Insights into synthetic cannabinoid use
New Zealand Drug Foundation report

Submitted to the Ministry of Health: December 2018
Tēnā koe

The New Zealand Drug Foundation was asked by the Ministry of Health Addiction’s Team in the Service Commissioning Business Unit to establish:

- which demographic groups are being most seriously affected by the use of synthetic cannabinoids (age, employment status, housing status, geographical region and so on)
- what motivates individuals to use synthetic cannabinoids
- what interventions, assistance and messaging would best help these individuals to move away from their use of synthetic cannabinoids, or to reduce their use, or to make their use less likely to be fatal or otherwise harmful.

We worked with a range of organisations across New Zealand who had contact with people using synthetic cannabinoids. This report details the insights and a range of solutions to help address synthetic drug harm.

Our report is structured as follows:

- **PART ONE** How we gathered insights
- **PART TWO** Insights tell us the most vulnerable are the worst affected
- **PART THREE** Health-based recommendations

We look forward to working with the Ministry of Health and other relevant agencies to prevent further harm from synthetic cannabinoids.

Please let us know if you have any questions about the contents of this report.

Ngā mihi,

Ross Bell
Executive Director

The Drug Foundation is a charitable trust. We have been at the forefront of major alcohol and other drug debates for 30 years, promoting healthy approaches to alcohol and other drugs for all New Zealanders.
PART ONE – HOW WE GATHERED INSIGHTS

1. Part One outlines the process we followed to gather insights about people using synthetic cannabinoids across the country. These insights included: who they are, what motivates them, and what needs to change in order to reduce the serious harms they are experiencing. The first step was to identify the best organisations to partner with to gather insights and share knowledge.

2. We contacted services and organisations that are already seeing and supporting people using synthetic cannabinoids. These included:
   - DHBs
   - NGOs
   - Youth services
   - AOD services
   - Health and emergency response services
   - Homelessness services
   - Police
   - Community organisations.

3. A full list of the organisations we reached out to is included as Appendix One.

4. We found that those who were best able to offer insights from first-hand experience were the police, emergency first responders, and agencies working with the homeless and those in insecure housing.

5. The alcohol and other drug treatment services we contacted reported less contact with people using synthetic cannabinoids, and youth services also reported limited contact.

Following initial conversations, we established a ‘community of practice’

6. Once we identified relevant organisations, we set up a community of practice with over a dozen organisations from around the country. The idea was to share knowledge to inform a cohesive response to the crisis, and learn from each other around the kinds of responses that work. More information about the community of practice is included as Appendix Two.

7. The group has held regular online video meetings since September.

The community of practice created an insight gathering (survey) form

8. We developed a one-page insights gathering form for organisations to complete with clients who currently use synthetic cannabinoids or have recently used them. The purpose of the form was to collect mostly qualitative data to help inform the response.
9. Forms were anonymous, but the location, and details of the organisation that collected the data was recorded separately. Participants were asked questions around:

- demographics (age, ethnicity, employment status and housing situation)
- frequency of synthetic cannabinoids use
- primary needs, and
- possible motivations for change.

10. Completed forms were returned to the Drug Foundation for analysis. A copy of the form is included as Appendix Three.

**Sixty-two responses were received and analysed**

11. Responses were collected from 1 October – 30 November. A total of 62 completed forms were received in this period, from the following organisations:

<table>
<thead>
<tr>
<th>Region</th>
<th>Service</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland</td>
<td>Auckland City Mission</td>
<td>17</td>
</tr>
<tr>
<td>Auckland</td>
<td>Lifewise</td>
<td>12(^1) (one was discarded)</td>
</tr>
<tr>
<td>Auckland</td>
<td>Auckland Police</td>
<td>3</td>
</tr>
<tr>
<td>Christchurch</td>
<td>Christchurch City Mission</td>
<td>10</td>
</tr>
<tr>
<td>Christchurch</td>
<td>Christchurch Police</td>
<td>9</td>
</tr>
<tr>
<td>Christchurch</td>
<td>Odyssey House</td>
<td>8</td>
</tr>
<tr>
<td>Christchurch</td>
<td>He Waka Tapu</td>
<td>2</td>
</tr>
<tr>
<td>Christchurch</td>
<td>Christchurch Men’s Prison</td>
<td>1</td>
</tr>
</tbody>
</table>

12. Responses were coded into a database, which separated respondents’ answers into different categories. From here, we built up an overview of the main insights, and cross-referenced themes with demographics to see what patterns emerged.

\(^1\) One was discarded because the respondent didn’t use synthetic cannabinoids
The results were ‘sense-tested’ with a range of organisations and individuals

13. Statements collected from the insights data were ‘sense-tested’ throughout the process. This was to make sure the findings were consistent with what is being seen in communities, and to agree on the dominant themes emerging from the survey results.

14. We did this through:

- regular follow-up conversations and brainstorm sessions with individual organisations and medical specialists
- online video meetings with the community of practice, who helped gather form responses. Individual responses were read out to the group, discussed and clarified. Potential recommendations based upon those themes were discussed and agreed
- a workshop in Auckland attended by staff and peer support workers with first-hand experience of homelessness and synthetic cannabinoid use. The purpose of the workshop was to get further perspectives on potential solutions. Organisations represented were:
  - Odyssey House
  - Lifewise, a social development organisation implementing the Housing First model
  - Kāhui tū Kaha, a not-for-profit provider of housing and mental health services
  - Auckland Community Action on Youth And Drugs.

Limitations of the insights

15. It is important to note this was not a representative survey. These insights are likely to represent higher needs clients because they were gathered by frontline agencies\(^2\) and criminal justice organisations\(^3\). Different agencies tend to have clients representing specific demographics. With such a small sample of responses, this has impacted the weighting.

16. Many responses were gathered by those working with people who are homeless, or in insecure housing. For example, homelessness services tend to have more contact with older populations, who are mainly male and often Māori. In contrast, many of the forms gathered by Police were from younger people. There was consensus among respondent agencies that this is the group facing the most harm, so we are not concerned by this.

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\(^2\) including homelessness services and one treatment service

\(^3\) Police, and a male prison.
17. All individual insight responses from people using synthetic cannabinoids were from Auckland and Christchurch but we engaged with services throughout the country.

18. Other groups of people using synthetic cannabinoids were identified by services but not as well represented in the responses. These groups included:
   - young people who are not in work or training and are using out of boredom
   - people avoiding workplace urine drug testing
   - people who started used legally available products and maintained use.

19. We contacted youth services to capture data about these groups, but they were either unable to provide responses or currently had no young clients using synthetic cannabinoids. This could either mean that young people are not experiencing as much harm as other groups, or that they are not accessing support from services. This gap in data is a limitation of the research that must be taken into account when reading the results. Solutions to this are mentioned later in the report.

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4 Some services said it was an issue in the past.
5 Although Police data shows some young people are experiencing harm.
PART TWO – INSIGHTS TELL US THE MOST VULNERABLE ARE THE WORST AFFECTED

20. The findings set out here were collected from conversations and workshops with services; data from the insights-gathering forms; and a St John Ambulance snapshot report. Where possible we have referred to the original source to give context to the findings.

Respondents were predominantly homeless, Māori, and male, but included a range of ages

21. Half of respondents were Māori, and most were male. Respondents ranged in age, with two thirds unemployed or on a benefit. Half of the sample were homeless - including eleven who had no shelter.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Māori</td>
<td>52%</td>
</tr>
<tr>
<td>NZ European</td>
<td>31%</td>
</tr>
<tr>
<td>Pacific Island</td>
<td>6%</td>
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<tr>
<td>New Zealander/Other</td>
<td>13%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 - 18</td>
<td>7%</td>
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<tr>
<td>19 - 24</td>
<td>18%</td>
</tr>
<tr>
<td>25 - 30</td>
<td>17%</td>
</tr>
<tr>
<td>31 - 40</td>
<td>16%</td>
</tr>
<tr>
<td>41-50</td>
<td>20%</td>
</tr>
<tr>
<td>50+</td>
<td>11%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing status</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable accommodation</td>
<td>46%</td>
</tr>
<tr>
<td>Temporary accommodation</td>
<td>30%</td>
</tr>
<tr>
<td>Without shelter</td>
<td>20%</td>
</tr>
</tbody>
</table>

6 Snapshot report on synthetic cannabinoid ambulance callouts from July - August 2018.
7 6 people didn’t identify their age.
8 A few were on sickness benefits, a volunteer or didn’t answer.
9 An inclusive definition of homelessness was used. This includes people in temporary accommodation or without shelter. Two person didn’t respond to this question.
10 People that identified more than one ethnicity have been counted in both categories
11 Included NZ European, European, Pākehā
12 Included Pacific Island and Samoan
13 Includes other Kiwi, New Zealander, Indian, East African
Harm is concentrated in certain locations, often in small pockets

22. Christchurch and Auckland have major problems with synthetic cannabinoids. All of the insights forms received were from these regions, and ambulance call outs were much higher there than in other locations.\(^{14}\)

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Total number of synthetic cannabinoid ambulance call out between July and August 2018}
\end{figure}

23. We know that communities outside of Auckland and Christchurch have issues with synthetic cannabinoids. Organisations in Porirua and Maraenui reported that their communities faced serious problems with the drugs.

