RESEARCH: IMPACT OF METHAMPHETAMINE USE: SERVICE STATISTICS

1. BACKGROUND

In 2016, a group of service providers across the Western Bay of Plenty, convened a forum to discuss growing concerns about the prevalence of alcohol and illicit drugs, and more specifically the impact of methamphetamine use on the wider whānau and community. The forum is convened by SociaLink with membership on the forum representing across a range of sectors including (but not limited to): family services, alcohol and drug services, Safer Communities, and the Police. This group is known as the 'Breakthrough Forum'. The Breakthrough Forum has a key purpose of raising awareness of the impact of alcohol and drug use (with a specific focus on methamphetamine), on whānau and communities. Current membership includes:

- Brave Hearts
- Bay of Plenty District Health Board
- Salvation Army Bridge & Oasis,
- Hanmer Clinic
- Sorted Drug and Alcohol Services
- Ngai Te Rangi Iwi Incorporated Society
- Get Smart
- Strengthening Families
- NZ Police
- Tauranga Western Bay Safer Communities

- Living For More
- Stepping Stones Ministry
- Acorn Foundation (Trustee and administrator)
- Foundation for Youth Development/Dingle Foundation
- Family Link
- BOP Addiction Services
- Lavina Good
- SociaLink (Facilitator of Forum)

In 2017, the Breakthrough Forum was successful in gaining funding from The Acorn Foundation, Bay Trust, and TECT. This funding was to support the Breakthrough Forum in their initial start-up. The Breakthrough Forum has identified the need to collate evidence on the impact of methamphetamine use on whānau and communities. The research will be a 'scoping exercise' to illustrate the impact of methamphetamine, current service use, and the associated gaps in information and evidence. The scoping exercise has three key aims:

- 1. To understand the demographics and numbers of clients presenting to services with methamphetamine issues in the Western Bay of Plenty
- 2. To build an understanding of the reach and depth of impact of methamphetamine on the wider whānau and community
- 3. To identify gaps in the sector (specifically in relation to methamphetamine), and explore potential solutions

2. HOW CAN YOUR SERVICE CONTRIBUTE TO THIS RESEARCH?

WE NEED YOUR HELP for the commissioned scoping exercise to run smoothly and on time. A major part of the research is to paint a picture of what the current Methamphetamine scene looks like in the Western Bay of Plenty, and the wide-reaching impact of this issue. For us to paint this picture we need help from you in collating data/information from your service. We are after three types of data:

- 1. Service Statistics/ Client Data (we do not require any personal information e.g. names, addresses etc)
- 2. Client Stories demonstrating impact of methamphetamine use (2 stories from each service)
- 3. Your Participation in a discussion forum (AUGUST 2016 date to be confirmed)

3. WHAT INFORMATION SOURCES ARE YOU LOOKING AT?

We are looking at any information sources we can get access to including: Health Services (addictions, general health, mental health, hospital admissions, dental services); Social Services; Child & Family Services; Justice (NZ Police, legal services, youth justice); Education; Housing (inspectors, cleaning services).

Agency: SociaLink Key Contact: Jodie Robertson Mobile: 021 454 655 Email: jodie@socialink.org.nz

4. WHY SHOULD WE GET INVOLVED?

Methamphetamine is a topical issue that has far reaching impact, both in the communities that we work to serve, and the demands on our services. This scoping exercise will give us all an increased understanding of the issue, and provide a platform to request further focus and funding to support service delivery across our region. We have approached you for support with this research as you are working with these communities directly (or indirectly) and can help us to paint the full picture. The report will be available for you to use to further support your work too.

5. WHAT KIND OF DATA DO WE NEED TO COLLATE?

We are specifically after data pertaining to two periods of time:

- 1. 1 January 2016 31 December 2016
- 2. 1 January 2017 31 June 2017

You may already have reports that you have submitted for these reporting periods via your internal or external reporting requirements. If you do, we would love a copy of these existing reports. You may also have access to regional or national data that other agencies may not be able to access easily, we would love to obtain access to this data also. If there are concerns around confidentiality of such data and sharing externally please contact Jodie Robertson (Sector Engagement Coordinator – SociaLink).

6. WILL OUR DATA BE KEPT CONFIDENTIAL?

ABSOLUTELY. This is only a scoping exercise to highlight the prevalence and impact of methamphetamine use. The data that you submit will be held by SociaLink and will remain confidential. Within the final report, data will be presented under sub-categories (e.g. Justice, Health, Social Services etc). No organisation names will be presented alongside data. However, a list of participating organisations will be included in the report (unless you specifically request for your organisation to be left out). Following completion of the research report, your submission of data will be destroyed from the SociaLink files to ensure the data is not used for any other purpose.

7. WHAT KIND OF HELP CAN WE ACCESS FOR THIS?

To help you with this we have put together a table of data that we are after (located at the end of this document). Some of the data in the table may not apply to your service, however, we would really appreciate your contribution to any of the data outputs based on the types of data your service collects. You can either:

- a) Fill in the table and email it back to: jodie@socialink.org.nz
- b) Ring Jodie and she can come to you to help extract the data (021 454 655)
- c) Email a link of existing data sources to: jodie@socialink.org.nz

4. WHEN IS NEED THE DATA NEEDED BY?

AS SOON AS POSSIBLE is the easiest answer to give here. We understand that asking you to provide this information is over and above the call of duty, however it will support the Breakthrough Forum to design strategies specific to the needs of the Western Bay of Plenty. We are aiming to have all data collation completed by Wednesday 9th August, 2017.

We are aiming for LOCAL DATA to inform LOCAL DECISIONS to ACT LOCALLY.

