

A vertical decorative element on the left side of the page. It consists of a dark green pointed top, a section with fine white vertical lines, a stylized green face with white eyes and a smile, a green swirl, and a dark green base.

HE MĀTAURANGA HĀPINE

**Meth harm and family violence
in Te Hiku**



He Karakia

Nau mai ngā Atua Māori i tātai ki a Ranginui, ki a Papatūānuku. Uru mai e Tāne ki te whakatika ngā āhuatanga tūkino i pēhi nei tōu taonga ko te whānau. Kia ora pai ai ngā whakatupuranga hōu kia tupu ā Rangi, kia tupu ā Nuku, kia oho mai te mauri.

Tau mai rā, e Rongo, hei kākahu rangimārie ki runga ki tēnā, ki tēnā ō mātou.

Koia nei te hunga e ngākaunui ana ki tēnei kaupapa hūmārie rangimārie hoki e tūmanakotia ana mō te iti me te rahi.

Ūhī, wero, whakatū tarewa ki te rangi hei whāinga mō te iwi kia kapohia te whaoioi, te āiotanga. Haumi ē, hui ē, tāiki ē!

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Understanding this document

Who is Whiria Te Muka?

Whiria Te Muka is a partnership initiative between the NZ Police and Te Hiku Iwi that arises out of the Te Hiku Iwi Social and Wellbeing Accord. We aim to prevent and reduce family violence, while striving for Mana Tangata for the people of Te Hiku o Te Ika.

He Mātauranga Hāpine is a research paper

To hāpine is to strip back the harakeke leaf to reveal the fibre inside, or the muka. We consider our muka to be the insights and essential learnings that have emerged from weaving together our reo ā nama (our unique data set) and our reo ā kupu (the whānau, community, police and iwi voices we harvest).

He Mātauranga Hāpine documents offer us a rich variety of muka in a discussion of a critical kaupapa of significance to the Whiria Te Muka initiative. These documents are created at the culmination of exploratory research and enquiry. They have the capacity to inform and influence change through a variety of pathways across our leadership, practice and design spaces.

Acknowledgements

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Special recognition to the people who shared their personal and intimate experiences of meth harm and family violence with us. We acknowledge their courage in articulating what is unquestionably a difficult and raw subject with us. We also wish to acknowledge their foresight in sharing their stories to teach us how to manaaki our future generations through their rich insights and learnings. Ko tēnei tō mātou mihi mahana ki ngā tini kua putāina o rātou whakaaro me o rātou mātau-ā-wheako ki Te Ao Mārama. Tihei wā mauri ora!

Executive Summary

In New Zealand in 1949, pure amphetamine use was so normalised that drug companies were aggressively marketing it to the public as an appetite suppressant. Fast forward to 2021 to Te Hiku ō Te Ika, and we are faced with a crisis of epidemic proportions surrounding meth use and its association with reported family violence.

This document is the result of an enquiry led by Whiria Te Muka into the prevalence of meth use and family violence in Te Hiku ō Te Ika.

We have undertaken a qualitative exploration to understand the landscape of meth harm in the Far North, while seeking to uncover insights that will guide us in strategies designed to reduce the impact of meth use on whānau harm.

Our analysis of the kōrero of 24 interviewees has led us to the top six insight statements below:

1. Success in preventing relapse can be directly related to a supportive, safe environment.
2. Living with meth is learning to live with grief, loss and loneliness.
3. Whānau need to be educated of the warning signs and changes in behaviours in kaingaro.
4. Macro systems contribute to and sustain socio-economic deprivation, which impacts the self-efficacy and autonomy of the whānau moving forward.
5. There is a lack of resource and capacity to support kaingaro within the system, which is impacting negatively on the health and wellbeing of practitioners in this space.
6. Practices founded in mātauranga Māori provide opportunities to engage kaingaro in a more meaningful and effective way.

The journey we undertook to reach these conclusive statements was aligned to the methodology we have developed as Whiria Te Muka, and will be unpacked throughout this document.

Our Methodology

The taonga of muka: how we know what we know, why we do what we do

We have our own bespoke methodology that follows the life cycle of muka, from the whakapapa and understanding of the pā through to the miro and whatu of new creations. We apply our muka methodology across all aspects of our mahi, and we have done so here.

1. Whakapapa: Meth harm and family violence in Te Hiku

- Mandate to explore
- Intention to solve a problem
- Perspective - micro and macro
- Triggers, reason, purpose
- Identification of trends or patterns
- Motivation or rationale

2. Understanding the pā: The landscape that meth harm exists in

- Research and inquiry
- Understanding lives, experiences, trends and patterns
- Exploring the interaction of people and place
- Eco-system that supports the problem
- Culture, perceptions and assumptions

3. Hauhake: Harvesting qualitative data for systems change

- Identify what's available to harvest
- Empathise – observe, engage, immerse

4. Hāpine: Stripping back to reveal insights

- Sensemaking analysis, design briefs
- Synthesising raw data into patterns or themes
- Start to make sense of the data by building structure from the insights
- Start to develop a clear brief, for later stages of design

5. Miro: Emerging themes to bind solutions

- Collaborating with a range of diverse people, ideas and skills
- Collective impact
- Ideation and co-creation

6. Patu Kōmuru: Our top six muka statements

- Reflective practice to ensure integrity of self, data and process
- Revisiting, checking for quality, consistency and understanding of your insights – what's missing?
- Balance and harmony
- Step back and question ourselves

7. Whatu: Weaving systems change

- Moving ideas into action
- Testing ideas
- Developing meaningful and iterative solutions



Whakapapa

Meth harm and family violence in Te Hiku

The whakapapa to this He Mātauranga Hāpine paper starts in May 2020. Meth use has been increasing as a trigger to reported family violence incidents since Whiria Te Muka began recording this data in January 2018.

However, the peak month with the highest number of recorded incidents was May 2020, as New Zealand was coming out of COVID-19 alert levels from Level 3 to Level 2.

Our Whiria Te Muka data set around meth harm and family violence shows us that:

- There were a total of 13 meth-related, reported family violence incidents in 2018, 88 in 2019 and 140 in 2020.
- The month with the highest number of meth-related, reported family violence incidents was May 2020 at 22 incidents.
- These 22 incidents affected 54 individuals in 2018, 315 individuals in 2019 and 477 individuals in 2020.
- The month where the most individuals were impacted by meth-related, reported family violence incidents was May 2020 at 77 individuals.
- From January 2020, we started recording the number of meth-related, reported family violence incidents where children aged 0-16 years old were present. Our data shows that 109 children aged 0-16 years old were present for 66 meth-related, reported family violence incidents in 2020.

The data shows us that there has been a steady increase in meth harm as a trigger to reported family violence since 2018.

This gives us the whakapapa to the current He Mātauranga Hāpine document and sets our intention and mandate to explore the problem. We set out to understand the prevalence of meth harm and family violence, with a view towards seeking sustainable solutions.

NB: The data is only representative of the family violence incidents entered into the Whiria Te Muka data set, not all family violence incidents reported to NZ Police in Te Hiku. This data is valid as at May 18 2022 and subject to change.



Understanding the pā: The landscape that meth harm lives in

Firstly, we needed to understand the pā harakeke, or the environment that meth harm exists in within Te Hiku.

We gathered together a research and design team comprised of NZ Police and Te Hiku Iwi Development Trust kaimahi, including:

- Whiria Te Muka Kaiwhakapā Kōrero Erena Hodgkinson
- Whiria Te Muka Kaipūpuri Rob Leef
- Community Engagement Senior Constable Rowena Jones
- Northland Police Liaison Jordan Cox
- Te Hiku Iwi Development Trust Ngā Puna Waiora Co-ordinator Karena Hita

The critical question guiding our thinking was:

How might we understand the landscape of meth harm in Te Hiku so that we might reduce and prevent its impact on family violence?

We undertook numerous interviews to gather our qualitative data, including interviews with:

- Six kaingaro, or people who have used or use meth, which has impacted on the prevalence of family violence in their lives.¹
- Four whānau members of kaingaro.
- Nine Te Hiku-based kaimahi who work in alcohol and drug addictions, social services, education and mental health services.
- Five pirihiimana who work in meth harm prevention, crime prevention and frontline policing.

We also did some background desktop research into links between meth use and violence and proven prevention strategies that could be adapted to the Te Hiku experience.

From here, we had a rich foundation of kōrero that we would be able to draw upon to establish our understanding of the landscape of meth harm and pathway us into solution design.

After our interviews, we created avatars or personas to collectively group four distinct voices into one character.

