



Addiction

Standard

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Tuhia ki te rangi
Tuhia ki te whenua

Tuhia ki te ngakau o nga tangata
Ko te mea nui

He tangata, he tangata, he tangata
Tihei Mauri Ora

Beyond the Glitz The Dark Side of Problem Gambling in New Zealand





Kia ora and welcome to our new look Addiction Standard! What exciting times!

The government's Inquiry into Mental Health and Addiction provides an excellent opportunity for a much-needed overhaul and to potentially

influence a more recovery-oriented system of care. Our vision is for a transformed system that puts the lives of the people experiencing addiction and their families/whanau at the centre of any response. Dapaanz will be making a submission and will be sending out a survey shortly to find out what you see as the priorities for a more effective system. We also really want to encourage you to make a submission when they are open April/ May. For more information go to the DIA website <https://www.dia.govt.nz/Government-Inquiry-into-Mental-Health-and-Addiction>. We will be sharing our submission with you.

Also, it was a real coup for the addiction sector, that at the end of 2017 the Honourable Dr David Clark, Minister of Health signed a notice designating dapaanz under the Substance Addiction (Compulsory Assessment and Treatment) Act.

The effect of this designation is that a practitioner registered by dapaanz (on account of the practitioner's expertise in treating persons suffering from severe substance addiction) will fall within paragraph (d) of the definition of health professional in section 4 of the Act. Under the Act, a health professional is eligible to be designated as an approved specialist and as an authorised officer. A health professional may also be permitted or required to accompany a district inspector on a visit to a treatment centre and to give advice to a district inspector.

It is great to hear several practitioners are now authorised and dapaanz registered practitioners are now considered, at the highest level, as equivalent to those under the HPCA – so that DHBs that haven't employed addiction practitioners in the past no longer have any grounds not to do so.

To make this time in history even sweeter, in February, the Minister of Health Dr David Clark announced that Cabinet had approved the Government to formally negotiate an agreement to extend the

TerraNova Care and Support (Pay Equity) Settlement to mental health and addiction support workers. We really take our hat off to Platform for successful advocacy in this regard. You can read more about their advocacy process in this edition.

The Addiction Standard is committed to providing a forum where consumer voices are heard, issues are raised, controversy embraced and your excellent work is celebrated. In this edition we have some excellent articles on topics as diverse as problem gambling, homelessness, the politics of incarceration, and an incredibly personal account on the impact of meth in a small Kiwi community. We thank our contributors for the quality of their copy.

Cutting Edge 2018 – It's all about Connection is going to be amazing. Calls for abstracts are now open. Also, don't forget to nominate outstanding people in the sector for an award, so we can celebrate excellence in addiction practice at the Cutting Edge Oscarz awards dinner.



Finally, we want to say farewell and thank you to our Office Manager, the lovely Clare Gibson who has moved onto new adventures. Thank you Clare for your helpfulness, your consistent good humour and for all you have contributed to dapaanz. We will miss you and wish you well in your new endeavours!

Please see the 'notice board' for important dapaanz updates. If you would like to submit anything in the bulletin, please send to sue@dapaanz.org.nz with 'Bulletin' in the subject line or contact me on 04 282 1809 to discuss.

Don't forget, if you're in Wellington, pop in and see us at Level 5, 342 Lambton Quay (in the AMI Plaza) - **Nga Mihi - Sue.**

Diary of a Registered Practitioner

Sunday

Sunday: Shuffle to my dining table and rattle off a paper on “*Lessons learned from 100 years of addiction treatment in NZ*” that has nothing to do with why I am shuffling. I email it to my co-authors so they know I worked on Sunday.

Learn via Twitter that there’s a review of an earlier publication (2220 days since) in an east European journal that calls me “an electrifying new voice in ancient stories about addiction treatment.” Consider how this could be a bad thing – does it read “reading his stories is like being forced to eat tin-foil. His shrill electrifying voice eradicates any semblance of meaning”?

Go online and find the journal. Pay for English version. No reference is made to tin-foil. Declare it to be the best review yet. Friends and colleagues take no notice.

Monday

Monday, start at 5am, write 200 words in two hours for *Lessons Learned*. Review version 6 of *Complex Clinical Assessment and Formulation* for a clinical review. Note one-line reference to my *Lessons Learned* paper, which is buried at Appendix Q. Check if an English version of the new journal review is online so I can link it to everybody I once and currently know. Not yet. Dust off scanner.

Tuesday

Tuesday, start at 5am, write 200 words mostly replacing yesterday’s. Review version 7 of CCA&F. See clients. Write up client notes. Make follow-up phone calls. No English version on-line journal review yet. Wonder if I can add it to my cv anyway.

yesterday. Review version 9b of CCA&F. Wonder what happened to 8 and 9a. Write up today’s client notes. See these clients. Rewrite the client notes. Email local dapaanz Journal Club looking for presenters. Mention I was East Europe’s “hot writer” recently (not mentioning it was 6 years ago).

Thursday

Thursday, start at 5am. Fortnightly crisis of confidence. Skim through failed journal article from 2006. Consider returning to it. Review version 10 of CCA&F. Suspect it won’t make it to version 11. Agree to talk to local dapaanz Journal Club. Proceed to freak out about what I could possibly say.

Friday

Friday, start at 5am. Write 30 words before I need to research clotheslines used in 19th century addiction treatment services. Text 3 consecutive no-shows. Text 4th no-show. Work on application for teaching position for which I am under-qualified. Consider combining journal writing and employment CVs: “an electrifying new voice in clinical review”. “Writer of 2.3 unpublished books”. “Named Hot Appendix Writer, 2018”. “Short-listed for Best Client Notes, Asia Pacific.”

Saturday

Saturday, write this and reflect on how it will all start again tomorrow.



READING HIS STORIES IS LIKE BEING FORCED TO EAT TIN-FOIL

Wednesday

Wednesday, Sleep through alarm. Write case note forgotten yesterday. Repeat follow-up phone calls as no-one answered



Mental health and addictions equal pay settlement on the horizon

photo credit: Nathan Frost

On 14 February, the Minister of Health David Clark announced that Cabinet had given its approval for the Government to formally negotiate an agreement to extend the Care and Support (Pay Equity) Settlement to mental health and addiction support workers.

By Marion Blake

So, what does this all mean? The team at Platform Trust, who have been part of ongoing discussions and now formal negotiations, explain the process and what you need to know.

You may have heard last year about the Care and Support Workers (Pay Equity) Settlement 2017, also referred to as the TerraNova settlement, coming into force for support workers in aged care, home and community, and disability sectors. You probably also heard that mental health and addictions support workers were left out of this settlement (and related legislation).

In June last year, to formalise the mental health and addictions sector claim, the unions lodged proceedings with the Employment Relations Authority on behalf of a group of employees against eight mental health and addictions employers.

Since the TerraNova settlement and the unions' claim, discussions have been occurring between the Ministry of Health, DHB representatives, union representatives and a delegation led by Platform Trust (acting as representatives for community mental health and addiction service providers) with the aim of agreeing a way forward for the mental health and addiction support workforce.

