

Statement of Strategic Direction 2018-2022

Aotearoa New Zealand free from drug harm

E mahi ana ki te whakahoro Aotearoa i ngā hē ā tarukino

We're building on a strong foundation

Our previous strategic plan spoke of our ambitions to effect drug policy change, improve the way drug-related health services are delivered, and strengthen the protective factor of schools in young New Zealanders' lives.

We're making good progress.

In the policy space, a consensus building summit we hosted directly informed the government's new

National Drug Policy. We led a delegation of civil society representatives to UNGASS 2016, during which we presented to the General Assembly plenary. We developed a model drug law designed to replace the Misuse of Drugs Act, and we launched an advocacy campaign to encourage a stronger Māori voice in this debate. We also maintained our high media profile and improved our social media communications.

In the harm reduction and treatment services space we built up our help-seeking and self-help resources, we developed a new range of drug information resources aimed at parents, began a collaborative drug checking service, and supported a community-led service for people addressing their methamphetamine use.

In the schools and youth space we started a pilot Whole School Approach programme, Tūturu, undertook peer crowds research to better understand young people's alcohol cultures, and affirmed a strong working relationship with Odyssey.

This new strategy will build on our current momentum, but we'll also keep an eye on the environment around us and change what we do in response to that environment.

The environment we work in

The illicit drug market in New Zealand is becoming more volatile in terms of the substances that people are using. This has been tragically illustrated by the many deaths associated with new synthetic cannabinoids. The response from government and its agencies highlighted the limitations of the status quo law enforcement/ supply control response.

Poverty, despair and alienation are at the heart of many of these issues. Alcohol and other drug issues are inextricably linked with broader health and social issues, which these deaths starkly highlighted.

The government says it understands these interconnections and wants to act to address them in a transformational way. This presents us with a great opportunity to advocate policy solutions and targeted harm reduction interventions that are health – not enforcement-focused.

The world is also changing around us. Outside of New Zealand, many jurisdictions are rejecting punitive responses in favour of public health and human rights-focused law. Those

reforms are proving successful in reducing harms, both from the substances and the laws traditionally in place to control them. New Zealand must learn from these successes.

The way we work

We are heading into our 30th year of working to reduce alcohol and other drug harm. Over this time, we have remained true to the vision and values expressed by our founding Trustees – Professor Sir John Scott, Dr Irihapeti Ramsden and Dr Eru Pomare – which include a commitment to science and evidence, fearless public health advocacy, and a responsibility to reflect the principles of partnership embodied in the Treaty of Waitangi in all our work.

Added to this is our commitment to health promotion approaches embodied in the Ottawa Charter for Health Promotion (1986) (and contemporary iterations of this) and Te Pae Māhutonga: A model for Māori Health Promotion (1999). The Foundation is also a signatory to the Māori Manifesto: A framework for change (2018).

During the life of this new statement of strategic direction our work will be guided by the following values:

Commit ourselves to health equity for Māori and meeting Māori health aspirations | Hei manawanui ai mātou ngā māori ki a whai mana ōrite, a tūtuki hoki ngā piki oranga.

This is why we fearlessly advocate for system change and law reform that addresses health inequalities and inequity through the lens of social, cultural, economic and environmental determinants of health.

Create kind, compassionate and people-centred responses to drug harm reduction | Hei hanga ngā mahi whakaratarata ki te aukati ngā hē ā tarukino.

This is why the way we work is centred on those who experience the most harm from drugs and drug laws and policy.

Support communities to create solutions for themselves | Hei tautoko tonu ake ngā hapori whānui ki te manaaki tangata.

This is why partnerships, collaboration and communities of practice are important to us.

Respect the power of evidence to inform our own work and our advocacy | Hei whakamana te kaha ā ngā taunakitanga ki tā tātou mahi me ngā mahi kōkiri.

This is why we draw heavily on the best evidence and practice in all we do, and work with researchers to translate knowledge into action.

