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Meth Rehabilitation Services in Te Hiku o Te Ika A Feasibility Study

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*Front Cover Graphic: Te Whiri o Pūrangakura
(Caitlyn Te Moana, 2025).*

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As a community in a meth crisis, this work seeks to contribute to and chart a path forward together in Te Hiku. Our shared aspiration is to build lasting change - to honour whānau, uplift communities, and set a new standard of mental health and addictions care in our region.

Mauri Ora,
Dr. Jo Mane

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Executive Summary

This feasibility study was commissioned by Te Hiku Iwi Development Trust and funded by the Ministry of Health. It was conducted by Dr Jo Mane of Pūrangakura, an independent kaupapa Māori research centre.

Te Hiku o Te Ika is currently facing a significant methamphetamine crisis, which is deeply affecting the lives of whānau and communities in the region. The primary aim of this study is to identify an appropriate model for meth rehabilitation services in Te Hiku. This study emphasises the critical need for the expansion of addiction services in the region and an urgent 'rethink' of public sector approaches focusing on enhancing the capabilities within addiction (and mental health) services and aligning resources across agencies. Employing kaupapa Māori methodology, this feasibility study draws on a body of relevant research literature, local insights and elevates the perspectives of practitioners and individuals with lived experiences, advocating for community-led interventions and culturally relevant strategies grounded in te ao Māori.

This study proposes the development of a fit-for-purpose rehabilitation model (that includes detox and AOD services) that delivers a multi-tiered continuum of care supporting whānau through all stages of recovery in Te Hiku.

Key recommendations:

1. The expansion of residential rehabilitation facilities to include community-based detox services with pre-treatment and post-treatment capability, a dedicated addictions team and more residential beds
2. High-quality day programmes and mutual aid/peer support initiatives are also deemed essential for effective addiction treatment across Te Hiku
3. Community-led strategic alliances work in tandem and are appropriately resourced
4. To progress the proposed model the development of a Te Hiku strategic overview for addiction services is required

This study calls for evidence-based treatment methods that are locally and culturally appropriate that affirm the rights of Indigenous peoples to shape their own futures. By investing in such initiatives, the Te Hiku o Te Ika community can work towards mitigating the impacts of methamphetamine use and fostering a healthier, more resilient community.

Introduction

As a region, Te Hiku o Te Ika is grappling with a methamphetamine (meth) crisis. This study highlights the devastation caused by methamphetamine which is impacting the lives of whānau and our communities (Yasbek, Mercier, Elder, Crossin, & Baker, 2022), in Te Hiku (Stone, 2025).

The failure to address problematic meth use (PMU) will inevitably lead to escalating health and social costs (Beck, Larance, Deane, Baker, Manning, Hides, Shakeshaft, Argent & Kelly, 2021; Reid, Paine, Te Ao, Willing, Wyeth, Vaithianathan, & Loring, 2022), resulting in an increased risk of social harm to individuals and whānau, including death (DeGraaf, 2025). In 2024, social harm caused by meth was estimated to be costing over \$19M weekly, by September 2024 this increased to \$34m (Barber & Ika, 2025). This cost continues to rise.

In recognition of the urgent need for effective interventions, Te Hiku Iwi Development Trust has commissioned this feasibility study to explore the development of a comprehensive rehabilitation model specifically tailored to address meth use and the associated harms for the Te Hiku region. Funded by the Ministry of Health, this research has been conducted by Dr. Jo Mane (Ngāpuhi-nui-tonu), a senior researcher at Pūrangakura – an independent kaupapa Māori Research Centre.

This study seeks to document the current state of meth use within the community and elevate the voices of practitioners and those with lived experience who support whānau involved in meth, particularly in Te Hiku. By including the voices of those involved in this sector, this feasibility study advocates for community-led interventions while underscoring the critical need for collaborative, evidence-based approaches to addiction services. The insights of whānau, professionals, and local organisations in Te Hiku emphasises the importance of culturally relevant and local strategies grounded in te ao Māori.

Following the introduction section that provides an overview of the intent, this feasibility study is presented in three main parts. Firstly, the situational analysis examines the contextual issues currently shaping the methamphetamine landscape in Aotearoa and the region of Te Hiku.

Secondly, a solution analysis that responds to the issues associated with meth addiction and rehabilitation in Te Hiku is provided. Finally, the third part of this report, the proposed solution, is detailed with a fit-for-purpose model of rehabilitation services outlined for Te Hiku.

Te Hiku o Te Ika

Te Hiku o Te Ika refers to the northernmost region of Aotearoa New Zealand, home to rural and coastal communities within the rohe of five Iwi: Ngāti Kuri, Te Aupōuri, Ngāi Takoto, Te Rarawa, and Ngāti Kahu. These Iwi hold enduring mana whenua and mana moana responsibilities. While Kaitāia serves as a key service hub, Te Hiku is shaped by the whānau, whenua, and whakapapa that connect its many communities. In 2024, the total population of Te Hiku was 73,500 (Infometrics Limited, 2024) reflecting a growth of 13,000 over the past ten years. While an increasing number of ethnicities have contributed to population growth over the past two decades, over 64% of the population in Te Hiku are Māori (Schulze, Dixon & McIndoe, 2022), with most having whakapapa ties to the region.

Te Hiku Iwi Development Trust

Our Whakapapa Begins with Te Tiriti o Waitangi (Te Hiku Iwi Development Trust [THIDT], 2020)

Te Hiku o Te Ika Iwi – Crown Social Development and Wellbeing Accord provided the framework for Te Hiku Iwi and the Crown to work together towards a shared vision: that whānau, hapū, Iwi, and wider Te Hiku communities are culturally, socially, and economically prosperous (THIDT, 2020). Established as a post-Treaty settlement Trust in 2013, the current THIDT membership comprises of Iwi representatives from Te Rarawa, Ngāi Takoto, and Te Aupōuri (Ngāti Kuri and Ngāti Kahu have a seat at the table to join when they are ready).



Te Hiku Social Wellbeing Accord, 2021 (Photo credit: Lisa McNab).

Methodology

This study is underpinned by kaupapa Māori methodology (Lee, 2009; Mane, 2009; Pihamo, Cram & Walker 2002; Smith, G. H., 1997; Smith, L. T., 1999) and utilises a strength-based approach that is grounded in Te Ao Māori. With a focus on fostering transformational change, local community knowledge connected to whānau, whakapapa and whenua is critical to the research design.

Critical insights gained from a comprehensive literature review specific to methamphetamine use and alcohol and other Drugs (AOD) treatment in Aotearoa and internationally and kōrero with relevant practitioners have informed this report. Importantly, while residential rehabilitation providers, clinical detox and addiction specialists, AOD practitioners, counsellors, and Iwi service providers were identified as key contributors to this study, most of these practitioners have whānau and whakapapa links to the region. In addition, some have lived experience of addiction and recovery. Drawing on a whanaungatanga-based network, contact was primarily made with people face to face, though several were communicated with via phone.

In addition to insights gathered from kōrero and the literature review, this study's analysis has been undertaken with reference to the United Nations Declaration on the Rights of Indigenous Peoples (2007), which specifically highlights the rights of Indigenous people to determine their collective health.

Study Limitations

The primary intention of this report has been to identify rehabilitation models suited to the needs of the region. This study has not however sought to calculate full financial costs associated with creating a dedicated rehabilitation service model for Te Hiku. Based on the solutions analysis developed in this report a full economic analysis represents the next step in planning to establish this new model.