24. Issues from synthetic cannabinoids appear to be geographically determined, across the country and within cities and towns. For example, Downtown Community Ministry (DCM), a homelessness service in Wellington, reported little or no use by their clients. In contrast, Auckland City Mission said synthetic cannabinoids was the drug of most concern for their clients, after methamphetamine.

25. Participants in the Auckland workshop said that use was highly concentrated in some suburbs, and not a problem in others. High levels of use could in some cases be drilled down to specific streets:

   “100% of homeless people on Queen street are using synnies now. On K-road it’s meth and other drugs, and on the area above Sky City they drink.”

26. Because heavy usage is apparently concentrated in certain areas, some responses could be discretely targeted carefully by neighbourhood, or even by street.

\(^{14}\) NB: Wellington Free Ambulance data couldn’t be obtained in time to include in this graph.
Most respondents used synthetic cannabinoids very heavily

27. Two thirds of respondents used synthetic cannabinoids frequently (daily or a few times a week). Most of these people consumed very large quantities.

28. Using a “a bag” or more a day was common. A bag is between 0.8-3.0 grams of smokable product and would provide extreme intoxication for around 2-4 hours depending on the synthetic cannabinoid, batch strength and tolerance of individuals. Using 3-4 times a week or more for other drugs, like methamphetamine, is often a proxy for dependence.

29. Some respondents reported the use of “3-4 bags”, “14 grams a day” and some were spending up to “$200-$300 per day”. These people will likely be under the influence of synthetic cannabinoids for most of the day, and tolerance will be high.

30. Conversations with agencies revealed even higher levels of use might be common with some people. A peer support worker in Auckland reported it was not unusual for his clients to use 15 bags a day, and that he knew of two people who reported using 30 bags a day, or up to 45 grams.

31. Services confirmed that some people are re-dosing to avoid an unpleasant comedown. These unpleasant withdrawal symptoms can start within an hour of use, increasing the risk of compulsive or dependent use. Seven respondents highlighted that they found synthetic cannabinoids to be highly addictive.

32. One in five respondents used synthetic cannabinoids once a week or less. These people generally reported using much smaller amounts than people who used more frequently. Amounts varied between one joint and a few puffs of a bong. This shows there can be usage at less extreme levels.

While polydrug use was common, half of respondents reported only using synthetic cannabinoids

33. Alcohol was used with synthetic cannabinoids by a third of the respondents. Alcohol is likely to have negative interactions with any synthetic cannabinoid. Eight people said they used methamphetamine and/or cannabis. Eleven respondents identified two or more other substances they used with synthetic cannabinoids. Polydrug use makes people even more vulnerable to overdose and harm. Eleven respondents identified two or more other substances they used with synthetic cannabinoids. Alcohol and methamphetamine were the most common.

34. Half of the respondents didn’t use other drugs with synthetic cannabinoids. Some stopped using other drugs because synthetic cannabinoids produced such a strong effect. One respondent said they didn’t use other substances

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15 Except one person who used as much as size ounces at once
16 Using more than one drug at a time.
17 Glue and solvents were mentioned by a couple of people, and one person said they used ‘everything’.
because he was “usually out of it”, which matches with other respondents who reported synthetic cannabinoids were very fast acting.

**Harms from synthetic cannabinoids**

**Synthetic cannabinoids had very negative effects for almost everyone**

35. Five out of six respondents reported synthetic cannabinoids had negatively affected their lives. Almost half the respondents had been hospitalised and/or experienced seizures. Other negative consequences reported were vomiting, distorted feelings, psychosis and blacking out.

36. Some cases were very extreme. One person said they were in hospital in a coma for two days. Others had experienced seizures more than once. Another said two friends had died, one of them in his arms.

> “Collapsed today and they had to call an ambulance, I was totally out of it. If the batch is good then it’s ok I just space out for a bit and forget about shit. Lately though the stuff has been really bad. I get sick and have to throw up. Sometimes I just pass out completely. It gets you hooked real quick too. I need it every day now.” Male, 19 – 24 years

37. Mental health issues were prevalent. Suicide ideation was mentioned by some respondents. Others identified depression, anxiety and hallucinations. One person said that synthetic cannabinoids would probably kill him.

> “Relationship issues, suicidal thoughts, emotional, negatively affects [his] mental health (depression and anxiety).” Male, Māori, 19-24 years

38. A couple of respondents said their synthetic cannabinoid use had also affected relationships with family.

39. Half the respondents were homeless and unemployed. Almost all of these people reported synthetic cannabinoids had a negative effect on their life. Seizures and/or hospitalisation were common.

40. Only a few respondents said synthetic cannabinoids had no impact on their life or a positive impact. Most of these used smaller amounts less frequently and didn’t have as many negative experiences as some of the other respondents. The experience of these people is more consistent with recreational use. But they will still be at risk because any batch of illicit

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18 7 people  
19 Only one-person experienced seizures and been hospitalised but he noted he used “enough to medicate” and was dependent.  
20 They were a range of ages, housing status and employment.
synthetic cannabinoids could potentially be lethal, depending on the chemical and potency. It would be useful to focus future insights-gathering work on these populations.

**Nearly 300 Ambulance call outs over a two-month period were for synthetic cannabinoids**

41. Synthetic cannabinoids are putting a strain on our emergency services, and many lives are in danger. In two months, 15% of St John ambulance calls involving synthetic cannabinoids were for people who were deceased, or in life threatening or potentially life-threatening conditions.

![Figure 2: Status of synthetic cannabinoid ambulance call out between July and August 2018](image)

**Motivations for using synthetic cannabinoids**

**People mainly use synthetic cannabinoids because they are accessible, cheap and they can get ‘out of it’**

43. Half the respondents reported that synthetic cannabinoids were easy to get. People in the Auckland workshop said synthetic cannabinoids were easy to get on the street whereas you had to go to a dealer for cannabis.

44. One third identified the cheap price as a motivation for use. In reality, price is likely to be relevant for most people who use, but this question was not asked specifically on the insight form. Most agencies we spoke to mentioned price as a relevant factor in people’s choice to use synthetic cannabinoids over alcohol.
and other drugs. We suspect that as with other substances, the price becomes less of a deciding factor once an individual becomes dependent.

45. A lack of hope and feelings of despair ran throughout many of the responses. One out of five people said they used synthetic cannabinoids as a coping mechanism, and a similar number used them to block feelings, pain or get ‘out of it’. This included helping them survive on the streets, block out the cold, deal with their mental health issues and getting through the ‘daily grind’.

“[Synthetic cannabinoids are used] to keep warm on the streets.”
Male, Māori, 41-50 years

“[Synthetic cannabinoids] get me away from reality.” Male, Māori/Indian

46. Synthetic cannabinoids seem to help people manage their difficult lives. Services we engaged with said synthetic cannabinoids play a central role in helping people cope with their circumstances, mental health issues, and trauma and it was very effective for this.

47. Only five people mentioned they used synthetic cannabinoids to experiment with two people still experiencing side effects, including seizures resulting in hospitalisation, and distorted thoughts. Others identified they used synthetic cannabinoids with friends or family.

“A friend comes to my house to smoke them and I have a bong when she has one.” Female, Māori, 19-24 years

48. Frontline agencies agreed there was probably a variety of people using synthetic cannabinoids. Some people used them recreationally, and in groups/social situations. But service providers felt that most of the people using synthetic cannabinoids very heavily were using them to escape from their reality and cope with their circumstances, whether because of difficult circumstances, mental health problems or past trauma.

A few people used synthetic cannabinoids as an alternative to cannabis

49. Synthetic cannabinoids are cheaper than cannabis, more accessible, and can’t be detected by a standard workplace drug test. A Porirua-based service said that some of their clients became dependent on synthetic cannabinoids when the local meat works started drug testing, and they wanted a way to get high that wouldn’t put their jobs at risk.

“They didn’t show up in drug tests when they were sold legally.”
Female, Māori, 41-50 years.

21 ADHD/anger, and ‘voices in their head’. But others noted synthetic cannabinoids exacerbated their mental health.
50. Some respondents were using because natural cannabis wasn’t available.

“At first I tried it cause it was dry season for getting weed. Synthetics was the only thing that was available. Once I had a few bags I was hooked.” Female, 25-30 years

51. A few respondents started using synthetic cannabinoids when they were legal, and then kept using because they had become dependent. Services said this was probably more representative of younger populations.

The law didn’t stop people using synthetic cannabinoids

52. Services highlighted that the legal status of the drugs didn’t stop their clients using synthetic cannabinoids. One respondent said synthetic cannabinoids had got him in trouble with the law. Another said he had conditions on his probation and it still didn’t stop him using.