Their full descriptions are in the Hāpine part of this document, but in summary they are:

- **Harley** – a single Pākehā tāne who has whakapapa to Te Hiku, has an 11-year-old daughter and started smoking meth as a late teenager.
- **Kiri** – a Māori mother of four children aged 10, 7, 4 and 2 whose partner and father of her youngest two children smokes meth.
- **Mere** – a Māori social worker in her 50s who is based in Kaitiāia and has five adult children and 12 mokos.
- **Steve** – a single Pākehā police officer who has been in the Police for 12 years, working mainly on the frontline.

¹ The term 'kaingaro' is a kupu that we have chosen to use in place of 'user' as it is more mana-enhancing kupu than 'user'. To be 'ngaro' is to be 'lost' and the term implies that the person who uses meth is lost to a multitude of spaces in their lives.

Hauhake: Harvesting qualitative data for systems change

To hauhake is to harvest. In the creation of muka, this is when we select the harakeke leaves that we know will produce the right type of muka for the taonga that we will eventually weave. In the research and design process, this is when we extract from the raw data the most valuable information that will be used to address the problem we are attempting to solve.

Our hauhake process was deliberate and thorough. After working through the raw transcripts, we selected stand-alone quotes from each of our interviewees and assigned them to our avatars, keeping in mind our original research question – how might we understand the landscape of meth harm in Te Hiku so that we might reduce and prevent its impact on family violence?

Empathy mapping is a useful design tool that we can use to articulate the visceral experiences of a person or, in this case, many people. It is a process that we can take to get into human-centred design by looking at the mindsets, attitudes and behaviours of the people we are designing for.

We took the quotes from each interviewee, and we placed them into the following categories and accompanying questions to unpack their kōrero.

Ki/Says

What did they say that conveys their attitude? How did they recount their daily experiences? What soundbites did they offer that provide us with clarity and understanding?

Whakaaro/Thinks

What matters to what they're talking about? What are their ideas for solutions? How do their thought processes respond to what they're experiencing?

Mahi/Does

What practical behaviours and actions do they perform in this space? What are their physical experiences of the situation?

Rongo/Feels

What makes them feel good or bad? How does the problem impact their emotional health, positively or negatively?

Ārai/Challenges and opportunities

What are the barriers and the potential pivot points for change? What makes the situation difficult and what would it take to overcome them? Where is the hope for change?

Whāinga/Goals

What is their short, medium or long-term vision for their future? What do they hope to achieve moving forward? How do they hope to progress beyond today?

Because the raw data for each voice was so robust, we chose to work with the kōrero from the most dominant part of their empathy map. This was an interesting observation as each group articulated the component they were most comfortable sharing and most 'expert' in.

For our kaingaro, it was the challenges and opportunities they faced in their addictions and coming clean. For whānau, it was their thoughts and the mental processing they were undertaking in the support of their loved ones. For kaimahi, it was also the challenges and opportunities they were experiencing working with kaingaro within a wider system. And for pirihi mana, the kōrero was centred around the mahi, the practical actions they undertook in responding to and preventing meth harm-related family violence.

From here, we were able to drill down into some of the essential muka or insights through the hāpine process.

Hāpine

Stripping back to reveal insights

To hāpine is to strip back the outer layer of the harakeke leaf to reveal the muka fibres within. In a research and design space, this means to strip back our biases and judgements and analyse the data – in this case, kōrero - to reveal the muka or essential insight statement.

What follows are the muka statements that emerged from each group's kōrero, followed by the raw quotes that we have harvested from our conversations.

A. HARLEY THE KAINGARO

Kaingaro spoke mostly about their ārai, or challenges and opportunities

CHARACTER DESCRIPTION

"My name is Harley, I'm Māori and I'm in my 30s. I live in South Auckland but I whakapapa to Te Hiku and have been back and forth over the years.

I was brought up in a good whānau but my Dad worked all the time and wasn't there. He was a provider but he was an absent father in my life and that's part of the original mamae that I carry. My Mum supports me but I can be verbally abusive and manipulative with her and can't stop myself from playing mind games to get what I want. I have two younger sisters but because I'm the eldest in the family and supposed to be setting an example, I feel guilty that I'm letting them down.

I'm single and I don't have a job at the moment. Since I dropped out of school early, I've had a few jobs but they never stick.

I started smoking meth in my late teens because I fell in with the wrong crowd, so my health is now declining but I can't do anything about it.

I have an 11 year old daughter and we love each other to bits. Her Mum resents me though because of my habit and she gets scared for our daughter's safety and health when I have her. And because my Dad wasn't around very much she thinks I don't make very good father material.

My day revolves around trying to score meth, but I won't commit crime to get it. Under the surface, I'm actually a good guy with a good soul. I've just lost my way and harming myself because my family was urbanised and there's a lack of wider whānau support for me."

KAINGARO MUKA STATEMENTS

1. Getting clean and staying clean takes more than hitting rock bottom - it takes breaking the social connections that keep a kaingaro in the scene

"Sometimes hitting rock bottom is not bottom enough. I didn't have that moment of clarity, it was something that had been nagging me for months. I just told everyone I was going to do it, and they were like 'oh yeah'. And then they'd start turning up to see if I'd get on it. And I'd go 'nup'. And they'd go 'oh yeah'. Then they'd try again in a few days. And even the negatives, 'it's not going to last'. You know? 'I bet you're just holding out'. Stuff like that was going on."

"It was hard trying to do it on my own. He'd always be clean when he come out of jail but I wouldn't. And because I'd want him to get more, I'd be like 'here'. And then get



him high. Now, he's gonna want it. And that means I'm gonna get it because whatever he's got, I'll take."

"As long as I get through one day, I know I can get through the next. So, since Christmas I've been tempted, not tempted. I've had these druggies come in and out of my home, because they're family you know. I just don't turn them away but I've started lately to say, 'no, not here. If you want to do it, go somewhere else'."

"My sister, she's into the selling meth thing, you know. So, it makes it harder when she comes home, and she's got bags of meth. And she's coming straight to mine because nobody else will have her. The last time she was here, she goes, 'come on, let's go to the pub'. I'm like, 'nah'. She goes, 'don't tell me you're going through that shit again', and I went 'yeah, I don't want any', and she goes, 'they all come back, they all eventually come back'. So for that whole weekend I didn't have any and she was amazed. And when she left she said thank you, and gave me a hug, but to me it was just a fake, kind of thing, you know. 'You'll be back, you'll be back. We'll put a tick next to your name'."

2. There is an opportunity to create more supportive systems by moving away from punitive approaches to treating meth harm as a health issue

"When you think about the old wānangas that were up the valleys in the creek beds. That's how it should be done, to help them. Because it is a health issue, you know? And it needs to be dealt with that way. Rather than criminalising them. That's going to end up not being helped properly. Once they're in the prison system, they don't get the help they need."

"Legalising it? It's too early to say, they're going off overseas statistics where they've legalised it. Portugal mainly. There's zero arrests for it and they treat it like a health problem. You don't get arrested, you get a doctor's referral. They say it's working over there, but it's still too early to say yet. I'm not sure about legalising it. Decriminalising it so it's a prescription only sort of thing for the right people?"

"We sort of need something like a drop in so that people can pick up pamphlets, resources. They can see what options are there. A lot of them don't know about this Hope House. And then when I put them on to it, they get told there's an eight-week waiting list and dah dah dah. So, they lose hope. Because they've also got to have that buffer for those ones who are just trying to use it to stay out of jail or get out of jail."

3. Good, positive support systems are critical for kaingaro to get clean and stay clean

"Yeah, help me to help myself win over this damn meth thing, so that I can live my life with my children. I know it's not up to you's, it's up to me, but I need that push, I need that someone by my side."

"I've been on the ground for a couple of unfunded organisations that are fighting the meth problem in different parts of the country. We're winning the fight but it's going to be a long battle. I'm starting to believe we can't really eliminate it. It's been around too long. But we can lessen its impact, for sure. By bringing awareness to it and talking about my experiences."

"In my whānau, maybe 30 per cent of them? And think that's them for the rest of their life. But I know that what I'm doing must be working because their mokos are coming up and telling me how sad things are and wish they could get Mum off it and all that sort of stuff."

"If I don't get Janine, there's Steve, and if I can't get Steve there's Rob. If I can't get Rob

there's Donna. So I've got all these links. I just know that I need to reach out, when I'm in that situation that 'I'm gonna to go and get some'. Instead of going and picking up the phone and dialing the drug people, is dial the Help Me people."

