



Addiction

Summer Edition 2019

Standard

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Tuhia ki te rangi

Tuhia ki te whenua

Tuha ki te ngākau o ngā tangata

Ko te mea nui

He tāngata, he tāngata, he tāngata

Tihei mauri ora



Kia ora and welcome to the latest edition of Addiction Standard.

Cutting Edge – Te Toku Tū Moana 2019 ‘looking back, moving forward’ took place at Cordis Hotel in Auckland 19-21 September. Ngāti Whātua were wonderful and generous hosts. We had a record number of registrations and some brilliant keynotes, presenters and workshops.

On p14 Kristen Maynard of Victoria University of Wellington’s School of Governance explores the underlying theme of the conference; looking to the past for understanding and acknowledgement of what needs to change ‘so that we can heal, re-imagine and co-create a different reality moving forward’.

We are delighted to have three people with lived experience sharing their stories with us. Emma tells of how trauma stole her childhood and the impact that had on her life. She tells us what she did to mend the ‘broken branches’. Emma’s is a story of resilience and courage and hope in the face of adversity. We also have stories from Dave Burnside and Maree Matthews. Both work in the addiction sector. They are sharing their stories of lived experience and how it has informed their work.

We are very excited about the inaugural Addiction Recovery Walk: He Hikoi Mātūtū. This a national event, initiated by dapaanz and the Matua Raki Consumer Leadership Group (MRCLG) and will take place in Central Auckland. We will be gathering at 2pm December 7th at Albert Park in Princes Street, walking down Bowen Street, up Queen Street and into Myers Park. One side of Queen Street will be closed off for us. Our message is that treatment is effective and the many paths of recovery from addiction are a reality in people’s lives here in Aotearoa New Zealand and worldwide.

David Best in his research paper ‘Community Recovery as a Public Health Intervention. The Contagion of Hope’ speaks of “the ‘social contagion’ of recovery through communities and its potential role of transmitting hope and the belief that recovery is possible – that, in doing so, visible recovery increases community cohesion and challenges stigmatisation”.

Speaking of stigma, the MRCLG is alarmed that ¾ of respondents in a recent Scottish survey disagreed that taking medication such as methadone represents recovery from drug dependence. Our concern is that the stats wouldn’t be much different here. Recovery as defined by Substance Abuse and Mental Health Services Administration (SAMSHA) is ‘a process of change through which individuals improve their health and wellness, live a self-directed life, and aim to reach their full potential’. The definition opens the door for acknowledgement and validation of all recovery paths, be they opioid substitution treatment (OST), 12-step, controlled drinking, SMART Recovery, church-based, Buddhist Recovery Network, family and whānau support and so on.

I have yet to meet someone who hasn’t been affected by addiction in some way, their own, or somebody else’s. We are in this together. Recovery emerges from hope and the belief that recovery is real and provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers and obstacles that confront them. Hope is internalised and can be fostered by peers, families and whānau, treatment providers, allies and others. Hope is the catalyst of the recovery process. It is a process, not an event. We define our own life goals, and all changes are worthy of celebration.

Editorial

Addiction and recovery live in the community. And not all people in active addiction or recovery have accessed treatment services. People working in the addiction sector get to see 'the problem' and oftentimes we don't get to see the changes that continue to take place once people leave the service. The Addiction Recovery Walk is an opportunity to see and hear the faces and voices of recovery in their myriad forms.

We welcome the recently amended Misuse of Drugs Act 1975, which gives police discretion to prosecute only if in the public interest to do so. There are, however inequities in this system. Kristen's article also touches on transitioning from a punitive to a health-based approach to addiction and the opportunity we all have with the referendum at the 2020 General Election. This is a once-in-a-generation chance "to determine whether to adopt draft legislation which would regulate the production, supply and use of cannabis. These initiatives bear witness to the significant policy shift that has taken place during the past year and presents opportunities for our workforce, and those with lived experience, to further inform and shape the system, moving forward." We can educate and support our family and whānau, our friends and colleagues to make an informed choice.

The dapaanz position is the need for the workforce and those most affected to be involved in the development of the legislative framework regardless of how we will vote. It is critical that we participate in shaping the regulatory model proposed in the referendum, regardless of how each of us may choose to vote.

I want to thank and acknowledge Emma, Dave and Maree for their courage and willingness in sharing their personal stories with us and shining a light on recovery. And a special thank you to Annabel Prescott, our outgoing board member, for her service, and a very warm welcome to Leilani Maraku and Topou Folau, our incoming board members.

I'll leave you with the warm and wise words of H. Jackson Brown. "Remember that everyone you meet is afraid of something, loves something and has lost something." If you would like to submit anything to the Addiction Standard please email sue@dapaanz.org.nz with 'Addiction Standard' in the subject line or contact her on 04 282 1809 to discuss. Dapaanz is committed to providing a place where your voices are heard, where issues are raised, where controversy is explored and your excellent work celebrated.

Nga mihi Suzy Morrison

Dapaanz board member and recovery advocate, Matua Raki Consumer Leadership Group member

Championing visible recovery

David Best has worked in the area of addiction research, policy and practice for 25 years with a focus on pathways to stable recovery. Here he talks about recovery as a social movement.

The debate has finally been put to bed – there is clear agreement that recovery is about much more than abstinence and involves general health and wellbeing, a positive quality of life and some level of active citizenship and community participation.

It is the last of these that has been the focus of most of my career – the idea that recovery is not only a personal journey of growth and transformation but also something that happens socially and among friends and family, embedded in the community and its values and norms.

Along with two Australian colleagues, I authored a paper (Beckwith et al, 2016) that discussed how recovery has transformed into a social movement, which we described as a ‘pre-figurative’ political movement. What we meant by this was that recovery has a power and status that transcends the individual. It is a social movement that people can feel a sense of pride belonging to and attaching themselves to. However, it is more than a social club – it is a collective voice that has a power to influence political responses to addiction and to influence public attitudes and opinions.

In the story, I will discuss how this can be achieved through recovery walks and, more ambitiously, recovery cities.

Recovery Walks

These are now a global phenomenon and I am delighted to say that I have been involved in participating and organising a number of these events. They are generally loud, exuberant and colourful, but what purpose do they serve? As far as I can tell, there are five functions to recovery walks:

- 1. Affirmation:** As a celebration of individual achievement that can be enacted in front of family members and friends
- 2. Association:** To allow people in recovery to share that celebration with others in recovery and others who support recovery, helping to build their social connections and social networks connected to the recovery movement
- 3. Aspiration:** For people who are right at the start of their recovery journey, the visible evidence of success and possibility can generate hope that they too can achieve recovery
- 4. Attitudes:** The purpose of the walk is not only for people in recovery and people struggling with addiction, but also for the general public to challenge and change exclusionary and stigmatising attitudes through the diversity and connectedness of visible recovery champions and groups
- 5. Access:** For professionals, politicians and policymakers, this is a core point of access to the reality of recovery, as something more than an abstract concept, through a living and vibrant day of celebration; this is a two-way street in which people organising recovery walks should be proactive in attempting to engage politicians and local influencers





Recovery city – Ghent, Belgium

Of course, there are other forms of celebrations. In my local area, we have recently celebrated another annual Recovery Games event, and we are planning our next Recovery College for education and training. It is critical that each area plans events that suit local resources and local needs, but the checklist above should provide some guidance on how this is to be done.

Recovery Cities

Moving beyond the idea of individual events, we have recently initiated the idea of Recovery Cities (Best and Colman, 2018) as a more ambitious plan to build on the successes of the recovery movement as a way of building recovery across communities and ultimately to use this to challenge exclusion and marginalisation at a community level.