53. Some services observed that people knew they risked death by using synthetic cannabinoids, but that this did not make them want to stop. This observation was backed up by the responses to the survey: many respondents had been to hospital multiple times because of their use.

A range of support options are needed

Most people wanted to stop using synthetic cannabinoids. But they will need a lot of support

54. Over half of the respondents said they wanted to stop using synthetic cannabinoids. Most of these people felt they needed access to counselling services, detox and wider support.

“Wanted to get off so attended CADS [Community Alcohol Drug Service] and came to social detox.” Male, European, 25-30 years

55. People don’t generally view synthetic cannabinoids positively. One addiction service said their clients, once in recovery, didn’t ever want to go back to using synthetic cannabinoids. This contrasted to people in recovery for other drugs.

56. Despite services saying people don’t want to use again, risk of relapse, even after treatment, is high. Another specialist recounted the synthetic cannabinoid-related death of a young woman who started using again recreationally, even though she had comprehensive wrap-around support.

57. Services confirmed the window of opportunity to engage people using these drugs is very small. Withdrawal is very strong and the urge to use again is

22 8 people didn’t respond, 2 people said they wanted to cut down,
great. One service highlighted that it was dangerous to work with people in the community too long without getting them into detox and treatment for this reason. If someone is ready and motivated to go to treatment, they need access immediately.

**People aren’t always at a stage where they can change their use**

58. Eight respondents didn’t want to change their use, and one respondent said they wanted to use more. Five were without shelter, which is highly likely to explain their lack of desire to stop using. One person said he wanted more, even though he had been in hospital ten times. Another person when asked what would help them stop using said “if I die”.

“Nothing can help me.” Male, Māori/Pacific Island, 19-24 years

59. Synthetic cannabinoids are used to help people cope with their circumstances. Services agreed that if their conditions remain the same, people will keep using these drugs.

60. Frontline services believed motivation to change can be built up over time if someone is engaged with the right service. Housing First providers found this was the case with some of their clients.

61. Engagement will likely be extremely hard with people at the extreme end of use, and in the most vulnerable situations because synthetic cannabinoids are very different from the traditional drugs they mimic. Withdrawal can be immediate and very intense which can cause extreme behaviour and psychological issues.
PART THREE – HEALTH-BASED RECOMMENDATIONS

62. Funding resources and action should be prioritised for the communities where deaths from synthetic cannabinoids have occurred: Maraenui, Auckland, Christchurch, Whanganui and Porirua. Funding for other areas should be prioritised based on coroners’ reports on localised harm, and where issues have been identified.

63. These recommendations begin by outlining short to medium-term actions the government should take to reduce the harm from synthetic cannabinoids. Putting these recommendations into action will also lessen the impact of other social issues and increase overall responsiveness to future drug issues such as synthetic cathinones.

64. Most of the recommendations below have been developed in consultation with agencies dealing directly with people using synthetics and ‘sense-checked’ with the community of practice group.

Establish a centre for substance harm reduction and innovation

65. A centre for substance harm reduction and innovation will enable a comprehensive and sustained response to synthetic cannabinoids and other emergent drug issues.

66. A dedicated centre for excellence would improve current and future responses by increasing ability to act fast, coordinate efforts, rapidly upskill workforces and develop prevention initiatives. This centre could help coordinate:

- a rapid response health referral system
- clinical improvements through the community of practice
- substance-specific training for health and social services
- oversight of local responses
- research into effective interventions for other demographic groups suffering harm from synthetic cannabinoids, such as young people.

67. Each of these is described in more detail below.

Introduce a rapid response health referral system

68. Ambulances, police and emergency departments have been responding to acute harms and overdoses from synthetic cannabinoids at increasing rates. Many services would like to see greater involvement from the rest of the health system, and easier referrals on to other services, to minimise the burden on emergency services.
Case study: Wellington health referrals

Wellington emergency department has an MoU with Te Aro Health. Patients with no permanent place of residence are automatically enrolled with the PHO, and follow-up support is provided through DCM Wellington. This has helped to reduce the number of patients walking out after treatment without follow ups.

69. We recommend co-designing response pathways for ambulance, police and emergency departments when responding to acute incidents from synthetic cannabinoids. This process would model all intervention points mentioned throughout this report, ensuring everyone has a referral into further support. This referral process needs to account for the fast onset of withdrawal, strong urge to use again and limited support structures that many patients have to return to.

70. Intervention pathways should also be mapped out for people who are struggling with their synthetic cannabinoid use but have not yet required emergency support.

Coordinate clinical improvements through the community of practice

71. Clinical information and research around synthetic cannabinoids is limited. What is available is highly technical, with a focus on pharmacology rather than responding or best practice. Some of the synthetic cannabinoids used in New Zealand are not in widespread use in any other countries. Local clinical findings are therefore the only insights available. The full range of support or harm reduction options for people using synthetic cannabinoids are also unknown.

72. The synthetic cannabinoids community of practice has been very effective at gathering insights, sharing experiences, and sense-testing messaging and recommendations. Members are leaders within their sectors, professions and regions around this issue. Members of the community have found the group to be very useful, and it has provided a direct line of contact from services to the Ministry.

73. We recommend the community of practice continue to be supported so it can evolve and expand. Keeping this range of stakeholders connected is the best way to share insights and innovation and ensure New Zealand has consistent approaches and messaging that reduce harm. The community of practice could be worked with to:

- share training opportunities
- test resources and messaging
- develop communication plans
• contribute to updating clinical practice and guidelines
• provide rapid insights on substance issues to the Ministry of Health.

74. An example of how this could work successfully is provided by the NEPTUNE23 collective in the UK. The collective developed comprehensive clinical advice for new psychoactive products.

Provide substance-specific training for health and social services

75. Synthetic cannabinoids are distinct from traditional drugs. The lack of understanding and knowledge in this area is a barrier for health and social services responding to this issue.

76. Services and clinicians have requested:
• information around clinical best practice
• general information on what synthetic cannabinoids are, how they affect the body and what to expect when engaging with someone who has been using synthetic cannabinoids.
• clinical training, to improve practitioners’ understanding and responsiveness to this issue
• training and resources for first responders and primary care practitioners on how to provide a brief intervention for clients who are not ready to stop, how to assist people into services, and how to support friend or family withdrawal.

77. The proposed new centre would be in the best position to provide this training, messaging and guidance.

Provide national oversight of local responses and implementation of harm reduction interventions

78. Local solutions are needed for synthetic cannabinoids. With the proper assistance and resources, local energy can be funneled into evidence-based, effective solutions. Communities have found the toolkit (attached in Appendix Four) useful for beginning a collaborative response and connecting services.

79. Ongoing oversight of local responses at the national level is essential to ensure that learnings are shared, that harm reduction approaches are embedded and connections are made with local services or community of practice members. Local success stories should be recorded and put into case studies to inform other communities, as should international research.

80. The centre could also propose and develop innovative harm reduction solutions specific to synthetic cannabinoids. One example might be the

23 http://neptune-clinical-guidance.co.uk/
development of a medical alert bracelet or similar that monitors heart rate and can alert emergency services in the event of cardiac arrest or stopped breathing.

**Develop solutions for groups using synthetic cannabinoids who aren’t well represented in existing insights**

81. The insights in this report have focused on the people experiencing homelessness. This group is most visibly impacted by synthetic cannabinoids. However there has been consistent anecdote to suggest that other groups of people using synthetic cannabinoids are:

- young people who are not in work or training and are using out of boredom,
- people avoiding workplace drug testing
- people who used legally available products and maintained use after 2014.

82. We recommend targeted research to engage with people from these populations to gather insights around their use, experiences of harm and what may motivate them to stop use, or otherwise minimise harms experienced. This will involve going to communities where there has been harm and talking to services, families and people using. A lot of evidence and narrative is also collected through coronial processes and if possible, these should be used to inform insights.

83. Targeted prevention for these populations could then be developed.

**Work with employers to better respond to substance related issues and reduce the use of drug testing**

84. Workplace drug testing sometimes has the unintended consequence of leading people to shift from easily detectable drugs such as cannabis or methamphetamine, to synthetic cannabinoids, in order to maintain employment. We need to stop this trend as a matter of urgency.

85. Employers should be supported to understand how to correctly use drug testing. For example, best practice dictates pre-employment drug testing should only be for safety sensitive roles, and random drug testing limited to safety roles and only as part of a workplace wide response to impairment.

**Deliver appropriate housing solutions**

**Prioritise Housing First approaches for people using synthetic cannabinoids**

86. People using synthetic cannabinoids need access to suitable housing that suits their needs.
87. Frontline services highlighted that the Housing First approach worked for people who were homeless and using synthetic cannabinoids. Even though the programme is not designed to address substance use directly, it removes people from unstable environments where they find it difficult to change their use.

88. When someone who doesn’t have a home is given one, they are able to focus on more than mere survival. Housing First initiatives helped address some of the underlying reasons for drug use. Frontline services have found that once housed with wraparound support, many clients were able to see the big picture and were more motivated to change their substance use. But it is still extremely hard.

