. |

Appendix A: Key concepts and approaches in addiction nursing

Mana-enhancing and mana-protecting addiction practice

Mana-enhancing practice is grounded in a Māori worldview, where mana can refer to a person's inherent dignity, authority, and spiritual power. Mana-enhancing practice draws on Māori values such as *whanaungatanga* (connectedness), *manaakitanga* (care and respect), and *tino rangatiratanga* (self-determination), supporting tāngata whai ora and whānau to reclaim wellbeing, autonomy, and identity on their own terms.

Key principles of mana-enhancing practice include:

- › valuing te ao Māori, concepts of wellbeing and cultural identity
- › understanding the historical relationships embedded in Te Tiriti o Waitangi
- › relationships defined by authenticity, respect, integrity and dignity
- › emphasising the roles of whakapapa and cultural narrative in healing processes
- › reaffirming and supporting whānau self-determination (Oranga Tamariki Evidence Centre, 2021).

Mana is integral to enhancing wellbeing. It is a complex and nuanced concept with multiple meanings. For example, there is mana which is the development of the quality within the person and mana which is inherited (for example by chiefs, *tohunga*). Four expressions of mana are Mana Atua, Mana Tūpuna, Mana Whenua and Mana Tangata (Huriwai & Baker, 2016). Everyone has mana – prestige, authority, influence, spiritual power, charisma, status and standing. Mana can be enhanced through the actions, attitudes, and collective opinion of others (Dapaanz, 2021; Te Pou, 2022). A deep understanding of mana, particularly for non-Māori, requires respect and a committed effort, over time.

Cultural safety

Cultural safety is an approach that acknowledges, respects, and values the cultural identities and experiences of tāngata whai ora while addressing power imbalances in relationships such as between relationships between healthcare professionals and tāngata whai ora (Curtis et al, 2019). Culture refers broadly to the shared attitudes, beliefs, values, experiences and practices of groups, including, for example, ethnic groups, addiction culture and sub-cultures, rainbow communities, age-related groups, and religious communities. The approach is focused on how care is received by tāngata whai ora, whānau and communities, ensuring their dignity and rights are upheld.

The importance of cultural safety in nursing practice has been recognised by Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand in the *Standards of Competence for Registered Nurses* (2025).

In the context of addiction nursing, cultural safety requires that nurses and services:

- › recognise and account for their own biases, cultural assumptions and power, and the impact these may have on interactions with tāngata whai ora and others
- › contribute towards an environment where tāngata whai ora feel accepted and safe to express their cultural preferences and needs
- › ensure cultural values and preferences of tāngata whai ora are integrated into all aspects of support and service provision
- › understand and work to address structural factors that disproportionately disadvantage specific groups (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2025; Te Pou, 2025b).

Harm reduction

Harm reduction is a public health approach that aims to minimise the negative health, social, and legal impacts that can arise from substance use, gambling and other addictive behaviours, without necessarily requiring cessation or abstinence (Te Pou, 2025a; Hawk et al, 2017). For nurses practising within the addiction specialty, this involves providing non-judgemental, evidence-informed care that prioritises safety, autonomy, and dignity for tāngata whai ora, whānau, groups and communities while supporting access to health services, education, and safer practices.

Harm reduction approaches have been shown to improve health outcomes and increase engagement with healthcare. Key principles are below.

- › **Human rights and dignity:** care is provided respectfully, without judgement or coercion, recognising the right of individuals to make informed choices.¹⁵
- › **Person-centred and empowering:** tāngata whai ora are supported to make decisions based on their goals; there is a focus on building relationship to promote engagement with health services.
- › **Pragmatism and realism:** behaviours carrying risk are accepted as part of the human experience.
- › **Focus on harms (rather than substance use or behaviour):** priority is given to reducing the negative consequences of behaviour, rather than eliminating the behaviour itself or requiring abstinence.
- › **Incrementalism:** any positive change is viewed as a step toward improved health, recognising that change often occurs gradually.
- › **Evidence-informed approaches:** utilises proven approaches, such as: needle exchange programmes, nicotine replacement, OST (eg methadone, buprenorphine), overdose prevention services, education and safer use strategies.
- › **Access:** the need to reduce barriers to care is recognised and given priority, especially for marginalised populations. This includes culturally safe and trauma-informed services, ensuring Māori values, tikanga and harm reduction models¹⁶ are understood and reflected in practice.
- › **Equity:** includes consideration of social determinants of health (eg, housing, poverty, stigma) and promotes equity of health outcomes (Hawk et al, 2017).