Situation Analysis

To determine the feasibility of any proposed solution, it is important to understand key environmental factors. The following situation analysis outlines a range of contextual issues currently shaping the methamphetamine landscape in Aotearoa and specifically in the region of Te Hiku.

Methamphetamine: A Global Epidemic

Meth use is a global epidemic (Elign, 2024; Stoneberg, Shukla & Magness, 2017; United Nations Office on Drug Crime, 2018). Internationally, the death rate related to meth use has escalated with an increase in the use of meth. In Australia, death due to meth use has quadrupled in the last twenty years with this commonly due to meth toxicity (Stronach, Dietze, Livingston & Roxburgh, 2024). The rise in meth-related deaths is attributed to the increased availability of meth at lower prices resulting in increased patterns of use (Scott, 2023). The Australian meth experience marked by patterns of increasing usage and growing mortality rates highlights the urgent need to assess the feasibility of interventions that can respond effectively to the evolving methamphetamine landscape in Aotearoa.

There has been in recent years increasing amounts of meth flowing across Aotearoa New Zealand's borders (UNODC, 2025) associated with a global surge in meth production (Elign, 2024; Stoneberg et al, 2017; UNODC, 2018) which has increased the supply and affordability of the drug (Daniels, 2025; NZ Drug Trends Survey, 2024; Walton & Martin, 2021). Despite the growing supply, New Zealanders continue to pay up to three times the international market rate for meth, positioning the country as a lucrative target for transnational drug networks (Walton & Martin, 2021).

Methamphetamine: An Escalating National Disaster

Aotearoa is recognised as having one of the highest populations of meth users in the world (Crossin, Bowden, Wilkins, 2022). In 2025, meth has been identified as the drug of choice in Aotearoa with the highest use rate observed in the past 20–25 years (Daniels, 2025). With meth use doubling in the last six months of 2024, rural towns and communities have been known to have consistent high usage rates over the years (Savage, 2021). In December 2024, Northland was reported to have the highest per capita methamphetamine consumption in the country (Stone, 2025). Nationally, meth consumption in the same year had risen by 96% (Hanley, 2025).

With the escalation of meth-related violent crime and deaths in Northland - and the urgent call to the government to provide Iwi with the necessary resources to address the methamphetamine crisis (Dinsdale, 2025) - leadership and action are well overdue. This latest call for action from Chairperson of Te Rūnanga-ā-Iwi o Ngāpuhi, Mane Tahere, (Dinsdale, 2025) is not the first to draw attention to the P crisis. Previously, Chairperson of Te Rūnanga o Te Rarawa, Haami Piripi, made the same call several years earlier in approaching Labour Minister Carmel Sepuloni to look at ways of addressing meth use in the Far North (Personal communication, THIDT, 2025).

Another serious harm caused by meth use is reflected in the number of nearly 50% of tamariki being taken into care by Oranga Tamariki in 2020 (Oranga Tamariki, 2020), where meth use was identified as the primary reason for the removal of these children. By 2024, this figure had risen to 90% (Jensen, 2024). The disruption to whānau dynamics is enormous, often resulting in households, who may not be directly involved in meth use—being forced to live from meth crisis to meth crisis.

Methamphetamine: A Community in Crisis Te Hiku

With methamphetamine use in Northland reported to have tripled in early 2025 (Stone, 2025), the long-standing absence of dedicated rehabilitation services tailored to the specific needs of Te Hiku as a region is a catastrophic reality. For over two decades, Te Hiku has borne the brunt of meth harm - a known hotspot for use, manufacture, and distribution (Howell, Newcombe & Exeter, 2017). Yet there has been minimal targeted investment from successive governments.

Data collected by Whiria Te Muka (Te Hiku Iwi partnership with NZ Police) since 2020 shows that while alcohol consumption declined during the COVID-19 period that meth use had increased (Whiria Te Muka, 2023). Meth-related family harm grew during this time and continues to be a significant factor of offending within the region. In the face of this, where the Crown has been largely absent, whānau and community organisations have stepped up at their own cost, tackling the crisis as best as they can with 'grit and aroha'. While whānau cannot tackle this issue on their own, they have largely been left to do so (Yeoman, 2023).

High Deprivation Levels

Unfortunately, Te Hiku can be categorised as a region of high deprivation (Schulze, et al, 2022), where intergenerational unemployment, beneficiary dependency, and low-income work have a direct link to poverty and addiction. The consistently high rate of meth use in Te Hiku region is

unsurprising. A policy paper written in 2017 (Howell et al., 2017) highlighted that the strongest predictor of meth use is community-level deprivation. According to Ashby (2024), before people can deal with addiction, they need to address the most basic needs of housing and food on the table, until these things are sorted, addiction recovery takes a back seat.

In 2023, the median income of the population of the Far North, is \$29,700 (Infometrics, 2025) well below the national average of \$41,500 (Infometrics, 2025), this means many individuals and families in the Far North struggle with day to day living costs (Barber & Ika, 2025). Interestingly, while the cost of living continues to rise, the cost of meth has fallen 36% (NZDTS, 2024).

Whilst there is less income available in areas with high deprivation, it is increasingly recognised that methamphetamine dealers target poorer communities (Yeoman, 2023). These are communities that struggle to make ends meet – people who are under significant economic pressure may also see the opportunity to make ends meet through being part of the meth supply chain or may sell simply to support their own use. In such a context, meth networks can grow and spread quickly across communities. In saying this, no context or community has immunity from becoming victim to meth, rich, poor, or otherwise.

Health Disparities

The health system as it is in Te Hiku, is not fit for purpose. As a region, we have been intergenerationally under-resourced with an inadequate healthcare service in constant need of medical health professionals (Hill, 2024). The ability to attract medical professionals to the region remains tenuous, with many doctors visiting locums from overseas. While specialists fly from Whangārei and Auckland to Kaitāia, reliability can be patchy.

The ongoing inaction in addressing Problem Meth Use (PMU) in Te Hiku poses major risks to the region. As meth use escalates, meth-related illness will put unmanageable pressure on the already under-resourced medical care in the region (Hill, 2024; Yasbek et al, 2022). This is relative to both medical services and personnel.

Due to the geographical isolation of the region and the severe lack of medical services and resources (Tswana, 2024), residents face further hardship in having their health needs met. With most specialists based in Whangārei, for Te Hiku residents, particularly those living in the northernmost parts of the region, this requires a two- to three-hour travel time.

There are few medical staff in the region who are explicitly trained in addiction treatment, and even fewer in methamphetamine-related addiction. Alongside the stigma associated with meth addiction (Jowett, Dale & Cooper, 2021), the lack of trained addiction specialist's results in

further reluctance among professionals to work in this field. This accentuates the high need for trained addiction specialists committed to addiction recovery for the region.

Recent national statistics indicate that hospitalisation rates due to alcohol consumption in the Te Hiku region are double the national average (Tswanya, 2025). Furthermore, there has been a four-fold increase over the last decade in hospital admissions related to methamphetamine use nationally (Trigger, 2025). The widespread impact of poor drug-related health outcomes of our communities emphasises the critical need for AOD services to be on par with urban centres, to address meth and alcohol- related issues in the region. Notably, people admitted to the hospital with both alcohol and meth-related conditions are also likely to be suffering from other severe health conditions. For instance, a recent NZ Drug Foundation Report (2024) draws attention to the high prevalence of ADHD among adults with substance abuse disorder (SUD). The report suggests that children left undiagnosed and untreated for ADHD are more than likely to use substances as adults to manage their symptoms.