Discussions were unavoidably constrained last year by the general election in September, and the new government that is now in place has understandably prioritised its 100 day commitments - a mental health and addictions pay equity settlement was not one of those commitments.

However, the Prime Minister, in the lead up to the election did make the following statement:

"I want these mental health and addiction support workers left out of the pay equity

“
I WANT THESE MENTAL
HEALTH AND ADDICTION
SUPPORT WORKERS LEFT OUT
OF THE PAY EQUITY DEAL TO
KNOW THAT LABOUR WILL
NOT LET THEM DOWN.
”

JACINDA ARDERN, 2017

deal to know that Labour will not let them down.” (Jacinda Ardern, 2017).

Following the election the discussion group representatives worked with the new Labour-led Government in the hope of progressing to a formal negotiation phase. As we were putting the final full stop on this article, the Minister of Health made his announcement that negotiations have been given the green light to begin.

Pay Equity Timeline – Mental Health and Addictions Support Workers

June 2017	TerraNova Settlement (Care and Support Workers (Pay Equity) Settlement 2017)
	Discussions begin regarding mental health and addictions support workers
	Claim lodged by unions with Employment Relations Authority
December 2017	Media announcements that formal negotiations would begin
	Minister clarifies that Cabinet is required to authorise negotiations
January/February 2018	Mental health and addictions inquiry announced by Prime Minister and Minister of Health
	Settlement negotiations authorised by Cabinet
	Qualification equivalency determinations occurring
	DHB funding working group work (Phase II) commencing

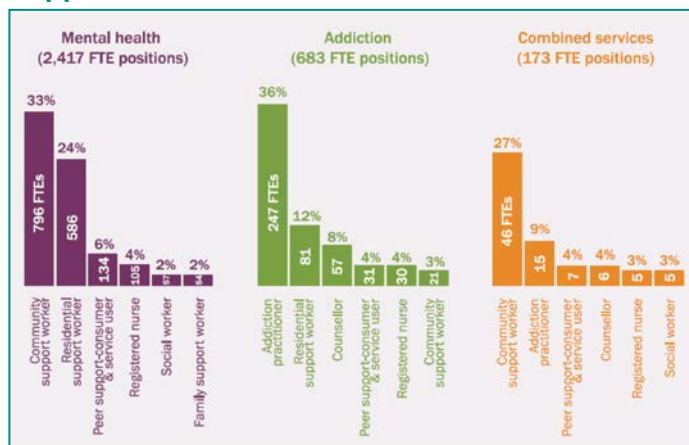
The previous settlement and the mental health and addictions discussions have brought to light some of the inconsistencies around defining the mental health and addictions support workforce and funding arrangements for community-based service providers.

Defining the support workforce

Last year we partnered with Te Pou o te Whakaaro Nui to produce a document called Fast Track (available on the <https://www.platform.org.nz/our-work/Fast-Track>) that had already begun to ask questions about the nature of the support workforce.

Support workers are the largest workforce group delivering adult mental health and addictions supports, but organisations use different job titles and the term ‘support worker’ covers a wide range of duties conducted in a range of settings from a variety of values-bases. An agreement will need to be reached on a definition for the purposes of a pay equity settlement.

Support workers in mental health and addictions



Source: Te Pou o te Whakaaro Nui (2015b). NGO adult mental health and addiction workforce: 2014 survey of Vote Health funded services. Auckland, New Zealand: Te Pou o te Whakaaro Nui.

It is likely that a settlement will be one that is based on the qualification (or possibly equivalent experience) held by the support worker, as per the previous settlement. If the existing settlement arrangements were taken across to the mental health and addictions sector, staff with a Level 4 qualification included in the settlement would be paid \$23.50 per hour increasing over a 5-year period to \$27.00 per hour.

In anticipation of a similar arrangement, Platform has been doing some early work to identify qualifications from across the sector. We have been working with Careerforce, the industry training organisation for the sector, who are mandated by legislation to determine which qualifications are equivalent to the Level 4 Certificate in Health and Wellbeing for the TerraNova settlement. It is important to note that Careerforce is not yet responsible for making formal determinations on qualifications held by the mental health and addictions support workforce.

Indicatively, those used by the aged care, home and community, and disability sector can be found here: <https://www.careerforce.org.nz/careerforce-pay-equity-qualification-equivalencies/>.

The process Careerforce undertakes to determine which qualifications are equivalent to the Certificate in Health and Wellbeing essentially maps the course components and does not make a judgement about whether or not qualifications deemed to be relevant to our sector. More information about that process can be found here:

<https://www.careerforce.org.nz/news/careerforce-news/careerforce-assesses-qualification-equivalencies/>.

Funding

Beyond the urgent pay equity issues, there are other unresolved wider funding and contracting issues that historically impact on NGO providers' ability to sustainably run services commissioned by DHBs and to pay competitive rates. Crown funding and contracting practices have a key role in shaping and enabling fair rates for good service provision. A separate group has been set up to identify and address these issues, led by co-chairs Ron Dunham on behalf of the DHB CEO group and Marion Blake on behalf of providers. The work of this group is currently referred to as Phase II of any settlement discussions and this is where funders and providers aim to tackle systemic challenges.

Significant information collection will need to be undertaken in order to progress negotiations and to prepare for a settlement. Contracted NGOs need to start preparing now for what could be a demanding and possibly hurried information collection process, starting with relevant detailed information about contracts and support work staff (qualifications, start dates etc).

If you have any questions or concerns about the pay equity discussions, please don't hesitate to contact Platform by email at support@platform.org.nz or phone (04) 385 0385.



What we have been doing with the findings of the Employer's Survey

In 2016, we asked employers of the addiction workforce about the Addiction Intervention Competency Framework and the dapaanz practitioner registration process. These are essential for ensuring the addiction workforce maintains its standards of practice.



Below are the key findings from the survey and the actions dapaanz is taking in response to these findings.

1.) There is an opportunity to increase employer familiarity with the Addiction Intervention Competency Framework.

We are working towards improving communication about the Addiction Intervention Competency Framework and how it relates to addiction practitioner training and registration.

2.) There is an opportunity to develop the addiction practitioner registration process to consider supporting a broader range of experienced staff to gain registration, increase consistency among practitioners and supervisors, and help practitioners maintain registration as their roles change.

We are reviewing the processes that measure and monitor competency to identify what could be strengthened and whether feasible solutions are available. We will involve the addiction sector in this review in 2019.

We have also increased transparency about the timing and process for reviews of the processes and frameworks that we oversee.

3.) Employers tend to have high expectations of staff competency levels.

We will explore how we can support employers to orient new employees to the Addiction Intervention Competency Framework, and help staff to practice in alignment with it. This will be based on feedback from communication under action 2.

4.) Employers consider addiction education as being key to building competencies. There is an opportunity to recommend training providers ensure that interpersonal therapy and personal reflection is covered in their training programmes.