Recovery

Recovery from addiction is defined individually by tangata whai ora and there is no universal way to define the concept. Nor is there any 'right way' to recover from addiction. Most formal definitions of recovery (eg as used in guidelines, programmes, policy and research) tend to define recovery as a process or journey of change towards improved wellbeing across multiple life domains. Some definitions of recovery include abstinence and/or sobriety from substances or behaviour (eg gambling). For example, recovery as used in 12-step fellowships. Other definitions focus more broadly on life functioning and wellbeing as defined by tangata whai ora (Best, 2022).

The CHIME model of recovery is one example that aligns well with person-centred addiction nursing. The model highlights that recovery goes beyond symptom reduction to include building supportive relationships (Connectedness), fostering optimism for the future (Hope), reconstructing a positive sense of self (Identity), finding purpose in life (Meaning), and gaining control over one's life and decisions (Empowerment). This model emphasises the individual and holistic nature of recovery, aligning well with strengths-based and person-centred approaches (Leamy et al, 2011).

¹⁵ See <https://www.undp.org/publications/international-guidelines-human-rights-and-drug-policy> for more information.

¹⁶ See McLachlan & Waitoki (2024) for more information.

Recovery capital

Recovery capital refers to the internal and external resources people can access to start and sustain recovery from addiction. The approach is strengths based (rather than deficits focused). It acknowledges that recovery is a complex, non-linear, long-term process that is interpersonal, social and community focused. Recovery capital also acknowledges that the process of recovery challenges stigma and exclusion (Best, 2022).

There are five dimensions of recovery capital.

- › **Social capital:** the resources a person gains as the result of their network of relationships.
- › **Physical capital:** the financial and economic benefits a person gains from interacting and engaging in the real world.
- › **Human capital:** the human attributes, such as knowledge and skills, positive general and mental health, and other traits which allow the person to function in society.
- › **Cultural capital:** the norms of belief and behaviour which enable a person to meet their own needs and utilise opportunities for development and progress within their own cultural group.
- › **Community capital:** societal attitudes, supportive policies and resources that aid recovery from substance use problems (Best & Laudet, 2010; Doncliff, 2025).

Trauma-informed principles

People who are impacted by addiction are more likely to have experienced trauma. Trauma-informed approaches in Aotearoa seek to incorporate Māori approaches and international principles. Māori approaches emphasise healing through identity, connection, and restoration of mana, aligning with the principles of Te Tiriti o Waitangi to promote equity and culturally grounded recovery (Pihama et al, 2017; McLachlan et al, 2021; McLachlan et al, 2024).

Key principles are outlined below.

- › **Safety:** ensuring physical, emotional, spiritual, and cultural safety for tāngata whai ora, whānau, and staff.
- › **Responsiveness to Māori:** recognising the impacts of colonisation and intergenerational trauma; integrating te ao Māori, tikanga, and mātauranga Māori into care.
- › **Trustworthiness and transparency:** building trust through consistency, honesty, and clear communication.
- › **Collaboration and mutuality:** working in partnership with tāngata whai ora, whānau, and communities; acknowledging power imbalances.
- › **Empowerment and choice:** supporting autonomy, self-determination, and meaningful choice in care planning and recovery.
- › **Recognition of trauma:** acknowledging the prevalence and effects of trauma (including systemic and institutional trauma) and avoiding re-traumatisation (Te Pou, 2024).

