



Tackling Methamphetamine

National will address both the demand and the supply side of the methamphetamine scourge. We will use the full force of the criminal justice system to crack down on drug kingpins and use the health and social sector to deliver a more compassionate and systematic approach to getting drug users into treatment and support them back to health.

In Government, National introduced the Methamphetamine Action plan that introduced policies to crack down on the supply of the drug and provide health-based responses for the victims of it. This plan was working. National put in place policy settings that saw a strong response at the border resulting in increased seizures of methamphetamine and saw an over 50 per cent reduction in usage between 2009 and 2015. But more needs to be done.

National was refreshing the Methamphetamine Action Plan in 2017, ensuring it responded to the continued threat of methamphetamine harm. However, the current Labour Government rescinded the plan in 2018 in favour of an ad-hoc and piecemeal approach to drug harm.

New Zealand needs a coordinated and effective response to methamphetamine and National will deliver one.

The Problem of Methamphetamine

The prevalence of methamphetamine in our communities has a massive impact on families. It is recognised as a major factor in rising violence, social deprivation, crime, and causes widespread social harm.

Social agencies identify methamphetamine as a significant factor in domestic and family violence.

We recognise that methamphetamine harm is also damaging our economy through the

impact on a user's ability to contribute and hold down a job.

The use and impacts of meth in our families and communities is not just a criminal justice issue, but a health and social issue as well. It is a cause of serious and minor crimes and for many users it rapidly destroys their health and their families. Over the past three years Labour and the Greens have failed to recognise the problem and do anything about it while criminals have enriched themselves and thousands of lives and families have been destroyed.

Methamphetamine is the most commonly detected illicit drug nationwide. The most recent wastewater testing estimated it accounted for over half of the detected drugs nationwide.

Over the last year, an average of 14 kilograms of methamphetamine was consumed each week.

The prevalence of methamphetamine use comes at a steep cost to communities across the country.

National's Methamphetamine Plan

National will:

- Tackle upstream supply and intelligence through investment at the border and offshore initiatives to disrupt and dismantle supply chains and networks.
- We will invest in the latest innovations and technology and deploy it at New Zealand's airports, ports and distribution centres where it is likely the majority of drug shipments get through without detection.
- Crack down on illegal smuggling of cash and money laundering to stop Chinese and South American syndicates and New



Zealand gangs from making super profits from meth distribution.

- Invest in health interventions relating to prevention, treatment and rehabilitation services and facilities, including developing stronger clinical pathways to community-based addiction and mental health services. We will ensure there is iterative support for relapse post treatment.
- Prioritise community centred responses focused on place-based, need-based investments to reach into high need, hard to access communities. A multi-agency problem solving approach will focus on jobs, housing, health and family support to build community resilience.
- Use data and artificial intelligence better to analyse drug use, criminal networks and patterns of supply so enforcement agencies can better disrupt both demand and supply.
- Promote public education and health awareness to prevent uptake of methamphetamine use and using evidence-based awareness raising campaigns.

Addressing the methamphetamine problem within New Zealand will require government agencies, NGOs across the health and justice sectors, and the community to all work together. National's plan will deliver an all-of-community approach tackling the harm of methamphetamine.

Delivering a disciplined response to Methamphetamine

Achieving effective aligned services requires both a national framework to tackle methamphetamine with operational strategy and specific targets to ensure results.

National will:

- Deliver a coordinated Methamphetamine response work programme, unifying resource from Justice, Health, Police and Customs reporting to a Cabinet sub-committee of three senior Ministers. The work programme will increase cross-

agency collaboration and deploy policies to enable and permit data and information sharing as well learning and sharing best practice tools and professional development across New Zealand.

- Coordinated Regional Responses
 - Ensure all relevant agencies are around the table to co-design and deliver local end-to-end services (including triage, assessment and clinical referral pathways).
 - Draw together the resources and services that exist in each region and identify gaps or demand pressures.
 - Establish mechanisms to enable decision making to be delegated closer to delivery points.
 - Enable and fund wrap-around service responses for individuals and their families/whānau.
- Engage with Māori Alcohol and other Drug providers around the country such as Te Ara Oranga in Northland to learn from and leverage their existing linkages into iwi to reach target populations. This would include developing marae-based information programmes and identify other connection points to engage with Māori such as through Whānau Ora providers.