We have completed a review of all addiction qualifications to ensure that all dapaanz approved qualifications for addiction practitioner registration are aligned with the Addiction Intervention Competency Framework.

We will let training providers know that employers viewed skills in interpersonal therapy and personal reflection as particularly essential competencies for addiction practitioners.

By implementing these actions, we aim to ensure that people struggling with addictions receive high quality and effective help from a workforce maintaining high standards of practice through alignment to the Addiction Intervention Competency Framework.

SURVEY RESULTS ARE IN!



How to Reduce New Zealand's Prison Population in Six Years

By Roger Brooking

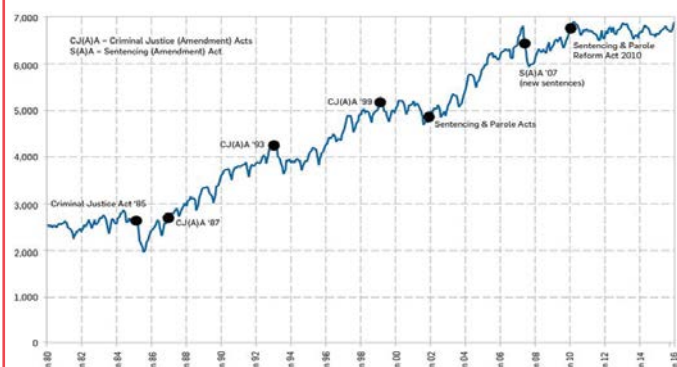
All photos (Nathan Frost)

Background

In September 2017, New Zealand's prison population hit an all time high of 10,470, of whom 2,983 or 28% were on remand. The muster has been growing rapidly since 1985, as a result of a steady increase in the number of prisoners serving longer and longer sentences and (more recently) an increase in prisoners held on remand.

The number of long-term prisoners has gone up primarily due to increasingly punitive pieces of legislation passed in the last 30 years.

**The sentenced prisoner population 1980-2016
linked to key legislative changes**



As if this series of punitive Acts wasn't enough, governmental reluctance to follow through on recommendations to raise alcohol tax or implement drug policy law reforms in favour of decriminalisation over prohibition, have only made a bad situation worse.

Increase the price of alcohol and decriminalise cannabis

Despite the endless scaremongering about methamphetamine and synthetic cannabinoids, alcohol is by far the biggest drug problem in the country. In *Alcohol in our Lives*, the Law Commission said 80% of all offending is alcohol and drug related. The Commission concluded that increasing the price of alcohol 10% (by raising the taxation component) was the single most effective intervention to reduce alcohol related harm and would raise \$350 million in revenue. The \$350 million would go a long way towards paying for other interventions described below.

Decriminalising cannabis would also help keep drug users out of prison. If the Government wanted to be really bold, it could decriminalise possession of all drugs as Portugal has done - a strategy recommended by the New Zealand Drug Foundation. This would make a big difference. In 2015, drug offences accounted for 13% of all sentenced prisoners. If personal possession of cannabis and other drugs was decriminalised, that's another 800 people who could be treated in the community instead of in prison.

Roll out drug courts

Decriminalisation needs to be aligned with an increase in funding for 'drug courts'. Here's how they work. When someone appears in court with alcohol or drug related offending and is facing a prison sentence, the judge gives him/her a choice. Instead of an automatic prison sentence, if the offender agrees to go into treatment, and then gets a job, they avoid going to prison. The offender comes back to court every two weeks so the judge can monitor progress. The process takes about 18 months and those who 'graduate' say it is much tougher than going to prison. But it works.

Right now, there are only two drug courts in the whole country, and they 'treat' only 100 offenders a year. We need to increase the number of Drug Courts to at least ten (perhaps four in Auckland, two in Hamilton and Wellington, and one in Christchurch and Dunedin. This will require a significant increase in funding for AOD treatment services in the community, but it would help keep another 800 offenders a year out of prison.

Increasing alcohol tax and passing legislation to decriminalise cannabis (if not other substances) will not only result in a reduction in the prison population but also reduce the harm of substance misuse in the community. However, to really put a serious dent in the number of those incarcerated, punitive legislation must be repealed.

Repeal the Bail Amendment Act

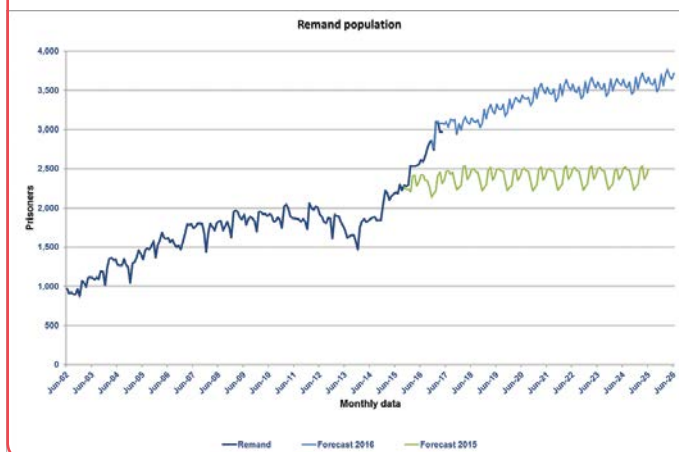
The number of New Zealanders in prison on remand (who have yet to be convicted of the crimes with which they are charged) needs to be reduced. Their numbers jumped dramatically after the Bail Amendment Act was passed in 2013 (see Fig 2). This disastrous piece of legislation was introduced after the murder of Christie Marceau in 2011 by 18-year-old Akshay Chand while he was on bail. Prior to the murder, Chand had been arrested for kidnapping and threatening Marceau with a knife. Despite opposition from the police, he was bailed to an address not far from the Marceau family home and killed Christie a month later.

This was not a failure of the existing bail laws. It was the result of a misdiagnosis and woefully inadequate risk assessment by the mental health services dealing with Chand, who was subsequently diagnosed with schizophrenia and found unfit to stand trial. At the bail hearing following the kidnap, a forensic health nurse advised the Judge that Chand had been taking anti-depressant medication for two weeks and could be "safely and successfully" treated in the community. When granting bail, the judge naturally trusted the mental health professionals who assessed Chand prior to his court appearance rather than the police.

After the murder, Garth McVicar took advantage of the Marceau family's grief and persuaded her parents to start a campaign to have the bail laws amended. Sucked in by the Sensible Sentencing Trust and the media, in 2013 National passed the Bail Amendment Act.

Projections by the Ministry of Justice claimed the new Bill would increase the number of prisoners on remand by less than 60. But three years later, there are 1,500 new prisoners on remand. As a result, the Corrections Department says we need a new prison. We don't. We just need to repeal the Bail Amendment Act.

Fig 2: Shows the dramatic increase in remand population above justice sector forecasts after the Bail Amendment Act was introduced in 2013.



The ever-increasing cost

As the muster mushrooms out of control, so does the size of the Corrections Department. It now employs over 8,500 staff and has become the biggest Government Department in the country. And of course, prisons are expensive. The annual operating cost of our prison system is around \$100,000 per prisoner or \$1.5 billion a year.