Challenging discrimination in the context of addiction

Addiction nurses have a professional and ethical responsibility to recognise and challenge discrimination in all its forms. This includes actively addressing stigma, bias, and inequities that may impact tangata whai ora, whānau, and communities, particularly those who are Māori, Pasifika, people from rainbow communities, tāngata whaikaha, and people impacted by addiction and mental health issues. Stigma and discrimination provide barriers to people seeking support for recovery. Culturally safe practice requires nurses to reflect on their own attitudes and power relationships, uphold Te Tiriti o Waitangi, and advocate for equitable access to care. Challenging discrimination involves speaking up, supporting inclusive environments, and working in partnership to uphold mana and dignity for all people.

Family and whānau inclusive practice

In the context of addiction treatment in Aotearoa, family and whānau inclusive practice refers to actively involving whānau in the recovery journey of tangata whai ora. It recognises that addiction affects the individual and their wider relational and cultural networks, and that whānau need to be supported and empowered as part of the recovery process.

Family and whānau inclusive practice is grounded in principles of partnership, respect, and cultural responsiveness, including commitments to Te Tiriti o Waitangi and the central role of whānau, hapū, and iwi in Māori models of care. It involves supported decision-making, open communication, and acknowledging the strengths, needs, and wellbeing of the whānau. Approaches and frameworks such as Whānau Ora, Single Session Family Consultation, Te Whare Tapa Whā, Fonofale and Talanoa are often integrated into a family and whānau inclusive approach.

Effective whānau inclusive practice requires an approach that is flexible, trauma-informed, and culturally safe, and may include whānau meetings, joint goal setting, psychoeducation, and whānau-specific support.

Appendix B: Law relevant to addiction nursing

- › Sale and Supply of Alcohol Act 2012
- › Gambling Act 2003
- › Family Violence Act 2018
- › Health and Disability Commissioner Act 1994 which establishes the Code of Health and Disability Services Consumers' Rights 1996
- › Medicines Act 1981 and Medicines Regulations 1984
- › Mental Health (Compulsory Assessment and Treatment) Act 1992
- › Misuse of Drugs Act 1975
- › Oranga Tamariki Act 1989
- › Pae Ora (Healthy Futures) Act 2022
- › Privacy Act 2020, and Health Information Privacy Code 2020
- › Substance Addiction (Compulsory Assessment and Treatment) Act 2017

Appendix C: Best practice guidelines

Health New Zealand | Te Whatu Ora. (2024). *Whakaohoho manawa ora: Cognitive screening and support in alcohol and other drug services. Aotearoa New Zealand practice guidelines.*

<https://www.tewhatauora.govt.nz>

Ministry of Health. (2015). *Supporting parents healthy children: supporting parents with mental illness and addiction and their children – A guideline for mental health and addiction services.*

<https://www.health.govt.nz>

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<https://www.tepou.co.nz>

Te Pou. (2021). *Substance withdrawal management: Guidelines for medical and nursing practitioners.*