Our vision

Aotearoa New Zealand free from drug harm | E mahi ana ki te whakahoro Aotearoa i ngā hē ā tarukino

Our mission

To transform the way Aotearoa New Zealand addresses drug issues. We influence this through our leadership, by supporting communities and inspiring action that promotes wellbeing, is mana enhancing and prevents drug harm.

Ma Aotearoa hei huri te whakautu e pa ana ki ngā kaupapa ā tarukino. Ma tātou e whakaawe mai tō tātou rangatiratanga, hei hāpai ngā hāpori me he akiaki ngā mahi oranga tonutanga hei whakarākei te mana ki te aukati ngā hē ā tarukino.

Outcome 1:

Schools keep young people engaged in education

E hāpaitia ngā kura ki a mau tonu mai ngā tauira i te kura.

Context

Schools are a cornerstone of a child's healthy development. The protective factor a school environment gives to a young person is well understood and proven. In fact, a young person's engagement in education and connection to their school is one of the most important protective factors in their lives.

Students who feel connected to their school are less likely to engage in many risk behaviours, including alcohol, tobacco and drug use. Disconnection from school, especially physical disconnection resulting from stand-downs and exclusions, increases the likelihood that young people will experience drug harm.

Yet, when it comes to drug issues, schools continue to remove students from this protective environment instead of providing support. Alcohol and other drug use remains one of the most common reasons used by schools to suspend, exclude or expel students.

Schools continue to stand down, suspend, expel and exclude more Māori learners than any other ethnic group.

The damage done to a young person by their exclusion from education is far greater than damage resulting from substance use. Despite numerous government policies and guidelines, the way schools address substance issues remains extremely inconsistent. Within this wide variation between schools there are many positive examples others could learn from.

Compounding this challenge, young people who experience the most harm from alcohol and other drug use tell us they do not consider mainstream health messages and services relevant to them.

What we want to see change

Changes to the education system, currently being discussed by government and the community, provide a perfect opportunity radical change in the environment we create for school students.

Our aspiration is for no student to be removed from a school as a consequence of a disciplinary approach to substance use. Drug and alcohol use amongst young people is a health and human development issue.

There is no evidence that disciplinary based approaches are effective in helping young people make the best decisions about drug use.

This aspiration can be realised through system change, legislation and school practice.

We want schools to address drug and alcohol related issues within the context of the whole of a young person's life: where positive school environments are created that promote student well-

being and connectedness, and where effective delivery of the curriculum will help students make good decisions in a world where drugs exist.

Equally, health messages and services must become relevant to different groups of young people, through highly targeted approaches and simplified health advice. And schools need access to appropriate health services for young people with substance abuse issues.

Our role in this

We will:

- advocate for system and practice change that:
 - places the interests of the young person at the centre of all decision making
 - ensures equity for Māori learners
 - results in no young person of compulsory school age ever placed outside the education system
 - introduces school policies based on an understanding of neuro-science and human development
 - requires schools to focus teaching and learning through the delivery of an integrated curriculum as the most effective way to reduce harm from drug and alcohol use
- ensure effective implementation of the Tūturu pilot with our partners and the schools they're working with and scale this up following an independent evaluation
- support efforts that improve targeted health messaging to young people using a Peer Crowd approach, and advocate for service improvements for young people
- provide our knowledge and expertise on substance and harm reduction issues to those who are well engaged with specific audiences
- support the provision of health services to support schools in responding to the needs of young people suffering harm from drug and alcohol use
- maintain strong collaborative relationships within the alcohol and drug sector, especially with Odyssey and the Health Promotion Agency.

Outcome 2:

Drug laws are changed to treat drug use as a health issue

E huri ngā ture taru kino, mai i te taihara ki te kaupapa hauora.

Context

New Zealand's 40-year-old drug law causes more harm than the substances it seeks to control. Its punitive response to people who use drugs is ineffective and damaging. Despite the Misuse of Drugs Act 1975,

New Zealand's rates of drug use remain high, and new substances have emerged.