The Problem: No detox service in Te Hiku

There is no detox facility in Te Hiku. The closest detox facility is Timatanga Hou located in Dargaville. It is the only detox facility in the wider Te Tai Tokerau region.

Opened in 2010, Timatanga Hou started with 3 beds providing two-week short stays. In 2017, Te Ara Oranga, a collaborative initiative between the Northland DHB and the New Zealand Police, secured funding through the Proceeds of Crime Fund under the Criminal Proceeds (Recovery) Act 2009, to enable expansion. By 2018, the facility increased its capacity to eight beds, allowing for approximately 200 admissions annually (Northern Advocate, 2019). Since 2018, the waitlist time has doubled, from 6-8 weeks to 12-16 weeks. With the facility beyond maximum capacity, access to detox services is significantly delayed for people seeking recovery care and support. A delay in receiving timely rehabilitation services can be life-threatening (Ali, 2020) and for many, likely represents a missed opportunity to address addiction and the associated harms.

One Rehabilitation Service in Te Hiku

Hope House in Ngataki is the only residential meth rehabilitation service in Te Hiku, accommodating 7-8 residents each year. This is a whānau-centred, Christian-based service. Run by experienced AOD counsellors, Hope House provides weekly support meetings and residential care focused on abstinence and accountability. With only a small number of spaces, demand exceeds capacity, highlighting the need for more resourcing of residential care.

Under-Resourcing and Fragmentation of Services in Te Hiku

Currently, addiction services in the region are highly fragmented, with funding allocated to various providers without clear strategic direction. Organisations that are funded for addictions are more than likely only partially funded for specific services such as pou whānau or addiction counselling. This fragmentation of services is impacted by the continued lack of resources for medical services overall and addiction services per se. Further to this, a more cohesive approach to addiction services is often thwarted by a model of funding that is highly divisive, creating competition rather than collaboration (Jowett, et al., 2021). This is a major impediment for addressing the meth problem in the Te Hiku region.

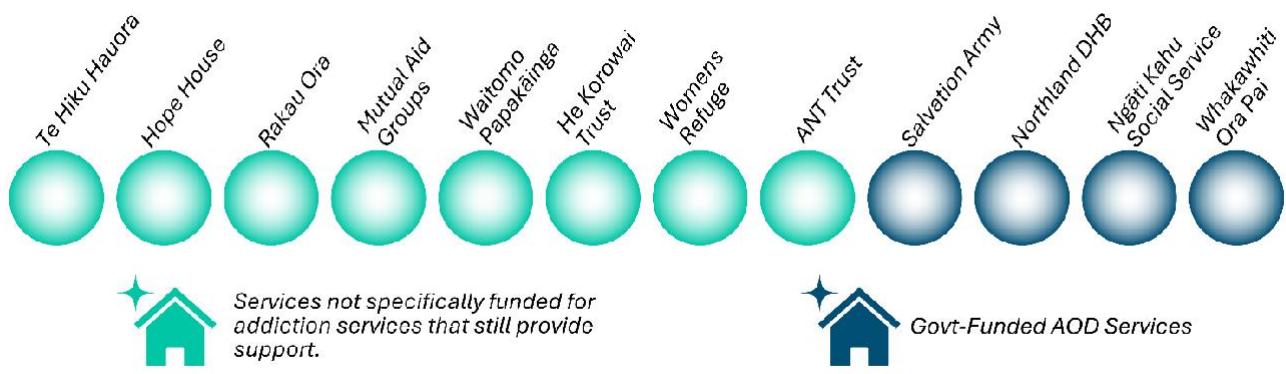


Figure 1: Addiction Services in Te Hiku (Mane, 2025).

Many local social services end up working with addiction by default. They are not necessarily funded to deliver addiction services, but due to offering other services, they are in contact with people needing support in this area. Despite supporting people with addictions, most of these services lack addiction training. Fortunately, Te Hiku Hauora had the foresight to facilitate the delivery of a Level 6 Diploma in Mental Health and Addictions, which is offered locally. Training peer support workers with lived experience is an essential inclusion of local workforce development (Te Whatu Ora, 2024).

In line with the Health NZ Mental Health and Addiction Work Plan 2024-2027 (Te Whatu Ora, 2024), building a skilled, local addictions workforce is crucial to meet the country's needs. Te Hiku Hauora is an essential driver of workforce and development training in the region, having also instigated a three-year nursing degree. Locally based training, as such, is significant to building a desperately needed local workforce.

The Cost of Doing Nothing

Though eliminating health inequities is often seen to be costly, growing evidence shows that the cost of ‘doing nothing’ is significant (Reid et al 2022). Following this logic, continuing to remain with the status quo (where very little is done that responds to the meth crisis) will accrue increasing costs. Findings from numerous studies have shown that health inequities impose a significant economic cost on society, reinforcing the notion that society aims to benefit from reducing ethnic inequities (Reid et al).

On the other hand, research suggests there are significant financial and social benefits from funding residential AOD facilities (Brown, 2013). It also shows considerable cost savings from rehabilitation as a means of disrupting the cycle of recidivism and repeat incarceration linked to AOD use (Brown, 2013). In adopting a health-focused approach, engagement in treatment is shown to reduce drug-related harm and repeat offending (Yasbek et al, 2022).

Solution Analysis

Following the serious nature of the situation analysis, this section explores potential solutions that respond to the issues associated with meth addiction and rehabilitation in Te Hiku. The solution analysis outlines a range of approaches to determine which solution offers the most viable pathway forward.

Rehabilitation (including detox and AOD) Services

In Aotearoa, over the last decade or so, there has been a distinct shift of focus from a punitive justice approach to the recognition of addiction as a chronic health issue (Yasbek et al). This health-focused approach advocates the establishment of a range of rehabilitation services, detox and AoD services.

Services can be Iwi-based, community services offered through the public system or funded privately. They can provide short-stay or long-term rehabilitative support and are underpinned by various therapeutic or cultural philosophies. While services can vary, there remains a lack of provision across the nation. It is important to note that there is no single pathway for treating addiction - the recovery journey can be seen as a multi-dimensional continuum with multiple approaches utilised to navigate addiction and recovery.

Successful services possess the following characteristics:

- Therapeutic community-focused interventions are a critical aspect of clinical approaches (Walton & Martin, 2021) and successful rehabilitation (Yasbek et al, 2022).
- Peer-led support service is viewed as a highly effective model in supporting addiction recovery (Jowett et al., 2021).
- Integrated, holistic approaches grounded in te ao Māori make a significant contribution to addiction recovery treatment, as they create a sense of connection and belonging (Te Rau Ora et al.) and foster Māori ways of being, doing and knowing.
- They recognise whānau and/or community as being a major healing factor in addiction recovery (O'Reilly, 2025).
- Provision of individualised plans - matching individuals to the best programme suited to their needs is showing to have positive outcomes (Jowett et al, 2021).
- Priorities must be recovery-focused rather than organisation-focused, where willingness to collaborate prioritises recovery as paramount (Brown, 2013).
- The need for robust inter-sectoral collaboration working with strong networks grounded in local communities (Hanley, 2025).