Because of the muster blow-out, a new 1,500 bed prison is now planned for Waikeria with cost estimates varying between \$1 billion and \$2.5 billion over five years. According to Andrew Little, unless we start doing things differently, New Zealand will need to build a new prison every two or three years.

At the 2017 election, Gareth Morgan proposed reducing the prison muster by 40% over ten years. The Labour coalition wants to reduce it by 30% over 15 years. However, both Kelvin Davis, the new Corrections Minister and Andrew Little have been very vague about how they intend to achieve this. Both also seemed to think it was complicated and would take a long time.

Why six years?

Reducing the prison population is not that difficult. But it needs to be done quickly. This is because New Zealand has a three-year electoral cycle. Governments may get six years in power and occasionally might get nine. There is little chance the National party would agree to reduce the prison population, so, if the Labour led coalition doesn't get on with job in the next six years, it's not going to happen.

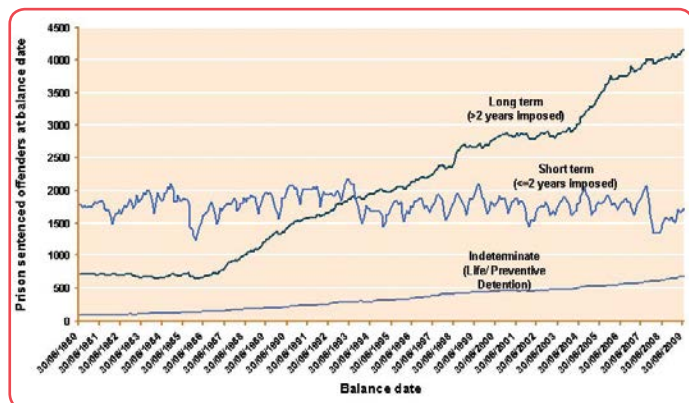
There are two quick fix solutions. The first is to repeal the Bail Amendment Act. That will reduce the muster by 1,500 quite quickly. Even if the government only takes that one step, then they can cancel the plans for the new 1,500 bed prison.

Release more short-term, low risk prisoners

New Zealand also needs to address the growing number of prisoners on long-term sentences. That's easy to fix by redefining what constitutes a 'short' or a 'long' sentence.

The Parole Act defines a short-term prison sentence as one of two years or less. Short-term prisoners don't go before the parole

board – they're automatically released after serving half their time. In 2015, there were nearly 6,000 short-term inmates on any given day (although about 15,000 cycle through the prison system within a 12 month period). The Board would be totally overwhelmed if it had to see all these inmates, 42% of whom are in prison for quite minor crimes. So automatic release at the half-way mark is an administrative convenience which makes space in the system for more serious offenders on long-term sentences.



A long-term sentence is anything over two years (from two years up to life). Since 1985 'tough on crime' legislation has significantly increased the number of long term prisoners (see chart above); the number of people given 'long term' sentences between two and three years has gone up 475%. In 2015, there were 765 inmates in this group.

These prisoners can only be released before the end of their sentence if the Parole Board decides they no longer pose an 'undue risk' to the community. Most attend their first parole hearing after completing one third of their sentence. But that doesn't mean they get out. In the last few years, the Parole Board has become increasingly risk averse and now less than 5% of inmates are released at their first hearing - after which they serve the rest of their sentence in the community under the supervision of a probation officer. In recent years the Board has toughened up to such an extent that the average proportion of their sentence served by long-term inmates has increased from 52% in 2003 to 77% in 2017

So, if the definition of 'short-term' was changed from two years to three years. That would allow an additional 765 inmates to be released automatically after serving half their sentence. If the definition of short-term included sentences up to five years, then even more prisoners would get out early. In 2015, there were 1,238 inmates serving between two and five years. Add this to the 1,500 no longer being held on remand and within five years, the population would be down by nearly 3,000 – which is 30% within six years.

If these two simple strategies were implemented, we would no longer need the new prison and would save up to \$2.5 billion over the next five years. And guess what, these quick fix strategies are free – they won't cost the taxpayer anything.

Reducing the prison muster by 3000 would give the government breathing space to implement longer term strategies. Unless we adopt solutions that actually decrease the number of people being sent to prison in the first place, eventually, the muster will creep up again.

Increase funding for reintegration services

In the long-term, sending less people to prison is paramount. But reducing reoffending on release is equally important. Currently, within twelve months of release, 28% of ex-prisoners are back inside. After two years, 41% are back in prison. These figures have changed little in the last 20 years, despite a massive increase in the availability of alcohol and drug treatment in prison; and despite a concerted effort by Corrections in the last few years to reduce reoffending by 25%. (They achieved only 5%.)

There is an obvious reason why the Corrections Department is unsuccessful at reducing reoffending. This is because the two biggest difficulties that ex-prisoners face are finding secure long-term accommodation and finding a job. Thousands of inmates are released each year – but 25% have no accommodation organised and 68% have no job to go to. Having a criminal record makes it almost impossible and can affect an offender's chances of successful reintegration for the rest of his life.

Part of the problem is that Corrections spends \$150 million a year on prison programmes, but very little supporting prisoners on release. In 2017 only \$3 million was budgeted for supported accommodation and little effort was made to help ex-prisoners find work. Until \$150 million is also spent on half-way houses, employment schemes and reintegration services, the funding spent on rehabilitation in prison is effectively money down the toilet.

Conclusion

So, it's clear what New Zealand needs to do. If quick fix solutions are implemented in the next six years, we can avoid building a new prison. If quick fix solutions are combined with long-term strategies, New Zealand could easily get the prison population down by 50%. The savings would be in the billions - and those savings could then be used to fund additional health, mental health, and addiction services, and also help pay for schools and infrastructure. In other words, we could put the resources into fences at the top of the cliff instead of more ambulances at the bottom.

If you would like to help persuade the new Government to cancel plans for the proposed prison at Waikeria, Mr Brooking has created an online petition at this website which has more information: www.cutthepriisonpop.nz



Beyond the glitz – the dark side of gambling in New Zealand

By Andree Froude

photo credit: Nathan Frost

Forget James Bond and the glitzy gambling environments portrayed in the movies. Gambling has a dark side and for many people can become a crippling and life-altering addiction.

Harmful gambling is a significant social issue in New Zealand. The recent National Gambling Study found that 2.5% of New Zealand adults are experiencing significant gambling-related harm, or are at immediate risk of harm. A further 5% are classified as low-risk, meaning they experience some harm. Research also tells us that every person with a gambling problem affects between five and ten other people.

Problem gambling prevalence rates for people who participate regularly in higher risk gambling activities such as pokie machines can range up to 30%. For example, two out of every five regular pokie users already have a gambling problem or are at risk of developing one.

Harmful gambling can profoundly impact on the physical, emotional and financial wellbeing of family, friends, workmates and the wider community. The impact is far-reaching and can include poor parenting, family violence, other crime, and suicide.