Starting with the cities of Doncaster (UK), Ghent (Belgium) and Gothenburg (Sweden), we have developed a model that is similar to the idea of a Recovery Oriented System of Care in which the principles of connection, hope, inclusion and a positive engagement in community resources is a central part of an initiative to promote and champion the values and principles of recovery.

Our work has involved launch events and asset mapping in each of the participating cities as well as recruiting a diverse group of individuals to become 'community connectors'. The role of community connectors is to identify positive local resources, to engage with people early in recovery and to build sustainable connections and relationships across communities.

The aim of this model is not only to improve the chances of sustained recovery for individuals, but also to 'give back'. Ultimately, the goal is to make communities more inclusive. Not only do more people recover and contribute, but those communities are enriched by allowing all citizens to be 'better than well'.

References

- Beckwith, M., Best, D. & Bliuc, A. (2016) What the recovery movement tells us about pre-figurative politics, *Journal of Social and Political Psychology*, 4(1), 238-251.
Best, D. & Colman, C. (2018) Let's celebrate recovery. Inclusive Cities working together to support social cohesion, *Addiction Research and Theory* (early online)

'Recovery cities, a dream of the future?'

Te ao Māori the way

Dave Burnside got clean in a prison Drug Treatment Unit, and since getting out he has worked in the addiction and mental health sector, as well as studying.

Ko wai au?

Ko Rangitoto te maunga

Ko Onepoto te awa

Ko Ngāti Pākehā tōku iwi

Ko Kapene Hopihana te waka

Ko Waitematā, ko Pupuke ngā moana

Ko te Herenga Waka o Orewa te marae

Ko Dave Burnside tōku ingoa

I was born in Pukekohe to Scottish/English parents who immigrated here in 1956. I grew up in central Auckland and while I had a relatively normal childhood, my parents separated when I was young and I became increasingly anti-social, engaging in heavy alcohol and drug abuse and criminal offending.

I was a heroin addict by the age of 16 and living in anti-social gang environments, largely estranged from family and other supports. Consequently, I spent the majority of my teenage years in youth facilities, adult prisons and mental health institutions. At one stage, following a suicide attempt in Mt Eden Prison, I was admitted to Oakley Hospital for an assessment. They recommended I be committed under the Alcohol and Drug Addiction Act, but the court felt differently and I was sentenced to another term of imprisonment. Each time I was released, I was either homeless or living in chaotic, transient situations, which always led back to prison.

My alcohol and drug use continued for the next 20 years, although in time I had elements of a normal life – work, sport and relationships – but I never came close to achieving any sort of potential. I experienced high levels of anxiety in social settings and bouts of what I now see bordered on clinical depression, which I dealt with through my substance abuse. At the age of 45, following some health and relationship problems, I became involved in serious drug offending and was sentenced to a six-and-a-half-year term of imprisonment.

I initially refused to accept that I had any real addiction issues with substances, and truly believed that I was just very unlucky. The turning point for me came when I failed a drug test in prison and had to admit to my mother and my son that I had lied, that I had a problem, and I needed help. I stopped using drugs and focused on getting healthy, enrolled in Environmental Science studies by correspondence and in 2010 I completed a Drug Treatment Programme (DTU) at Spring Hill Prison.

Upon release in 2011, I engaged with Narcotics Anonymous, the wider recovery network and, in particular, Recovery First Trust (RF). I had met the guys from RF while at Spring Hill, where they visited regularly, and they became a hugely important part of my early recovery. Although by this time I was over three



years abstinent, that had been within the structured prison environment, and I now encountered the challenges of the real world. I continued with my environmental studies and eventually completed a Level 6 Diploma in Environmental Management. I attended Peer Support Training (PET) and Intentional Peer Support (IPS) with Connect SR and in 2012 I started work with Odyssey as a Peer Support worker with the Alcohol and Other Drug Treatment Court (AODTC), also known as Te Whare Whakapiki Wairua, the house that uplifts the spirit. This was an amazing experience and opportunity for me to work in a joint justice and health setting, supporting people I could relate to, share my story with, and hopefully play some part in helping them find change in their lives.

The Peer Support role was a natural fit for me, and I was encouraged by the great organisational support from the major stakeholders, Odyssey, Salvation Army, Higher Ground, the courts and others in the sector. We found we had a voice in the process, that we were valued and listened to. It is exciting to see the growth of peer and consumer roles, and the value of lived experience being recognised, particularly in New Zealand and Australia.

In the following years, I engaged in tertiary study at AUT, gaining a Graduate Diploma in Health Science in 2014, followed by the Post Graduate Diploma, and I am now studying for a Master of Laws. The Masters study is part of a larger research project called He Ture Kia Tika (Let the Law Be Right). Check it out on Facebook. This project looks at key people and turning points in desistance and recovery. For me, those key turning points were about peer interventions and inspiration as much as treatment interventions.

One of the key moments for me was when I had just arrived at the DTU in Spring Hill. Like many of the others there, I just wanted to complete the programme, to get a tick for the parole board. I was setting up my cell when a guy I had spent a lot of time in jail with in the past came to the door. He was a mentor at the programme, and he welcomed me, and talked for a while. I don't remember what he said, I just remember being struck with how different he was, positive, relaxed, focused. I remember thinking, "I don't know what it is you've got, but I want it!" A glimmer of hope, I opened the door to real change, and started to think what that might look like. Pure peer support at its best. I also started to learn te reo Māori through full immersion Te Ataarangi classes and a range of courses through both Unitec and Te Wananga o Aotearoa. I first learned my pepeha in the Spring Hill Prison Drug Treatment Unit, and it was through this process that, as an addict, I first found a sense of identity. I had never had much interest in where I was from, who I was. As I learned more about tikanga and te ao Māori, I found it challenged my inherent Western view of the world. It strengthened my sense of connection to the world, spiritually and emotionally, and awakened a greater sense of appreciation and gratitude for life.

After seven years in the Addiction and Mental Health sector, I have seen the incredible value of kaupapa Māori approaches. While Odyssey is a mainstream organisation, they have a strong kaupapa Māori focus, for both our staff and whaiora. Having personally benefited from this throughout my journey, I truly

believe this is the way forward. I believe the answer lies in te ao Māori, a Māori world view and approaches to wellness. It is very hard for anyone to argue that our Western approaches have been successful. They are driven by science and academia, while a kaupapa Māori approach is values-based and all about compassion.

My position is simple, 'Ma koutou e ārahi, ma mātou e whai mai'. You lead, we follow. The Addiction, Mental Health and Corrections systems have been dominated by a Pākehā/Western world view for too long, to the detriment of not just Māori but also other marginalised populations like those subject to social exclusion through mental health, addictions, homelessness and incarceration. I want to see the incorporation of kaupapa Māori, led by Māori, for the benefit of all, and supported by all.

I am looking forward to the inaugural He Hikoi Mātūtū Addiction Recovery Walk on December 7th, which will take place in central Auckland. The hikoi is not only about recovery from addiction. It's about all those other marginalised populations and their supporters standing together, marching together, and showing our value in this world and challenging stigma and discrimination. Research shows that people in recovery are much more likely to be involved in service to the community, they are strong, resilient and willing to give back.

This is an opportunity to celebrate our strength, our diversity and our place in this world.

RIANA POTAKA with her partner and tamariki at a Drug Treatment Court graduation at Orakei Marae earlier this year. Riana, who is herself in recovery, was there performing as part of E Waka Eke Noa (people in recovery performing waiata and kapa haka as a way to get back in touch with their culture).

Photo: REBEKAH ROBINSON





Broken branches

My story is about the broken finding a way to mend – Emma Makatea.