"It just has to be highlighted that your fullas' initiative is working. The more our culture gets stronger, something like that is what will be that crossroad to come back to your tūpuna or carry on behaving that way. Because it's this moment where they've separated it from the system and you know it's not part of the system what's happening to you. I really appreciate what Whiria Te Muka's done for me. I think for Māori we hold our empathy quite strong."

4. There is an opportunity to move support out of government systems into the whānau

"I'm hearing from whānau that have talked about wanting to do detox and rehab, but they want to do it with whānau that they know. Not with strangers. And they want to do it on their hau kāinga, if they can. This is what they're talking about. But you're also got to have the right skilled people to help them. You can't just have cowboys like me that have got the lifestyle and come back from it. That's not enough. You've got to have those clinical people that understand that dopamine and stuff. I don't. It would be good to upskill our own whānau in the social welfare system, or in the health system. Upskill them to be able to come back and look after our people and treat them properly."

5. Kaingaro can be triggered by anything and the struggle to stay clean is always present

"Everything will trigger you. Everything. A colour of a letter box. A sound of an engine. You will have any excuse. Are you going to run from that? Are you going to run from everything? Or are you going to start facing this? That made me realise 'actually, I'm this person. I need to face it. I need to know that I can pass, those dealers can pass me here and I'm comfortable'."

"I've been with a lot of the firms up here for the last two years, have seen from what I was and before I started smoking again, to what I am now. It's horrific, it's like 'what happened to you'? It's like, 'well, I stopped smoking drugs like you said, and everything's just falling apart'. I can't keep up with anything anymore. I just want to shut myself in my room again. And today I still feel like that, but with their help, their nagging me constantly has made me sort of open my eyes to that. I can do this. I just got to get the thought off that I need that drug. But I still find it hard to clean, or go and do any sports with my kids, because I don't have the energy anymore."

"So this thing I had created when I moved up here to keep myself safe and be around good people, over lockdown it just slid away. So I do three counselling sessions at the moment. For the past 10 weeks. I do two a week for relapse, one for choices. And I do two urine tests a week."

"I've just been having a conversation this morning with a whānau member who sells it. And now he's saying 'it's hard cuz to turn away from an income like that'. And I'm saying 'look cuz, with those abilities that you have you could go make money legally. You don't need to do that shit. You were doing alright before it came along, you know'? Because of the foggy brain, that doesn't click with them. And if it doesn't click, they're going to shut it out. They're going to block it."

6. The pathway to wellness provides a significant opportunity for self- reflection

"I've been delving quite deep into me as a being, into my childhood, into the origins, the original seeds of these things that are in me that create these characteristics. I've been needy. I've been co-dependent. Wanting approval. Being sexually abused as a kid wasn't the worst that happened to me. Being beaten daily, knocked out daily, was. The timing of all this, of how the iwi caught me, it's all been amazing. For everything."

"For me anyway, I found it hard to do anything for free. Because, you know, everyone was doing everything for me for me to give. So then it was like 'well, you didn't do anything for me, so...' But then it wasn't like that in the beginning. But then it came to be like that. And it's hard to try and come back down to earth to who I was before that."

7. Living with meth is learning to live with grief, loss and loneliness

"And you lose your kids. You lose your family. You lose your friends because they all get left behind because they don't smoke meth. They don't want to join in on the 'fun ride' that we're on."

"That's what P does, it makes you paranoid. Bad, bad paranoia. Like I think I had one of the worst symptoms of paranoia you could have because of my activity that I used to do when I would smoke meth. I'd hop in my car and I'd drive to scary places. I don't know why. Something would drive me to do it. By myself. I'd drive to somewhere lonely and dark and I'd just sit there in my car and scare myself for hours. And then he'd come out to the gate and I'd be in my car going (breathes heavily). And then I'd go inside and close the doors and I'm looking out like 'someone's coming'. But it's the paranoia that grows on you when you don't sleep. So I used to not go to sleep."

"I did everything that he asked me to do. Again, being a crackhead and being a useless mother, putting your man first before your kids and all this crap that was instilled in me as a kid and I thought 'well, I could fuck it up and end up in CYFS'. And I was just always looking for approval from my parents."

8. High functioning addiction is the most dangerous form of meth harm as kaingaro can sustain a long term habit under 'normal' circumstances

"At the end of the day, that just made me a functioning addict where I had discipline for what I do. I'm 11 weeks clean. I've seen some of my work. I've wasted so much time. I see my work, I'm lucky to see 60 per cent of my effort, which is a shame. Whilst I've been functioning, I've never been completely honest with anyone about me being an addict."

"I was at art school, but I was already on speed and coke at that stage in my life. And then that stuff was introduced to me. But it was even introduced to me with haste and hazard and warning from the person that made it. Wouldn't let me smoke it. Promise me if I took it, just sniff it. And that would have been 25 years ago."

"I'd say meth is a female drug. I know more females that have in the long run maintained a lifestyle without getting so lost in themselves. But I also know old school men that have maintained 30 years on methamphetamine and still going."

B. KIRI THE WHĀNAU

Whānau spoke mostly about their whakaaro, or thoughts

CHARACTER DESCRIPTION

"My name is Kiri and I am a Mum of four tamariki aged 10, 7, 4 and 2. I'm in my 30's and was born and bred in a rural area outside of Kaitiāia. I moved to Auckland when I was younger, but moved back home to give my children a better life. We live on my family's whenua and our whare needs a lot of work. We're just getting by.

My current partner is the father of my youngest two children. He smokes meth.

The relationship between my partner and my eldest two children was good at first, but he doesn't get along with them as well anymore. This is something that causes me a lot of mamae daily, especially because we don't have any connection with their father.

We struggle financially because I'm at home with the kids, aside from taking my youngest two to kōhanga reo which I really love because it's giving me some guidance on my own journey to explore my taha Māori. My partner has had a lot of jobs but because of his addiction, he has trouble keeping a job. We struggle on a combined benefit and what assistance we can get from MSD.

I don't look after myself as much as I should because money is tight with my partner's habit and what pūtea we have leftover goes on the kids.

But I live for my children and I put them first, always. I want them to have the best life I can give them."

WHĀNAU MUKA STATEMENTS

1. Meth harm and its impact on family violence erodes the empathy of kaimātakitaki and causes conflicting emotions

"I know there's that whole 'not in my backyard' syndrome. And I always thought that people who subscribed to that kind of thinking were just ignorant or arrogant. Like they're walking around with their head in the clouds, like meth harm doesn't exist. But now that I see firsthand that it does exist, and it is in my own backyard, I'm really conflicted. Because now I understand why people don't want it in their backyard."

"I'm trying to understand how a whānau can seem to withdraw their awhi of their child who is lost to meth. That tough love approach. I'm trying to think, what if that was my son? Would I be OK to enable him, provide him a house, take his kids to protect them and then let him get on with slowly destroying himself and others? Probably not. But that's my own intuition. You never understand why people make the choices they do until it happens to you."

"I find it really hard to remain empathetic when I know that my neighbours are enabling the harm of heaps of people. I find it hard to separate my own judgements and loathing of their behaviour from my understanding of how trauma causes people to turn to drug addiction. Hate the drug, not the person. But that's easier said than done."

"I don't understand how my neighbour's whānau are dealing with this problem in their family. It seems like they have abandoned her to get on with her own devices and in the meantime disrupt all the peace and stability of our neighbourhood. I guess it's a tough love approach? But it's so grossly unfair on the rest of us who have to live with the constant flow of vehicles, knowing full well that something really dodgy is going on right next door."



2. Meth addiction is a vehicle for kaingaro to wield financial power and control over whānau

"I never had money because he always tricked me and I never had a phone. And if I did, he had to check it. He would reply to the texts and it was all shit. Do you know what I mean? But he was that paranoid because he used to hide. He would make me go and steal to pay his bills to his mum who was the crack dealer. Every day. But he was ticking up and she did loans for money. So, my bank card stayed with her for most of those years and that's why I am just learning how to use a debit card. And he would make his bill go sky-high."

"I couldn't leave the house without him. I couldn't leave the house without the kids. At that time, I never knew what it was and I just thought he was being a dick. That's honestly what I thought. I thought 'you're just being a dick, a selfish dick'. No because when you're on that stuff, you start coming up with all these different theories in your head. He thought I was going out rooting people and having sex with people and doing this and doing that. He also wanted to control, because Kaitiāia is my hometown, who I was seeing and who was saying what in front of me because he was on meth. Actually, all of them were on meth."

