

Social Impact and Research Seminar Series

Beyond the Shadows of Methamphetamine and Substance Use:
Creating Stronger Pathways for Children in Care and their
Whānau

Wednesday 26 November 10.30-12pm

Session 1: The Prevalence of Methamphetamine and Substance Use Among Parents of Children in Care – What the Data Tells Us

Dr Thuong Nguyen

Senior Analyst, Social Impact and Research team, Oranga Tamariki

Motivation – Rising Methamphetamine consumption and Reports of Concern

Urgent action called for after alarming increases in methamphetamine and cocaine consumption

11 DEC 2024

Wastewater testing

Wastewater testing showed a 96 percent increase of consumption of methamphetamine in 2024, compared to 2023, which has been referred to as a "doubling" in meth use.

Fifteen kilograms of methamphetamine was consumed every week in the March 2019 quarter. In the December 2024 quarter, about 36kg was consumed on average each week.

NEW ZEALAND / POLITICS

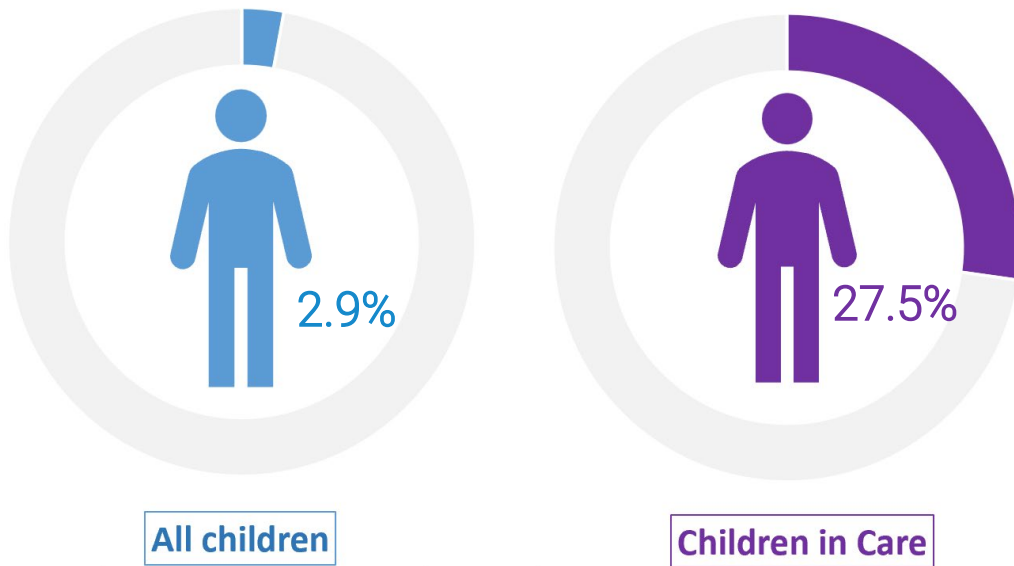
Meth consumption still high, no evidence of related spike in crime

Scope of the work

- The analysis is limited to **biological parents** of children under 18 years old, with data from the **Integrated Data Infrastructure (IDI)**
- All measures reflect the **latest available data** as of **January 2024** (as at the time of producing this report)
- Several measures are produced in **two timeframes**: within the **past year**, or across the **child's lifetime** up to the time point

Parental Substance usage treatment and Methamphetamine-related Offences among Children in Care are **10 times higher**