That law is a barrier to people accessing help; it embeds stigma against people who need help; it diverts resources into the criminal justice system; and imposes penalties that have life-long negative impacts.

These burdens fall most heavily on Māori, as shown by New Zealand's hugely disproportionate conviction and imprisonment rates.

The National Drug Policy says this is “first and foremost a health issue” and Police say, “we can’t arrest our way out of this problem.” The government also says this should be a health not a criminal justice matter.

We agree. But these claims are meaningless while New Zealand retains its obsolete and punitive drug law.

What we want to see change

We have a very clear view about needs to change. We’ve spent a lot of time under our previous strategic plan analysing evidence, observing global changes, and engaging with key allies and agencies to formulate a homegrown solution. That reform is encompassed in Whakawātea te Huarahi – A model drug law to 2020 and beyond.

This model signifies a fresh start for the debate on New Zealand’s drug law and provides us a sense of movement towards a better future.

Our model shows what a public health approach to drugs could be. It removes criminal penalties from people who use drugs, provides a pathway towards effective prevention, harm reduction and treatment interventions, and introduces a strictly regulated cannabis market. This would have a profound impact on people most affected by drugs and drug law.

Our model promotes Mana taurite (Māori equity) through less contact with the criminal justice system and fewer drug convictions, while at the same time improving health outcomes by increasing resourcing and access to essential health services.

This model will guide our advocacy efforts. We want to see the government adopt this proposal and use it to inform its own initiatives including: the public referendum on cannabis legalisation; the goal of reducing the prison population; reform of the mental health and addiction sector; and its proposed new spending in the health sector.

Our role in this

We will:

- undertake effective and fearless advocacy campaigning on Whakawātea te Huarahi
- ensure Māori have a strong voice in drug law discussions and decision-making through partnerships with key allied organisations, including Hapai te Hauora and Te Rau Matatini
- provide training and advice to support Māori leadership of these debates. This work is supported via our JR McKenzie funded programme Tautawhīhia. Kaua e whiū (Support. Don’t punish)
- lead effective public engagement on the government’s cannabis referendum
- support patient participation in developing the government’s proposed medical cannabis scheme
- situate drug policy and law reform within wider reforms being considered for the criminal justice system.

Outcome 3:

Prevention, harm reduction and treatment interventions are fully resourced and are made more responsive to community need

Ā Aukati, ā whakawara iti me ngā rongoa hei tino tautoko ngā rawa me he pūtea mō ngā hiahia ā hāpori

Context

Demand for mental health and addiction services has increased 73 percent in the past decade, yet funding has not kept up. And there simply is not enough money allocated to treatment and harm reduction services.

The government spends 3.5 times more on drug-related law enforcement than on health interventions (\$273 million vs \$78 million; 80 percent vs 20 percent).

Addiction treatment services provide support to 50,000 New Zealanders each year, with another 50,000 wanting help but unable to get it. Māori have higher lifetime prevalence of substance use disorders, twice that of the total population. Most treatment spending is for mild to moderate dependence, with harm reduction, peer services, and primary care being underfunded and under-utilised.

There are pockets of hope: self-help and peer communities are providing inspiration to people wanting to change; low-threshold harm reduction services, which are so effective overseas, are being developed here; the government is trialing Police assisted diversion-to-care schemes, most notably Northland's Te Ara Oranga; treatment services are expanding their models of care to include vocational training.

Iwi are actively developing models of care and support firmly rooted in whakapapa, tikanga and kawa. The relevance of Te Tiriti o Waitangi to health is well established and affirms Māori sovereignty and tino rangatiratanga.

What we want to see change

A big part of the problem is long-term under-funding of primary care, harm reduction and treatment services. This needs to change. The new government has made promises that this will change and has begun an inquiry into this. We share community expectations that significant investments will be made into this sector.