Branches come from trees, which are nourished from underground, like grassroots, so I believe. Snap goes a branch that's about to fall to the ground, swirling through the air, fading, dying with every breath of life, disconnected from the others with only a couple of leaves and a broken arm. Life with the family had taken its toll. How did I break into pieces? Why couldn't I be the one who could stay? Why was I not chosen? Is it because I am different, or was I meant to fall? One of the hardest things in life to be is broken.

Hi, my name is Emma and I come from a broken family. My story is about the broken finding a way to mend. I hope my story will encourage others to find their strength, to find who they really are.

My childhood was stolen from me when I was only four years old. Sexually violated by two relatives, I was living in hell. If it wasn't the one, it was the other. They broke my spirit, who I was. Before I was six years old I was rebellious toward anyone who thought they could control me. I was actually already being 'controlled' through no fault of my own. Like leaves from a branch fluttering, dreading the next move, blowing in the wind, finding calmness, or trying. Often no one listens to the broken, but they can see a broken smile.

I was having nightmares. I still have the nightmares today and I am 50 years old. And thoughts of discomfort, thoughts of being broken. I turned to wanting to kill someone and I was only six years old.

'My childhood was stolen from me when I was only four years old.'

I hated my early home life. Our house was a party house. The adults who should have looked after me didn't look after me. Gangs were a huge part of my parents' life; the people, the noise and the fights that happened in our home, which was supposed to be our safe haven. From six to the age of eight, I had to fend for my hungry siblings and myself. Stealing and breaking into homes to feed my family, I took control of the situation.

With alcoholic adults, we were left behind. We were broken, shattered into pieces. Violence was a core part of our lives. We were living in fear, for our mother and for ourselves.

After a time, I faded away from my siblings. I started to be told that I don't belong to them, I'm white (I was paler than the rest of my brothers and sisters), go live with the Pākehās. My life was hard even before it had really begun. I turned to solvents at the age of six, loving what it did to me. I loved the freedom of not feeling.

'I wanted to be drug-free, but getting clean was venturing into unknown territory, and part of me was afraid.'

I wanted desperately to be free. I was independent before I was 10 years old. Living on the streets with no home. I know what it's like to have nowhere, no shelter, no warmth, but I became used to it. I lived for myself because I am strong; that's what I learned.

For three years I was fending for myself on the streets, living out of the bins, breaking myself to belong on the street. And I survived the big city life.

Hitching all over the motu, I was a girl of great strength and hope, though. Trusting myself to do good. But that doesn't always happen.

I was fostered, made a ward of the state (Social Welfare). I finally had somewhere I belonged. Parents who wanted me. A family. Those parents were so lovely to me. They gave me what I so longed for. Love.

But still the rebellious me. I still had my addiction, and it was stronger than when I was on the streets. Glue was still in my life, weed. I began to use pills and alcohol. Into anything I got my hands on. The family I had so longed for started breaking my soul again. I was raped by 11 of the boys in that Social Welfare home. I still struggled to find a voice. So drugs, alcohol, sniffing and pills was my way

out. The amount of times I attempted suicide during that time isn't funny at all. I was a wreck before the age of 20.

I ended up in an abusive relationship with a controlling partner, my spirit broken again by verbal, physical and emotional abuse. After suffering abuse and witnessing abuse of others within my own family as well, it's blardy hard. Moving into a relationship like my parents, I became very scared.

Flinching every time he came close to me, scared of what's next. Broken within. Turning to my family for help and asking to stay at their homes many a times with all my stuff wasn't easy for them either. I was mending from the broken ribs, black eyes, arm in a sling, and a sore back more times than I should have been.

Life was hard because I stayed. Did I put myself in this situation? Yes. But, sometimes when a person like myself is trying to get out, it's actually not that easy. You fall into places you have never been before, but you hold on because you hear the promising words, I WON'T DO IT AGAIN. All hope is in the air until something stupid arises and then, BAM, it continues.

From experience I know a woman's soul is torn apart. All hopes gone. Trust is broken. Promises cannot be mended because they always break. Dreams are shattered like shards of glass. Wonders are not the same. While the bones are mending, the mind is struggling, and it's BLARDY hard to be uplifted again because you are captured in their web.

When is someone going to rescue me? How would they do it? What would be the consequences, and what day will they come?

I have to figure it out by myself because I am the one trapped in his mind, in his web. I blame myself for staying and not getting out sooner. Or did I play the game?

I am a recovering addict who has used all forms of drugs and alcohol. Addiction started for me at the age of six. I am now 50 years old and have been in recovery for 18 years. Methamphetamine was the last addiction I pulled away from.

I was living in Auckland and known in the drug and gang world. I was a seller of every form of drug, but meth was the very last substance I used. I cooked it, sold it and smoked it. It became a big part of my life for at least 19 years while I was also using heroin. For me, it was my best friend ... smoking it like mountains on fire.

For years I couldn't see the ugliness, the darkness. It was always there, I just didn't want to believe it.

At some point, though, there is a breakthrough. You find a friend who listens to every word you speak, and that friend is there for you for many days, months or years. Comforting the wounded.

I was falling to the ground when a friend of mine who was Christian came in to my life. Andrea took me under her wing for two years to detox me. It took a long hard time, and I couldn't have done it without her. She let me stay in her sleep-out, where I initially caused havoc.

I wanted to be drug-free, but getting clean was venturing into unknown territory, and part of me was afraid. Those two years were the longest years of my life. Scary, but so real.

Two weeks into staying with her, and I couldn't handle what she was doing for me. I burned her sleep-out down, robbed her, assaulted her. I was out of control.

In and out of Andrea's home, I dug a deeper hole for myself. I was still hooking up on the side. I was going in and out of psychosis, seeing things, hurting everything and lashing out in frenzies. My inner self was getting away from me.

It took a long, hard time, a struggle, but I got clean, and I couldn't have done it without Andrea.

For a while, being in the real world was ugly. I was having flashbacks on what I knew wasn't there anymore. I was realising that those old 'friends' were not my friends. They just wanted what I could access for free.

Now I am born again, feeling balanced for once in my life. Not needing the routine I was in. I gave up on my ghost friends. I gave up on the lifestyle I thought I had wanted. And I started building on me.

Life is definitely easier since I quit my addictions 18 years ago, but I still have my ups and downs. Recovery isn't something that ends. It's a lifetime journey.

I know people can change. I know when I've stuffed up, and I know I can fix it. It's up to me. Where there's a will there's a way. I feel more self-aware. I know what to do if I catch myself thinking unhelpful things, so I don't get anxious about that any more.

'For years I couldn't see the ugliness, the darkness. It was always there, I just didn't want to believe it.'

I have learned ways to deal with anger, so I have other choices of how to deal with frustrations. Sometimes I talk to God. A conversation with God always helps.

I find peace sitting at the beach. I talk to my late grandfather. I still miss him. He taught me how to fish.

My way of handling relationships is more mature. I am able to think things through more clearly rather than go tumbling in my own head. I am grateful to have a stable relationship and to be able to work things out with my partner. We talk easily and have good communication.

I love Church. Church helps me find me when I'm struggling. Church is where the real people are. They show their true feelings. I find an honesty in Church that makes me feel good. It has helped me to be able to forgive certain whānau members. I feel like I've finally grown up! At 50 lol.

One of the joys of my life is my 12-year-old godson, who came in to my care as a two-year-old. He is very special to me. I give him lots of love and hugs and smiles, so he can know he is loved, because I know how crushing it is to feel unloved.

He and I do ordinary things, bike-riding, picnics, fishing. Not necessarily things that cost a lot of money, just the simple things. He loves horses, and sometimes we go to some farmland up the coast and visit the horses there. We love going to the water park. We do fun things like going camping in our own backyard.