3. The behaviours of kaingaro can cause a culture of denial and deviance within whānau that is difficult to overcome

"I don't know how to help my whānau when they don't recognise that there is a problem to begin with. Denial is powerful and especially so once addiction and the constant mission to score drugs is just a routine way of life. I've never been one to impose my will on someone else's life but when I see my brother, who now has a degenerative illness that I'm sure has been impacted by his drug taking, I wonder. Is it too late to change?"

"If you were to say to me 'he's on the crack', I would have been 'nah, he's not on the crack'. He was also really devious too."

4. Whānau are in a powerful position to influence and support positive change in kaingaro's lives – but they feel voiceless and helpless

"I think that whānau have lost their voice in general. You see it every day. There is no respect for our whānau anymore. I'm talking within your own whānau. And those are the ones getting hurt, getting the most mamae and that's the saddest part. But I think in conjunction with the system. But let whānau lead. I think that might be a success."

"But I don't have that experience of a life as a drug user. So, I rely on others and they don't come out of the woodwork to support the kaupapa. And you can understand why they won't, you know. But there has to be a way to reach them. And we haven't quite found it yet."

"So, we started off with education. So, we had the team come through and give us the kōrero. And then the whānau voiced some of their concerns. So, the education side is OK, but it's not personal enough. It doesn't address what we do for our whānau."

5. Many people don't know what meth harm looks like until it's too late

"I had my partner's family tell me because I was expressing my concerns. I said 'how's Dad been? Something doesn't feel right with him'. You know your Dad. And they go 'he's on the stuff' and I go 'what stuff? You're going to have to be a bit more precise than that'. And they just said 'he's on the meth'. And I still didn't know what meth was. I just knew it was bad. It's that bad drug, it's that ice, it's that pong, you know."

"And what I thought was for alcohol problems, I'm getting was most probably for meth as well. Because I remember he came back from that trip with not one dollar to his name and now that I know what it can do yes, I'm guessing he got on to it at that stage of his life."

"My experience didn't truly start until me and the kids' father started separating. That's when I sort of started learning about it. You learn more as well and you go 'oh, that's what it is'. But before that, my father was on meth but I didn't truly understand what meth was."

"I look back on some of the behaviours since I've found out more and more about it and I'm thinking 'shit'. I used to think he was just being an arrogant party boy but I'm looking back on it now and I'm thinking 'maybe it was meth' because it was justified. Not justified, but some of it I couldn't believe he was doing. Like, how could you do that? But now it's starting to make a bit more sense."

"Now my eyes are open, I know heaps about the meth world now. And I've made it a point to know it now because I purposely avoided knowing that because I didn't want to know. But now I want to know what it's all about because my kids are in that. I want to be able to look at someone and say 'you're on the shit'."

6. Being a kaimātakitaki of meth harm exposes whānau to insider knowledge that sits outside of official systems

"The guy at the dump, just before the lockdown, gave me a little bit of meth education around 'do you know, I know who's using meth in the area?' And I said 'how do you know?' And he goes 'it's the amount of fizzy drinks that come out and get dumped at the waste dump'. And I said 'how's Whatas?' And he goes 'very, very high'."

"They say it's a women's drug and not a man's drug. Women can handle themselves on it. They don't lose sight of their children. Not all wāhine. But the majority of wāhine don't lose sight of their children. Or maybe they do eventually, but that's after a long exposure to it. I just know all wāhine that I know that do it, or dabble in it."

7. Whānau need to be educated of the warning signs and changes in behaviours in kaingaro

"I just knew something was very wrong. One, my Dad's never been an emotional type of person in terms of crying in front of me. I'd never seen my Dad cry up until this one visit and I thought 'what the f are you on?' I'd never seen my Dad cry, no matter how drunk he was. And so that was one alarm bell, seeing him emotional a few times I was here. I was thinking 'oh, that's not good'. Two, he was up and down. One minute we were laughing and the next minute, he'd be really angry or he'd be in a real grumpy, real dark angry vibe. No danger to me or anything like that but you can just sense when someone's not in a good space."

"I bought my house three years ago and it has been a total refuge and peaceful space for me in that time. The mauri of my house has been contaminated since new neighbours arrived a few months ago. My own suspicions and what I know of the whānau is that they are dealing meth. There is a constant stream of cars coming up and down the driveway, they stay for a few minutes and then leave. I don't want to sound judgemental but some of the people driving the cars look rough, unhinged."

"So, she got him clean. That was, I suppose, my first experience of the effects of meth, how it can change a person so quickly. But still didn't think twice about it really, just knew my Dad wasn't well."

C. MERE THE KAIMAHI

Kaimahi spoke mostly about their ārai, or challenges and opportunities

CHARACTER DESCRIPTION

“My name is Mere and I am a social worker based in Kaitāia. I love my mahi. I’m in my 50’s and I have five adult children and 12 mokos. Three of my children are pai and settled, but two have had some problems in their lives that they need a bit of extra awahi with.

I live on Lake Road in Kaitāia and I have an open door policy in my whare. Anyone and everyone is welcome, there is always a kai and a bed. But I won’t tolerate alcohol or drugs in my whare. However, I enjoy a sneaky smoke with my cuppa tea because it’s my only vice.

I graduated from the school of life and I have rich experiences that help me in my work. I’m driven by my heart and a genuine passion to help people and make change. I want to make a difference.

My husband is my pou and we met young. Even though I might appear to be the boss, he’s my backbone and my source of strength. He has worked at the mill for a number of years and has stable employment that has enabled us to raise our children.

I’m very connected to my marae, my hapū and my iwi. If I am not in the kitchen, I am usually the kaikaranga for our marae which is a role handed down to me from my mother.

I have some health issues with my heart and diabetes but I am far too busy looking after everyone else to deal with that. I’ll be OK.”

KAIMAHI MUKA STATEMENTS

1. There is an opportunity to mitigate the negative impacts of long-term meth use through preventative education strategies with young people

“It can be fixed. I remember in the early days, no one wore a seat belt. McDonald’s talked to the kids. Tell your parents to make it click. Everybody wears a seat belt now. But the children taught the parents. Maybe that’s the education we need to get out in the schools.”

“All colleges around the north and around New Zealand are asking for more counsellors because of that mentality of working out problems isn’t instilled into our teenagers at the time.”

“In Northland, the use of methamphetamines is four times higher per capita. This highlights the need in our community to change this trend, and we believe it starts with our young people.”

2. Ako-based practices that enable reciprocal learning are effective in building healthy kaimahi-kaingaro relationships

“It’s just about listening to our people. What’s going to be the best for you? What do you need, because I don’t know. You’re the expert in your life, not me.”



3. Intergenerational harm creates the normalisation of negative behaviours in children and compromises their values and beliefs for their future

"Our children are learning things they shouldn't, seeing things they shouldn't be seeing. And when they're young, they're just soaking it in. And if it's a bad upbringing then their lives aren't going to look very happy. They're going to be a bit bleak, unless they get someone that comes in and changes that belief or that thought."

4. Macro systems contribute to and sustain socio-economic deprivation, which in turn impacts the self-efficacy and autonomy of the whānau

"What's a preventative? The governments don't supply that currently. In fact, quite the opposite. They give people money for free. They allow the dole to happen, which is the biggest motivator to not get a job. We're struggling for housing so all the money they get on the dole goes on their rent. We're struggling for food. So my way of thinking is the government's causing all this stuff and then trying to play band aid with all of these things."

5. The tough love approach contradicts parental instincts and values that may influence the whānau's ability to draw a line in the sand

"It comes to tough love in the end. They just have to kick them out. So many you hear, they come back. They keep taking them in, give them some money."

"There's a lot of people that have that 'no narking' idea and it's a call to us individually to reflect on where are we part of the solution and where are we part of the problem."

"It's empowering that person to say no to the other person, even though he is family. Even though he's a brother or a son. You have to think of the others in the house."

6. Best practice is that which acknowledges the mana of the whānau and upholds their voice

"Our reports go up to try and mitigate factors for sentencing. One of the lovely things about writing these reports is quite often we give lawyers grounds for appeal. Putting the human back into it."

7. Success in preventing relapse can be directly related to a supportive, safe environment

"We use places like detox. It's entirely up to them, but our hapū Māmā has a priority. And that's a good chance for them to detox and also gives baby a bit of a break. They can start working on their strategies and getting their recovery plans together but look at other options, because at that time they're thinking a lot more clearly. Out of the whole environment, influences, temptations and sometimes we can look at that from detox, they can think about rehab or other options they can go to."