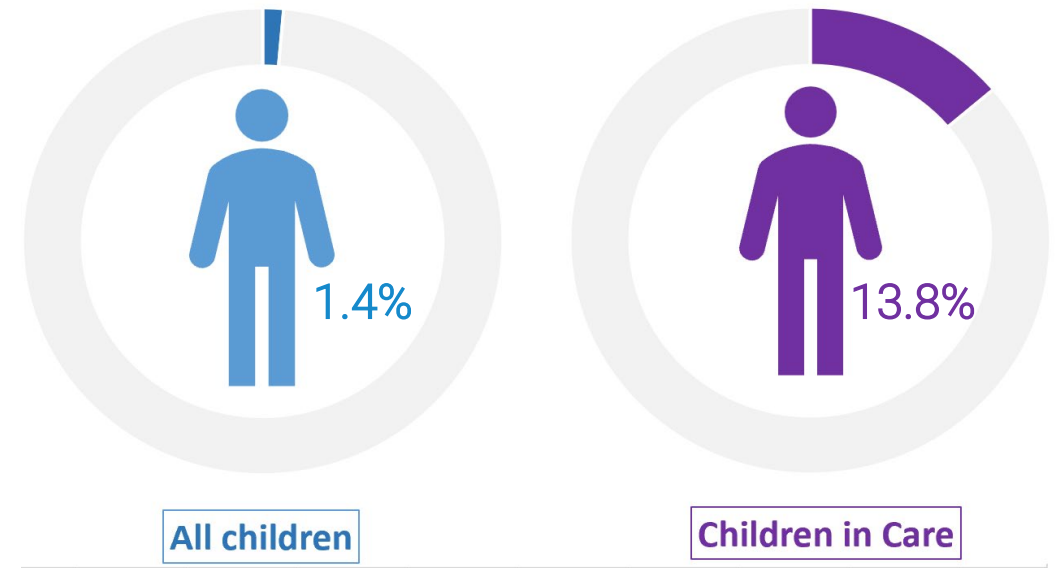
- Child has a parent with substance usage treatment in the past year



~ 9.5 times higher for Children in Care

**This measure is sourced from the substance abuse detoxification from PRIMHD, the public funded hospital discharges from mental and behavioural disorders due to substance usage, and substance prescription from PHARMA*

- Child has a parent with methamphetamine-related offences during the child's lifetime

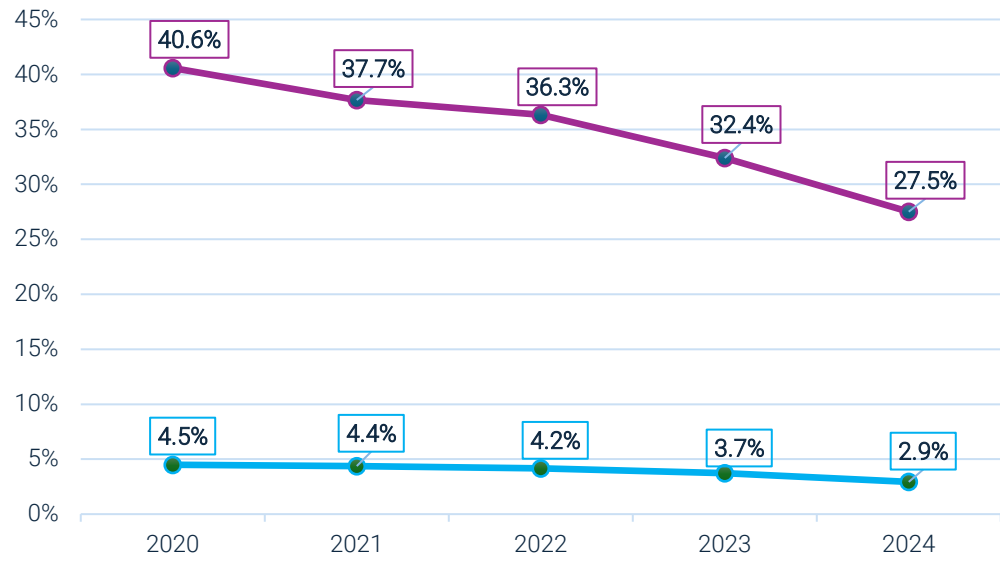


~10 times higher for Children in Care

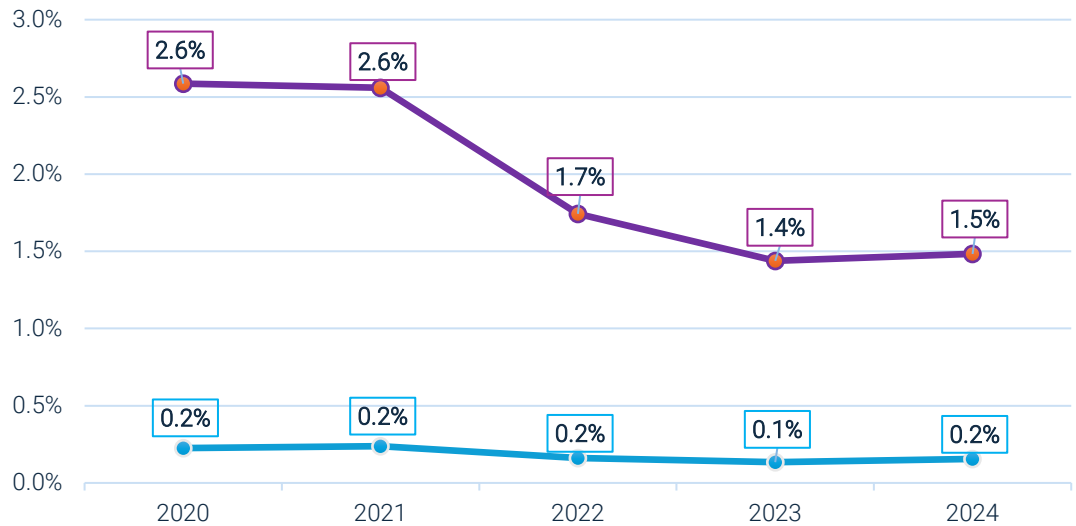
**This measure is sourced from Police data on offences that relate to methamphetamine and amphetamine possession, supply, manufacture, import/export, consumption. etc.*