Case Study Insights

The following section provides a case-study overview of four rehabilitation and detox services, including the only residential care facility in Te Hiku and the only detox unit in the wider Te Tai Tokerau region. These snapshots illustrate the distinctive nature of each service and its approach.

Hope House, Ngataki

Hope House in Ngataki is Te Hiku's only residential rehabilitation service. Founded in 2014, by Faye and Tim Murray, Hope House is located 45 minutes north of Kaitāia. The facility began as a self-funded venture, receiving Provincial Growth Fund support in 2020. Hope House is a whānau-centred, Christian-based programme with four AOD counsellors (two DAPANZ- accredited).

Despite sustainability challenges, Hope House remains a crucial lifeline for the local community, offering weekly meetings to whānau needing support where people travel across the region to attend. The founding whānau bring lived experience to this work where their authenticity is acknowledged by those seeking help. They run an abstinence-based, 12-step programme grounded in whānau values. With up to 8 residential spaces, the facility accommodates court-ordered or self-referred individuals for a minimum stay of 9–12 months, also operating as a holding space while waiting for spaces in other rehabilitation facilities out of the region. Notably, demand exceeds capacity, highlighting the need for more available spaces. In suggesting what

else needs to happen in the recovery space, pre- and post-treatment support is stated as a currently unmet aspect of the recovery journey in Te Hiku.

Timatanga Hou, Te Tai Tokerau

As the only detox facility in Te Tai Tokerau, Timatanga Hou in Dargaville provides a safe place for people to be supported to desist from using drugs and alcohol, to reset and consider their options where there is no judgement. The facility offers a two-week stay, estimated at between \$1,500 –2,000 per person per day including live in costs, staffing and addiction specialists. The importance of thorough coordination is highlighted to ensure the best results for clients but also to ensure the best fit and balance of each intake. With up to eight people per intake, facilitating a balanced mix is an important factor to ensure the best outcomes.

Wings Trust, Auckland

Wings Trust in Auckland supports individuals with detox, pre- and post-treatment care, coordinating across residential and non-residential services. It runs three recovery programmes, offering 35 spaces annually. The New Beginnings programme is an 8-week detox programme designed to prepare individuals for residential treatment at facilities like Higher Ground or the Salvation Army's Bridge Programme in Auckland building from one strength to the next across the recovery continuum.

The Trust, established nearly 40 years ago, offers therapeutic programmes, mentoring, and counselling. The clinical team comprises former clients who have trained in addiction. The Trust emphasises that the post-treatment phase is vital for people to reintegrate into communities, to foster a sense of connection, purpose and self-worth. The level of collaboration with other rehabilitation providers is of significant interest as a model of practice that delivers positive outcomes for their clients from start to finish.

Manaaki Ora, Rotorua

Manaaki Ora runs a detox and rehabilitation service in Rotorua with an experienced mobile detox nurse covering the region. This mobile nurse model builds strong relationships across health, social services, and communities, bridging gaps between medical practitioners, community services and related networks. With this model social detox has proven highly successful, particularly for methamphetamine addiction, which carries a lower detox risk.

The Trust recognises that the highest level of meth use is from deprived areas and that meth users are themselves unlikely to willingly seek support for their use (Yeoman, 2023). A key feature of success is recruiting staff that have empathy for and are absolutely committed to the field of

addiction recovery.

Key Insights

Key insights gleaned from how these facilities operate suggest the following aspects make for effective recovery treatment:

1. Whānau-centred, community-based care
2. Benefits of having a dedicated mobile detox nurse with extensive networks across services and communities
3. Providing a judgment-free, supportive environment and a safe place to consider options to reset
4. A continuum of care that coordinates effectively between services from start to completion
5. Qualified staff, committed to addiction recovery
6. Clinical teams with lived experience
7. Importance of person-centred practice as a committed approach to recovery – a dedicated interest and passion for supporting people with addiction

International Insights

There is a growing body of literature related to AOD, as well as research specific to addiction treatment for methamphetamine use. This study has identified four key relevant insights:

1. Understanding addiction as a chronic health issue, rather than a criminal matter (Drug Legislation).
2. Understanding there is no single pathway to support addiction and recovery, instead, the recovery journey can be seen as a multi-dimensional continuum, involving both abstinence-based and harm reduction approaches.
3. The importance of matching addiction treatment approaches to the individual.
4. Harm reduction strategies can be transformative in minimising drug use and drug harm.

Focus on reducing drug and alcohol use and understanding addiction as a chronic health issue has shaped the way AOD is viewed in recent decades. Furthermore, international research suggests the need to expand the definition of addiction beyond that of abstinence approaches to include more nuanced and diverse approaches to addiction and recovery (NIH, 2024). Over several decades, harm reduction strategies have become a growing trend across the globe.

The shift toward harm reduction has been significantly influenced by the ground-breaking drug reforms introduced in Portugal in 2001. Decriminalising the possession and use of most drugs,

and legislating drug use as a matter of public health, rather than a criminal matter, enabled transformational change, whereby harm reduction is a major strategy. After facing a major heroin epidemic during the 1980s and 90s, Portugal took drastic action and now has the lowest statistics of drug use in the European Union (Slade, Nicholls & Rolles, 2016) and has one of the most successful drug rehabilitation approaches in the world. They offer multiple programmes (with a range of different approaches) that recognise that there is no one way to deal with addiction, offering a range of detox and rehabilitation programmes to meet the diverse needs of addiction, most appropriate to the needs of individuals (Waters, 2025). Importantly, there are no waiting lists where if people present and ask for support with addiction, they receive the help they need – at no cost.

Australia is one of the four top users of methamphetamine in the world (Scott, 2024) ahead of Aotearoa and provides a plethora of research that gives useful analysis and insights for this study (Dale et al, 2021; Beck 2021, 2025; Gordon, Russell & Coventry, 2023; Scott, 2023; Stronach et al 2024). One of the key themes from the Australian literature is the success of mutual aid and peer-led approaches. These have become increasingly recognised as significant community-based programmes. Australian research findings also highlighted that people seeking to change their substance use were more likely to initially try self- management strategies, such as mutual aid approaches, rather than seek professional help (Alcohol & Drug Foundation, 2023). Although mutual aid programmes like Alcoholics Anonymous and Narcotics Anonymous have been established for decades (White, 2004) more recently, programmes such as SMART Recovery, which focuses on harm reduction rather than complete abstinence, have also been demonstrating positive outcomes (Beck et al., 2021). Notably, the Smart Recovery Programme is also considered as a useful tool for early intervention (Alcohol and Drug Foundation, 2023).

The SMART Recovery approach contributed in part to Australia's adoption of the National Recovery Framework in 2013 (Brown, 2013). This Framework is a crucial component of Australia's health system and has led to positive outcomes in addressing mental health and addiction, with a strong emphasis on improving and delivering mental health services. Drafted with input from people at the grassroots who have lived experience with mental health services, the Framework prioritises recovery-oriented practices and service delivery approaches that focus on the needs of people rather than organisations. It asserts that recovery is entirely possible, empowering people to recognise and take responsibility for their own recovery and well-being. This approach encourages active efforts towards self-determination and self-management. Key capabilities for workforce development include recognising lived experience and peer support as essential components of recovery-oriented practice.

Smart Recovery Insights

This introduction to the SMART Recovery programme is provided to contribute to the development of options for ‘solutions analysis’.

