

# New Zealand Drug Foundation Submission on the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill

**Submitted to the Health Committee on 27 March 2024**

We are requesting an opportunity to make an oral submission to this Bill.

The Drug Foundation is a charitable trust. We have been at the forefront of major alcohol and other drug debates for over 30 years, promoting healthy approaches to alcohol and other drugs for all New Zealanders.

## Tēnā koutou,

Thank you for the opportunity to provide feedback on the Pae Ora (Healthy Futures) (Improving Mental Health Outcomes) Amendment Bill. We are happy to see this Bill being proposed, as well as increasing focus on mental health and addictions – both areas have been under-resourced and require urgent attention.

Our submission is focused on drug harm reduction and addictions. It is important to understand that most people who use drugs are not in mental distress and that improving ‘mental health’ in itself does not directly address alcohol and other drugs (AOD) harms. Additionally, it is important to note that most people who use substances do not experience addiction or acute harms.

Unfortunately, when these distinctions are not made, important issues are overlooked. However, even infrequent substance use carries some risk of harm, and this is regardless of whether the substance is legal (like alcohol) or illegal (like cocaine). These harms can range from minimal to severe and they can be mitigated by sensible policy and services offerings. For example, interventions aimed at reducing the risk of drunk driving can help reduce the risk of serious injury or death in an accident caused by driver impairment. Services like drug checking can prevent a fatal overdose in a young person who for the very first time used MDMA at a party and was unlucky to get a pill that was adulterated by an ultra-potent opioid.

We can also do more to prevent future harms in people who only occasionally use drugs by preventing escalating use, reducing risk of serious health consequences, and ensuring access to health care. This can save money, with a more cost-effective intervention being offered before someone experiences harm.

Our hope is that this Bill and the future Strategy recognise these gaps and offer an intentional and comprehensive health approach to substance use.

While we generally support the Bill, we wish to make some recommendations that include:

- Ensuring that AOD issues are represented in the title of the Strategy by including ‘addictions’ in the title, by naming it as “Mental Health, Addiction, and Wellbeing Strategy’,
- Clarifying the scope in a way that clearly distinguishes ‘addiction’ from a larger, and more diversified spectrum of harm that can be present at any point along the continuum of drug use, from no or occasional use, to chronic, heavy use.
- Including a focus on ‘workforce development’ – in line with other Pae Ora strategies.

We are looking forward to speaking with the Committee.

Nāku noa, nā



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NZ Drug Foundation Te Puna Whakaiti Pāmamae Kai Whakapiri

## The Bill should go further to ensure the importance of addiction treatment and harm reduction outcomes is not lost

1. We welcome the Bill and the specific focus on mental health and wellbeing in the Pae Ora Act 2022. It is encouraging to see ‘addiction’ specified in the purpose (section 46A (2)) of the required Strategy, its assessments and priorities (section 46A (3) (a-c)).
2. Even the best system for addiction treatment cannot adequately address all drug harms. Only a small proportion of people at risk of experiencing drug harms actually experience addiction as well.
3. Similarly, a relatively small proportion of people who use drugs will go on to experience major mental health distress because of their substance use. Yet, all people who use drugs are exposed to some level of risk of adverse impacts to their health, whether these are lung issues due to consuming drugs by smoking, cardiovascular disorders, or serious, acute harm caused by adulterated drug supply in the illicit market.
4. Being mindful of these limitations in scope, we note that addiction treatment services continue to be under-resourced and under-prioritised in Aotearoa. These services are essential for the people who do experience this type of harms, and form a unique professional sector, and so we advocate for addiction treatment to be unique focus in the Strategy.
5. The Bill should mandate that the Strategy builds a framework for outcomes for addiction treatment in their own right, not only as part of the wider mental health system. The Strategy outcomes should be then developed with the sector and with meaningful involvement of people with lived experience of drug use and addiction.
6. Addiction care can only address some of the substance harms in Aotearoa. **We strongly recommend ensuring that addiction and harm reduction are reflected throughout the Strategy and that the Strategy name gives some indication that AOD needs are included, for example in wording such as ‘Mental Health, Addiction and Wellbeing Strategy’<sup>1</sup>**

## The Strategy should be clear about the roles and responsibilities for providing a full range of AOD services

7. The Strategy must be clear about the scope of systems and services it covers. It is essential to distinguish between addiction and other potential health harms that can stem from substance use.

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<sup>1</sup> We note that there is a misalignment between the current Strategy name wording that includes the term ‘wellbeing’, and the description of the scope where ‘addiction’ appears instead.

8. In other words, improving addiction treatment, on its own, is not an adequate response to all substance harms. Many of these harms can happen among persons whose substance use is only occasional. They can be severe, regardless of the frequency of substance use, or whether the person is addicted or not. They range from minor to severe, and include the risk of fatal overdose due to adulteration of illicit supply, infections acquired by sharing injecting equipment, behavioural changes increasing the risk of injury, and others.
9. All these risks can be mitigated through harm reduction interventions. There is a need for the health system to address the harm reduction needs of New Zealanders by clarifying the roles and responsibilities of its different parts.
10. The Strategy presents an opportunity to assess and prioritise resources for those experiencing harms from any level of drug use. We believe we need to build up our early intervention models, and provide appropriate services to prevent harm resulting in future morbidity and mortality.
11. However, our concern is that without a clear commitment to addressing the needs, the Strategy also creates the risk of creating an illusion that addiction treatment is adequately addressing the health risks stemming from substance use.
12. **We recommend that the legislation clarifies that ‘substance use and harm outcomes’ are specifically named under sections 46A (2) and 46A (3).** If this is not the intention of the Bill, we expect the Bill to clearly articulate the scope of the Strategy and remove any doubt as to whether its focus is only on addictions, problems arising from substance use, or substance use itself.

### Clarify workforce development needs must be considered in setting out the priorities

13. We note that, with the current wording, the proposed Strategy is the only one of the population strategies mandated under Pae Ora, where ‘workforce development’ is not specified as a key priority.
14. The addictions workforce is understaffed by 400-600 practitioners at any one time, aggravating access challenges. This corresponds to vacancy rates of approximately 10-11%, however this averaged figure obscures the fact that some roles and services have noticeably higher vacancy rates<sup>2</sup>. For example, the roles of registered professionals in NGO-provided AOD treatment have a 15% vacancy rate. A robust assessment of what the addiction treatment workforce needs in order to be fully resourced right now, and what it could look like in the years to

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<sup>2</sup> Atamira Platform. (2023). Workforce development and leadership for the addiction treatment sector: An environmental scan and future commissioning priorities. <https://www.platform.org.nz/assets/Addiction-workforce-development-leadership-report-2023.pdf>

come, would enable effective resource allocation and more effective treatment outcomes.

15. With these ongoing training and retention issues, **we strongly recommend that a focus on workforce development is articulated clearly for the Mental Health, Addiction and Wellbeing Strategy under Pae Ora legislation in this Bill**, in line with other health strategies.