Substance use (include methamphetamine) treatment and Methamphetamine-related offence rates among parents were **declining** year-over-year till early 2024 (*where data is available*)

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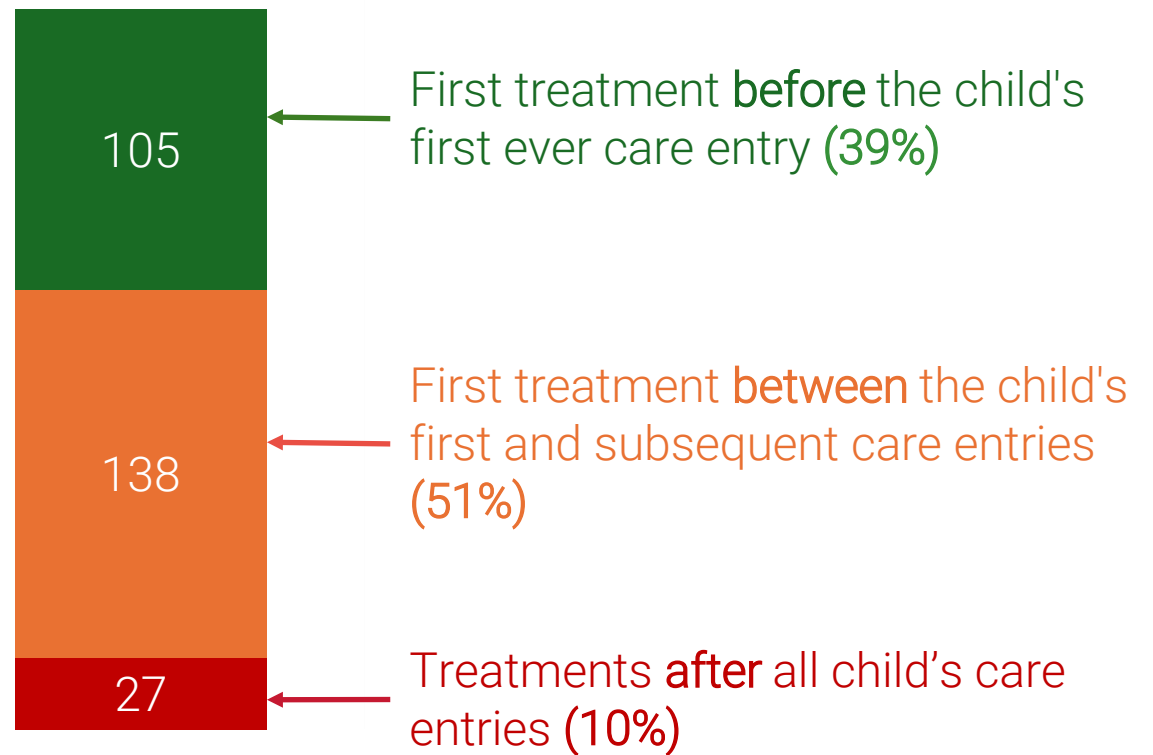
Rate of parental Methamphetamine-related crimes over years