In New Zealand, pokies still remain the story of harmful



**PROBLEM GAMBLING FOUNDATION
OF NEW ZEALAND**

Healthy communities free from gambling harm

gambling. The majority of people seeking help for a gambling problem do so because of pokie machines in our pubs, clubs and hotels. They are found in our more deprived communities so a person growing up in a poorer area will be exposed to six times more pokies than a young person in a well-off community. Pokies fuel poverty and have a major impact on families. Alongside that, children with parents who have a gambling problem are more likely to develop gambling problems themselves.

In wealthy areas there is one pokie machine for every 465 people. In poorer areas, there is one pokie machine for every 75 people. For example, in Auckland you only need to take a walk in Manurewa, Papakura or Otara to get a sense of the proliferation

of venues and pokies as opposed to the more affluent suburb of Remuera where you would struggle to find them.

Most people don't use pokie machines so the \$870 million lost on these machines in a year comes from a small number of people and out of the pockets of those that can least afford it.

“
Problem gambling prevalence rates for people who participate regularly in higher risk gambling activities such as pokie machines can range up to 30%.
”



Getting help

Because of the significant stigma associated with harmful gambling, many people don't seek help. For many others, when they do seek help, they have hit rock-bottom having lost their homes, relationships, their money and in many cases, they are suicidal¹. But free and confidential help is available throughout New Zealand.

The Gambling Helpline is a 24/7 telephone service providing information and support:

Ph 0800 654 655 or text 8006.

The Problem Gambling Foundation of New Zealand (PGF) is the largest treatment and public health provider for harmful gambling in Australasia with offices and support services located throughout the country.

Qualified counsellors provide free, professional and confidential counselling and support for individuals, families and others affected by harmful gambling and a dedicated public health team work in communities to raise awareness about harmful gambling.

www.pgf.nz

Ph 0800 664 262

Asian Family Services provide a free nationwide helpline and offer free and confidential counselling, information and support in several languages.



www.asianfamilyservices.nz

Ph 0800 862 342

Mapu Maia is the Pasifika unit at PGF providing a holistic, culturally appropriate and family-centred service.

www.mapumaia.nz

Ph 0800 212 122

There are a number of providers located around New Zealand that offer free, confidential face-to-face counselling and support.

Visit Choice Not Chance <https://www.choicenotchance.org.nz/help-support/services-near-you-0>



Michael's story

"That is one of the things about my gambling addiction, I didn't want to tell anyone about it, it was very secretive in its nature."

Michael remembers the exact time he told his mother about his problem with gambling. He says he recalls vividly the look on her face; the pain and anguish.

"My addiction was now not just about me. It was impacting on my dear mother. This was a consequence I hadn't even thought of, never thought could happen. I wanted to soften the news somehow, let her know that I was taking steps, dealing with the situation so I told her that I had called the Gambling Helpline and that I was going to start counselling. She was dismayed that her dear son had such a problem that she had no idea about."

Michael's battle with a gambling problem began in 1994 on a trip to Christchurch with a few friends in a single engine Cessna 182 for New Year's Eve. The first casino in

the country had just opened and Michael wanted to fulfil a childhood dream, "to sit at a Blackjack table and play and play and play".

"As often happens ... people new to gambling can do very well. The conspiracy theorists will tell you that the casino knows you are new and lets you win a while to hook you in, knowing that once hooked they will have a loyal and losing customer for decades. Part of that is true ... I'm not sure that they let me win, but I did seem to win a lot. I recall that my initial \$200 lasted until the early evening."

He says he doesn't recall much else of that night at Christchurch Casino other than returning to his friend's house long after they were all asleep, and feeling foolish for losing his \$200 along with "quite a chunk" of his holiday money.

"My plan, go back in the morning and win it back. But after a while I had lost just about all of my holiday money and it was only the second day. We flew off to other destinations after that but the hook was in and it was in deep."

Michael would fly down to Christchurch for the weekend on a semi-regular basis. He says he found many ways to get money – a few of them illegal, but most of them involved telling stories and outright lies.

When Auckland's casino opened, Michael's problems escalated. He says like most

casinos, SkyCity Auckland was open 24/7 and it was right on his doorstep.

"Not only was there Blackjack but there was another even more exciting game available, Craps ... My gambling was dominated by Blackjack or Craps but also the pokies were becoming more and more problematic. A typical session would start at the Craps table where I would lose a few lots of \$200, but the ATMs were just outside the casino entrance and if I lost my stake on a bad run of the dice, I could get out to the ATM and back to the table before too many rolls of the dice had gone down. I didn't want to miss any of the good stuff."

"After losing money on Craps I would try the pokies. They were much easier to play and could reward you from time to time. I can recall several nights where a pokie machine would replace the money I had lost earlier with a win. Sometimes I would cash up, count my lucky stars and leave. Other nights that money was a license for even more gambling, for after all it was now the casino's money and it didn't owe me anything. This form of thinking is well known by people who study addicted gamblers for one thing is for certain, the first person a gambler lies to is himself and I was no different in that regard."

"The secretive nature of my problem led to my honesty disappearing very quickly. Everything became about getting some

“
THE FIRST CASINO IN
THE COUNTRY HAD
JUST OPENED AND
MICHAEL WANTED TO
FULFIL A CHILDHOOD
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BLACKJACK TABLE AND
PLAY AND PLAY
AND PLAY.”
”

money to gamble. Telling lies became second nature and I remember hearing them come out of my mouth, effortlessly.”

Early in 1996, things came to a head.

“I remember it like it was yesterday, driving home one night, one eye on the road ahead, the other on a petrol gauge that was firmly on “E”. I was coaxing every last drop out of the Toyota’s petrol tank, gently accelerating down the hills and letting the car’s momentum carry it as far up the other side of the hill that I could. The immediate plan was to get the car to a local petrol station, one which I knew would take a cheque – a cheque that was most definitely going to bounce but not for a couple of days which I would use to try and magic up a plan, a way out of the deep dark hole that I had dug for myself over the last couple of hours.”

“The initial plan, of course, was to win. I had driven to town, passing the petrol station earlier but my rush to get to my destination overrode the logical choice of stopping for gas first. Yes, I would win then I would fill up the car and drive home. All would be well, what could go wrong? My bank account was now brimming with a month’s pay. I had finally made it, got the promotion and was now a salaried employee who got paid monthly. I reasoned that I could budget my way through a month. So to celebrate it was off to town, nothing else for it!”

By “town”, Michael meant the casino. He had been there at the opening and had been a regular visitor since.

“Getting paid weekly had made this not so much of a problem ... A shortfall one week could be made up the next week. There was never too long to wait until another pay day. I had a credit card – max that one out, just get another one or pay the minimum then spend it straight away. Then there were cheques, write one out Tuesday night and it would clear on Thursday by which time the pay would be in the account. Then there was always Mum, a seemingly bottomless well of funds, always given gladly, always happy to help out, no questions asked.”

But this night was different. There was to be no pay day next week and a whole month’s salary just gone at the casino.