"So the irony is that they get clean in jail, they have to go cold turkey. It's nasty. And so they come out and most of them explicitly expressed that they want to remain clean. Some of them have to completely change their environments. They have to move, because they're associating with whānau or friends that are doing P. If you are an addict and it's everywhere, there's only so much you're going to take. So a lot of the people who want to stay clean have to actually pick up their life and go and move somewhere else to get that fresh start."

8. There is a lack of resource and capacity to support kaingaro within the system, which is impacting negatively on the health and wellbeing of practitioners in this space.

"I have a caseload of 25. I've never been under 25. It's often almost double that. I'm still working with people after three years, and I'm not supposed to. So it's not healthy for me to be in that space. You can only help who you can help. It's just the caseload. If I'm not looking after myself properly, I'm going to get worn down."

9. Kaingaro can often engage in a high degree of risk-taking that may impede positive, transformational change

"Everybody knows right from wrong. If you say 'that's an electric fence, touch it'. 'Don't be silly'. They know right from wrong. But some people will still touch it for the fun of it."

10. Practices founded in Māori knowledge provide opportunities to engage kaingaro on a more meaningful and effective way

"I work on the maramataka. So, assessing what season they're in, because every season has different mahi. So if you blanket it with a certain modality or way of thinking, then are you doing the best mahi for that person in that season? For me, in the way that I practice, I don't believe we are if we're just treating everybody the same."

11. Whānau are often reluctant to see external support due to past negative experiences and a lack of trust

"A lot of families stood up and said 'my son, blah blah blah and so and so is selling it, or he's cooking it blah blah blah' to the police. And the police only did a raid after about five months and collected a few people. But there's still a lot of people out there selling it. And the community called another meeting at the hall and said 'yeah, but I said this to the police four, five months ago and he's still selling it'."

12. Strategies and interventions can be effective if they offer a suite of variable solutions depending on where a kaingaro sits on the spectrum

"Getting the psycho-education that you need as a community to be able to pass that forward, those basics can be integrated and woven into anything that works. Whether that's tailoring that to a certain age group, whether that's bringing in kaupapa Māori, whether that's doing something more visual because that's what your population need. It's quite diverse. One day, I was asked to turn up for six hours and just go with the crowd. So that was a challenge because you don't really know what's going to come out of that. But other people want something really structured."

D. STEVE THE PIRIHIMANA

Pirihimana spoke mostly about their mahi, or what they do

CHARACTER DESCRIPTION

“My name is Steve and I’m a Detective Constable-in-training with the Kaitiāia Police. I’ve been in the Police for 12 years, working mostly on frontline. I was a builder before I joined.

I’m single but am currently dating a nurse from Kerikeri. I have two kids, aged 17 and 14. They live in Te Hiku as well and I have shared custody with their Mum; we have a good co-parenting relationship.

You could say I’m a bloke’s bloke because I play rugby, dive, fish and surf in my spare time. I love that Te Hiku vibe.

I’m Pākehā and was brought up here. My family is really well known and I have some experience in meth harm because my brother has been on it before and I have a couple of cousins who are on it too.

I keep myself fit and healthy and my main motivator is a deep sense of justice. I believe in right and wrong and I struggle with empathy with some of the families we work with because I can’t understand some of the choices they make.”



PIRIHIMANA MUKA STATEMENTS

1. Collaborative approaches that blend policing with community-based education are effective in reducing and preventing meth harm-related family violence

“Te Ara Ōranga is a joint partnership between Police and Northland DHB utilising three main NGOs – Salvation Army, Ngāti Hine and Odyssey. How it works is they have specialist clinicians in each area, one in Whangārei, one in Kaipara, Mid North and Far North. The idea is that those clinicians are supported by a pou whānau connector in each of the areas as well.”

“The DHB also, as part of Te Ara Ōranga has an educator. Their role is to not go out and look for work but to be invited to agencies, marae and community events. They provide education that the community want around methamphetamine to help whānau, what to look out for in a work place etcetera and also to tell people what services are available through the DHB and the NGOs and all about what the police are doing about it as well. Sometimes there are educational presentations, but where it’s appropriate and as much as possible, we’re going along with them and then we can give them a bit of face to the policing in what we’re doing as well. Those have been carried out at a number of marae around Northland but obviously there’s still a lot of work to do.”

“The DHB have what they call a matrix pick and mix which is part of Te Ara Ōranga and it’s a relapse prevention group or early recovery group or whānau support for users. So by signing their referral or accepting one, they’re not actually admitting they’re using meth at that time anyway. There’s ways of encouraging people to sign the form, letting them know ‘you’re not admitting to using yesterday, before or right now. This is about you having that connection there when you do want it’. And they’re more inclined to sign it that way than if they know they’re not just signing their life away as being a current meth user.”

“So they’ll sign it and then that will go off to our team who will then connect with health. But there’s a whole area where we’ve literally struggled to keep up because of volume but I’ve personally had ones where it wasn’t meth related sort of thing. If there’s a family, I’ll give my professional thoughts on what I think, it’s all about them and what’s

going on and maybe some recommendations relating to that and send it off with our consent from that person and that team will make a connection. But they're a lot more rare. It's a lot of time to do that with the volume we're dealing with, to raise that bar and prioritise it."

"Every week in the Mid North we have another group get together and this is what includes the NGOs so it's got Ngāti Hine and Ngāpuhi and a couple of the other rūnanga from around the different areas across the Mid North. So not going into the Te Hiku area and they take a bit of a look more into some of the more at-risk families. So they're not looking at it from an immediate risk like my triage table is. They're looking at it more from a 'what can we actually do to try and support this whānau and get to the bottom and have a look in'. And they come up with some long-term solutions."

2. Police play an important role as a conduit between the kaingaro and support services

"Our team is also part of educating all of the police in the districts as well so that they can do referrals. We have a hard copy referral form that any officer can put through. You can imagine, communication wise, it's a constant reminder for all staff that they do that and follow those up."

"Where there is mention of meth in the family harm incidents, those reports come through to our office and we do some follow up visits to those. An email with a link comes to our team that there's somebody that's been identified in that family harm episode as using or one of them is currently using or both have. Off the top of my head, say in the last year, about 140 family harm episodes were referred on to us and from those we've got about 50 meth harm referrals. So they're really good positive follow ups."

"We're trying to push that referring through to other agencies when you think that there's something that's going on. We're trying to push that. Have you heard of the AWHI app? We're pushing that more as well. I've got two kaiāwhina employed at the moment in my team and so I'm using them to push the training on that a bit more so that we can try and get frontline guys using that more and more and that's about getting referrals out to help with all sorts of different stuff."

"There's a few things that we can do. Initially they would make a few referrals. So we've got a couple of meth detoxes that we use. There's one over in Dargaville, there's also one based at Ngāti Hine over in Paihia which we can access pretty readily. We've also got Ngā Puna Waiora in the community who do some wraparound stuff. It all depends on their kind of level of meth use as to where they go, but there's certainly a lot in that realm and absolutely in the Mid North that we've got."

"So they are told that anyone that they come across, whether it's a vehicle stop and they've found a meth pipe in the car and going to put them on their way, or the complainant from family harm, complainants from any type of robbery to stand over things, anyone at all. Te Ara Ōranga is about referring anyone that comes through the door. Witnesses, complainants, anyone that needs help."

"Where we have been successful in some ways, people do generally know that we're not doing this for ourselves. It's not an income gathering thing. It's connecting with you and getting you help. No information comes back to us, it's normal patient confidentiality once that referral's done. It's just a one way, pointing in the right direction. There are no benefits for us at all."

“Yeah, literally looking at the safety of the whānau, risk to the organisation, anything that we can do right now and then to help that family and then we make the referrals through to Victim Support, Women’s Refuge, if it’s a health related matter. So if it’s mental health-related it might be that our health rep is at that table will make contact with the mental health nurse that’s working with that patient and just let them know what’s happened. We only have Crown. So we’ve got the Northland District Health Board, Ōranga Tamariki, Corrections and Police. So we don’t have NGOs as part of that process for the daily triage table that we run.”

3. Being at the point of family violence is a critical opportunity for police to undertake initial engagement and open conversations with kaingaro

“Even if we go to see them and they’re happy to talk about their use we try and gauge where it’s at so that we can put the details on the referral. Sometimes they will just downplay it or they don’t want to talk details about their use to us anyway. We’re there to facilitate the referral and to get them connected with a clinician. Some of them are very open about how much they’re using and when they last used, which is really handy to know. So that’s all at the time of the 5F and they’re just very generic. And for the officer that put together that narrative, that’s read out at triage and that’s all we really need to go along and see them.”