But this can't just be for more of the same.

Instead we expect new money to support innovative whānau- and peer-centred, and community-based interventions that impact on the drivers of drug harm.

We must build social service and health care systems that engage and care for people who use drugs regardless of their readiness to reduce or stop using. Compassion and harm reduction will guide our approach. Marginalisation, criminalisation and stigmatisation are incompatible with social and health care.

We should aspire to a goal of help being given as soon as it's requested. This means service delivery needs to be expanded, access to services needs to be widened and made equitable, and people need to be empowered to seek help early. Accountability for where funding goes, the quality of services being provided, and equitable access to those services needs to be significantly improved.

The development of models of care based on Te Ao Māori (a Māori worldview) will provide a holistic response to Māori health and wellbeing (hauora). These models will recognise the importance of whānau as a collective being at the centre of all services. Let's also exploit the

opportunities provided by changes in technology, including artificial intelligence, to widen delivery of health promotion services and information.

Our role in this

We will:

- persuade government to re-balance its drug-related spending towards health from punitive approaches
- use our independence and access to evidence-based information to facilitate changes in service delivery models, including a greater emphasis on targeted harm reduction approaches in community action, addiction treatment and primary care settings. This will involve influencing how different service models are purchased
- work alongside Māori organisations and iwi, as appropriate, to develop and showcase new, effective wānau-centred services, and strengthen the workforce to expand and strengthen these services
- scale-up our Living Sober, DrugHelp and other helping resources, and focus on low-threshold, peer-led harm reduction models of support, and support the work of peer/community innovations such as NZ P Pull
- provide training and advice on new substances
- hold government and its agencies to account for the effective implementation of the Mental Health and Addiction Inquiry's recommendations
- advocate for a destigmatisation campaign on alcohol and other drug issues, and be a role model in our own work.

Outcome 4:

Innovative solutions to reducing drug harm are developed that support communities to respond to new challenges.

Hei ahu mai ngā mehanga auaha ki a hāpai ngā hāpori ki te whakautu ki ngā wero hou

Context

Many communities have poor access to resources to support them to address local issues, and some communities simply miss out on any support. We've seen this most recently with synthetic cannabinoid deaths; communities unable to reject liquor outlets; families unable to find help for their loved one; people who use drugs not being given good information; workers and employers unable to comprehensively address alcohol and other drug cultures in their workplaces.

What we want to see happen

We want to see greater support being given to community-based solutions. This is linked very closely with outcome 3, but here we define communities quite broadly to include geographic communities, communities of interest (e.g. music festival goers; people who use drugs; LGBTIQ), workplaces, or iwi, hapū, whānau.

We want to support these communities to develop solutions specific to their challenges through co-design and other collaborative processes. This will include: changing workplace practices and culture regarding management of alcohol, issues around impairment and the limitations of drug

testing; and improving best practice harm reduction and wellbeing services offered at events and festivals (e.g. drug checking and safe zones).

We also want support to be given to young New Zealanders to get them ready for work, especially in regions of the country where youth unemployment is high and where drug use might be a barrier to work. Efforts in this area must be supportive not punitive.

Our role in this

We will:

- work closely with agencies, such as ESR, to implement the drugs early warning system, with our focus on getting knowledge to people who need that information the most
- work with KnowYourStuffNZ and others to expand drug checking services at festivals and static locations (e.g. clubs, needle exchanges, universities), and
- lead law reform efforts to ensure legal protection for such services and for people who use these services
- develop a community response model for new psychoactive substances and other emerging substances, including fentanyl. This would encompass overdose education and prevention, with the long-overdue rollout of naloxone
- ensure ready-for-work programmes are supportive and not reliant on punitive measures, such as drug testing and sanctioning
- provide advice to workplaces on how to create enduring health and safety cultures, including through our work with the NZ Defence Force
- encourage workplaces to recruit staff with lived experience of a substance use disorder.