89. Housing first practitioners found that traditional addiction counselling was less suitable for their clients. Harm reduction advice and flexible addiction support is more effective.

Case Study: Housing First Auckland

Housing First Auckland is based on the successful People’s Project in Hamilton which found homes for 842 people in its first two years. Five organisations work as a collective. They have successfully housed 572 people and supported them to keep their tenancies. These people have multiple and complex needs including drug or alcohol dependency, and they had been considered “chronically homeless”.

Make sure people get wraparound care in transitional and emergency housing

90. Transitional housing can get people out of crisis. Half the respondents without shelter didn’t want to reduce their use of synthetic cannabinoids but almost everyone in temporary housing did. Frontline agencies said clients were more willing to think about changing their drug use when they were out of immediate crisis.

91. Ideally, transitional housing should be provided along with wraparound care. This could include support with issues such as food, money, laundry, shower, managing debt and just needing a new start or environment.

“[Identified needing] Housing first and something to occupy my time.” Male, 41-50 years

“Having a more stable living situation [would help him stop using synthetic cannabinoids].” Male, NZ European, 50+ years
92. Frontline agencies highlighted that changes happen slowly and not always on a continuum. People who can’t immediately stop using synthetic cannabinoids, or cycle in and out of use, shouldn’t be excluded from transitional housing.

93. People experiencing homelessness are particularly vulnerable in the winter months. A few people who didn’t have shelter mentioned using synthetic cannabinoids to block out the cold. We would like to see people using synthetic cannabinoids get easy and fast access to emergency housing, paired with wraparound care.

**Introduce crucial harm reduction services**

94. ‘Harm reduction’ means meeting people where they currently are in terms of their substance use and their lifestyles and providing them with the tools they need to reduce their risk of drug-related harm. Harm reduction acknowledges that not everyone will be ready to stop using synthetic cannabinoids, and complete abstinence will not be a realistic goal.

95. Providing people with harm reduction advice, information and tools can give an opportunity to establish trusted relationships between service providers and those who could do with their support. This is crucial for engaging with harder to reach communities.

96. A good example of harm reduction information is the synthetics brief advice card which is relevant information for people currently using these substances. This kind of information is best delivered through harm reduction services, such as drug checking at festivals or outreach workers. Harm reduction tools, such as the provision of sterile injecting equipment, are the most effective way to engage people.

**Establish a drug early warning system**

97. An early warning system would allow communities and authorities to be notified if there are particularly harmful substances or potent batches on the market. Pooled data from customs, police, coroners, hospitals, health services and frontline workers can give a picture of the current market which can then be distributed to the community.

98. Specific information on where the drug is, what it looks like, what it is being sold as, safer dosages and what to do in an emergency need to be distributed to services and the community. These warnings will reduce use, ensure any use that still happens is safer and improve emergency and health responses. This information should also be distributed through outreach services, providing communities with information in a way that is relevant to them.

99. The development of the early warning system with an initial focus on synthetic cannabinoids should be fast-tracked, and dissemination of information back to
vulnerable communities should be prioritised. The warning system should be extended to all substances once it is in place and working well.

100. We recommend making funding available to test all substances seized by police and customs, as well as those originating from hospitals and health providers.

Introduce community-based free drug checking

101. Drug checking is one of the most successful ways of preventing harm. People can check their substances for potency and make sure it doesn’t contain harmful synthetic cannabinoids. Advice about safer use can be given to everyone using the drug checking service, along with a referral to support services if desired.

102. We recommend exploring ways of allowing people to check their synthetic drugs. Drug checking services could be available at fixed locations that can be accessed by people who use synthetic cannabinoids. Harm reduction workers could provide advice on how to be safer with synthetic cannabinoid use and offer a referral to housing services and addiction services if appropriate. This would also be a valuable source of information for the early warning system.

Explore drug substitution options

103. Substitution therapy has been successful for the treatment of other drugs. But there aren’t any known legal drugs that can act as a substitute for synthetic cannabinoids. One service asked respondents whether they would choose synthetic drugs or cannabis: six people would still use synthetic cannabinoids, eight chose cannabis and three people said they would mix them. Price, availability, harm and desired effect were deciding factors.

“Cannabis - but it is too expensive.” Male, NZ European, 50+ years

“Synthetics - because it ‘makes me numb’” Male, European, 25-30 years

104. We recommend that clinicians thoroughly investigate what drugs could act as a safer substitute.

24 Gas Chromatography Mass Spectrometers (GC-MS) are required to identify synthetic cannabinoids on the plant matter

25 This is based on advice from a clinical specialist
Explore how successful harm reduction initiatives can be adapted

105. We recommend learning how harm reduction initiatives could be adapted for synthetic cannabinoids. For examples, drug consumption spaces and people tapering their dose.

106. Drug consumption spaces are supervised areas for people to use drugs to reduce use in public spaces, enable swift medical responses and engage with vulnerable communities. They work best when matched with harm reduction interventions and when they provide immediate access to support if wanted by the clients.²⁶

107. Consumption rooms have mostly been used for injecting of opioid drugs. A consumption room in Australia averted an estimated 56 deaths per year.²⁷ If adapted for people using synthetic cannabinoids, they could reduce acute harm and increase engagement with services.

108. Initiatives that help people dilute their dose are also highly effective. For synthetic cannabinoids, this could be supporting people to taper their dose over time (potentially using hemp or damiana).

Transform treatment and support service delivery

109. The recently published He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction found that: demand for addiction services is increasing, current issues around capacity and capability will continue to get worse, and very little has been invested into services such as residential treatment.

110. It also found that addiction-specific services receive only about 11 percent of the overall funding in mental health and addiction services, and that there is strong need for a continuum of well-designed services for patients with a wide range of need levels.

111. We found the same issues when looking at synthetic cannabinoid use and endorse the Inquiry’s recommendations to increase funding into the addictions sector. Increased funding should provide more access to a greater range of services across the country with better collaboration between the mental health and addiction sectors. This would enable:

• A comprehensive range of culturally responsive, evidence-informed options that give people choices
• Interventions in general practice and primary care settings
• Residential and social detox options, and follow-up community-based services.

²⁷ https://uniting.org/who-we-help/for-adults/sydney-medically-supervised-injecting-centre/resources
112. We recommend investing heavily in services that are supporting people struggling with their synthetic use. Addiction and other support agencies should be funded to be able to work with people for as long as they need. This will help prevent relapse and give people the support they need to rebuild their lives. We have highlighted in this section how service delivery must change for people who use synthetic cannabinoids.

**Make sure services are equipped to provide wraparound support to people using synthetic cannabinoids**

113. Traditional service delivery is often not suitable for people who use synthetic cannabinoids. Current treatment models only work for those who can handle rigidity and expectations. There are too many barriers for them to overcome. And very negative attitudes in the community about synthetic cannabinoids can also form a barrier to people seeking help.

114. People who use synthetic cannabinoids need a single service they trust where they can get a range of support. Wraparound services provide multidisciplinary support for people using synthetic cannabinoids and could include addiction treatment, mental health, social workers, housing and/or employment support, and peer support.

115. Wraparound care can work with clients where they are at, whether they are in crisis, need housing support, or social detox. These services need to be people-centred and work with clients on what is most important to them right now. Wraparound care can help build positive support structures and help people build a new purpose to help in their recovery.

116. These services should also have support workers and/or caseworkers to make sure clients stay engaged and get the specific support they need. These caseworkers facilitate getting the client wider support if it cannot be supplied in house.

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**Case study: Auckland City Mission**

This homelessness service provides extensive wraparound care for their clients. Inhouse services include in-house social detox, addiction counselling, transitional housing, food banks, primary care, and podiatry. Their team can provide solutions for primary needs and ongoing long-term support.

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28 Barriers include a long minimum treatment programme of 8 weeks, lengthy intake and assessment processes, a requirement to be sober before accessing services, a staged referral process and an artificial separation of mental health and addiction services.
The delivery of wraparound care will depend on community resources and services. But there are number of possible modes of delivery:

- **Co-located services:** Multiple services can be housed in the same building. Services can then coordinate wraparound care without requiring the client to go to different locations.
- **Satellite sites within existing services:** Satellite teams can be stationed at places frequented by people that use synthetic cannabinoids. Successful models of this already exist in New Zealand, such as that run by DCM Wellington²⁹.
- **One service holds multiple contracts in-house:** Services can deliver multidisciplinary support. Good examples include youth one-stop-shops³⁰ and Auckland City Mission.

Flexible funding and contracts are crucial. Wraparound services need to be able to trial different service delivery models and quickly adapt to client needs. Many treatment and frontline services said they wanted to deliver more wrap around support but they were constrained by DHB contracts, resources and staffing.

### Appropriately resource a range of addiction and mental health treatment within wraparound services

Respondents identified a range of addiction support they would need. Almost half of the respondents said they needed counselling, while one third said they would like access to detox services. Other addiction support mentioned included peer support, day programmes and residential treatment.