“But we’re in a real good spot to be that first lot and that’s why your triage table is important because you’ve got that opportunity. No-one else is coming to that family at a raw moment like a 5F that has the opportunity to see what the underlying driver might be, if it’s meth abuse or whatever. But we’re there. Not saying we can fix it, not saying we can quantify it but what we can do is use that proxy indicator as such and either refer through to our meth harm team to have a deeper look or to an external agency to have a deeper look with no harm in really doing that.”

4. Meth harm is difficult to identify as a trigger to family violence because people are reluctant to disclose

“It’s a different beast, meth obviously, with a lot of things. Because unless there’s a point bag sitting on the table when we turn up they’re going to be very reluctant to talk about methamphetamine with a police officer. Unless it’s with an after-response with our guys or after-response where we’ve referred. So going back to the meth harm team, we’ll know that they’re on methamphetamine and we’ll go ‘hey do you want a hand, we’re not going to lock you up or anything. You’ll get a phone call and we’ll go from there’ sort of thing.”

“Even if we go to see them and they’re happy to talk about their use we try and gauge where it’s at so that we can put the details on the referral. Sometimes they will just downplay it or they don’t want to talk details about their use to us anyway. We’re there to facilitate the referral and to get them connected with a clinician. Some of them are very open about how much they’re using and when they last used, which is really handy to know. So that’s all at the time of the 5F and they’re just very generic. And for the officer that put together that narrative, that’s read out at triage and that’s all we really need to go along and see them.”

“So essentially if we arrest somebody, we have a form in our custody suite that says how are you going with your meth addiction? And if they’re like ‘I’m terrible’ we can say ‘do you want some help? Sign this form’ and then we send that away and they contact them and they start doing some stuff directly with them. But obviously that’s again

at the end of the iceberg. Our team are actually asking those questions quite bluntly. How's your meth use? Just like how's your alcohol use? Because it's becoming that normal."

"The other way we find out is through health. Because quite often they'll be like 'oh he actually self referred for meth through alcohol and addiction services'. He's already referred himself but he's reneged or he's halfway through the programme or whatever it might be. But we've got no idea from the police system. But that will get entered into that occurrence."

5. The point of triage offers the opportunity to delve into the whakapapa of family violence through a holistic, collaborative lens

"It's easier for us to see it though sometimes because when we do that triage we don't just look at that one incident. We look at the history of the family so sometimes we'll look at it and we'll go he's got history here where he got caught for possession of meth and then there was this domestic where they had no money for food and now they've got this one where he's potentially assaulted his partner but there's no complaint. And we'll still put a meth harm referral through for that."

"I cover the whole of Northland. And my main priority is looking after family harm from a District lens. So, looking at it holistically. That means that we look at every single family harm occurrence that happens in the last 24 hours. And we look at it from a risk point of view to the organisation and we make referrals from that what we call the triage table out to other organisations like Women's Refuge."

6. Alternative justice pathways are commonplace in the meth harm space, although the success of reducing and preventing family violence is inconsistent

"Te Pae Oranga is an alternative to court. It's a community justice panel. So normally iwi reps are on there. So I lock up Jordan for possession of meth. He will go through and he's a first time offender. I feel sorry for Jordan and he's actually showing a really good attitude and has said all the right things. 'I want to fix myself' and blah blah blah. 'OK Jordy, well what I'm going to do is I'm going to give you a once in a lifetime opportunity, we're going to do the referral to Te Pae for you and then, good luck. I'll leave it there'."

"So in the past you'd see an arrest for the dealing and it would all go to Prosecutions for the Crown and you don't see them again. We have a lot more ongoing contact with the people after arrest. If they've done a referral and they're working with a clinician or they're waiting for rehab, we will consent to variations for bail so that they can do their counselling for treatment and then go to a residential programme if they need to. So we've still got normal diversion and the diversion process. We just have to use all the tools in the toolbox that we can find."

7. Proactive policing practices are effective in maintaining relationships with kaingaro and preventing further meth-related harm

"Other than going out to see those family harm people after an incident, we do cold calls on people that have come to our attention as meth users or they have really come to the attention of police. That might be by way of Crimestoppers information or information about somebody or a house. If it didn't reach the threshold for an investigation or a warrant, then it would get filed. If we can see those emerging, we go and see the people and say 'hey you're on our radars, what's happening?' and offer or tell them about other alternatives and try and talk about referrals but also let them know and try and discourage and intervene."

8. Police work with high volumes of family violence incidences primarily in risk management which can affect their capacity to accurately identify meth harm

"Monday just been, we had 88 files to go through. Yesterday was 22. So really it can fluctuate quite a bit but we don't work over the weekends so Monday's always really busy. We always have up into the 80's, 100's."

"Within that, risk management, we're pretty good. So Erena and Beau were having a fight, whatever that might be, and you've been severely assaulted, we'll take care of the immediate risk around that ie go and find him or her and lock that individual up. And so that will mitigate the risk a little bit for you and make it a little bit safer for you, particularly if they're in custody. So we're pretty good at that part of our business. But sort of beyond there, we're OK. I wouldn't say we're super awesome."

9. Effective and sustainable approaches in practice require thorough and regular case management and review of information

"Every two months I get to audit a selection of family harm files. So that's 20 done bi-monthly. And so we're just looking at some commonalities there around some issues. I suppose if I was just to delve back into that, what do I see there. Often what I see there is a reasonably good effort of getting good information from people providing us with a platform where we can move in and do some stuff."

"So Jordan gets caught with meth. He gets referred to Te Pae Ōranga. At that hui there, there are a number of outcomes that he has to complete. And that could be to engage in a meth harm reduction type programme. It could be some community hours. There's some tight time frames over how long they've got to do that. So they've normally got around six to eight weeks. Some of the longer stuff, we will keep the matter open longer. If we can engage them within a detox or a rehab within six weeks, but they're 12 to 16 weeks long. So my facilitator for Te Pae will keep that open until they've completed. And, say for example there's tight time frames around 'hey look, you need to engage with Ngāti Hine around a meth rehab'. If they fail to engage within the set period, I'll refer that back to the officer in charge of the case with some notes around 'failed to engage, please proceed this matter through court'. And then I'll put a blurb to put on the prosecutor's notes, just to around this participant was afforded the opportunity to go through Te Pae Ōranga but they failed to engage' just so it gives some understanding that we've tried our best before it goes to court."

10. Reducing and preventing meth harm-related family violence requires a high degree of investigative police work due to the clandestine and stigmatised nature of the drug scene

"They also come to our attention. So what happens is also in a normal police investigation in the past, when we identify the drug dealers and we still do that through some of the old-fashioned way through text messaging and so forth, rather than just working on the dealers and arresting them. We identify the people that they've sold to and we follow up with those people and visit those people as well and say 'hey, you've come to our attention. Again, we're not here to arrest you or do a search warrant, we're here purely to let you know that these are the people you can talk to'."

11. Police need to be aware of the signs and symptoms of meth use where disclosure isn't forthcoming

"Specifically around meth, the attendance. Unless some of those frontline cops know the people they're dealing with previously for meth use or something in that world,

it almost won't come through on a 5F form unless its specifically stated from those people in terms of the Eyes Wide Open stuff. Or they previously know of the ones that use it. And going back to that Eyes Wide Open stuff, when I'm training staff around the noting side of things I push hard about police officers just say whatever they feel or think's going on. Say with the light bulbs and that, it's not said to you that they're using meth, we don't know that they use it but they're actually stating that through the report because I can have some visibility around what might be going on."

"The training package that they are given is called Eyes Wide Open. Not going obviously with the blinkers on and trying to look is there food in the cupboards for the kids, are there lights missing from the ceiling where there should be lights, is that a potential indication of meth use, what state is the house in, not listening to what they're saying but also are there any other cues that they might be given."

"But for the most part, it's still that taboo thing that even if you find a pipe on them, it's like 'no, it's not mine'. And they just haven't got to that point where they see it as a problem. It's just their way of life. It's just the norm."

12. Police are noticing an increase of meth use by taitamariki

"The thing is, it's definitely a bit of a grown ups' drug but it's becoming more and more normal for younger kids. But the hard part for us is we could only get the numbers around charges or what we call a pre charge warning. As soon as you fall below – so our youth is under 18 – you go below, you go into youth court and it's a really hard process to charge a kid through youth court with possession of a glass pipe."

13. Police are supportive of improvements to current means of meth testing

"We generally get those conditions put on people who are supplying methamphetamine saying you will not smoke or whatever, methamphetamine, as a condition. So that will be a release condition or a probation condition and then that's when we can align it up with our testing as per legislation. Whereas attending a 5F, there's no way. You just can't do that. I don't think there's much point. If it led to a family violence offence where he's hit her or she's hit him and she's been charged and it's gone through the court and out the other side. I think there's room to improve there around getting those conditions because then we can test them."