Smart is an acronym for Self-Management and Recovery Training. SMART Recovery is an evidence-based harm minimisation programme delivered in many countries; with major success in Australia delivering 300 meetings across the country weekly (Beck et al, 2021; Manning, Roxburg & Savic, 2023). SMART Recovery has been shown to be very effective in supporting individuals recovering from methamphetamine use (Beck et al., 2021). It has also been successfully adapted by Aboriginal and Torres Strait Islander communities, incorporating culturally appropriate content and Indigenous ways of life into its programmes (Dale et al, 2021).

In Aotearoa, Odyssey House has been using Smart Recovery since 2016, offering programmes both in person and online (Odyssey, 2025). This approach serves as an alternative to traditional abstinence-based methods, catering to people who may not be motivated by religion or a higher power but who are ready to transform their lives. Many have found the program to be life changing. Odyssey House provides both a 12-step abstinence-based programme and the Smart Recovery 4-point drug reduction approach in addressing the diverse needs of clients in recovery (Odyssey, 2025).

Smart Recovery-Four Step Programme

SMART Recovery brings people together for weekly group therapy sessions aimed at setting goals to reduce substance use, all in an environment free from judgment and without the expectation of abstinence. The programme has been shown to effectively reduce methamphetamine use (Beck, Larance, Deane, Baker, Manning, Hides, Shakeshaft, Argent & Kelly, 2021), and for some participants, it can lead to complete abstinence (Glaser, 2024). These groups are facilitated by trained peer support specialists who have personal experience with addiction.

In terms of what can be achieved in, with and by communities themselves, the Smart Recovery Programme is identified as an important model for addiction recovery and healing, either through residential care or regular weekly meetings. While it is just one of the many programmes currently in use, it is supported by substantial research highlighting its benefits. This programme has been adapted by Aboriginal communities in Australia to incorporate traditional storytelling methods, such as yarning (Dale et al). A similar approach could be applied to Māori communities, utilising pūrākau, a traditional storytelling technique that has also been integrated into both method and methodology within kaupapa Māori research (Lee, 2009). Reviewing the suitability of these programmes for our Māori communities, including Te Hiku, would benefit from future research.

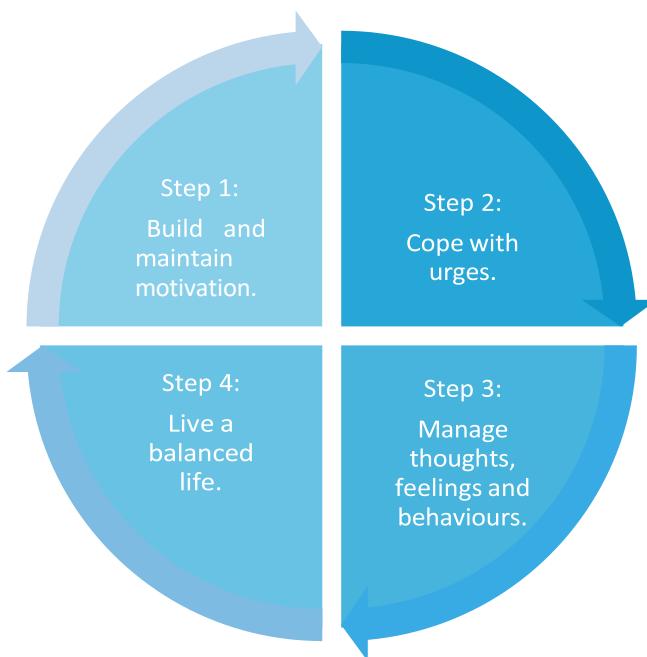


Figure 2: SMART Recovery Australia (“4-Point Toolkit”, n.d.).

Proposed Solution

This feasibility study proposes the development of a fit-for-purpose rehabilitation model (that includes detox and AOD services) for Te Hiku, designed to directly address methamphetamine use and meth-related harm in the region.

This study recommends expanding residential rehabilitation facilities to include community-based detox services with pre-treatment and post-treatment capability, a dedicated addictions team, more residential beds, high-quality day programmes, and peer support/mutual aid as vital to AOD care in the region.

The proposed solution also calls for an urgent ‘rethink’ of public sector approaches specifically the capability investment in specialist health skills, the aligning of agency resources and services. The criticality for services to work in alignment with each other where each service knows its part and the role it plays is key to achieving best practice service levels. Cross-sector collaboration between health, justice, social development, education and Iwi providers is further crucial and must be prioritised.

As a Te Hiku wide community response to address and reduce methamphetamine use, strategic alignment requires commitment and willingness to work together in delivering a continuum of addiction recovery, healing and care. To ensure positive outcomes for individuals seeking support, it's crucial that each stage of this process is executed to the highest standard and seamlessly transitions to the next phase. We must prioritise the best interests of those in need over organisational goals, demonstrating our commitment to their well-being in practice. To progress the proposed model, the development of a Te Hiku strategic overview for addiction services is required. The proposed solution is based on the idea that it will be locally led and culturally grounded in te ao Māori. It aims to build on existing services while addressing critical gaps in service delivery. It is important that the solution aligns with the strategic direction set by Te Hiku Iwi, if it is to achieve expected outcomes also related to health equity, community resilience, and harm reduction. In this sense, the proposed model needs to be threaded into a broader community programme of work for all sectors in Te Hiku to participate in (a village approach) and own.

The Model

The following diagram illustrates the range of services required to address addiction, while some services already exist in Te Hiku, there is significant fragmentation across providers. The need for more resources, greater cohesion and planned transition is critical to maximise existing resources and improve care.

This diagram shows two potential pathways, after detox - a residential service and a day service. This enables people who are not wanting to be separated from children and family, and/or need to retain employment and housing to access appropriate rehabilitation care and support.

Rehabilitation Service Options

Option 1: Strengthen and Expand the Existing Rehabilitation Service in Te Hiku.

Hope House is the only residential rehabilitation facility in Te Hiku and with only 8 beds is more than often at full capacity. If resourced adequately, the facility could potentially offer more spaces as well as provide a detox facility as part of its services. This would require further work to accommodate any potential extension of residents. Further staffing would also be required if this was to eventuate.

Option 2: Establish a New Rehabilitation Service in the Region.

This option would require seeking out a suitable facility to house up to 8 residents, this could be rented, leased or bought outright. A new facility would require a team of counsellors, admin and peer support workers and access to medical services and an addiction specialist.



Figure 3: Rehabilitation Model for Te Hiku (Mane, 2025).

The model delivers a multi-tiered continuum of care, supporting whānau through all stages of recovery – from pre-treatment engagement to post-treatment reintegration. To achieve the proposed model, there are different rehabilitation, social detox and AOD options that can be considered to provide the best solution for Te Hiku:

Social Detox Service Options

Option 1: A Standard Detox Approach.

This requires a 24/7 team, including a qualified nurse practitioner. An 8-bed unit needs 7–8 FTE staff trained in withdrawal treatment (Brown, 2013). Given staffing requirements, a 4-5 bed unit is a more feasible interim solution for Te Hiku. This could be housed within existing medical facilities, a residential house, or a purpose-built space.

Option 2: Community-Based Social Detox Approach.

This requires a dedicated and skilled team, typically including a nurse practitioner and addiction-trained peer support workers. A doctor with understanding and empathy towards addiction would be ideal, but not essential, where a skilled nurse could manage the detox process with daily assessments, supported by weekly or fortnightly access to an addiction specialist. A facility

would need housing for up to 5 residents, plus a live-in support worker. Peer support would provide 24/7 assistance to support sobriety, attendance of appointments, and participation in activities.