I run a local programme to raise awareness and organise help for people stuck in the P cycle and their families. I don't want our future babies growing up in unhealthy environments. I don't want our babies to be taken away and have to live in a 'home' like I did.

Helping others and contributing to my community is good for me. Once a month, a group of us cook kai in our homes and meet in town and find a place to set up and feed those who are hungry.

Now? There is more light.

My tree of hope

Eight years old and living in a tree that protected me. Two years of it, and I did no harm to no one.

Mind you, listening to the leaves was spooky sometimes. Hearing the breeze and feeling it too was rather freaky. Sometimes I could hear the leaves drop to the ground if it was windy. Sometimes it was that blardy freezing; why couldn't I find a better place?

That was the only place where no one could find me, although it was in the open, in the town. And still no one knew I was there. I think that was priddy kewlies. Watching people sit on the seats having their lunch or drinks, hoping they would leave something behind ... but nope, it all went in the bin. Waiting for them to leave so I could go and get it. Running back to my tree so I can have a feed, and staring at the branches thinking I'm in heaven. Some people knew I was in that tree, especially the bakeries, they knew. Now and then I would walk past their door so I could imagine what it was they were cooking lol. Sometimes I'd poke my head in just to have a look. It was just a few steps away from where my tree was.

I loved that tree because it loved me. Weird as it may seem, trees do give you some sense of relief, straight up. What did I talk to? My tree. What did I hug? My tree. The only thing that never gave me any grief was, my tree. I never had a name for my tree. Wish I did now, because every time I go back home, I always look at the place where my tree was. I always see that little girl in the tree staring at me.

The peace I had, except for the town clock ticking sometimes and changing its seconds lol. The lighting I had too. The only thing I didn't like was the town toilets

because you can smell them at night after watching the drunk ones go in and out of there. Hearing the tap water still running.

The tree kept me warm most times. I would sing to myself if I was bored, which was hardly ever. Wish I knew carpentry, then I would have had the bomb-as tree hut. Once every few months I would go and see the mayor just to get me a food thingy from the shops. He would write on his card how much food I was allowed to buy from particular shops and tell me to go straight home. Yeah, I did go home cos home was right in front of his chambers, across the road, in my tree.

My tree was my life, my strength, my saviour. My tree of hope. The tree of many faces and arms. The tree that held me. The tree that loved me for me. My safe haven. Sometimes I would hear a voice call out, "Emma where are you? You better hide cos you're gonna get a hiding if Dad finds you. He's looking for you. You better run." The voice didn't know, but I would watch that voice with its mates eating fish 'n' chips right below me. Sometimes that voice was drunk, but I didn't care cos I was safe where I was.

I never could understand the meanness of that voice when I was the little girl hiding, but I do not have any harsh feelings towards that voice now. I love her, that's why. I may not have then, and did not understand her, but I always have loved her.

But back then, though, it was that voice that told me, "we don't want you living with us anymore". And from that day onwards, I never turned back to go home.



Photo: REBEKAH ROBINSON

Blessed to have this gift of recovery

Life has not always been easy for Maree Mathews, but she knew if she wanted to have any kind of decent life for herself and her daughter, then she could never use substances again.

My journey to recovery began when I found myself in prison receiving a multiple-year sentence for drug offending. Being removed from society was what I needed at the time to have any chance at stopping the use of drugs. In prison, I was finally clean, and I slowly began to get well.

I remember in my darkest times in active addiction receiving counselling support when my life began to unravel, this was a lightbulb moment for me. Having someone who listened without judgement. I felt heard and cared for, and for the first time in a very long time I could see hope. At this point, I thought 'I wonder if I could do that one day and help others'.

Fast-forward to my release from prison, I began to study for my Bachelor degree in Counselling. I maintained my personal recovery by choosing to remain abstinent from all drugs, including alcohol, and becoming a member of the 12 Step fellowship of Narcotics Anonymous.

Life has not always been easy, but I knew if I wanted to have any kind of a decent life for myself and my daughter, then I could never use substances again. For me, I knew I had to change everything about my life and that is what I did.

I started working at Higher Ground as a part-time support worker in my first year of study. I did my clinical placement there and never left. I love this place! I have worked in various roles throughout my eight years and I now manage the Community Team – we work with tangata whaiora pre and post residential treatment. My passion is working with the newcomer – when they are at their most vulnerable and often see no hope ahead – just how I was all those years ago. Supporting them to find some belief in themselves and courage to enter treatment, and then supporting them once they transition out into the community again.

I love the mahi that I do, I feel blessed that I have this gift of recovery and that I can share this gift with others. To see lives restored, whanau coming back together and people living a life that is meaningful gives me such a buzz every day!

I am looking forward to walking with pride on the recovery hiko. There is no shame in recovery from addiction – to make these changes in life is the bravest thing anyone can do. I am now 11 years clean and sober and this is the best decision I ever made – you bet I am proud of that!

Kia waia katoa, kia kotahi

Mauri Ora

Maree Matthews

Higher Ground Drug Rehabilitation Trust

The stain of shame penetrates deeply

Because of the stigma society attaches to drugs and addicts, even long time recovery guru Bill White still has to work at it.

Back in 2007, the recovery advocacy movement was progressing. Thousands were marching in recovery celebration events, and each year the number of new local grassroots recovery advocacy organisations grew exponentially. I was being invited to speak across the country and my advocacy essays had just been published by the Johnson Institute. From pulpits and podiums, I was calling on a vanguard of recovering people and their families to stand together and declare their existence in this culture. I wrote about how such public disclosure of one's recovery status could be done respectfully and tastefully without violating the anonymity traditions of Twelve Step programmes.

The 'coming out' of recovering people was being signalled by badges, bumper stickers, licence plates, T-shirts, sweatshirts, hats, posters, and other assorted movement paraphernalia. I was given such tokens everywhere I travelled, transferring items to the Illinois Addiction Studies Archives and keeping some duplicates for my own pleasure. I proudly donned such trappings at addiction conferences and recovery advocacy meetings.

And I wore them at home. Florida is T-shirt and shorts country, so I often slipped on a recovery T-shirt to hang around the house or work in my bamboo garden. On a day, like hundreds of others, I was wearing one of my favourite T-shirts – one given me by a group of children that had a child's rainbow painting on it below a child's printing of the words 'Happiness is recovery'. It was a beautifully designed shirt and one that had taken on special meaning to me.

On this particular day, my wife asked me to run to a nearby grocery store to pick up a few items for dinner, and, without thinking, I slipped off my 'Happiness is recovery' T-shirt, slipped into a non-descript T-shirt and headed to the store. A few moments down the road, I suddenly realised what I had done. It was a piercing moment of self-awareness. With all my bluster about making recovery visible and public, I still experienced



'One reason people need connection to a community of recovering people is to regularly purge such poison from our systems. The experience of community is the ultimate balm for shame.'

some embarrassment related to that status, still feared the judgments of strangers, and feared that the recovery message on my clothing would be read with incomprehension or disgust. And this was deeply ingrained shame experienced by someone who had been drug-free for decades and who was challenging people in recovery to put a public face and voice on recovery.

The stain of shame penetrates deeply. We can scrub it from our skin, emotionally expiate it, and declare it gone. And still it seeps outward through our pores from deep within us. It tells us we are unworthy. It tells us we have no right to be. It calls us names and makes us sweat and blush with embarrassment. It whispers that we do not deserve full citizenship. It looks for judgment and contempt in the eyes of others. It dwarfs and silences us.

Can you recall experiencing such feelings? Do you still experience such shame related to your own history or your close association with people recovering from addiction? One reason people need connection to a community of recovering people is to regularly purge such poison from our systems. The experience of community is the ultimate balm for shame.