"So we don't lay the full amount of charges that we could lay. We keep it limited and then we have ongoing consultation with the lawyer. I also set up the drug testing for people on court bail here in Northland as well. We can go back and we can use that as an enforcement and prevention as well. It's obviously another incentive for them 'hey, you know while you're on bail you can be drug tested. That's going to happen'."



Emerging themes to bind solutions

Only by going through the stages of whakapapa, understanding the pā, hauhake, hāpine and patu kōmuru can we address the first part of our research question:

How might we understand the landscape of meth harm in Te Hiku so that we might reduce and prevent its impact on family violence?

When working with muka, the miro process is about binding together pieces of muka to create a stronger, more durable rope that will make our creation more sustainable.

In terms of research and design, the miro stage is a two step-process. Firstly, collaborating for collective impact and then bringing together diverse contributions for added potency through ideation and co-creation. In other words, we are taking the insights and learnings, looking for the similarities and alignments between the ideas and lifting them up in a thematic analysis that provides the basis for solution design.

Combining the muka of our kaingaro, whānau, kaimahi and pirihiimana, there are five overarching themes that stand alone as themes within their own right or crossover to create a korowai of potential solutions.

1. WHĀNAU EMPOWERMENT

Kei te kapo o te ringa te ao. Our tūpuna legacy is within us.

The whānau is our oldest and most fundamental institution as humans. It would then serve that a challenge that exists within whānau would find its solution within whānau. However, in the meth harm and family violence space there are a multitude of complex barriers that are preventing kaingaro and their whānau from finding landfall and healing collectively.

The nature of addiction and its associated behaviours have eroded relationships within whānau and mistrust, abuse, fatigue and a sense of helplessness have become common by-products of the meth cycle. Although whānau would logically be the first point of call in a kaingaro's support environment, they are struggling with their own conflicting thoughts and emotions.

Specialised support within the Te Hiku system for whānau of kaingaro is severely lacking and whānau navigate the system with a certain degree of naivety as outsiders to the meth scene. They are either unaware of what supports exist or reluctant to engage for fear of their loved ones being charged and imprisoned and/or children being taken into state care. It is fair to say that the punitive, criminally-focused system response to meth harm has created a culture of gatekeeping and secrecy, with whānau protecting whānau.

Whānau also feel voiceless, unheard and consequently powerless with the perception that decisions are made for them, as opposed to with them.

And, if kaingaro are successful enough to undergo rehabilitation and detoxification, the whānau can be bewildered and confused in their interactions with the kaingaro and may not know how to adapt and adjust to new relationship parameters.

These issues, and more, have been consistently highlighted throughout our research and we would seek to design solutions that address the rebuilding and empowerment of the whānau unit.



2. SERVICE AND SYSTEM CAPACITY

Mā tini, mā mano, ka rapa te whai. Many hands make light work.

Our research has highlighted that the capacity for service providers to support kaingaro in Te Hiku – let alone their whānau - is considerably compromised and less than what is needed.

As an example, kaingaro who wish to undergo clinical rehabilitation at Te Hiku's only rehabilitation residential centre must complete an eight-week commitment programme prior to being admitted as one of the 20 placements available. Otherwise, they are placed on a waiting list to undergo treatment in the two other nearest rehabilitation centres, located in Kaikohe and Dargaville.

Clinical treatment for meth addiction with the Te Ara Ōranga programme – the partnership between the NZ Police and the Northland District Health Board – is funded and capped at 25 clients at any given time. Parents with addictions can access a service with Te Roopu Kimiora – the Child, Youth, Adolescent and Mental Health Services arm of the Northland District Health Board in Kaitiāia. However, this service only has capacity for 13 clients. And so forth.

Although there was a \$2 million injection in 2020 in Te Hiku through the Provincial Growth Fund for Hope House and Ngāti Kahu Social and Health Services, our research has highlighted that the demand for health and social services for kaingaro and their whānau is still high in Te Hiku.

Furthermore, the programmes and services that exist are based on models of practice that aren't necessarily conducive to effective whole-of-community treatment. There is also a significant absence of mātauranga Māori and environmentally-embedded approaches.

There is the suggestion that we need to increase and redesign the services and supports that are accessible to both kaingaro and whānau in Te Hiku. Services available need to address the whakapapa of meth use and provide alternative approaches that complement the existing mahi that service providers are delivering at this time.

3. SOCIAL ENVIRONMENTS

He waka eke noa. We are all in this together.

One of the strongest themes that emerged from our research was the impact of social environments on the perpetuation of addiction and potential for recovery for kaingaro. It was widely acknowledged that there is no rhyme or reason for the multiple triggers for meth use, but one of the most common denominators is that triggers are heavily embedded in the social environments that kaingaro engage in.

Environments can comprise of people, time and space and it is critical that these elements are concretised in safety for a kaingaro to get clean and stay clean. The social environment is what supports the normalisation of meth use and associated deviant behaviours. It creates a sense of camaraderie and belonging within a clandestine culture. Social environments and interactive relationships can also support intergenerational harm through the easy accessibility and availability of meth.

In a macro sense, the socio-economic systemic influences also have huge bearing on a kaingaro's use of meth, particularly in the areas of housing, employment and education. In short, when we lift the gaze beyond the interpersonal experience of drug addiction and one-on-one interactions in social settings, we understand that the way in which systems, legislation and policies are structured have just as much bearing on ongoing addictions as the availability of methamphetamine.

Therefore, there need to be more opportunities to design and implement services and programmes that can penetrate the micro and macro environments and support a network of positive influences in the lives of kaingaro.

4. EDUCATION

Ko te manu kai i te miro, nāna te ngahere. Ko te manu kai i te mātauranga, nāna te ao. For the bird that partakes of the miro berry, theirs is the forest. For the bird that partakes of knowledge, theirs is the world.

Education in the meth harm and family violence space was widely touted as both a responsive and preventative tool by all four groups of kaikōrero.

For kaingaro, it was about taking up opportunities for self-education and self-reflection while retaining their mana and directing their own pathways back to wellness. For whānau it was about the need for education on the warning signs of meth harm to be able to pre-empt and disrupt meth harm. For kaimahi, education was around the role they play in disseminating and tailoring the right kind of information and service for kaingaro and their whānau. Kaimahi need to be able to hit the mark in their engagement with kaingaro and whānau to meets their needs in a process of ako, or reciprocal learning. And for pirihiimana, our research showed a critical need for frontline police to be able to identify meth harm when it is not disclosed. More targeted education is also needed for pirihiimana to nurture trusting relationships with kaingaro and then refer them on to the appropriate supports.

5. METH HARM PREVENTION

Mā te rongo, ka mōhio. Mā te mōhio, ka mārama. Mā te mārama, ka matatau. Mā te matatau, ka ora. Through listening comes awareness. Through awareness comes understanding. Through understanding comes knowledge. Through knowledge comes wellbeing.

There was a general theme from our research that meth harm and family violence in Te Hiku has inundated all health, judicial and policing systems. What scant services there are on the ground struggle to keep up with demand and there is wide consensus that the system is continuously 'failing' whānau.

We identified that there is a significant need for a shift in focus from reactionary and responsive approaches to preventative and pro-active approaches. We need to get in front of meth harm before it happens and spills over into family violence.

There are numerous opportunities in this space, particularly in the design and innovation spheres of influence, to invite collaborative solution seeking. The prevention space is essentially where all the previous themes of whānau engagement, service and system capacity, social environment and education converge.

For example, there may be an opportunity to empower the whānau, particularly young people, and build positive social environments by resourcing more services that work with the loved ones of kaingaro, with a specific focus on preventative education.

For pirihiimana, more preventative approaches can be introduced at a multitude of points, from deployment to whānau harm incidents to triage to alternative justice pathways to policy to building more community partnerships.



Patu Kōmuru

Our top six muka statements

The Patu Kōmuru stage of our methodology process is when we allow time to reflect and revise the data that has been through the hauhake, hāpine and miro stages.

We ask ourselves, is there consistency? Is the quality of the data that has been harvested and stripped back of a good enough quality to work and design with further down the track? Is there balance and harmony in the information we have gathered and bound together?

This stage is also when we refine and crisp our intent as we zoom into focus on where our energies are best placed to generate change. Here, we looked across the miro of kōrero from our four avatars and overlay them across the five main themes that have emerged.