“As I drove, the gravity of what I had done was sinking in. This was new territory, this

was bad, very bad. How was I going to explain this to Mum? To anybody? How was I going to pay for the basics? Getting one tank of petrol in the car was fine but it wouldn’t last a whole month and the gas station was going to be asking for a replacement cheque long before I had any more money. I needed help.”

Michael looked on his casino loyalty card which had, in very tiny print, the number for the Gambling Helpline.

“I was now listening to that number ringing through my telephone, and a very friendly and pleasant voice answered. I think my first line was ‘I have a problem’ ... While I can’t recall exactly what he said, I do recall the feeling of profound relief that I had told my story, that someone understood, that I had asked for help and it was available.”

Michael went on to have face-to-face counselling and found it very easy to share and open up about the gambling and what

“
MICHAEL ACKNOWLEDGED THAT HE RELAPSED SOMETIMES AND HOW MUCH IT GOT TO HIM.
”

it had become in his life. He says the first hurdle he got over, after many counselling sessions, was the dishonesty.

“Gambling was still part of my life, each counselling session would start with ‘have you gambled?’ and I would readily admit when I had and talked about the circumstances and the amounts lost or occasionally won.”

Michael acknowledged that he relapsed sometimes and how much it got to him.

“There were periods of time away from gambling; a week, a month, even after a while a year, but there were always relapses. I would do well for a while and have lots of strategies in place; little sayings like ‘just for today I will not gamble.’”

Although Michael had self-excluded from the casino, he says the proliferation of pokie bars across the city didn’t help. It was one thing to avoid one venue in the middle of town, but having pokie machines turn up just around the corner from home was something else. “While they weren’t open 24/7 they were open long enough hours to get me back into the habit,” he

says. After many years of counselling off and on, spending time away from gambling then relapsing, he found there was one occasion that was somehow different.

“I had been gambling at a bar across the road from work, and on this one day, I had won \$500 during lunch so I cashed up and walked back to work feeling pretty good. I popped over again at afternoon tea time to see if I could get any more money. Another person who was playing the machine next to me – a machine that I was going to play – won the jackpot. Over \$900 going his way, right next to me. The machine I was on took the last of my \$500 that I had won at lunchtime and sent me on my way penniless. The difference now was that I was angry. Not at myself, but at gambling itself, the very activity. I knew now that I had to tell my long suffering partner that once again I had gambled. Each relapse was a little dagger in her heart I knew that but gambling was never about anyone else, it was only ever about me.”

“With this in mind I walked up to the bar and asked to self-exclude. I used the anger as a motivation, I transformed it into something positive. My partner was, understandably upset [about the relapse] but she did one thing which has helped me ever since. She gave me an ultimatum: if I ever gambled again our relationship was going to be over.”

Michael stopped gambling in 2009 and has been involved with the Problem Gambling Foundation in many ways, including making a submission to Auckland Council and taking part in media interviews.

“While I don’t imagine for a moment that I have beaten my addiction, or that it may never surface again to cause me more trouble, the past nine years have been a very welcome respite from an addiction that has caused both me and those that I love quite a lot of pain and anguish. I hope that my story is helpful to you.”

This is an abridged version of a story Michael wrote to share with others his lived experience of gambling harm and the impact it had on his life and the lives of those around him.

Watch Michael as part of a Stuff online feature on pokies: Who’s in charge of Michael?

<https://interactives.stuff.co.nz/2018/01/whos-in-charge-of-michael/>



Working Collaboratively on the Frontlines of New Zealand's Homelessness Crisis

By Ali Hamlin-Paenga

photo credit: Nathan Frost

New Zealand hit the headlines last year for having the worst rates of homelessness in the OCDE after a prestigious US university published an article claiming almost 1 percent of this country's entire population (more than 40,000 people) live on the streets, in emergency housing or in substandard shelters.

Homelessness is a mark of failure for societies in providing basic human security and our current lack of stable housing opportunities seriously undermines interventions and treatment for addiction affected Kiwis wanting recovery.

Ali Peanga Hamlin, Chief executive of Ngāti Kahungunu ki Poneke Community Services (KWS) - describes the work KWS do with Wellington's homeless community below.

At Ngāti Kahungunu ki Poneke Whānau Services (KWS) our approach is anchored in Te Ao Māori, with practices shaped by whānaungatanga, manaakitanga, rangatiratanga and wairuatanga. These are tools for connecting and building whānau strengths on a journey to achieving their aspirations. This translates into supporting positive changes at an individual, whānau and community level.

Homelessness is one of the many situations that connects whānau to our services. KWS readily demonstrates our experience in this area through providing an outreach service, wrap around support, and maintaining close relationships with other organisations. However, more importantly, our homeless whānau know we are a team of people that they can trust, are non-judgemental and care about them.

Understanding the complexity of homelessness, the causes and its impact

on whānau is critical to us here at Ngāti Kahungunu ki Poneke. Being responsive at a time when whānau are living on the streets, we work alongside whānau to eliminate the barriers that cause the most stress. This is a critical part of our work. During these times KWS work towards

- developing and gaining an understanding of the homeless whānau needs
- working with their strengths to identify opportunities for rehousing options
- supporting them to be confident to manage life's challenges

A large percentage of our homeless whānau that we support have experienced some form of crisis. This could include mental health events, addiction issues, or disconnection from their whānau and communities which has resulted in homelessness.

It is a common occurrence to see the impact of alcohol, drugs and substance abuse on the streets of Wellington. We know that working closely with other organisations is key to supporting whānau to manage these challenges. KWS understand that solving the problems associated with homelessness can only be successful through these relationships.

When you add addictions to an already complex issue such as homelessness,

working together to support these whānau becomes not negotiable if the services provided are whānau centred. Creating a space for them to thrive in society has to be the end goal.

In order to rehouse many of our whānau, a multi-disciplinary approach is required especially where alcohol, drug abuse, the use of substances and poor mental health are present.

KWS has a close working relationship with many services, one being Te Aro Health Care - a primary health care service committed to providing high quality, low cost, accessible health care for vulnerable populations of Wellington. This strong relationship allows us to facilitate the clinical care that is required while addressing the holistic needs of whānau.

Our existing relationships with whānau experiencing homelessness provides us with an understanding of the dynamics and how this connects to their overall wellness. We have always promoted a strengths based approach and with the best support we believe whānau have the ability to incorporate their own skills, knowledge and capability to enable them to live well, this is whānau ora.

To find out more about the work Ngāti Kahungunu ki Poneke Whānau Services do, visit their website <http://www.nknp.org.nz/>

Word on the Street

By Papa Smurf (Nellie)

photo credit: Nathan Frost

Judgment is all around us. Whether we like it or not, we make judgments about each other every waking day. We make judgements based on the clothing people wear, on how people choose to live their lives and sometimes, even on the colour of their skin. In my personal opinion, those of us who live on the streets are often on the receiving end of judgement.

Why do the public make judgments based on assumptions of what street people spend their begging money on when those of us on the street don't judge the public on how they spend their money? We don't judge the public when they have an alcoholic beverage so why begrudge us a drink or assume we spend every cent on drugs and alcohol, when in fact most of us

are thinking of food, warmth and shelter.