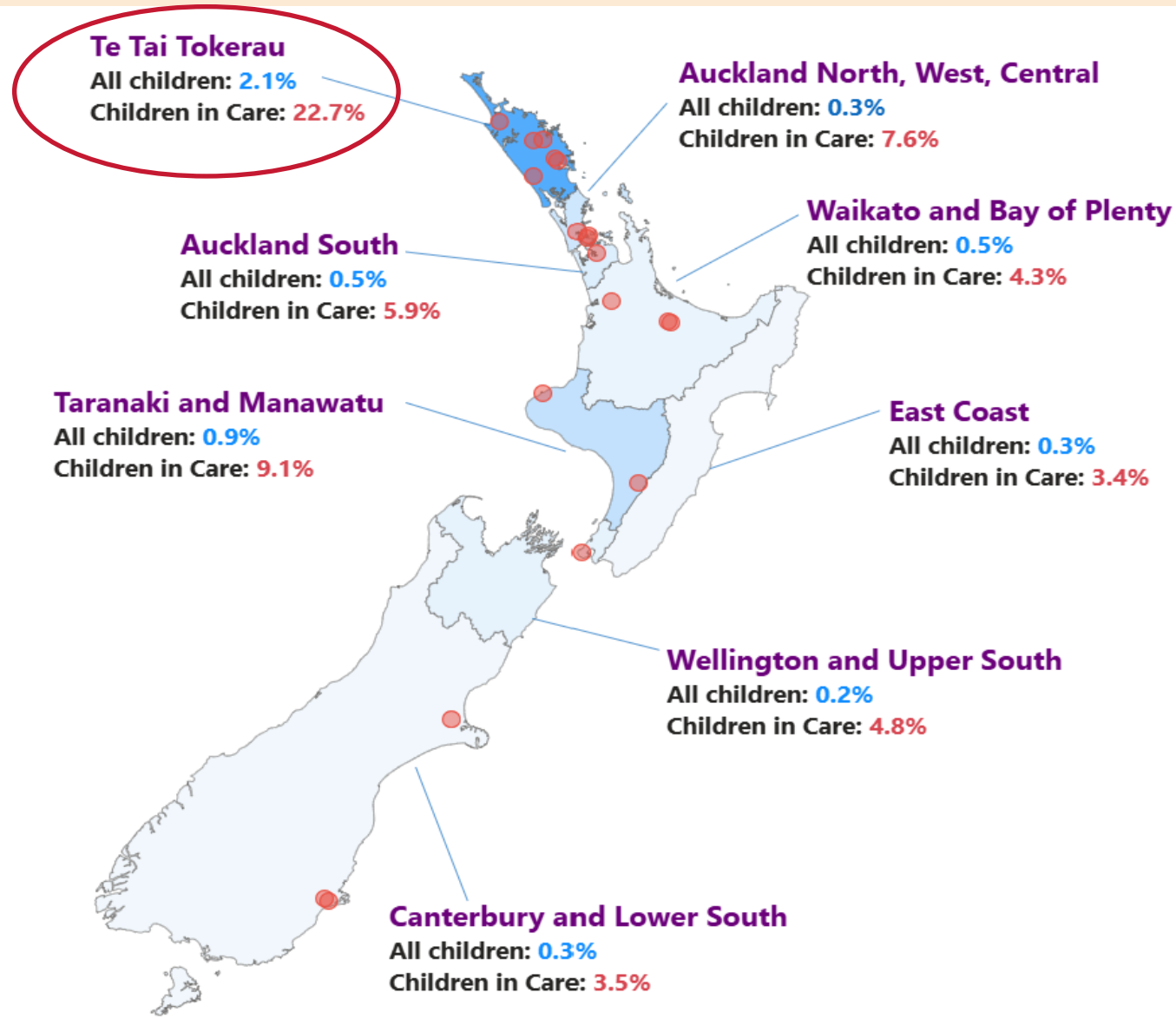
— Children in Care
— General children population

Most parents of Children in Care with known Methamphetamine Addiction receive treatment **before** the child enters Care or in **between** care episodes

As at January 2024, total **270** parents of **249** children in care received meth treatment in the child's lifetime