> “Counselling helps a lot. Talking to someone and or people that have been in their shoes can help a lot. I know coming to Wahine Whai Ora³¹ I did find group easy as you could feel you weren’t the only one feeling the way you did.” Female, Māori, 25-30 years

There will likely be other treatment options not mentioned by the respondents. People experiencing dependence might not always know what is available so they can’t always identify the exact solution that is best for them.

Some people used synthetic cannabinoids because of mental health issues. Others reported their drug use exacerbated their mental health. Depression, anxiety and suicide were mentioned by multiple respondents.

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²⁹ This is a homelessness hub which also houses satellite teams, including primary care and dental health
³⁰ These often house youth workers, NEET contracts, counselling, GPs and nurses.
³¹ community-based drug and alcohol day service programme for women
“I don’t want to use them anymore. I have mental health issues and it’s not good for me but I like to get high.” Female, Māori, 19-24 years

122. Clinical experts commented on the high level of need for people who had longer stays (up to six months) on mental health wards. Clinicians have said psychosis can be common from a lot of synthetic cannabinoids use. A youth residential service commented that psychosis linked to synthetic cannabinoid dependence was much harder to treat.

123. Wraparound care for synthetic cannabinoids should have no threshold criteria. These services should be equipped to help people no matter what their level of need.

Resource more services in each community to be low threshold

124. “Low threshold” services are open to anyone who requests support, with no entry criteria. Any door should be the right door. These services are essentially walk-ins – no sign ups, no need to fill in multiple forms - and can immediately work with clients in some capacity. Homelessness services are a great example of low-threshold services. They offer support with no requirements on their level of engagement.

125. Services should never turn people away who are struggling with their drug use nor should they have abstinence as a requirement for engagement. Low-threshold services can actively facilitate people getting access to longer-term addiction services and other support while providing immediate help or relief from crisis. This will be a crucial link in the health referrals system.

126. We recommend focusing efforts on low-threshold services for people who use synthetic cannabinoids. This can be achieved by removing or lowering client criteria, establishing drop-in centres, supporting and facilitating peer support services and services that do not require a person to commit to a full ‘programme’ to access help. Low-threshold services offer help without the need to spend weeks getting agency sign-off for funding.

127. A good first step to implement would be to have immediate support available, like a peer support worker, who can facilitate intake. Over time, services need flexible contracts, extra staffing and resources to become a low threshold service.

Make sure every community has access to detox services that can specifically respond to synthetic cannabinoids

128. Social detox should be available in all relevant communities. One third of respondents said they needed access to detox. Residential options are important because services noted that removing people from their social
context was often crucial to recovery. Synthetic cannabinoids are easy to get and the urge to use is strong. A few people also noted they needed to be removed from their social context because they consume these drugs with their friends or partner.

129. People using large amounts of synthetic cannabinoids will require medically supervised detox. If they stop using, they will probably have very significant and unpleasant withdrawal side-effects for up to 3 weeks. A treatment service said the withdrawal process is very intense and without medication clients would get so anxious they would leave treatment. This is particularly true for those using a lot, over a long period. Some people may have been cycling constantly from intoxication to withdrawal for months on end.

130. Best practice dictates that detox programmes and services should be substance-specific. Most social detox programmes are only contracted for 5-7 days to cater for alcohol or opioid use. But the peak of synthetic cannabinoids withdrawal is 4-7 days so people especially need to stay in detox during this time. Synthetic cannabinoid detox should be provided for 2-3 weeks, depending on the case.

131. Very small communities might not be able to have the capacity to provide local detox. So clear referral pathways need to be in place to fast-track the process when someone identifies they need help.

Establish outreach teams and creative ways to engage with people who use synthetic cannabinoids

132. People who are homeless or in insecure housing who are using synthetic substances can be difficult to engage, or link into treatment. Services we spoke to emphasised that building trust is the first step. Creating a sense of community is also essential. Street-based or mobile outreach teams is one of the best ways to build up rapport and start the process of engagement.

133. Frontline agencies said when they did outreach, they couldn’t necessarily help the people they encountered because their workers didn’t have the required expertise. Multidisciplinary outreach teams is the best equipped to deal with people with co-existing problems and can be made up of people from mental health, addictions, homelessness services, peers, social and/or youth workers. The composition can be adapted according to the target populations in each community.

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32 The service highlighted that residential detox and treatment was important. They even removed cell phones so people couldn’t contact their friends or dealer to get synthetic cannabinoids.

33 Withdrawal management can include low-dose quetiapine (12.5mg - 50mg for 7-14 days, but not for people who have had seizures) to manage symptoms, antiemetic for nausea, and diazepam for anxiety and agitation.

34 who are attached to existing services
134. During this insight gathering exercise we were also told of a number of creative examples of projects that have worked to pull people in so that services could begin working with them towards healthier lifestyles.

- Mobile outreach vans attached to services: one organisation mentioned that what they most needed was a van so that they could go to where people are, offering a cup of tea and advice, and help make referrals, if wanted.
- All hours (24/7) outreach support: Services should make sure someone is always available to help people struggling with their drug use. A support worker could take them away from environment, help them find reasons to hope and sources of enjoyment, pleasure and achievement.
- Drop-in spaces: These spaces can be equipped with things that take care of some basic everyday needs, like food, laundry or something to do. People who use synthetic cannabinoids would have a safe space in the community where there is no stigma. Support workers can be onsite.
- Community based activities: Such as community gardening, learning a new skill, volunteer work. These all provide opportunities for meaningful engagement.

135. All of these projects provided opportunities to get people talking about their issues. These interventions are crucial and are often cheap to run. The Acute Drug Harm Discretionary Fund could be used to support some of the small (but very valuable) projects suggested by partners.

136. One stakeholder noted that traditional outreach might not work because synthetic cannabinoids are so different from traditional drugs. ‘Hard and fast’ withdrawal and the urge to use again can cause extreme behaviour, agitation, and other psychological issues. Frontline services will need the freedom to trial new ways of engagement to see what work for people who are using synthetic cannabinoids.

Case study: Street Guardians

Street Guardians was a six-week pilot programme which provided weekly opportunities for the Auckland city centre street community as well as those recently housed by Housing First Auckland. Participants spent a day each week with organisations on activities such as fixing bikes, planting trees and cleaning up beaches. The idea was to create new opportunities and experiences for people experiencing addiction. Services told us that this kind of programme can have a transformative effect on peoples’ lives, as it gives people a sense of hope, dignity and a feeling of being useful in the community.
Ensure peer support is threaded through all services

137. Building up a network of peers with lived experience can help services engage people earlier. Peer workers would have to be well supported with resources, information, and high-quality supervision so that they can do the work well without it impacting their own wellbeing.

138. Grassroots action is already happening. One respondent set up a Facebook support group which currently has 39 members.

139. We recommend all services working with people using synthetic cannabinoids should have some form of peer support and advisory groups threaded through their service. Peer support can engage people much earlier in their recovery journey and provide expert advice of how services need to adapt to cater to these vulnerable populations.

Support local community actions

140. We welcomed the government’s announcement on 13 December 2018 around funding. An extra $16.6 million will be made available to boost community addiction treatment services and provide communities with support – in particular to provide emergency "surge" responses following overdose incidents or deaths. Below are some recommendations on how the $8.6 million for community action and $8 million from proceeds of crime for training and other initiatives can be allocated.

Invest in a dedicated community fund to resource new local responses

141. Communities need long-term support to help them resource and trial new ways of engaging people who are using synthetic cannabinoids. Some organisations we spoke with said local businesses and concerned members of the public had approached them asking for advice. Businesses were also seeing people in distress from synthetic cannabinoids and wanted to know how to respond.

142. Some communities have already mobilised. Several organisations in West Auckland have formed a working group to respond to synthetic cannabinoid harm to people who are homeless or sleeping rough in the area. Organisations involved include local NGOs and treatment providers, peer support groups, CAYAD and DHB staff. They hold regular hui to explore different options for a regional response, based on their community’s needs.

Mandate DHBs or nominated NGOs to coordinate the local responses

143. Services said they needed more FTEs to help respond to the synthetic cannabinoid crisis. They were finding it challenging to engage with people using synthetic cannabinoids and in some communities the issue is becoming more prevalent, placing further demand on their service.
144. We recommend FTE funding is provided to each community to employ a coordinator, or coordinators to establish a local response plan and coordinate local action. The number of FTEs would be proportionate to the size of the community and the scale of the issue. This would be ring-fenced funding with the proviso of mandatory reporting and strict deadlines.

145. The people in these roles can be responsible for planning and coordinating local action about synthetic cannabinoids and would be in constant contact with the centre of substance harm reduction and innovation and participate in the community of practice. They would navigate local services to identify new and community-focused actions based on the specific needs in their area.

146. The centre of substance harm reduction and innovation can act as a valuable resource for these coordinators by providing relevant training, resources, and supporting the community of practice.