Though this study primarily addresses methamphetamine-related harm, alcohol remains a significant issue in Far North communities, with hospitalisation rates due to alcohol consumption being double the national average (Tswana, 2025). Alcohol withdrawal carries high risks and requires prompt, experienced medical support, unlike meth withdrawal, which is generally of much lower risk. While the focus will be on reducing meth use, services will also address alcohol and other AOD treatment needs as possible.

AOD Service (residential) Options

Option 1

In Aotearoa, many AOD services follow Christian-based approaches, using the 12-step programme from Alcoholics Anonymous. This model promotes abstinence, self-awareness, self-regulation, and work-force development. Christian values and beliefs are central to success, relying on commitment to both a higher power and self-efficacy.

Option 2

Increasingly, Māori-led AOD services draw on Te Ao Māori principles, including whanaungatanga, manaakitanga, and traditional practices such as karakia, waiata, waka ama, mau rākau and rongoā Māori. This holistic approach integrates clinical therapies with cultural healing practices and promotes abstinence through strengthening cultural identity and connection to whakapapa, whenua, and whānau. A person-centred/whānau-centred model that addresses the diverse recovery needs of clients.

Option 3

A multi-faceted approach combining therapy, education, skill development, and cultural identity strengthening. This option may include pharma-therapy, using alternative drugs, an option raised in the 'Minimising the Harms of Methamphetamine report (Yasbek et al., 2022) and in the trialing of psilocybin mushroom (weraroa) in Tai Rāwhiti for treating methamphetamine addiction (Paewai, 2025). The psilocybin project is a community-based, marae-led treatment that integrates clinical trials with rongoā Māori and other traditional practices. The psilocybin project is still in the early stage of trialing.

Option 4

A marae-based programme such as Huarahi Pai, led by Te Riu o Waiapu Trust in Tairāwhiti who run an 8-week programme tailored for families/parents and their tamariki (Kitchin, 2021). The first two weeks is just for whānau members who use meth with the rest of the whānau taking part from then on. Huarahi Pai is regarded as being highly successful in providing families with children.

Expected Community Benefits

We expect a range of benefits resulting from the proposed solution. Strengthening existing addiction services and establishing supplementary services will significantly reduce the cost of medical care and/or hospitalisation from meth-related illnesses. Furthermore, establishing a dedicated rehabilitation model in Te Hiku will be a crucial step forward in addressing the disparities in access to adequate addiction and mental health services in Te Hiku.

A targeted approach and streamlining of addiction services in Te Hiku will alleviate the stresses and impact of methamphetamine use on whānau and the wider community. This approach will reduce long-term costs across not only medical care, but also in terms of justice, and the welfare sectors by addressing the root causes of addiction and trauma within a holistic, whānau-centred framework.

By enhancing existing addiction services and aligning them with the strategic direction of Te Hiku Iwi Development Trust, the proposed approach supports the shared vision of cultural, environmental, social, and economic prosperity for the whānau, hapū, and Iwi of Te Hiku, as outlined in the Social Accord. It will further strengthen service delivery efficiency, with a strong emphasis on collaboration across services. This includes shorter wait times for treatment, better health outcomes for individuals and whānau, and a more coordinated regional response to addiction challenges.

This initiative is expected to deliver broad social benefits where improved mental health services will strengthen whānau stability and bolster community resilience. By strengthening local partnerships and embedding services within a kaupapa Māori framework, the solution supports mana motuhake and community-led development, growing inter-dependence that reflects the aspirations of Te Hiku Iwi and the wider community.

One local example is Te Hiku Hauora which has recently introduced an initiative led by Dr Hinemoa Elder. He Tāpui Nīkau brings everyone working locally with Mental Health and Addictions together on a weekly basis (Te Hiku Hauora, 2025). Without additional funding, this initiative works to strengthen the Mental Health and Addiction network in the region. Initially facilitated by Te Hiku

- o Te Hauora, a wider network of the Tai Tokerau addiction workforce has emerged (Te Hiku Hauora, 2025).

Conclusion

This feasibility study proposes a foundation in which to address the escalating methamphetamine crisis in the Te Hiku region. This kaupapa Māori research proposes a whānau-centred and community-driven approach with the feasibility study reinforcing the critical need for enhanced addiction services that are comprehensive, culturally relevant and holistic.

The recommendations outlined in this study advocate for the expansion of residential rehabilitation facilities, the establishment of community-based detox services with trained addiction specialists; and the integration of high-quality support programmes, all aimed at fostering sustainable recovery pathways.

As we navigate the complexities of addiction, it is critical to reframe our understanding of substance use as a chronic health issue rather than a criminal concern. By fostering a collaborative approach and strategic alliances where local Iwi, health services, and community organisations work together, we can develop more effective services that better serve the needs of whānau and communities.

This study not only calls for urgent action but also emphasises that the provision of ongoing commitment of resources is essential to the effective implementation of these recommendations. By investing in our communities and prioritising their voices, we can create a transformative impact that extends beyond the current crisis. We can set a new standard for mental health and addiction care that uplifts our whānau, communities and Iwi of Te Hiku – ultimately fostering resilience, health, and well-being for future generations.

Glossary

Hapū	sub-tribe, sub-group
Iwi	tribe, tribal group
Kaupapa Māori	Māori approach, Māori philosophy
Kōrero	talk, speak
Te Ao Māori	the Māori world
Te Hiku o Te Ika/Te Hiku	Far North region, the tail of the fish
Whānau	family
Whakapapa	genealogy
Whenua	land

References

Alcohol & Drug Foundation. (2023). *Help-seeking for risky alcohol and drug use*. Alcohol & Drug Foundation. https://cdn.adf.org.au/media/documents/IS_Survey_Report_2023_Help-Seeking_for_Risky_AOD_Use.pdf

Ali, I. (2020, July 21). *Northland mum pleads for help for meth-addicted daughter*. The Northern Advocate. <https://www.nzherald.co.nz/northern-advocate/news/northland-mum-pleads-for-help-for-meth-addicted-daughter/7EHFJIJVKIKN77C6X7XESTLV2I/>

Ashby, Y. (2023, August). *Te Ara Oranga Pou Whānau Connector (Odyssey House)*. YouTube - Te Whatu Ora - Te Tai Tokerau: <https://www.youtube.com/watch?v=wwhf8MP-kGI>

Barber, P. & Ika, A. (2025). *State of the Nation 2025: Kai, Kāinga, Whānau - The basics, food, housing, family*. The Salvation Army. <https://www.salvationarmy.org.nz/research-policy/social-policy-parliamentary-unit/state-nation-2025/>

Beck, A. K., Larance, B., Deane, F. P., Baker, A. L., Manning, V., Hides, L., Shakeshaft, A., Argent, A., & Kelly, P.J. (2021, August 1). *The use of Australian SMART Recovery groups by people who use methamphetamine: Analysis of routinely collected nationwide data*. *Drug and Alcohol Dependence*. <https://www.sciencedirect.com/science/article/abs/pii/S0376871621003094>

Beck, A.K., Larance, B., Manning, V., Deane, F. P., Baker, A.L., Hides, L., Shakeshaft, A., Argent, A., Kelly, P. J. (2025). *Exploring the potential of Self-Management and Recovery Training (SMART Recovery) mutual-help groups for supporting people who use methamphetamine: A qualitative study examining participant experience of initiation and engagement*. *Journal of Substance Use Addiction Treatment*. <https://pubmed.ncbi.nlm.nih.gov/39515469/>