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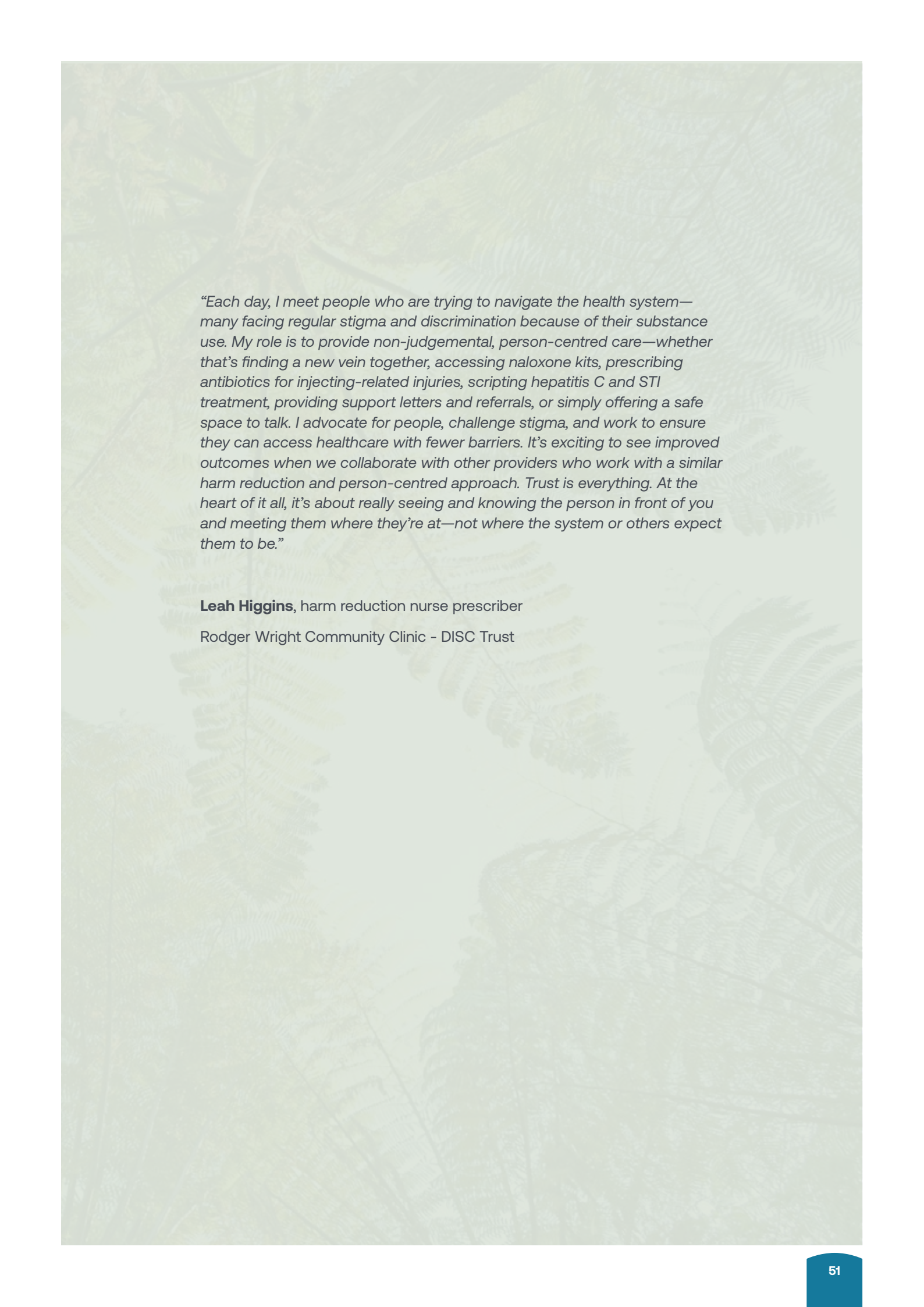
“Leadership as an addictions nurse within the addictions sector in Aotearoa New Zealand is about fostering hope and empowering whānau on their recovery journey. It means guiding with empathy, cultural humility, and at the same time respecting the unique strengths of everyone. In my role, I am a believer in a collaborative environment where tāngata whaiora, their whānau, and the team of kaimahi work together to create meaningful change. Upholding the principles of Te Tiriti o Waitangi, I strive to ensure care is equitable, culturally safe, and grounded in the values of tika (truth/correctness), pono (honest/genuine) and with aroha. Through advocacy, education, and role modelling, I inspire others to lead with compassion and integrity in the pursuit of wellbeing for all.”

Corey Senelale

Registered nurse

Kaihāpai (deputy director)

Moana House programme

The background of the page is a light green, textured image of fern fronds, creating a natural and organic feel.

“Each day, I meet people who are trying to navigate the health system—many facing regular stigma and discrimination because of their substance use. My role is to provide non-judgemental, person-centred care—whether that’s finding a new vein together, accessing naloxone kits, prescribing antibiotics for injecting-related injuries, scripting hepatitis C and STI treatment, providing support letters and referrals, or simply offering a safe space to talk. I advocate for people, challenge stigma, and work to ensure they can access healthcare with fewer barriers. It’s exciting to see improved outcomes when we collaborate with other providers who work with a similar harm reduction and person-centred approach. Trust is everything. At the heart of it all, it’s about really seeing and knowing the person in front of you and meeting them where they’re at—not where the system or others expect them to be.”

Leah Higgins, harm reduction nurse prescriber

Rodger Wright Community Clinic - DISC Trust