Cutting Edge 2019 | Conference

Looking back, moving forward

By Kristen Maynard
of Victoria University of Wellington's School of Governance

Cutting Edge 2019 was about looking back and moving forward. The underlying theme was to look to the past to understand how it has shaped our current reality, and then to acknowledge and/or reframe aspects of it, so that we can heal, reimagine and co-create a different reality moving forward.

Transitioning from a punitive-based to a health-based approach to addiction

Looking back at last year's Cutting Edge, we are reminded of the sector's strong and persistent call for Aotearoa to shift from a system focussed on punishing and shaming the person with an addiction toward a compassionate health and recovery approach. The voice of the addiction sector was obviously heard, and Aotearoa is now clearly moving toward a more health-based approach to addiction.

This year's budget saw the Government announce a \$1.9 billion investment into mental health, wellbeing and addiction initiatives. New Zealand has also gone some way toward decriminalising all drug use and possession

by recently amending the Misuse of Drugs Act 1975 to affirm police discretion to prosecute only if in the public interest to do so.

Looking forward, New Zealanders will take part in a referendum, at the 2020 General Election, to determine whether to adopt draft legislation, which would regulate the production, supply, and use of cannabis. These three initiatives bear witness to the significant policy shift that has taken place in the addictions area during the past year, and presents opportunities for the sector, and those with lived experience, to further inform and shape the system moving forward.

Addiction is still big business – we want no-one to profit from others' pain

Deborah Peterson-Small highlighted that “countries have built their wealth on addiction” and Professor Doug Sellman suggested that “behind every addiction there is an industry scheming to make you and your children one of their favourite customers for life”.

Looking back at New Zealand's experience with the tobacco and alcohol industries, we see some truth in these statements. Once a product is commercialised, industry does become very clever at ensuring that it continues to be profitable. With the upcoming referendum, commercialisation of cannabis is of particular concern, and it is critical that we shape the regulatory model proposed for the referendum, regardless of how each of us may choose to vote. Some have suggested a preference for a state-owned monopoly-type model, similar to Sweden's approach to alcohol sales. A state-owned monopoly for cannabis would regulate supply (ensuring quality of products), reduce the profit motive, and generate significant revenue that could then be re-invested in effective prevention and intervention initiatives.

Moving forward, we need to ensure that harm reduction goals are not compromised in the pursuit of profit.

The system doesn't work for Māori with addictions and its time for real change

Deborah Peterson-Small stressed that when you look back into drug law history of any colonised country, you will see that it is a system of racial control, a system that targets particular people (those most vulnerable) and promotes domination of the prevailing class. In Aotearoa, we know that Māori, and those most vulnerable, tend to experience disproportionate drug-related harm for both legal and illegal substances, and are more likely to be criminalised for drug possession and use. Furthermore, the Government's public health initiatives and responses to reducing harm and inequities has generally not worked well for those most vulnerable and, in fact, has widened health disparities in some respects, particularly between Māori and the general population.

Ngāti Whātua ki Ōrakei reminded us that we are in a time of change, that there is a need for change, and that this change must be led by Māori for Māori. The Waitangi Tribunal kaupapa inquiry into health services and outcomes presents an opportunity to do things differently and address the fundamental health disparities that exist from the Crown failing to fulfil its Tiriti obligations. Supporting Māori to play a leadership role in shaping the draft legislation for the cannabis referendum would be a useful start in this regard and would ensure that whānau wellbeing is at the forefront of any model that may be adopted.

From trauma and adversity to self-healing and transformation

Trauma, pain and distress typically arise from some form of past adversity and are significant underlying factors contributing to addiction. These adverse experiences, usually occurring in childhood, can shape our genetic code and be passed from generation to generation, according to a relatively new science called epigenetics. Hence, the historical and intergenerational trauma

'It is not a chemical imbalance, it's a power imbalance.' – Mark Kōpua and Matiu Pennell, Te Kuwatawata

caused by colonialism and oppression is still very real for many Māori and other indigenous peoples. However, just as adversity and trauma can be passed on intergenerationally, so can a different reality with the right support and intervention.

Understanding how people see their past and the story of their life can help with reframing their narrative so that they can imagine a different future – one of hope, meaning and purpose. For Māori, one approach is to "whakamana te wairua", to renew and strengthen a person's spiritual identity, and help them to find their purpose in life. Another approach is to apply traditional Māori knowledge to reframe a person's adverse experience and find a right-fit solution that involves whānau as active experts in the solution-building process.

An American study of 42 communities also suggests that communities with high levels of adversity can self-heal and generate new cultural norms. This shift from adversity to healing occurs because communities are tapping into their own creativity and resources to solve problems, which makes the healing within the community intergenerational and sustainable. The study has shown that this approach can significantly improve rates of many interrelated and intergenerational health and social problems, such as family violence, substance abuse, and suicide, as well as generate significant public sector cost savings. The 'self-healing communities' model uses a 'living systems' dynamic approach, consistent with ancient wisdom, which moves a community from a vicious reinforcing cycle to a virtuous one, by focusing on factors such as: inclusive leadership; learning communities; emergent capabilities; and right-fit solutions.

To conclude, looking back to the past to bring ancient wisdom together with a fairly new science like epigenetics appears to be facilitating the creation of more innovative, effective and sustainable solutions to the complex issues we are now facing in our society. Moving forward, this synergy between different knowledge systems may become even more important for transforming addictive behaviours.

For more detailed information on this study see Porter, L., Martin, K., & Anda, R. (2016). Self-Healing Communities: a transformational process model for improving intergenerational health – executive summary.

Robert Wood Johnson Foundation.



Photo: REBEKAH ROBINSON

'VALENTINA TEClici, who works in Hawke's Bay Regional Prison's Drug Treatment Unit, uses poetry to help inmates who often didn't have the best start in life.'

Early childhood trauma affects the later development of the child

Laura Porter is one of the world's most prominent ACE experts.

Dapaanz Executive Director Sue Paton introduced Laura Porter to a packed house and told of how she came to invite Laura to speak at the conference. Laura's work in the ACE (Adverse Childhood Experiences) field had rung a bell with Sue because of the situation in New Zealand with our high rates of childhood trauma and abuse.

Laura, a Washington-based researcher and community development practitioner, is one of the world's most prominent ACE experts, and she gave a fascinating talk about how neuroscience is pointing strongly towards early childhood experience of trauma affecting the later development of the child.

"We used to talk about 'nurture versus nature'. We now understand much more about how nature and nurture interact and how experience shapes the human brain and body. This has profound implications for our understanding and treatment of addiction, how we respond to stress, our risk for disease and injury, and how we relate to ourselves and the world around us."

For 17 years, Laura has collaborated with more than 40 First Nations, poor inner-city black communities and impoverished white rural communities, using ACE data to help solve complex problems and help people shift to healthier ways of living. She helps provide education, facilitation and empowerment strategies for building 'self-healing communities'. "Self-healing, explained Laura, means making sensitive decisions every day. A leader is anyone in the community wanting to help solve the problem."

Among those Laura and her team work with are a wide range of groups, from parents and youth groups who are convening neighbourhood conversations to philanthropic leaders and government officials who are using ACE science in investment and policy decisions.

Unfortunately, kids' ACE scores these days are getting higher and higher, which leads to a pile-up of ACEs in adulthood. However, community-led treatment leads to fewer ACE-attributable problems, said Laura. "Communities interested in self-healing can see bad stats drop markedly, which leads to public sector savings."



'Unfortunately, kids' ACE scores these days are getting higher and higher, which leads to a pile-up of ACEs in adulthood.'