Not all regions are alike in methamphetamine treatment access

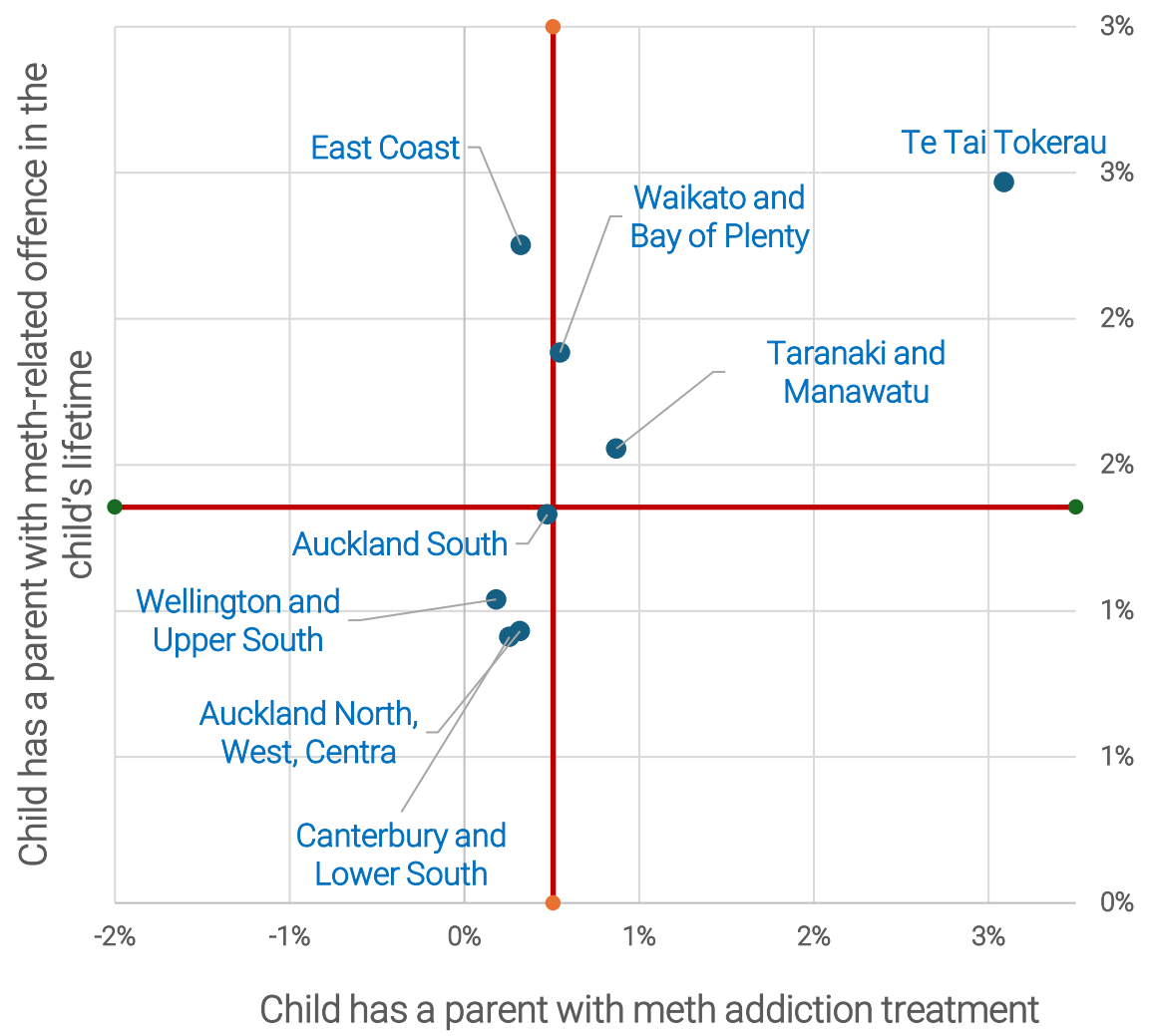


All regions

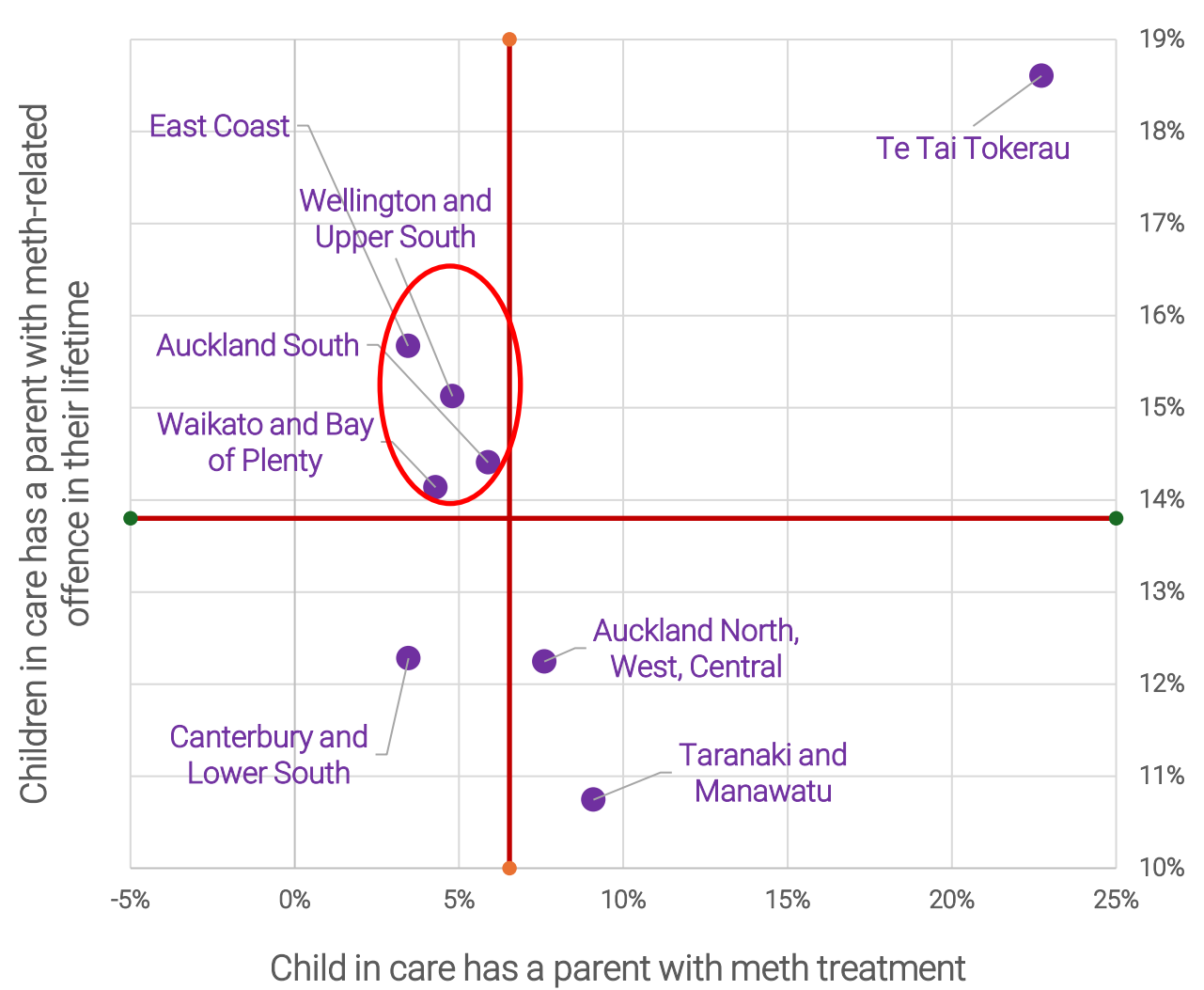
- All children <18 yrs: 0.5%
- Children in Care: 6.5%

Not all regions are alike: Uncovering the **mismatch** between meth-related crimes and treatments

All children under 18 years old



Children in care



Key takeouts

- ❖ Parental Substance Usage treatment and Methamphetamine-related Offences among Children in Care are **10 times higher**
- ❖ A **long-term decline** in parental substance use treatment (include methamphetamine) and Methamphetamine-related offences were observed **until early 2024**
- ❖ Effectively addressing meth use and related crimes requires interventions that are targeted, locally informed, and evidence-based :
 - Regional differences call for **tailored interventions**, not a one-size-fits-all approach
 - **Partner** with local communities to address **specific needs**
 - **Evaluate** what works in each region to ensure **effective, targeted solutions**.