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| SERVICE STATISTICS: CLIENT DATA 1 JANUARY 2016 – 31 DECEMBER 2016 | | | | | | | | | | |
|---|---|------|-------------------|-----------------|----------------------|--------------------|-------------------|-----------------|-------------------|-----------------|
| AIM: To understand the demographics and numbers of clients presenting to services with methamphetamine issues in the Western Bay of Plenty. | | | | | | | | | | |
| Number of clients entering the service with initial methamphetamine diagnosis | | | | | | | | | | |
| | Number of clients entering the service with secondary methamphetamine diagnosis | | | | | | | | | |
| | Number of clients entering the service with suspected (but undiagnosed) methamphetamine use | | | | | | | | e use | |
| Number of methamphetamine clients accepting support from service provider | | | | | | | | | | |
| Number of methamphetamine clients declining support from service provider | | | | | | | | | | |
| Number of methamphetamine clients who have a dual diagnosis related to mental health | | | | | | | | | | |
| Number of methamphetamine clients who have a dual diagnosis related to physical health | | | | | | | | | | |
| Number of methamphetamine clients who have a dual diagnosis related to other substance use | | | | | | use | | | | |
| | | | | | clients with | | | | | |
| Number of extended family clients as a result of methamphetamine use by a family member | | | | | | | | | | |
| Number of children clients as a result of methamphetamine use by a family member | | | | | | | | | | |
| | | | _ | | ts entering s | | | | nosis | |
| | | | | 1 | e clients by e | · | r - | | 1 | |
| NZE (Female) | NZE (Ma | | Māori (Female) | Māori (Male) | Pasifika (Female) | Pasifika (Male) | Asian (Female) | Asian (Male) | Other (Female) | Other (Male) |
| | | | | | | | | | | |
| | | | | | ethampheta | | 1 | 1 | 1 | |
| <5 | 5 | 5-10 | 11-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ |
| | | | | | | | | | | |
| Services provided to Meth Clients | | | | | | | | | | |
| Services provided to family members affected by Meth use | | | | | | | | | | |
| Referrals made to other services | | | | | | | | | | |

| SERVICE STATISTICS: CLIENT DATA 1 JANUARY 2017 – 30 JUNE 2017 | | | | | | | | | | |
|---|---|-------|-------------------|-----------------|----------------------|--------------------|-------------------|-----------------|-------------------|-----------------|
| AIM: To understand the demographics and numbers of clients presenting to services with methamphetamine issues in the Western Bay of Plenty. | | | | | | | | | | |
| Number of clients entering the service with initial methamphetamine diagnosis | | | | | | | | | | |
| | Number of clients entering the service with secondary methamphetamine diagnosis | | | | | | | | | |
| | Number of clients entering the service with suspected (but undiagnosed) methamphetamine use | | | | | | | | e use | |
| Number of methamphetamine clients accepting support from service provider | | | | | | | | | | |
| Number of methamphetamine clients declining support from service provider | | | | | | | | | | |
| Number of methamphetamine clients who have a dual diagnosis related to mental health | | | | | | | | | | |
| | | Numbe | r of metham | phetamine | clients who | have a dual | diagnosis rel | ated to phy | sical health | |
| Number of methamphetamine clients who have a dual diagnosis related to other substance use | | | | | | use | | | | |
| Number of methamphetamine clients with dependent children in their care | | | | | | | | | | |
| | Number of extended family clients as a result of methamphetamine use by a family member | | | | | | | | | |
| Number of children clients as a result of methamphetamine use by a family member | | | | | | | | | | |
| | | | | | ts entering s | | | | nosis | |
| | | | er of metha | mphetamin | e clients by e | thnicity and | gender (NZ | European) | | |
| NZE (Female) | NZE (Ma | | Māori (Female) | Māori (Male) | Pasifika (Female) | Pasifika (Male) | Asian (Female) | Asian (Male) | Other (Female) | Other (Male) |
| | | | | | | | | | | |
| | • | | N | umber of m | ethampheta | mine clients | by age | T | | |
| <5 | 5 | 5-10 | 11-19 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80+ |
| | | | | | | | | | | |
| Services provided to Meth Clients | | | | | | | | | | |
| Services provided to family members affected by Meth use | | | | | | | | | | |
| Referrals made to other services | | | | | | | | | | |

| CLIENT STORY #1 | | | | | |
|---|---|--|--|--|--|
| AIM: To build an und community. | derstanding of the reach and depth of impact of methamphetamine on the wider whānau and | | | | |
| Client Demographics (Age, Gender, Ethnicity) | | | | | |
| Connections to family clients (parents, children, grandparents) | | | | | |
| Referral source | | | | | |
| Reason for referral | | | | | |
| Presenting issues (e.g. substane use, culture, mental health, housing) | | | | | |
| Back story | | | | | |
| Type of support received from service | | | | | |
| Outcomes | | | | | |
| Any gaps in service provision (sector wide) that would have helped? | | | | | |
| Other agencies involved in supporting the client | | | | | |

| CLIENT STORY #2 | | | | | |
|---|---|--|--|--|--|
| AIM: To build an und community. | derstanding of the reach and depth of impact of methamphetamine on the wider whānau and | | | | |
| Client Demographics (Age, Gender, Ethnicity) | | | | | |
| Connections to family clients (parents, children, grandparents) | | | | | |
| Referral source | | | | | |
| Reason for referral | | | | | |
| Presenting issues (e.g. substane use, culture, mental health, housing) | | | | | |
| Back story | | | | | |
| Type of support received from service | | | | | |
| Outcomes | | | | | |
| Any gaps in service provision (sector wide) that would have helped? | | | | | |
| Other agencies involved in supporting the client | | | | | |

| ANY OTHER NOTES |
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