Brown, P. (2013). *A national framework for recovery-oriented mental health services*. Australian Health Minister's Advisory Council. Retrieved from <https://www.health.gov.au/resources/publications/a-national-framework-for-recovery-oriented-mental-health-services-guide-for-practitioners-and-providers?language=en>

Crossin, R., Boden, JM., Wilkins, C. Adamson, S. *The New Zealand Illicit Drug Harms Index: How can it inform a health-based approach to drug use?* NZ Medical Journal, 135, 8-10. <https://pubmed.ncbi.nlm.nih.gov/35728179/>

Dale, E., Lee, K.S.K., Conigrave, K, M., Conigrave, J.H., Ivers, R., Clapham, K., Kelly., P. J. (2021). *A multi-methods yarn about SMART Recovery: First insights from Australian Aboriginal facilitators and group members*. National Library of Medicine. 40(6), 1013–1027. <https://doi.org/10.1111/dar.13264>

Daniels, C. (2025, March 3). *NZ meth use hits record high as prices drop, wastewater testing reveals*. NZ Herald. <https://www.nzherald.co.nz/nz/nz-meth-use-hits-record-high-as-prices-drop-wastewater-testing-reveals-the-front-page/KFPS3AAPNNG3ZP2QBRVM4PNN7I/>

DeGraaf, P. (2025, April 2). *'Safety is at risk': Warning as meth and crime crisis in Northland worsens*. RNZ. <https://www.rnz.co.nz/news/national/556976/safety-is-at-risk-warning-as-meth-and-crime-crisis-in-northland-worsens>

Dinsdale, M. (2025, April 2). *Ngāpuhi want urgent Government action to fight meth crisis and other social issues*. Northern Advocate. <https://www.nzherald.co.nz/northern-advocate/news/ngapuhi-wants-urgent-government-action-to-fight-meth-crisis-and-other-social-issues/JMPETDEM5BNFNJ6PGLT64DGIA/>

Elder, H. (2025, May). Me he manawa kuaka: Like the heart of a kuaka – Dr Hinemoa Elder. *Pai Ana Pānui*. Te Hiku Hauora: <https://www.tehikuauora.nz/publications>

Elign, J. (2024). *Global synthetic drug markets: The present and future*. The Global Initiative. <https://globalinitiative.net/analysis/global-synthetic-drug-market-the-present-and-future/>

Glaser, P. (2024, July 3). *SMART recovery: A different approach to alcohol & drug support*. The Level. <https://thelevel.org.nz/news-and-stories/smart-recovery>

Hanley, L. (2025). *Deep dive into New Zealand's growing meth crisis*. Radio New Zealand. Retrieved from <https://www.rnz.co.nz/news/national/564155/deep-dive-into-new-zealand-s-growing-meth-crisis>

Howell, A., Newcombe, D. & Exeter, D. (2017). *Locating methamphetamine manufacture in NZ*. The University of Auckland - Public Policy Institute. <https://www.auckland.ac.nz/assets/arts/our-research/research-institutes-centres-groups/ppi/policy-briefings/locating-methamphetamine-manufacture.pdf>

Infometrics. (2024). Regional economic profile - Far North District 2024 - *Population growth*.

<https://rep.infometrics.co.nz/far-north-district/population/growth>

Infometrics. (2025). Regional economic profile – Far North District 2024 – *Total personal income*.

<https://rep.infometrics.co.nz/far-north-district/census/indicator/total-personal-income>

Jensen, M. (2024, August). *An after hours centre to help those with meth addictions*.

<https://www.youtube.com/watch?v=1ntiB6nb2HI>

Jowett, R. V., Dale, M., & Cooper, L. (2021). *Mitigating barriers to addiction recovery in Aotearoa New Zealand: A lived experience perspective*. Aotearoa NZ Social Work.

<https://anzswjournal.nz/anzsw/article/view/866>

Kitchin, T. (2021, August 05). *New meth programmes help addicts connect with their whenua*.

RNZ. <https://www.rnz.co.nz/news/national/448512/new-meth-programmes-help-addicts-connect-with-their-whenua>

Lee, J. (2009). Decolonising Māori narratives: Pūrākau as a method. *MAI Review*, 2009, 2(3), 1-12.

<https://www.journal.mai.ac.nz/system/files/maireview/242-1618-1-PB.pdf>

Mane, J. (2019). Kaupapa Māori: A community approach. *MAI Review*, 2009, 3 (1), 1-9.

<https://www.journal.mai.ac.nz/system/files/maireview/243-1710-1-PB.pdf>

Manning, V., Roxburg, A.D., Savic, M. (2023). *Piloting the integration of SMART recovery into outpatient alcohol and other drug treatment programs*.

<https://psycnet.apa.org/record/2024-07948-001>

Ministry of Health. Inter-Agency Committee on Drugs. (2015). *National drug policy 2015 to 2020*.

<https://www.health.govt.nz/publications/national-drug-policy-2015-to-2020>

National Institutes of Health (2024). *Reduced drug use is a meaningful treatment outcome for people with stimulant use disorders*. <https://www.nih.gov/news-events/news-releases/reduced-drug-use-meaningful-treatment-outcome-people-stimulant-use-disorders#:~:text=January%2010%2C%202024-,Reduced%20drug%20use%20is%20a%20meaningful%20treatment%20outcome%20for%20people,do%20not%20achieve%20total%20abstinence.>

New Zealand Drug Foundation. (2024). *Neurodivergence & substances use.*

<https://drugfoundation.org.nz/news-and-reports/neurodivergence-and-substance-use>

New Zealand Drug Trends Survey (2024). *Latest NZ Drug Trends Survey shows growing influence of digital and synthetic drug markets.* <https://www.massey.ac.nz/about/news/latest-nz-drug-trends-survey-shows-growing-influence-of-digital-and-synthetic-drug-markets/>

Northern Advocate (2019, January 23) *Proceeds of crime pay for new Northland addiction detox beds.* NZ Herald. <https://www.nzherald.co.nz/northern-advocate/news/Proceeds-of-crime-pay-for-new-northland-addiction-detox-beds/XYNWNOICNF5A2G3PGR6V4IZHFM/?utm>

NZ Police (2021). *Methamphetamine in New Zealand: What is currently known about the harm it causes.* <https://www.police.govt.nz/about-us/publication/methamphetamine-new-zealand-what-currently-known-about-harm-it-causes>

Odyssey (2025). *Our community hubs offer several peer-to-peer support group options.* <https://www.odyssey.org.nz/our-services/pakeke/support-groups/wider-community>

Oranga Tamariki (2020). *Methamphetamine and care: What we know to date.* <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Methamphetamine-and-care/Methamphetamine-and-Care.pdf>

O'Reilly, D. (2025). *The lethal invader in our communities.* E-tangata. <https://e-tangata.co.nz/reflections/the-lethal-invader-in-our-communities/>

Paewai, P. (2025, January 18). *Marae-based study into psychoactive mushroom for treating methamphetamine addiction completes first phase of trials.* RNZ. <https://www.rnz.co.nz/news/top/539320/marae-based-study-into-psychoactive-mushroom-for-treating-methamphetamine-addiction-completes-first-phase-of-trials>