The key to resilience is nurture, Laura said. When the mother comforts the baby, baby feels secure. Neuroscience tells us that, at this early stage, the brain is wiring up, connecting of neurons is important: 'what fires together wires together'. Nurturing promotes attachment and belonging, which foster resilience in the individual.

Can nurturing be passed on? Sometimes when a baby has not received optimum early nurture, we can co-create change. Connection to community is the way to do this, helping parents to parent without judgement. We need to build attachment and belonging in our society and foster the healing power of community.

We need to empower communities to deal with adversity. Policy can't do it, only community can, said Laura. "Command and control doesn't work. People don't trust bureaucracy. A culture change away from top-down decision-making is needed. Communities are realising 'we are the ones we've been waiting for'. We need a new language and to ditch old hierarchy terms that get in the way of self-nurturing, self-healing communities."



The fall-out from FASD

Another keynote speaker, Dr Elizabeth Elliot, Fetal Alcohol Syndrome Disorders (FASD) expert and Professor of Paediatrics and Child Health Care at Sydney University School of Medicine, talked to the conference about her collaboration with people making positive changes in disadvantaged communities.

Elizabeth is behind Australia's guide to diagnosing Fetal Alcohol Spectrum Disorder in children and has spent years working alongside women in remote Western Australian aboriginal communities beset by entrenched, inter-generational alcoholism – educating parents, lessening alcohol use in pregnancy and providing people with FASD with appropriate clinical and social support.

"The Aboriginal women I worked with led the way in raising awareness of FASD among all Australians. They were very brave to raise the issue because alcohol abuse has been used to stigmatise Aboriginal communities in Australia," Elizabeth said.

'FASD prevention requires political will to challenge the alcohol industry and implement evidence-based policies to minimise alcohol harms.'

She advocates for evidence-based policies to minimise harm from alcohol, but said that, "despite progress, we have significant challenges in preventing alcohol use in pregnancy and building capacity for FASD diagnosis and management – FASD prevention requires political will to challenge the alcohol industry and implement evidence-based policies to minimise alcohol harms."



Inaugural John Dobson lecture

Professor Doug Sellman, who has been a leading light in the addiction treatment field since 1985, delivered the inaugural John Dobson memorial lecture. Dr John Dobson (1920-1988) was a pioneering psychiatrist in the addictions field in New Zealand, and a personal mentor of Doug's. Doug told his audience that when faced with a particular difficulty, he would ask himself: 'What would John say?' John cared very much about the problems of people with addictions and the importance of validating their experiences. He played a vital role in the introduction of opioid substitution treatment in New Zealand.

Doug's main work focus these days is alcohol and food, from the perspectives of addiction and public health advocacy. He is a medical spokesman for Alcohol Action NZ. During his lecture, Doug voiced a strong indictment on the lack of political will for safer alcohol legislation in the face of hefty industry lobbying. Doug's dry wit leavened his desperation about the stalled nature of alcohol regulation.

With regards to the upcoming referendum, Doug prefers the SOE model for cannabis legalization, to keep big business out of it, so it doesn't go down the booze profit route.

DEBORAH SMALL is a social justice activist and a leader in the United States drug policy reform movement. She is Executive Director of Break the Chains, an organisation committed to addressing the disproportionate effect of punitive drug policies on poor communities of colour, the goal being to replace failed drug policies with alternatives based in science, compassion, public health and human rights.



Photo: REBEKAH ROBINSON



Dr Karlo Mila

Of Tongan (Kolofo'ou, Ofu) and Palagi descent. As well as a career focused on the identity and wellbeing of New Zealand-born Pacific peoples, Karlo is a critically acclaimed poet. Karlo gave a beautiful presentation of an indigenous knowledge-based intervention she has developed as a mental health intervention for Pasifika. 'Mana Moana: A Return to the Memory of Wholeness' engages ancestral knowledge, stories and language to explore ways of being healthy in the world and understanding our place within it.



Dr Karlo Mila
Photo: REBEKAH ROBINSON

Mark Kopua

(Te Aitanga-a-Hauiti, Ngāti Ira, Ngāti Porou), together with Matiu Pennell (Te Whakatohea, Ngāti Ruapani ki Rongowhakaata), gave a powerful presentation. Mark is tohunga for Te Kūwatawata, a kaupapa Māori mental health service, where, of course, practice is steeped in te ao Māori. He and Matiu both talked about the importance of elevating the wairua when dealing with clients.

They said it's important to include whānau so the practitioner is not seen as 'the expert'. Historically, the doctor or psychiatrist has always been the 'voice in the room' in a way that made unwell people victims of the system. The client did not have a 'way of being'.

Mark said there is also a need to shift the language. Labelling like 'ADHD' has to go. He told the story of one little boy who would have been diagnosed as 'ADHD' in a traditional setting. After some re-orienting of language, he was happy to be described as being like Uepoto, the trailblazing adventurer god who was known to be a bit tutū, brimming with mischief and curiosity. This gave that boy and his whānau a narrative about him without a negative label.

It is important for Māori practitioners to work together in sessions, working in pairs so they can keep an eye on, and get feedback respectfully from, each other as

practitioners. Individualism breeds invisible practices, Mark, said. The secret is co-working, so one can be the facilitator and one can keep an eye on what's going on in the meeting. "Indiginise your space," advised Mark, "so then you don't even need to de-colonise yourself."

Dr Hinemoa Elder

(Ngāti Kuri, Te Aupouri, Te Rarawa, Ngāpuhi) talked about issues pertinent to the cannabis referendum from the perspectives of working with whanau and documented evidence in the context of mental health, with a particular focus on Māori.

Hinemoa, Professor of Indigenous Health Research at Te Whare Wānanga o Awanuiāraangi, described a system which tended to victimise the unwell, justice offenders. She is also on the Prime Minister's Science Advisor's Cannabis Panel, and she believes Māori have a leadership role in the upcoming cannabis referendum debate.

Another point she made was that overseas research results are not always applicable here. "Research design must be examined before applying conclusions to the local scene. Overseas modelling might not work here. Deconstruct the numbers. Be careful exactly what the statistics say."



Mark Kopua
Photo: REBEKAH ROBINSON



Dr Hinemoa Elder
Photo: REBEKAH ROBINSON

The power of healing through poetry

Poetry proved a redemptive force in a Hawke's Bay Regional Prison three-month Drug Treatment Programme. A group of 12 men, Group 336, worked in collaboration with senior AOD practitioner Valentia Teclici, Simon Browne and Lucy Langeluddecke, of Te Taiwhenua o Heretaunga, to produce a book of poetry, titled Whanaungatanga – Together as One.

The idea, devised by Group 336, sprang from a 10-minute creative writing exercise focusing on the values of tika, pono and aroha. Poem topics include the values of Te Taiwhenua o Heretaunga, self-discovery, change, New Zealand history and recent events.

As well as the writing and art of the 12 group members, work by a mentor and Valentina and Lucy as facilitators was included. All together the group produced 27 poems plus the 13 drawings and the covers.

The project encouraged the participants to explore the meaning of different pro-social values and to personalise and express their connections with those values in poetry and art. Each poem expresses the individual's path of healing during their recovery.

The enthusiasm and commitment the men from the 336 whānau group invested in this project, working together towards a common goal, strengthened their relationships and increased their creativity, confidence and mana. The end result revealed creativity, spontaneity and positivity, surprising group members how far they had come. They had a reflection of their spiritual journey in a booklet form that can be revisited and shared with loved ones.

At graduation, a couple of the participants read their poems in front of the therapeutic community and their whanau, and every graduate received two copies of their booklet, one to keep and one to give to a loved one.

Reflections on the poetry project

"This project was a chance to step out of my comfort zone and try something different, a really very positive exercise. I learned that I can achieve anything if I put my mind to it."
– C. R.