Ensure ‘addiction 101 training’ provides knowledge and skills for communities

147. This training can be delivered as a train the trainer by the centre of substance harm reduction and innovation for frontline and outreach workers. They can then train peers and community members who are able to adjust the facts and skills to the local experience. Training could include:

148. **Synthetics 101**: Brief outline of synthetics in New Zealand, the legal frameworks, what the new drug market looks like and the effects of using these drugs.

149. **First aid**: Basic life-saving skills are essential when working with people who are at risk of overdose or other harm. By training frontline service workers and peers in how to respond in an emergency, lives could be saved.

150. **Brief intervention and harm reduction advice**: Frontline and peer support workers would be trained how to have a conversation with someone who is using synthetic cannabinoids, what harm reduction advice to give, how to engage them with support, and how to respond in an emergency. They would be trained to use resources such as the community toolkit and overdose card to identify someone at risk of overdose and reduce harm.

Provide a range of targeted public health messaging

Combine targeted messaging with the right interventions

151. Existing messaging about synthetic cannabinoids is very limited. Many services felt isolated in dealing with synthetic cannabinoids and there were few resources and little advice was available.

152. Messaging by itself is usually ineffective at achieving behaviour change and is easily ignored. People need to be actively engaged with targeted information. It
needs to come from the right source, at the right time and be part of an intervention to be effective.

Development of a range of targeted resources and distribute these to all communities

153. Targeted messaging and resources will aim to increase community awareness of support options available, destigmatise seeking help for this community, ensure people are using in a safer manner and increase responsiveness to emergency situations.

154. We recommend developing a suite of resources to target the full range of audiences with all messages being consistent. Dissemination will be incredibly important. Some of these resources will need to be paired with training to make sure they are used appropriately and actively picked up by the target population.

155. The Drug Foundation has already developed some resources with targeted resources, such as the Did You Know synthetics suite, brief advice card, community toolkit and overdose prevention card (see Appendix Four and Five). These are a start and need to be built on to ensure that all populations are targeted and all communities feel confident in responding.

156. A comprehensive list of resources is provided on the following page.

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35 Video and poster designed for young people. There is also a conversation planner to help parents and support workers to talk with young people about synthetic cannabinoids.
36 Harm reduction advice
37 in development
<table>
<thead>
<tr>
<th>Target population</th>
<th>Resources and tailored messaging</th>
<th>Dissemination</th>
<th>Who will use it</th>
</tr>
</thead>
<tbody>
<tr>
<td>People facing acute harm</td>
<td>• Overdose prevention</td>
<td>Provide training to potential bystanders on how to respond to an overdose</td>
<td>Concerned community members, e.g. shop keepers[^38] 157. Friends and family</td>
</tr>
<tr>
<td></td>
<td>Current resources: Drug Foundation Helping someone flip card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People who want to cut down</td>
<td>• Detailed harm reduction advice</td>
<td>Provide training on how to screening and a deliver a brief intervention for synthetics</td>
<td>People who are struggling with their drug use</td>
</tr>
<tr>
<td></td>
<td>Current resources: Drug Foundation/Werry workforce brief advice pocket card</td>
<td></td>
<td>Frontline services</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Support workers</td>
</tr>
<tr>
<td>Young people who are thinking of using</td>
<td>• Prevention messaging</td>
<td>Adults should use the conversation planner so they can have a constructively talk to young people about synthetic cannabinoids</td>
<td>Parents Schools</td>
</tr>
<tr>
<td></td>
<td>Current resources: Drug Foundation/AOD Collaborative Did you know video, poster and conversation planner</td>
<td></td>
<td>Youth workers</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Young people 158.</td>
</tr>
<tr>
<td>People who are experimenting</td>
<td>• Harm reduction advice: Develop a self-help website</td>
<td>Advertise the resource in relevant areas</td>
<td>People who are experimenting with synthetic cannabinoids</td>
</tr>
<tr>
<td>People using to avoid drug testing</td>
<td>• Advice about synthetic cannabinoid harm and tailored harm reduction advice</td>
<td>Advertise the resource in relevant areas, e.g. workplaces</td>
<td>Employees using to avoid drug testing</td>
</tr>
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<td></td>
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</tbody>
</table>
[^38]: Services said shop keepers often wanted to help but didn’t know what to do
| Employers who use workplace drug testing | • How to support employees with addiction issues  
• Information about the limitations of workplace drug testing  
• Workplace health and safety policies  
Available resources: Drug Foundation drug website | Work directly with workplaces, especially sensitive sites to develop workplace health and safety policies  
159. | Workplaces  
160. |
| --- | --- | --- | --- |
| Communities who want to prevent harm | • Prevention messaging and information on how people can get help | Work with communities to disseminate prevention messaging to vulnerable populations | All relevant community groups, e.g. frontline services, support agencies, schools, DHBs etc.  
161. |
| Communities where an incident, overdose or death has happened | • Preventing further harmful incidents and connecting people to support.  
Current resources: Drug Foundation community response toolkit, and text templates for media messaging | Work with communities to set up a response group who can coordinate action and disseminate messages to relevant groups and media | Community response group  
Frontline agencies, e.g. EDs, homeless services, ambulance etc. |
Introduce supportive legislation and compassionate legal solutions

162. We welcome the Government’s newly announced plan to change the law so police have the discretion not to prosecute for possession and personal use of illicit drugs where a therapeutic approach would be more beneficial, or there is no public interest in a prosecution. This will lower barriers to people accessing help.

Introduce health referrals instead of possession offences

163. Services expressed their concerns to us that the law criminalises vulnerable people who use synthetic substances. This adds an extra layer of difficulty to already very difficult lives and is likely to have no impact on consumption patterns.

164. The Police discretion proposed by the government is an excellent first step to remedy this, and to lower barriers to help-seeking.

Make sure there is are therapeutic approaches in every justice district

165. Therapeutic approaches within the justice system drug courts work well for addiction-related offending. For example, pilot therapeutic drug courts have a proven track record of helping people get off drugs and have been shown to reduce reoffending by 15%\(^39\). Therapeutic approaches need to be flexible for the person and their context.

166. We would like to see therapeutic approaches in every jurisdiction where people are struggling with synthetic cannabinoids.

**FINAL RECOMMENDATIONS**

**Establish a centre for substance harm reduction and innovation**
- Introduce a rapid response health referral system
- Coordinate clinical improvements through the community of practice
- Provide substance-specific training for health and social services
- Provide national oversight of local responses and implementation of harm reduction interventions
- Research solutions for groups using synthetic cannabinoids who aren’t well represented in existing insights
- Work with employers to better respond to substance related issues and reduce the use of drug testing

**Deliver appropriate housing solutions**
- Prioritise Housing First approaches for people using synthetic cannabinoids
- Make sure people get wraparound care in transitional and emergency housing

**Introduce crucial harm reduction services**
- Establish a drug early warning system
- Introduce community-based free drug checking
- Explore drug substitution options
- Explore how successful harm reduction initiatives can be adapted

**Transform treatment and support service delivery**
- Make sure services equipped to provide wraparound support to people using synthetic cannabinoids
- Appropriately resource a range of addiction and mental health treatment within wraparound services
- Resource more services in each community to be low threshold
- Make sure every community has access to detox services that can specifically respond to synthetic cannabinoids
• Establish outreach teams and creative ways to engage with people who use synthetic cannabinoids
• Ensure peer support is threaded through all services

**Support local community actions**
• Invest in a dedicated community fund to resource new local responses
• Mandate DHBs or nominated NGOs to coordinate the local responses
• Ensure ‘addiction 101 training’ provides knowledge and skills for communities

**Provide a range of targeted public health messaging**
• Combine targeted messaging with the right interventions
• Development of a range of targeted resources and distribute these to all communities

**Introduce supportive legislation and compassionate legal solutions**
• Introduce health referrals instead of possession offences
• Make sure there is a range of therapeutic approaches in every justice district
APPENDIX ONE – LIST OF PARTNER AGENCIES

298 Youth One Stop Shop (Christchurch)
Achieving @ Waitakere Collective Impact (Auckland)
Auckland City Mission (Auckland)
Canterbury DHB (Canterbury)
Capital & Coast DHB (Wellington)
Christchurch City Mission (Canterbury)
Community Action Youth and Drugs (CAYAD) – Auckland
Community Action Youth and Drugs (CAYAD) – Hutt Valley
Downtown Community Ministry Wellington
Evolve Youth One Stop Shop (Wellington)
He Waka Tapu (Christchurch)
Kāhui Tū Kaha (Auckland)
Lifewise (Auckland)
LinkPeople (Auckland)
Maraeroa Marae Health Clinic (Porirua)
Ministry of Health (Wellington)
National Drug Intelligence Bureau (Wellington)
New Zealand Drug Foundation (Wellington)
New Zealand Police
Odyssey (Auckland)
Odyssey House (Christchurch)
Regional Public Health (Wellington)
Salvation Army Addington Supported Accommodation (Christchurch)
Salvation Army Bridge Programme (Wellington)
St John New Zealand (Canterbury)
Southland Youth One Stop Shop (Invercargill)
Vibe Youth Services (Hutt Valley)
Whatever it Takes (WIT) Services (Maraenui)
APPENDIX TWO – COMMUNITY OF PRACTICE

Synthetic Cannabinoids Community of Practice

Working with the Ministry of Health, the New Zealand Drug Foundation is coordinating an urgent process of insight gathering about the use of synthetic cannabinoids. We are taking the opportunity to build a community of practice for people working with people who use synthetics. The information and knowledge gained and shared by this group will help inform actions to reduce harm from these substances.