Pihama, L., Cram, F., Walker, S. (2002). *Creating methodological space: A literature review of Kaupapa Māori research.* Canadian Journal of Native Education. https://www.researchgate.net/publication/234647374_Creating_Methodological_Space_A_Literature_Review_of_Kaupapa_Maori_Research

Radio NZ. (2024, December 13). *Northland has the highest amount of methamphetamine consumption in the country.* RNZ. <https://www.rnz.co.nz/news/national/536617/northland-has-the-highest-amount-of-methamphetamine-consumption-in-the-country>

Reid, P., Paine S-J., Te Ao, B., Willing, E., Wyeth, E., Vaithianathan, R. & Loring, B. (2018). Estimating the economic costs of ethnic health inequities: protocol for a prevalence-based cost-of-illness study in New Zealand (2003–2014). *BMJ Open* 2018. doi: [10.1136/bmjopen-2017-020763](https://doi.org/10.1136/bmjopen-2017-020763)

Savage, J. (2021). *NZ's meth crisis: Rural towns bearing the brunt, new police strategy to curb demand*. New Zealand Herald. <https://www.nzherald.co.nz/kahu/nzs-meth-crisis-rural-towns-bearing-the-brunt-new-police-strategy-to-curb-demand/CPR6M34K2LFEJPFRVO2WL66O6Q/>

Scott, R. (2024). Methamphetamine dependence in Australia—why is ‘ice’ (crystal meth) so, addictive? *Psychiatry, psychology, and law*, 31(4), 671–704. <https://doi.org/10.1080/13218719.2023.2206870>

Slade, Nicholls & Rolles. (2016). *Drug decriminalisation in Portugal: Setting the record straight*. Transform Drug Policy Foundation. <https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>

SMART Recovery Australia. *4-Point Toolkit*. <https://smartrecoveryaustralia.com.au/4-point-toolkit>

Smith, G.H. (1997). *The development of Kaupapa Maori: Theory and praxis* (Doctoral dissertation, University of Auckland). <https://researchspace.auckland.ac.nz/handle/2292/623>

Smith, L. T. (1999). *Decolonising methodologies*. Zed Books.

Stone. (2025, April 10). Northland meth crisis worsens as consumption triples, experts warn. *The Northern Advocate*. <https://www.nzherald.co.nz/northern-advocate/news/northland-meth-crisis-worsens-as-consumption-triples-experts-warn/DRMZXEYINBGNBKD2QBUETTIPY/>

Stronach, O., Dietze, P., Livingstone, M., & Roxburgh, A. (2024). 20-year trends in Australian methamphetamine-related deaths, 2001–2020. *International Journal of Drug Policy*, 131, 1-11. <https://doi.org/10.1016/j.drugpo.2024.104548>

Stoneberg, D. M., Shukla, R. K., & Magness, M. B. (2017). Global methamphetamine trends: An

evolving problem. *International Criminal Justice Review*, 28(2), 136-161.

<https://journals.sagepub.com/doi/abs/10.1177/1057567717730104>

Te Hiku Hauora. (June, 2025). Tai Tokerau Maori Mental Health and Addiction Workforce Forum. <https://www.facebook.com/tehikuhauora/posts/m%C4%81ori-mental-health-addiction-workforce-forum-do-you-mahi-in-the-mental-health-a/1485968766031975/>

Te Hiku Iwi Development Trust. (2020). *Strategic plan 2020-2045*. <https://irp.cdn-website.com/f44d7a17/files/uploaded/STRATEGIC%20PLAN%202020%20-%202045.pdf?>

Te Rau Ora, NZ Drug Foundation, Whare Tukutuku. (2021). *Whare Tukutuku – Patterns of practice: Whānau supporting whānau*. <https://terauora.com/whare-tukutuku-patterns-of-practice-whanau-supporting-whanau/>

Te Whatu Ora. (2024, September 24). *Mental health and addiction workforce plan 2024 – 2027*. Te Whatu Ora - Health NZ. <https://www.tewhatuora.govt.nz/publications/mental-health-and-addiction-workforce-plan-2024-2027>

Trigger, S. (2025, May 2). *Four-fold increase over a decade in hospital discharges with diagnosis indicating meth use*. Newstalk ZB. <https://www.newstalkzb.co.nz/news/national/four-fold-increase-over-a-decade-in-hospital-discharges-with-diagnosis-indicating-meth-use/>

Trigger, S. (2025, March 25). *Justice, Police Ministers asked for solutions to tackle near doubling of meth use in New Zealand over the past year*. Newstalk ZB. <https://www.newstalkzb.co.nz/news/national/justice-police-ministers-asked-for-solutions-to-tackle-near-doubling-of-meth-use-in-new-zealand-over-the-past-year/>

Tswanya, Y. (2025, February 10). *Petition calls for expanded Kaitāia hospital as Far North residents struggle with limited care*. The Northern Advocate <https://www.nzherald.co.nz/northern-advocate/news/petition-calls-for-expanded- Kaitāia-hospital-as-far-north-residents-struggle-with-limited-care/NZOL3LL4XRAHVVEDAHRRGHA2FK4/>

Tswanya, Y. (2025, March 10). *Far North's drinking problem: Can a local alcohol policy fix the region's booze stat blowout?* NZ Herald. <https://www.nzherald.co.nz/northern-advocate/news/local-alcohol-policy-to-tackle-far-norths-drinking-issues/JPV7MTS4Y5B7TINOTIA3SLMVYA/>

United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples*.

https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

Walton, D. & Martin, S. (2021). *The evaluation of Te Ara Oranga: The path to wellbeing - A methamphetamine harm reduction programme in Northland*.

Ministry of Health. <https://www.health.govt.nz/system/files/2021-12/the-evaluation-of-te-ara-oranga-mar22.pdf>

Waters, R. (2025). Portugal's path to breaking drug addiction. *Craftmanship*.

<https://craftsmanship.net/portugals-path-to-breaking-drug-addiction/>

Watson, M. & Wilton, P. (2023, December 13). *One-third of Kiwi families supporting methamphetamine addicts threatened by violence*. Stuff. <https://www.stuff.co.nz/nz-news/350483138/one-third-of-kiwi-families-supporting-methamphetamine-addicts-threatened-by-violence>

Whiria Te Muka, Te Hiku Iwi Development Trust, & New Zealand Police. (2023, March).

He Mātauranga Hāpine: Meth harm and family violence in Te Hiku ō Ika (36 pp.). Kaitāia, New Zealand: Whiria Te Muka. <https://irp.cdn-website.com/f44d7a17/files/uploaded/He%20M%C4%81tauranga%20H%C4%81pine.pdf>

White, W.L. (2004). Addiction recovery mutual aid groups: An enduring international phenomenon. *Addiction*, 99(5), 532–538. <https://doi.org/10.1111/j.1360-0443.2004.00684.x>

Yasbek, P., Mercier K., Dr Elder, H., Dr Crossin, R., Prof. Baker, M. (2022). *Minimising the harms from methamphetamine*. The Helen Clark Foundation and New Zealand Drug Foundation. Helen Clark Foundation & NZ Drug Foundation.

<https://helenclark.foundation/app/uploads/2022/09/HCF-NZ-Drug-Foundation-Minimising-the-harms-from-methamphetamine-report-LR.pdf>

Yeoman, A. (2023, December 19). *Meth addiction affecting BOP families - study*.

Sunlive. <https://sunlive.co.nz/news/333370-meth-addiction-affecting-bop-families---study.html>