"Working on the poetry book gave me a chance to work together in a team and create something I will treasure for life. I learned that I have a gift for writing and I will now try to grow this into a career."
– S. C.

"To leave something that others can relate to and gain inspiration from, I learned that I have something to offer and can make a difference." – S.W.

Fallen horses and recovery reggae

In between presentations, conference-goers were treated to some great music. One of the performers was Tommy Benefield, singer with the band Tommy and the Fallen Horses. He gave a spell-binding performance of very moving songs. "I suppose I've always written for the underdog, I've always loved stories that are stories of redemption," he said. "All of my songs are still about overcoming some form of darkness." Tommy has worked as an addictions counsellor for nine years and is at present a manager for Addiction and Mental Health Services.

And we grooved to the recovery reggae of the 13th Tribe's, whose band members are all involved in the addiction sector. One of the band introduced themselves as the ones who put the 'fun' in 'dysfunctional' to much laughter from the conference audience.





Photo: REBEKAH ROBINSON

The impact of learning disabilities and childhood trauma in addiction – what services need to know

By Nathan Frost

Dapaanz's 2019 Cutting Edge Best Poster winner Callan Jennings knows first-hand the power negative childhood messages can have on a young and impressionable mind.

Callan's winning poster drew from his own story of dyslexia, childhood trauma and his recovery journey to highlight just how prominent learning disabilities like dyslexia are as predictors of addiction, imprisonment, homelessness and other poor outcomes in life.

The Wellington Salvation Army Bridge Programme Recovery Coach still remembers the first day he heard someone refer to him as dumb because of his inability to read and write.

"The defining moment from my childhood is changing schools when I was eight years old," says Callan. "I still clearly remember hearing the kids saying to each other 'that new boy is dumb, he can't read and write'. From that moment, I felt a huge amount of shame, and I disconnected from society and felt like I didn't fit into this world."

This recurring message – a constant source of stigma and shame throughout his formative years – is one that has unfortunately been reinforced many times in Callan's adult life by a lack of institutional awareness or, in many cases, indifference towards those in society with learning difficulties.

Dyslexia features in many negative social statistics. At least 50% of prisoners suffer from some level of dyslexia and it is estimated that up to 70% of homeless people cannot read or write. Dyslexia also features prominently in those affected by addiction. Co-existing disorders like ADHD affect up to 40% of dyslexic people. When you consider that dyslexia affects approximately 10-15% of the overall population, then the disproportionate nature of these figures becomes apparent, yet policies and initiatives recognising these glaring social disadvantages are scant.

Addiction treatment agencies in New Zealand are often

ill equipped to deal with the high proportion of learning disabilities in the cohort they work with because their service models are primarily oriented around the literate world.

Services and programmes, both outpatient and residential, tend to require a significant amount of reading and writing. Unless ways are found to accommodate the needs of those with learning disabilities, services run the risk of inadvertently excluding their clients and triggering past traumas, as was the case for Callan when he began engaging with treatment services.

In recognition of the technology now providing solutions for people with learning disabilities, I am using speech-to-text technology to write this article. It's not perfect this emerging technology, for example Google takes some time to learn speech patterns, words are commonly spelt wrong and the dictation itself is slow and clunky, but with the right amount of effort, speech-to-text and other tech-based tools are opening up opportunities for those with learning disabilities like dyslexia.

Callan's story

"My teachers told my parents they believed I was dyslexic and I was assessed by Speld NZ (an organisation that aims to help children and adults who are not realising their educational potential because of specific learning disabilities like dyslexia). I was told I was definitely dyslexic, but no one had ever taken the time to explain to me what this meant, and I had been made to feel dumb.

'I have felt a huge amount of shame.'

"I was constantly made to read and write in front of people and was told I was lazy and didn't try hard enough. There was no realisation that I literally couldn't read or write.

"I began to rebel and do anything not to have to read, as it gave me massive anxiety and caused me to hate myself. I started getting into fights and was naughty at home. I wouldn't eat my vegetables, I wouldn't brush my teeth, I wouldn't clean my room, I wouldn't do anything. All I wanted was my Mum to hug me, but I had to hide that I couldn't do my homework, so I'd act out and be a naughty kid just to divert attention away from the fact I couldn't do my school work.

"I didn't want to be a naughty kid, but that's the only way I knew how to cope. If I was a naughty kid, then I wasn't dumb and dyslexic. I wouldn't do anything I was told to do so I could cover up the fact that I was dyslexic.

"That stuff around being the unruly kid gets replicated when people go to treatment, too. The anxiety I felt around the reading and writing in treatment made me act out. I was talking to a lady who is in treatment who was telling me she had high anxiety because she couldn't comprehend what she was reading unless she read the stuff out loud, and you can't read it out loud in some of the groups. To me she was undiagnosed dyslexia.

"I see a lot of people at the place I work at now who misbehave and I can see it is stemming from learning difficulties. But the way treatment centres are designed in New Zealand it's all about writing and reading. Rehabs

'Rehabs are recreating the classroom situations that made people feel like shit when they were growing up.'

are recreating the classroom situations that made people feel like shit when they were growing up.

"One of the great things about working at the Bridge in Wellington is that the management have really listened to what I've had to say about why people may be acting out. It's been great seeing that awareness of learning disabilities lead them to make a commitment to adapt their programme to accommodate people, whatever their level of literacy is.

"The only time I ever felt free was when I escaped to play sport. I was good at sports and everyone believed I was going to be an All Black. At 14 I was picked to play rugby league for Wellington and at one of the practices I was asked to fill out a form. The other players were asking me to help them fill out their forms because I was the only Pākehā and everyone assumed that I could read and write. I ran away that day crying. My old demons came back and I never got picked again.



Callan Jennings accepts his prize for the winning poster at Cutting Edge conference 2019
Photo: REBEKAH ROBINSON

"Two days later at school I smoked marijuana and found a new way to escape. I was no longer the sports star. I was now the druggie. I hated being a druggie, but I hated being dyslexic more.

"The lifestyle continued. I was still playing sport and taking drugs, and while I was still very good at sport, I never played to the level that I should have. I wouldn't go to practice, opting instead to just turn up on a Saturday and find a team that was short. I even ended up playing for the Mongrel Mob. I was asked to join them, but I believed I wasn't good enough for them because I was dyslexic.

"The reason I advocate for people with learning disabilities is because of the rejection I've felt throughout my life. I've been told to fill out forms and write letters over and over again. I've been shamed, often unknowingly, by major New Zealand companies, educational institutions, government organisations, mental health and addiction services, Work and Income, Inland Revenue, and so on.

"I really just want dyslexic people to be proud of being dyslexic, and to be accepted and understood.

"Other disability advocates have created change by having the ability to write letters and use the power of the written word for others to understand. I believe this is why nothing is happening for dyslexic people. Most letters are written on our behalf. And while we really appreciate the help, we have to learn to stand up and talk for ourselves.

"As a child I was treated as if I was lazy and dumb and told to do things that just didn't work, then told to do them over and over again. As an adult I feel like systems are designed to make dyslexic people fail. I know that's not the case, but you couldn't design a more belittling way of doing things than we have now.

"In the literate world everything involves something written. I recently did a training day where we learned to rescue people at heights. We had to climb six metres to rescue a mannequin. I completed the task, but another guy failed to complete climbing to the top of the ladder. We then did the theory test where the answers were read out to us. I couldn't do the spelling and had to put my hand up and ask in front of the whole course if my boss could help write the answers down for me. Everyone laughed.

"I did pass that day and so did the guy who couldn't climb up the ladder, but the focus was more on me failing the writing than it was on the person who couldn't pass the physical test. No one seemed worried about passing someone who couldn't achieve the ladder climb.