Addressing the health issue of methamphetamine

Addressing the harm of methamphetamine use in the community means we must provide support to those who fall victim to this drug.

National will:

- Deploy the matrix methamphetamine treatment programme pilot across a number of District Health Boards to provide direct support to those recovering from methamphetamine use.
- Ensure every District Health Board as at least one detox bed for methamphetamine. This will see an additional 13 detox beds added across the regions of New Zealand.



- Provide resourcing to ensure a methamphetamine specialist is available to every District Health Board to assist with in-patient detoxification and outpatient programs.
 - Establish a contestable fund of \$50 million to:
 - pilot new or to scale up successful whole-community harm reduction programmes that address the demand and impacts of meth, along with a strong focus on reducing major methamphetamine supply and associated crime.
 - fund new technology initiatives at the border and to disrupt criminal networks.
 - Reach out to people through:
 - using small seizures made by Customs as an opportunity for proactive communications and treatment advice to the households and to increase data collection and sharing.
 - establishing best practices and procedures for frontline police to refer methamphetamine users to District Health Boards, Ministry of Social Development, education resources other community based support (where the interaction will not lead to criminal charges).
- Zealand by working with the international community and targeting trans-national organised crime groups.
- Tighten border controls with increased searching more containers and mail to prevent drugs coming into the country.
 - Increased funding for drug intelligence and to enable customs, police and health to identify new drugs and bad batches sooner.
 - Introduce additional drug dogs at airports and ports.
 - Identify new supply disruption strategy to reduce methamphetamine use in Corrections facilities and review education and support available to users in prisons.
 - Target domestic organised crime networks with additional focus and resourcing from Police.
 - Introduce targeted offences and sentencing guidelines for organised crime offences.
 - Expand mental health facilities in policing such as the Watch house Nurse Programme and the Mental Health Co-Response Initiative to help give Police better tools to respond to mental health incidents that may be connected to drug use.
 - Expand the use of specialist courts- drug and alcohol courts which help offenders.

Disrupting the supply of methamphetamine

There can be no tolerance for the dealing and supply of methamphetamine. Those who peddle this drug in the community are responsible for the misery and social harm that is caused.

National will:

- Re-establish a social investment framework for the Proceeds of Crime Fund to target interventions from lead agencies to fight organised criminal groups dealing in methamphetamine and other drugs.
- Focus on disrupting the supply chain of methamphetamine before it enters New

Matrix Pilot Programme

The Matrix Programme was originally developed in the United States through the 1980s to respond to cocaine addiction but is now regarded as a gold-standard programme for methamphetamine addiction.

The Matrix model is an outpatient program focussed on educating participants and equipping them with life skills and group support. It couples training for those breaking the addiction of methamphetamine with a wrap around and structured social support programme.



National will:

- Establish a Matrix pilot across a number of DHBs.
- The pilot will run for two years initially and will cover a range of areas in the North and South Islands in both rural and urban areas.

What is Matrix?

- Matrix is an intensive rehabilitation programme that provides wrap around support for a patient who received treatment within their communities, family and workplace.
- Matrix is designed as a 20-week programme involving three sessions a week of two to three hours of group therapy with a one to two year follow up.

How does Matrix work?

- The Matrix programme is facilitated by a highly trained Alcohol and Drug Practitioner and a lived experience mentor (such as Matrix graduates and people of stature and mana in the community).
- The programme deploys Cognitive Behavioural Therapy, neuropsychology, family therapy, social support, and contingency management (such as distraction therapy and rewarded behaviour).
- Between sessions, community resources and volunteerism is utilised to provide support.
- Weekly testing for drug use.

Where has the Matrix programme been used?

- Matrix has been used in Adelaide as a pilot programme in 2017.
- This programme was modified from the United States 16 week programme to a 20 week programme, tailored to Australia's context and culture.
- A South Australian rural pilot is now in progress.

- The six Adelaide based clinics have seen a remission rate of between 55 and 70 per cent with the South Australian pilot has seen remission rates as high as 82 per cent.

Has the programme been used in New Zealand?

- Pilot programmes have been trailed in a limited way in New Zealand. Nelson Marlborough District Health Board has initiated a small pilot in Nelson.
- The Northland District Health Board has also initiative a light version of Matrix in the Te Ara Oranga programme.