Objective

The proposed objective is to facilitate connection between people working with people who use synthetics to develop best practices that reduce harm in their communities. We aim to learn together to develop collective understanding and knowledge to inform a cohesive response to the synthetic cannabinoid crisis.

Profile

The following organisations are part of this community of practice:

- Achieving @ Waitakere Collective Impact (Auckland)
- Auckland City Mission (Auckland)
- Canterbury DHB (Canterbury)
- Capital & Coast DHB (Wellington)
- Christchurch City Mission (Canterbury)
- Community Action Youth and Drugs (CAYAD) – Auckland
- Community Action Youth and Drugs (CAYAD) – Hutt Valley
- Downtown Community Ministry Wellington
- He Waka Tapu (Christchurch)
- Kahui Tu Kaha (Auckland)
- Lifewise (Auckland)
- LinkPeople (Auckland)
- Marae Health Clinic (Porirua)
- Ministry of Health
- New Zealand Drug Foundation
- New Zealand Police (NDIB) – Wellington
- Odyssey (Auckland)
- Odyssey House (Christchurch)
- St John New Zealand (Canterbury)
- Vibe Youth Services (Wellington)
- Whatever It Takes Services (Maraenui, Napier)
We aim to be inclusive and are open to welcoming any other organisations that are interested, as and when they are identified. We want the community to be as broad and representative as possible to gain more insight into people’s experiences and challenges.

**Planning**

All NZ Drug Foundation staff are involved and support and carry out tasks and actions associated with the project.

**Timeframe**

This community of practice held its first meeting via Zoom on 20th September 2018, facilitated by the NZ Drug Foundation. Subsequent meetings were held by Zoom on:  
- 12th October
- 8th November
- 22nd November

The timeframe of the community was initially been based on the duration of the synthetics insights project (15th December 2018). However, after this date we would like to keep facilitating the community of practice and see it evolve and expand. We will arrange another meeting with members in February 2019, to touch base after the summer break and gauge interest in continuing this mahi.

**Timeline**

A general timeline for the community’s initial work is included below:

Future work of the community could include developing best practice guidelines around dealing with synthetic use in communities. This is something we can look into further as our identified responses and actions become embedded in the community of practice.
Community Space

Communication
We will use the following hubs for knowledge exchange:

• Zoom meetings
  We plan to have meetings with the community via video conferencing (Zoom) once every 2-3 weeks. Regular “face-to-face” video meetings will help keep members engaged from the outset and give them the opportunity to interact with each other and share experiences in real time.

• Emails
  We will maintain regular contact with community members through email updates in between Zoom meetings. We will seek to ask the group for their input and feedback on new resources and tools. This will help create reciprocity and trust between us and other members.

• Webinars
  We aim to facilitate webinars for the community as and when there is an identified need for them. These webinars could be run by us, or other organisations as appropriate, and focus on any new tools, information, or resources which may be helpful to the community.

• Online platform
  We will gauge interest for an online platform – i.e., private Facebook group – where members can interact outside of the above communication platforms. If the community would like this kind of group to be set up, we will organise this and moderate.

Resources
We will be proactive in linking community members with relevant and appropriate resources, i.e. NZ Drug Foundation help resources and the community toolkit.

Evaluation
Our evaluation will focus on two outcomes – the value of the community of practice itself, and the success of projects/tasks undertaken by the community.

Typeform surveys can be sent to everyone involved with the community of practice. This survey will ask questions to identify if the community is meeting its members’ needs – i.e. if they feel engaged with the community. It will also ask how they feel about the progress and success of particular projects (i.e. insights gathering).

The NZ Drug Foundation Community of Practice Evaluation Rubric can be used to review the success of the COP. This rubric is a tool to reflect on current progress of the community, identify strengths, and identify opportunities to develop further. This evaluation will be a good foundation to further build up the community and identify future areas of focus.
APPENDIX THREE – INSIGHTS GATHERING FORM

Synthetics insight gathering

Anonymous data collected on this form will be used to inform a local and national response to the harm caused by synthetics. Under the direction of the Ministry of Health, this work is part of a community centred response led by the New Zealand Drug Foundation. Data will be held and analysed by the Drug Foundation. Complete during, or following, a conversation with someone who uses synthetics. The person may end the conversation at any time.

Talk through the Synthetics Brief Advice Card (This is an optional brief intervention – see box at bottom)
Scan or photograph form and send to admin@drugfoundation.org.nz.

Age: □ Under 16 □ 16 - 18 □ 19 - 24 □ 25 - 30 □ 31 - 40 □ 41 - 50 □ 50+

Gender:   Ethnicity:   Employment status:

Housing status: □ Stable □ Temporary □ Without shelter □ Other:

Approximately how often have you taken synthetics over the past month?
□ Daily □ A few times a week □ less than once a week □ Once a week □ Not at all

How much do/did you use each time?
What impact are synthetics having on your life? (circle one)

Very bad  Slightly bad  No impact  Slightly good  Very good

What bad experiences have you had while using synthetics? (List e.g. seizure, hospitalisation)

Why do/did you use synthetics? (e.g. inexpensive, availability, coping)

Did you usually use alcohol or other drugs at the same time? Which ones?

Looking ahead, what, if anything, do you want to do about your synthetics use?

If you want to change your use, what supports do you have that could help? (add any additional support you need)

What would help you stop using synthetics? (e.g. housing, counselling, access to other drugs)

At the end of your conversation you can optionally talk through the Synthetics Brief Advice Card. You could also offer referral to a local mental health or addiction service if they want this. Communicate key messages:

- There is no safe level of use, every smoke or dose can be different even if it looks the same
- Synthetics are much more harmful than the legal highs previously sold
- Call 111 if someone loses consciousness, has a seizure, or is struggling to breathe.

Write on the back if you need more space
## APPENDIX FOUR – SYNTHETIC CANNABINOID RESOURCES DEVELOPED BY THE DRUG FOUNDATION

### Flipcard: How to help someone after they use synthetic cannabinoids

| Purpose | Provide instructional lifesaving information about how to help someone after they have used synthetic cannabinoids  
|         | Provide information to reduce acute harm for people who use synthetic cannabinoids |
| Audience | People who know someone who uses synthetic cannabinoids  
|         | People who work with people who use synthetic cannabinoids  
|         | Bystanders to people who used synthetic cannabinoids in public places (e.g. shop owners and members of the public)  
|         | People who use synthetic cannabinoids |
| Medium | Printed 8-panel folded flip card, palm or pocket sized. |

### Instructions

1. **Ask loudly if they are ok.** Shake them gently.
2. **If they are not responsive, dial 111 and request an ambulance.**
3. **Check they are breathing and place them in a stable side position.**
4. **If they are not breathing, start chest compressions.**

**ADVICE FOR PEOPLE WHO USE SYNTHETIC CANNABINOIDs**

- Ensure one person in a group is not using, as they can respond in an emergency.
- Sit down before using.
- Use less, use often by limiting use, making it with tobacco, using very small amounts, waiting for effects to wear off before taking more, using their papers and not card.

**FOR SUPPORT AND INFORMATION**

DrugHelp.org.nz  
DrugFoundation.org.nz  
Alcohol Drug Help line 0800 787 797
**Text for media statements and news articles**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Provide brief lifesaving information about how to help someone after they have used synthetic cannabinoids that can be added to media releases and published in news articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>A general public audience who may have witnessed or know someone who uses synthetic cannabinoids</td>
</tr>
<tr>
<td>Medium</td>
<td>Website and PDF containing text that can be added to a media release or news article</td>
</tr>
</tbody>
</table>

The following text should be added to media statements and news stories about synthetic cannabinoids. It can be used by any community or news organisation. The advice was developed in partnership with experts from New Zealand emergency services including St John, Wellington Free Ambulance, CCDHB Emergency Department and the Ministry of Health.

**HELPING SOMEONE AFTER USING SYNTHETIC CANNABINOIDs:**

If someone appears unconscious after smoking synthetic cannabinoids, ask loudly if they are ok. Shake them gently. If they are not responsive, dial 111 and request an ambulance.