"Even in apprenticeship trades it's more about writing on the job to gain the certificate than it is about the practical side of the job."

Technology-based solutions

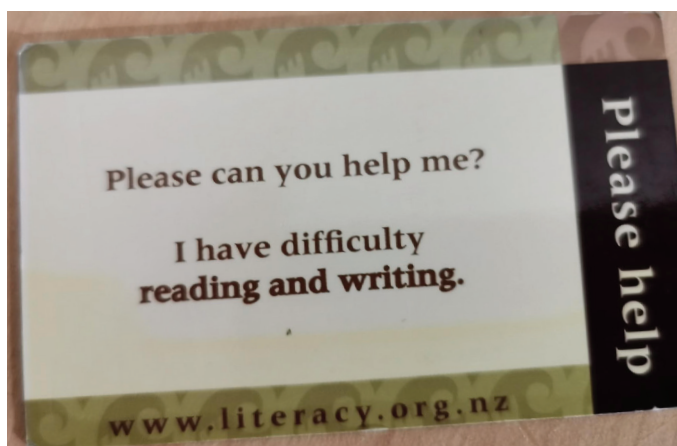
"A \$250 loan from Work and Income for a Samsung tablet changed the trajectory of my life. I needed a learning device to complete the Spring Hill Residential Programme in Napier. I'd been there before and had left when I couldn't do the written stuff, and that had ended in my relapsing. So I got the doctor to write a letter, and my therapist also wrote a letter, but WINZ were saying no. I asked them to put their decision in writing, which they are required to do by law, but no one was prepared to put it in writing.

"Then things started getting argumentative. I had a bike chain and padlock in my bag and I was prepared to lock myself to the desk and ring one of the networks, but what actually happened was a real higher power moment. The Literacy Aotearoa card I carry to show people that I have trouble reading and writing fell out of my wallet and the WINZ case worker noticed it.

'As the result of a \$250 investment in some technology, I am no longer a beneficiary. I am employed, a taxpayer, and working with others wanting to change their lives.'

"I opened up to her a bit more about the issues I faced with dyslexia and how tough it was being there and standing my ground because of the stigma I felt. It turned out she had a nephew who was in a police chase that ended with him becoming paraplegic. She told me his dyslexia had been a contributing factor to him offending at a young age.

"She said my story had really touched her and she said 'I'm going to try and help you out'. Everyone in that office was saying no, so she rang Auckland and spoke to some specialist and as soon as we re-worded my loan application as being for a learning device, that's when they couldn't say no.



“This tablet has changed my life! It has allowed me to complete a drug rehabilitation programme. I’ve gone on to study mental health and addiction and, even though it took me three years to complete a one-year certificate in addiction studies, I now have a career in the addiction treatment sector and get to work with other people just like me who are wanting to change their lives.

“When I started studying, there was no way I could complete the reading assignments, so I would do a Google search of the author or the name of the book. I could usually find a Ted talk or some other form of audiovisual media, and I would listen and watch stuff online.

“Many top students at MIT are assisted in their studies by a multimedia learning unit because the university recognises alternative forms of obtaining information for people somewhere on the spectrum. Fortune 500 companies are also dyslexic-friendly in the ways they share information, because they value the unique problem-solving abilities of their dyslexic workforce.

“I went to Workbridge and Career Force to apply for a laptop with Dragon speak software. After nine months of arguing and me having to remind them of Human Rights Commission recognition of disabilities, they still denied me funding for tutoring and other technology-based items I needed to complete my training.

“I eventually got put in touch with someone who was able to help me out. Not only did I get funding for a laptop with Dragon speak software but also a see pen, which enables me to scan words that the pen then reads back to me. However, then I was only given two hours of training. I felt like I was set up to fail.

“On my first work placement, the manager was so impressed by the way I worked with people that she offered to write my narratives until I was able to use speech-to-text technology and a specially designed template to do them myself. However, what took other people 10 minutes took me up to two hours.

“Working in the sector has allowed me to educate the services I’ve worked for about the barriers that programmes orientated to the literate world present for those with learning disabilities. As a result of conversations with my current employer, learning devices have been purchased for clients on the programme, but there is still a lot of work to be done to get people to open up about learning disabilities.

“People think it’s as simple as not being able to read or write, but it’s much more complex. A person who may be able to read the words on a page but have no comprehension of what they mean can experience massive shame.

“Of equal concern is that groups in programmes traditionally run for an hour. For many with learning disabilities, that’s way too long to maintain concentration. Famous dyslexic Richard Branson refuses to have any meeting for longer than 30 minutes.

“If I hadn’t been presented with these opportunities and if WINZ hadn’t loaned me the money for that first tablet, I believe I would be on the sickness benefit today, costing taxpayers up to \$10,000 a year. It is also likely that, within a few years, I would have ended up in jail, where I would have cost the taxpayer around \$100,000 a year.

“When a person becomes trapped within their own limitations, and these limitations are not recognised by society, they end up down rabbit holes of debt, crime, drug addiction and homelessness.

“As the result of a \$250 investment in some technology, I am no longer a beneficiary. I am now employed, a taxpayer, and working with others wanting to change their lives.

“I’d really like to acknowledge the following four wonderful people, without whom I wouldn’t be where I am today: Art therapist Cate Barrington-Ward for helping me design my Cutting Edge poster; Hawke’s Bay-based therapist Kelly Whitewood for helping me become proud of being dyslexic; Literacy Aotearoa’s Patricia Korako for help with my studies; and Esther Whitehead from the Dyslexia Foundation.

• **In the next edition of *Addiction Standard*, we will hear about Callan’s work with the Ministry of Justice adapting court processes to the needs of those with literacy challenges.**

Notice Board:

Standard membership currently \$110 – increase to \$120
 Student membership currently \$50 – increase to \$60
 Support Worker currently \$200 – increase to \$210
 Accredited clinical supervisor currently:
 \$100 for dapaanz registered practitioners – increase to \$110
 \$210 for those not registered with dapaanz – increase to \$230

Great news – secured agreement from Health Workforce NZ

An issue for people who have a non-applied bachelor and are working in the sector on the pathway for registration has been that the only two PG courses (Auckland and Otago) that qualify people for provisional and full registration have not been funded for people who are not currently provisionally registered with dapaanz. We now have agreement for students to undertake these funded programmes without provisional registration on the proviso that students will apply for provisional registration on successful completion of the programme. This decision will make a tremendous difference in assisting people already working in the sector but who don't currently meet requirements for provisional to achieve provisional and full registration. The Ministry may ask to follow up in due course with dapaanz around these students to ensure they are getting the provisional registration.

Standard, Student, Support Worker and Supervisor members – fee increase

Given there has been no increase for these membership categories for three years and dapaanz is undertaking more work for its members along with increased operating costs, there will be an increase in these fees from 1st December 2019:

Reminders

1. If your invoice is being paid by your employer, it is your responsibility to forward the invoice on to your accounts team. This is not automated from our end unless otherwise prearranged by workplaces.
2. If you are an endorsed support worker or registered practitioner and need to take time out of addiction practice because of parental leave, illness, unemployment, overseas travel, or some other reason, you can apply for leave of absence (LOA) for up to 12 months. LOA will protect your registration over this period. For more information or to apply, [click here](#).
3. We are required to expire memberships that are overdue (60 days or more), so that we are not endorsing people who are not currently registered. This includes being overdue with payment or paperwork.
4. Keep your registration current. If you are expired or overdue, you don't have a valid practising certificate (some people have been stood down by their employer for this)
5. If you lose your registration through expiry and you are a fully registered member, you will need to go back through the provisional pathway. provided your qualifications meet the current requirements. For more information please refer to www.dapaanz.org.nz.