We have then arrived at the top six muka statements from the entire research.

The muka that follow correspond the most with our themes of Whānau Empowerment, Service and System Capacity, Social Environments, Education and Meth Harm Prevention, providing us with a starting point to prioritise which parts we should be moving into action.

1. Success in preventing relapse can be directly related to a supportive, safe environment.

- Kaingaro told us about the intense pressures they feel from their social environment and whānau to use, adding the only way to stay clean was to move away and start again fresh.
- Whānau told us that, while supportive in principle, they generally feel powerless and helpless in reality to awhi kaingaro in the recovery phase.
- Kaimahi told us of the frustrations of working with kaingaro who are on a trajectory to relapse because of systemic failures in the wider environment.
- Pirihihi told us about wanting to move into a more proactive space by connecting in to support whānau in meth harm prevention, irrespective of their involvement in reported crime.
- The literature will talk about the environment being conducive to concealing and normalising the behaviours of kaingaro, who are likely to continue to be engaged in their default social settings.²

All findings point towards a supportive, safe environment as a significant player in any intervention or approach.

2. Living with meth is learning to live with grief, loss and loneliness

- Kaingaro told us about choosing meth over their loved ones, accepting the relationship ties being severed by their choices.
- Whānau told us of the emotional hardship of being kaimātakitaki to the harmful behaviours of kaingaro in the meth harm cycle.
- Kaimahi told us about the ethical burden whānau carry to weigh up the needs of the

² Baskin-Sommers & Sommers, 2006

kaingaro against the rest of the whānau, often making divisive decisions that impact everyone.

- Pirihiimana told us about the impacts of choosing not to disclose meth use at the point of whānau harm, and subsequent effects on a kaingaro's mental wellbeing.
- The literature will cite kaingaro as being more at risk of a variety of psychological problems, including poor self-esteem, depression and anxiety disorders, interpersonal and sexual relationship problems.³

All findings point towards an approach that acknowledges the potential mind set and emotional state of kaingaro, urging an approach that upholds empathy as a key principle.

3. Whānau need to be educated of the warning signs and changes in behaviours in kaingaro

- Kaingaro told us what it's like to be a 'high-functioning' user of meth, operating in daily society amongst people oblivious to the reality.
- Whānau told about the shock of finding out about their loved ones' addictions. Kaimahi told us about working with kaingaro and numerous challenges, including being alert to any changes in kaingaro behaviour.
- Pirihiimana told us about the difficulties of detecting meth harm where it's not disclosed.
- The literature will talk about the clandestine nature of the meth industry and the associated secretive behaviours of its participants.⁴

All findings support an educational component to approaches to help people around kaingaro identify meth harm when it is present.

4. Macro systems contribute to and sustain socio-economic deprivation, which impacts the self-efficacy and autonomy of the whānau moving forward.

- Kaingaro spoke of punitive systems that hold whānau and meth harm to a deficit-based justice space, rather than shifting approaches to look through a restorative, health lens.
- Whānau told us about the bewilderment and frustration navigating government and non-government services and supports.
- Kaimahi told us about the lack of preventative system approaches, articulating one that sets whānau up to fail.
- Pirihiimana spoke about their role as the public face of a Crown agency partnership in Te Ara Ōranga and its impact on whānau moving forward.
- The literature highlighted the impacts of systemic violence perpetuated in the activities of the drug industry.⁵
- All findings identify a need to lift the gaze to the macro influences that contribute to the prevalence of meth use and family violence.

³ Cohen et al., 2003

⁴ Wilkins et al., 2004.

⁵ Johnson, 2010.

5. There is a lack of resource and capacity to support kaingaro within the system, which is impacting negatively on the health and wellbeing of practitioners in this space.

- Kaingaro spoke of the difficulties in accessing Te Hiku's only residential, rurally based rehabilitation service.
- Whānau spoke of lack of whānau-based supports and service providers that work specifically with whānau of kaingaro.
- Kaimahi spoke of being inundated with demand and suffering burnout as a result.
- Pirihiimana spoke of need for police to be connected to external based support services and lift up their referral processes.
- The literature highlighted the cost of illicit drug activity to the NZ health system alone to be in excess of a billion dollars.⁶

All voices identify a need for more resource and capacity in Te Hiku to alleviate the stresses of existing kaimahi and provide more options for kaingaro and their whānau to recover from meth harm.

6. Practices founded in mātauranga Māori provide opportunities to engage kaingaro in a more meaningful and effective way

- Kaingaro spoke of mātauranga Māori-based tikanga that resonate with the recovery process.
- Whānau told us about the potential of kōtahitanga and mahi tahi as operational principles to move communities to action.
- Kaimahi told us of the tangible lack of mātauranga Māori in drug and alcohol programmes contracted to service providers in Te Hiku.
- Pirihiimana talked to us about the value of working collaboratively with iwi and sharing information in the whānau harm space.
- The literature talked about the high prevalence of meth-related arrestees who identified as Māori and would benefit from more culturally appropriate and response interventions.⁷

All voices acknowledge the role of mātauranga Māori in the design and implementation of approaches to the reduction and prevention of meth harm.

Of all 41 muka statements that emerged from our analysis of all kaikōrero voices, the six above have emerged as significant starting points for designing and implementing both proactive and responsive systems solutions.

⁶ Johnson, 2010.

⁷ Wilkins et al., 2004

Whatu

Weaving systems change

The last part of our methodology is the whatu – when we start to weave a sustainable and durable taonga and make recommendations for systems change.

This is when we take all that we have learned from our rich research to design and implement solutions to our issue, either on a micro or macro level. Or a combination of both.

The whatu stage is where we have so far landed in our deep dive research into meth harm and family violence in Te Hiku. In terms of our original research question, we believe we have achieved the first half, which is to understand the landscape of meth harm in Te Hiku.

The second half of our challenge, to reduce and prevent the impact harm on family violence, is yet to come.

We are now moving our learnings into the spheres they need to be to metamorphosise into action. We have a number of pathways available to us to whatu solutions and progress to the next stage.

These include via:

- **Police and Te Hiku Iwi leadership, Whiria Te Muka leadership.** We have the capacity to influence policies, processes and leadership decisions attached to meth harm and family violence in Te Hiku on both sides of the Whiria Te Muka partnership - locally, regionally and nationally.
- **Ngā Puna Waiora.** We can uplift insights, issues and challenges to 12 Crown Agencies through Ngā Puna Waiora, under the Te Hiku Iwi Social and Wellbeing Accord, to enable systems change as recommended by our He Tono Whatu documents.
- **Te Whare Auaha.** We can offer design points to our design and innovation space Te Whare Auaha to ideate and trial solutions to meth harm and family violence in Te Hiku in collaboration with other teams within our organisation and communities.
- **Te Āhuru Mōwai.** We can influence our practice of how we engage with whānau within the Whiria Te Muka initiative based on our findings.
- **Te Hiku Iwi Service Providers.** We can also influence the practice of the external Te Hiku service provider community with whānau engaged in family violence through sharing our findings.
- **The people of Te Hiku ō Te Ika.** We can frame and communicate our findings and provoke public dialogue within Te Hiku ō Te Ika communities through strategic media communications and public messaging.

To date, we have placed one request for change through the Ngā Puna Waiora pathway requesting additional resource to the Te Ara Ōranga meth harm prevention partnership between NZ Police and the Ministry of Health. Our tono has been met with promise and we are now tracking this space on behalf of our whānau.

Conclusion

In closing, we are excited by the opportunity to now whakamana the voices of our kaingaro, whānau, kaimahi and pirihiamana under our whaingā to reduce and prevent whānau harm in Te Hiku o Te Ika.

Our insights and learnings harvested here denote the precipice on which we are standing before creative, meaningful and effective change.

We feel that our findings will add to the body of knowledge and our understanding of meth harm and family violence in the now, while paving the way for solutions in the future.

Our hāpine of our qualitative interviews has uncovered 41 muka statements, six of which cover all five themes of enquiry that also emerged. Through our miro of the kōrero, we know that the macro issues of Whānau Empowerment, Service and System Capacity, Social Environments, Education and Meth Harm Prevention overlay and permeate the entirety of our enquiry.

And we have now arrived at six powerful starting points to continue to progress this kaupapa with our Te Hiku voices positioned at the centre.

For our kaingaro, whānau, kaimahi and pirihiamana that continue to occupy these spaces of tapu and mamae, we offer our warmest mihi and acknowledgements.

We look forward to collectively moving further towards a place of Mana Tangata for all of the people of Te Hiku o Te Ika.



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