Now that I've left the streets and moved into a house it doesn't mean that my status has really changed. Even today I still experience harsh stares from members of the public who seem more than ready to write me off as unemployed drug using scum. The public might say homeless people don't have jobs but I've never seen

those same people sitting for 10 - 14 hours on the cold concrete just to make enough for food and shelter and warmth. I must admit at one point in my life I used a little percentage of my begging money for drugs and this probably confirms many people's suspicions, however, this is no longer the case. Today I spend my money on things I need like food, clothes, money for laundry and showers, internet time at the local internet café so I can relax, stay warm, play games and watch T.V online. Now I'm



THE PUBLIC MIGHT SAY HOMELESS PEOPLE DON'T HAVE JOBS BUT I'VE NEVER SEEN THOSE SAME PEOPLE SITTING FOR 10 - 14 HOURS ON THE COLD CONCRETE JUST TO MAKE ENOUGH FOR FOOD AND SHELTER AND WARMTH.

happy with what I get but the struggle is still real.

If the public eye want to call a judgment on drugs let's see if you know your drugs. Let's go for the easy ones first:

**Meth, weed, synthetic,
alcohol, tobacco.**

Now let's see if you know about these drugs:

**Sugar, caffeine, food,
gaming, cell phones,
social media and
adrenaline producing
activities like working out
and extreme sports.**

Drugs and addictive behaviours are a central facet to modern life. Whether you want to admit it or not, from the second we wake up and reach for a coffee till day's end when we finally tear ourselves away from the television screen or some other hand held electrical device connecting us to crack-book or some other form of reality distracting social media, we're all hooked into something!

I wrote this poem while I was on the streets trying to give up the things I love:

Green of the grass and a cup
full of glass
Just want to smoke now
It's been a long day said the cow
A cloth full of seeds
Is a person's needs
Plant them strong and high
So end this smoke with a bye.
White like the snow
In the midnight's glow
Underneath the car's neon light
In the streets of the
universe's might
Puff, puff and pass

And hand it on to the next class
Plant them strong and high
And end this smoke with a bye.
A crack in time and space
With a sniff here and there at your
own pace
Draw the line on the eye of
the needle
And come down with sweat, tears
and doubtful feelings called feeble
As a friend I knew quite a
long time ago
I watch from cloud nine the earth
is still corrupted way
down below.

This poem speaks of actions that were once me for very long time.

So, in conclusion doing this piece gives me a passion for creative writing and having fun. I count writing as my drug now, it's an

art form, a way of expressing myself and moving forward, a way of life. So, judge me as the addict I am, for the love of the drug known as writing.

JAH RASTA WAY OF LIFE.



photo credit: Nathan Frost

My Reality



One woman's personal account on the impact of meth within a small kiwi community

By Stevie Jean

PROLOUGE

I smirk as I read Pete's text, "wow you look gorgeous tonight," sent in response to the the pic I messaged him – a mirror selfie of me in a long gold sequence dress. Pete, a handsome blue eyed, sandy haired, country boy, my high-school crush. I quickly check my reflection in the mirror..., it's show time, my turn to walk the cat walk and bid my place in the Miss Rotorua Pageant!

Wow you look gorgeous tonight

In between hair, make-up and rehearsals, we exchange texts messages. I'm enjoying the fact that this guy I found cute in High school has come back into my life through mutual friends. We've quickly found comfort in each other's words. I have someone I can talk to about my messy break-up and hopes for the future, while Pete expresses his dark past and relentless battle with meth.

In High school, Pete was the quiet guy who would often sit in the back of the class (when he was in class, that is). He was laid back, and kept to himself most of the time. There was a certain air of mystery about Pete that always intrigued me. He would get shy whenever I tried to approach him, later admitting he thought I was out of his league. Pete left school, and despite having mutual friends, our paths never crossed again. I'd heard through mutual friends that Pete had strayed down an unruly drug path. Having spent most of his twenties on drugs, Pete was in pretty deep.

I never dwelt too much on what had become of Pete again until early last year when I saw him at his worksite. He looked rather shabby that day, but he was smiling and seemed carefree. I

mentioned to our friend that if he shaved his beard he would look much more handsome. She told Pete what I had said and I then found out that he had done exactly that and shaved off his beard. I was impressed by his efforts! After so many years having not seen or heard from Pete, I was still intrigued by him.

Pete:

Hey what's your plans today? Shall we get up something?

Me:

Will you be sober when we hang out?

Pete:

Yeah, I can do that for you 😊

“

From the very beginning, Pete was eager to hang out. I was a little wary of his drug habits, and was pleasantly surprised when he agreed to be sober when we met up.

”

From the very beginning, Pete was eager to hang out. I was a little wary of his drug habits, and was pleasantly surprised when he agreed to be sober when we met up. I looked forward to catching up with Pete but was consumed at the time by my pageant responsibilities and events. Our plans to hang out became days gone by. We saw each other a few times, but only very briefly. My

obsession with the pageant had taken over my life. Pete knew how important it was to me and he waited patiently like a gentleman.

Me:

Sorry I can't hang this weekend

Pete:

Good things take time 😊

I believed Pete's words and took my time making plans with him. Meanwhile, we kept up contact. We bonded over high school stories and our life struggles. We spoke openly about the effects of meth and the capabilities it has to ruin lives. He spoke about putting it behind him, and wanted to enroll into university. Even in a place of darkness, Pete knew he had potential.

He was an intelligent man who thought deeply about the world around him. Pete hung out with mutual friends of mine who were meth users too. It was never a secret as to why they all congregated on a regular basis. From the outside looking in, everything seemed ok. They all worked and took care of their households. They had their vices, but who doesn't?

In hindsight, maybe it was easier for me to think this way as opposed to intervene. I had photo-shoots and high-tea events to attend, helping my friends with meth addiction was something I was ill equipped for, even if I could see their high usage was beginning to lead them down a destructive road.

Pete:

Hey you free tomorrow?

Me:

Yeah

Pete:

Meet me out at the lake, we'll go for a walk?

Me

Sounds good

I knew Pete and I were leaving it too long to hangout. And I wanted to make time for him. I cut a pageant meeting short with a useless excuse and made my way to the lake. He was sober, but he seemed tired, like the weight of the entire world was on his shoulders. We talked for a while about his travels and the things we had done since high school. Pete spoke about the time he spent in Auckland. He was working as a roofer and earning good money meaning obtaining meth wasn't an issue. His habits were hard, eventually subscribing to needles. Pete had tried a number of times to give up and had spent time in rehabilitation center. Looking at his face, I could see the toll meth was having on his body. Among the weariness, I saw a man who was desperate for change, a man who knew his life was heading down an unforgiving path. In that moment, I thought I could help. It seemed to me, that he thought I could too. Pete and I made plans to go and complete a ropes course the following weekend. But we never got there. That would be the last time I ever saw Pete.

Me:

Hey what are you up to today

-no reply

Me:

Hey?

-no reply.