**MORE INFORMATION AND SUPPORT:**

- [DrugHelp.org.nz](#)
- [New Zealand Drug Foundation Synthetics Crisis Info](#)
- Alcohol Drug Helpline: 0800 787 797
- Need to talk? Free call or text 1737 any time to chat with a trained counsellor.
**APPENDIX FIVE – COMMUNITY RESPONSE TOOLKIT**

**Synthetics community response toolkit**

<table>
<thead>
<tr>
<th><strong>Purpose</strong></th>
<th>Provide updated and consistent information about how to initiate a community response following harmful incidents or a death in the community.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience</strong></td>
<td>People working in organisations that want to initiate a community response.</td>
</tr>
<tr>
<td><strong>Medium</strong></td>
<td>Webpage and PDF.</td>
</tr>
</tbody>
</table>
Overview of Synthetics in New Zealand

This guide supports police, health and social services to respond to synthetics in their community. About 800 synthetic psychoactive substances were identified in the past 20 years. Some of these substances are killing New Zealanders and more will continue to be developed. We must be ready to respond.

Synthetic psychoactive substances mostly fall within two categories. Synthetic cannabinoids are typically sprayed onto plant material and smoked, while synthetic cathinones often come as a pill or powder and may be mis-sold as a traditional drug.

Synthetic cannabinoids (sometimes called synthetic cannabis)
- 5F-ADB
- AMB-FUBINACA
- JWH-122

Synthetic cathinones (also called bath salts)
- N-ethylpentylone
- Mephedrone
- Alpha-PVP

Synthetic cannabinoids are killing New Zealanders
Over 50 New Zealanders are suspected to have died after using synthetic cannabinoids in 2017/2018. These substances are unpredictable, toxic and much more harmful than the "legal highs" that were available in shops until 2014.

Synthetic cannabinoids can cause major life problems
Mental health challenges and psychoses are more likely with these substances. Some users rapidly develop a pattern of heavy or extremely heavy use.

People already facing challenges are most at risk of harm
People may use synthetic cannabinoids because they are cheap and easily available. Some people might want to get "out of it", cope with the struggles of daily life, or use them as a substitute to avoid a positive drug test.

Some synthetic substances are stronger and more harmful than others
It’s impossible to know what synthetic substance someone has or how concentrated it is by looking at it. The manufacturing processes mean substances often contain too much or variable concentrations.

Information about a dangerous batch (where it was found, appearance) should be released to the media and at-risk communities immediately so people can avoid it.

People need tailored harm reduction information
It’s safest not to use synthetic substances at all. People who aren’t using them don’t need much detail. But people who are using synthetics need as much information as possible, so they can make safer choices.

Abstinence could be a long-term goal, but a short-term goal to use less in a less harmful way could be more attainable.

www.drugfoundation.org.nz

RESOURCES

Helping someone after using synthetic cannabinoids
A flip card about how to help someone after they use synthetic cannabinoids, when to call an ambulance, and how to reduce harm.

Did you know: Synthetics
A poster and video with key facts about synthetics aimed at young people with a tool to plan a conversation about it.

Synthetics brief advice card
Information about what to expect and how to be safer for young people using substances.

www.drugfoundation.org.nz
An effective community response to synthetic drug incidents

Communities can set up a response group to co-ordinate any actions relating to synthetic drug incidents. This group can work with stakeholders and the media to reduce any further harm and get people the support they need.

Preparation in advance
Establish a synthetic response group with 3-5 local people from Police, health and social sectors. Meet at agreed intervals to maintain readiness.

Immediate response
Convene an urgent meeting of the synthetic response group following an acute harm incident or a death.

Get the substance tested by ESR through an emergency department. Make sure this is possible ahead of time.

Communicate to your contact list about the situation. Provide information about the substance involved including its appearance, where it is available, and any known harm reduction information.

Respond to media queries with information about what to look out for including what to do in an overdose, and where to go for support.

Ongoing
Reach out to identified at-risk groups with a focus on harm reduction information and tools.

Continue to collect data and feed it into national data sets (ESR, Ministry of Health, District Health Board, Poison Centres).

Update the public and media as more is known about the substance and how to keep safe.

Within 2-4 days
Collect data to develop a fuller picture including the number of incidents, location, the substance and its effects, and at-risk populations.

Identify more organisations that work with people at risk of harm (e.g., schools, alternative education, social services) and provide resources and harm reduction advice.

Distribute a joint media release which updates the media with facts, harm reduction advice and where to go for help.

THE KEY MESSAGES

1. Synthetic cannabinoids are unpredictable and very addictive.

2. If someone appears unconscious after smoking synthetic cannabinoids, ask loudly if they are ok. Shake them gently if they are not responsive, dial 111 and request an ambulance.

3. People who experience harm from these substances should be provided with care and support.

Use non-stigmatising language
Use people-centred language to make it easier for people to seek support, such as:

- Drug users: People who use drugs
- Addicts: People struggling with their drug use
- Drug problems: Risky, heavy use, unhealthy drug use

www.drugfoundation.org.nz

Community toolkit
## Talking to people about synthetics

Give advice that is relevant to the person you are speaking to. You don’t need to have this conversation with everyone. But if someone is around people using synthetics or already using them, they need information about safer use and how to access help. **Be honest and open to listening when you speak with them.**

### To start talking about synthetics with a person you can:

<table>
<thead>
<tr>
<th>Have a conversation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watch or talk through the Did You Know resources and discuss what comes up. Use the Did You Know conversation planner to get your thoughts together.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What to say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Synthetic cannabinoids are unpredictable and very addictive</td>
</tr>
<tr>
<td>• Not using synthetic substances is the safest option</td>
</tr>
<tr>
<td>• If it doesn’t smell like cannabis, it isn’t.</td>
</tr>
</tbody>
</table>

### AND THEN

If they are using, or around other people using

<table>
<thead>
<tr>
<th>Give appropriate information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If someone is using synthetics, it is a good idea to offer detailed advice. The <a href="#">Synthetics brief advice card</a> and <a href="#">Helping someone flip card</a> are good to refer to and pass on.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What to say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure one person in a group is not using so they can respond in an emergency.</td>
</tr>
<tr>
<td>• Sit down before using synthetic cannabinoids to avoid injury.</td>
</tr>
<tr>
<td>• Use less, less often by mixing synthetic cannabinoids with tobacco, using very small amounts, waiting for effects to wear off before taking more, using thin papers and not card.</td>
</tr>
<tr>
<td>• Synthetic cannabinoids vary from batch to batch so start slowly with a very small dose.</td>
</tr>
<tr>
<td>• If you begin to feel unwell or overwhelmed stop immediately.</td>
</tr>
</tbody>
</table>

Some people use synthetics as an escape from trauma, poverty or emotional distress, and need extra support.

### AND THEN

If other support could help

<table>
<thead>
<tr>
<th>Connect them with the right services</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Alcohol Drug Helpline can let you know what support is available (0800 787 797) or you can look at <a href="#">Healthpoint.co.nz</a> for services in your area.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What to say:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Most people experience withdrawal almost immediately after using, which can last days.</td>
</tr>
<tr>
<td>• Not using at all is safest. But if you aren’t there yet, try using a smaller amount, less frequently.</td>
</tr>
<tr>
<td>• Withdrawal can start quickly, so you might need support to avoid using again.</td>
</tr>
<tr>
<td>• You should seek professional support if you are finding it hard to stop, having strong cravings, experiencing poor mental health or using more to get the same effect.</td>
</tr>
</tbody>
</table>
Helping someone after they use synthetics

The newness and number of synthetic substances means there are no substance-specific responses. Treating unpleasant symptoms using general first aid is recommended.

DON’T WAIT
If someone becomes unconscious...
- Ask loudly if they are ok. Shake them gently.
- If they are not responsive, dial 111 and request an ambulance.
- Let the first responder know what they have used.

If someone is out of it...
People are often very out of it after using synthetic cannabinoids. They may collapse or “drop”, foam at the mouth or experience temporary paralysis.
- Stay with them.
- Find a safe place to calm them down and reassure them.
- Lie them on their side with airway open in case they lose consciousness.

ALWAYS call an ambulance if someone...
- is unconscious
- stops breathing
- has a seizure
- is extremely agitated for longer than 5 minutes
- has chest pain or breathing difficulties for longer than 5 minutes

FOR HEALTH SERVICES:

ONE: STABILISE THE PERSON
- Address immediate mental health issues. People are likely to be distressed and agitated.

TWO: IDENTIFY THE SUBSTANCE
- Knowing the exact substance will allow more effective treatment.
  - Carry out a toxicology screening (with consent).

THREE: ONCE DISCHARGED, CONNECT THEM WITH SOCIAL SERVICES
- Talk with the person about who can support them not to use because they might have a strong compulsion to use again.
  - Connect people with support services, especially for mental health and housing.

FOLLOW-UP:
People may experience ongoing mental health or physical health issues. Ensure they are getting the support they need.
If appropriate, involve the family in the recovery plan for the person.

Pass on information about the substance to the Ministry of Health and the Early Warning System so that the public and services can be warned.

www.drugfoundation.org.nz

Community toolkit