It was strange that Pete wasn't replying. Our friend said he wasn't replying to her either. We agreed that he had probably gone off on a bender and would show up sooner or later. A week went by and Pete officially became a missing person. I still had the pageant to compete in, so I tried my best not to worry, tried my best to maintain a glamorous face. Despite hearing nasty rumours that Pete had been kidnapped, I had convinced myself that he would turn up.

Me:

Hey I'm hearing some crazy shit. Are you ok?

-no reply

Those nasty rumours I had tried so hard to ignore became a reality. Any sort of hope had drained from my body and without knowing the full story, I knew there was a high chance it was meth related. I knew in my heart that it wasn't going to be a good outcome.

Pete having info about a big stash?
Drug deal gone wrong?

None of the speculation mattered to me. Like many others, I felt helpless, angry and outraged. The entire community was in shock! No one could fathom such a brutal killing happening in our small town.

Pete's death had a huge effect on our friends. They were out to get answers! Their efforts leading to a whirlwind of conflict, hate, frustration, and more drug use. They ran into their own troubles, some had children removed from their care and others became homeless. I tried my best to support my friends while going through my own grief process. Because I was one of the last people to see Pete, I had to be interviewed by police. The questions were mundane and seemed pointless. The detective had all of our text conversations. I felt invaded and a little embarrassed. I didn't have any information that contributed to finding answers about Pete's death. Pete had never once mentioned being in any sort of trouble?

In a situation full of hurt and pain, I decided to write a poem to use for my talent entry in the pageant and dedicate it to Pete. The poem I titled 'My Reality,' and I used it to express my feelings about what I was seeing happening to the people I loved around me- homelessness, suicide and meth use. This poem earned me a standing ovation but I missed this because I as soon as I finished I fled from the stage bursting with tears.

“

Pete's death had a huge effect on our friends. They were out to get answers! Their efforts leading to a whirlwind of conflict, hate, frustration, and more drug use. They ran into their own troubles, some had children removed from their care and others became homeless.

”

Can you see what I see?

This is my reality...

Life is a game where one must maintain the ability to function within society.

In doing so, thoughts are set on blast they're set to last

Then everything begins to move way too fast.

Self-doubt starts taking over as the last ounce of happiness leaves my soul.

This is the part where I begin to lose control.

Yes sir, no sir, I'm ok.

Meanwhile my mental health is starting to decay.

Keep it together no one can know, as my suicidal thoughts start to grow.

Don't show any weakness or else judgement will come.

Sadly this is the life for some...

Wait, that's a lie, because actually New Zealand suicide rates are really really high.

And is that not the only issue we face, as our bid for housing becomes a race.

Sleeping in the car, or sleeping in a shed, homelessness means you do not have a permanent bed.

Rising cost, lives being lost, and people living on the street.

Is it time that as a society we admit defeat?

Policy schemes and government dreams, have

us distracted from discussing real issues like Methamphetamines.

Now, we've heard it all before the growing gap between the rich and the poor.

As that gap widens, so do our values

Our domestic violence rates are enough to tell you.

On a whole these issues may seem hard to comprehend.

But its these very problems that are causing damaging trends. Embedded in our culture, something needs to give.

We think it starts with our government.

When in fact, it starts with us.

To enhance our community we must build trust.

Giving to our local charities in order to solve our local disparities with the long term hope of avoiding more tragedies.

It starts with teaching our children something new.

something that is authentic and something that is true.

Mindfulness, humanitarianism, philosophy.

These are simple principles and they're not very costly.

I know what I have said is nothing new, but its more about what these issues mean to you?

I know what they mean to me...this is my reality

EPILOGUE

I go on to win one of the few Pageant titles, Pete would have been so happy for me. His funeral was beautiful. The Hall packed with Pete's friends and family. Pete's mother spoke boldly in her memoir to Pete, she didn't hold anything back about the harm meth had caused in his short life. She wasn't naïve, no one there was really. But Pete's life was much more than an addiction to meth and his friends and family recalled his rough but kind nature and his loyalty to those he loved.

I think of Pete sometimes and contemplate what life would be like if he were here today? I wonder if he would've ever been able to give up the meth and change his life?

I'll leave the last words of this story to him....

New Year's Eve 2016

"It's New Year's Eve today. Feels like forever since last New Years, went to Colville with Dan and Mikey. It was a pretty good trip actually, I definitely needed the time away. There is one memory I have from that night after the fireworks. I was lying on the beach, looking at the stars and having thoughts about prayers and God and thinking if there was a God then I'd be fine for 2016. I was not fine for 2016 lol. One of my worst years actually. However, there is no one else to blame for 2016.

Anyway, I've got some pretty positive ideas for the New Year this time, which is unlike me. Honestly, I truly hope that the state of mind I'm currently in is finally a bit more than try-deas about changing things for the better. In all honesty, if I treat this year the same as the last 10 years of skulduggery, there's a high chance that I won't make next New Years. So let's try really hard to stay on track this time because the guilt is way too much."

Review of Suicide Resources for People Affected by Addiction

The Mental Health Foundation for the Ministry of health is undertaking a review of the suicide information needs for families, whānau, friends and individuals.

I have struggled to find resources for people with gambling, alcohol or other drug addictions affected by suicide. I have been unable to find anything specific designed for this group of people even though they are in the high risk/prevalence category.

I would appreciate if you would email vicki.burnett@mentalhealth.org.nz

1. In your opinion, what are the best New Zealand resources for suicide support, prevention or support after a suicide? (resources could include websites, apps, books, and brochures) Please provide the name of the resource, the resource's format, and how or where can I find it.



2. What are the gaps? Have you identified an information or resource gap that you would like to see filled?
3. Could you please give me details of any resources you know of that are currently under development? (what, who by etc)

If there is anything else you'd like to say – go for it!

Vicki Burnett
021 581 188



Regional workshops

be our biggest addiction and how loving kindness can save lives.

Valerie has her own powerful story of recovery.

Other workshops announced soon

Keep an eye on the website and if there is something you would like in your region, please let us know

Important notice for renewals over April

Due to staff shortage over April there will be delays in processing applications and renewals. We apologise for any inconvenience this may cause you.

Submitting renewals or upgrades

Please make sure you have all the documentation you require (line manager and supervisor sign offs), when you submit. Submitting an incomplete application will result in delays.

Cutting Edge 2018

It's all about Connection

Cutting Edge 2018 *It's all about connection* – is going to be amazing!

To check out this year's line up of keynotes, submit an abstract, apply for a scholarship or nominate someone for an award - check out new CE website for more information: <http://www.cuttingedgeconference.org.nz/cuttingedge/programme>

Register now and save money!

Ethics and boundaries

Check out the website for workshop in your region.

Valerie Mason Johns

We are excited to let you know the mindfulness addiction expert Valerie Mason Johns will be facilitating two workshops for dapaanz in November. Valerie Mason-John, co-author of Eight Step Recovery: Using the Buddha's Teachings to Overcome Addiction, explores how our stinking thinking can



dapaanz
fostering excellence in addiction practice