Session 2: Behind the Behaviour – Methamphetamine and the Legacy of Trauma

Horiana Jones

Team leader Psychology, Health and Clinical Services, Oranga Tamariki

Behind the Behaviour

Meth and the legacy of trauma

Harahara a uta, harahara a tai - ka kore ngā rawa o uta, o tai.
He whenua mate

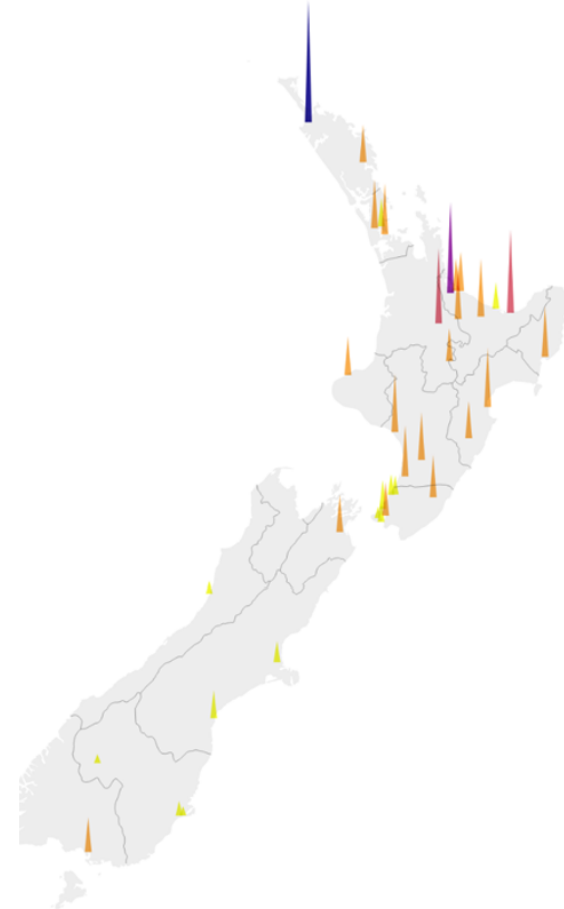
A loss of resources, a barren land

Horiana Jones

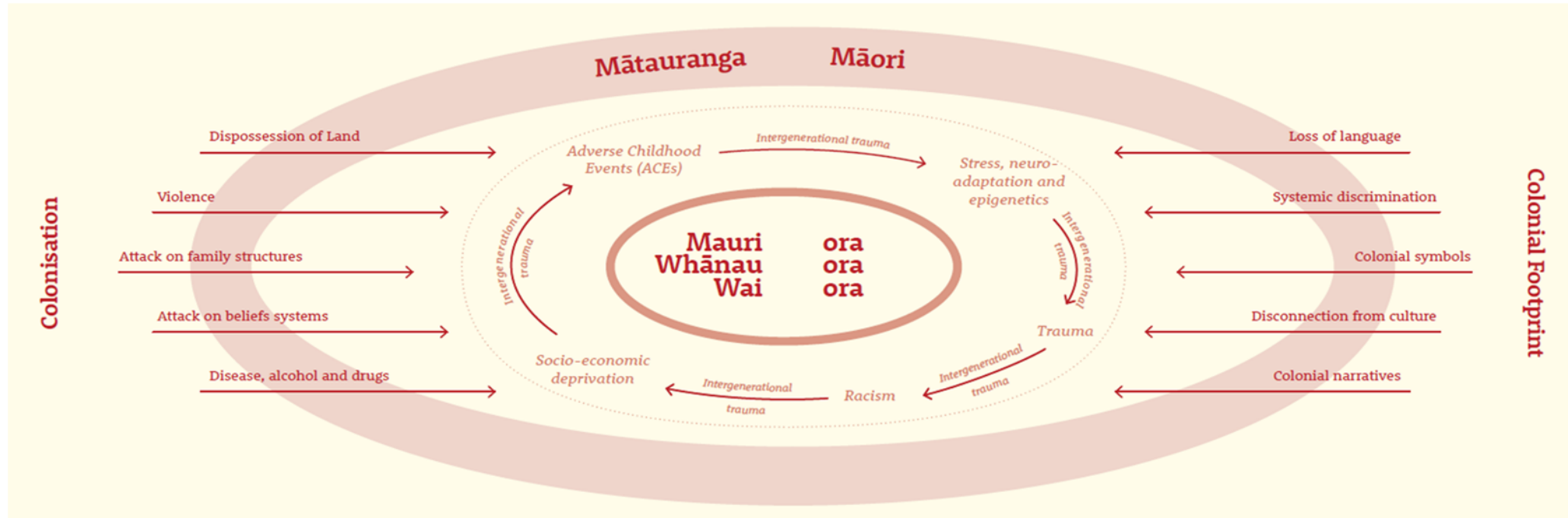
Clinical psychologist – Team leader psychologist

Methamphetamine use in Aotearoa

- A psychologist observations in a care and protection setting.
- 1.2 % of NZ adults use meth annually (MoH 2021).
- Disproportionate impact on Māori, rural, and high-deprivation communities.
- Linked to colonisation, systemic racism, and intergenerational trauma.
- Common driver in care & protection involvement.



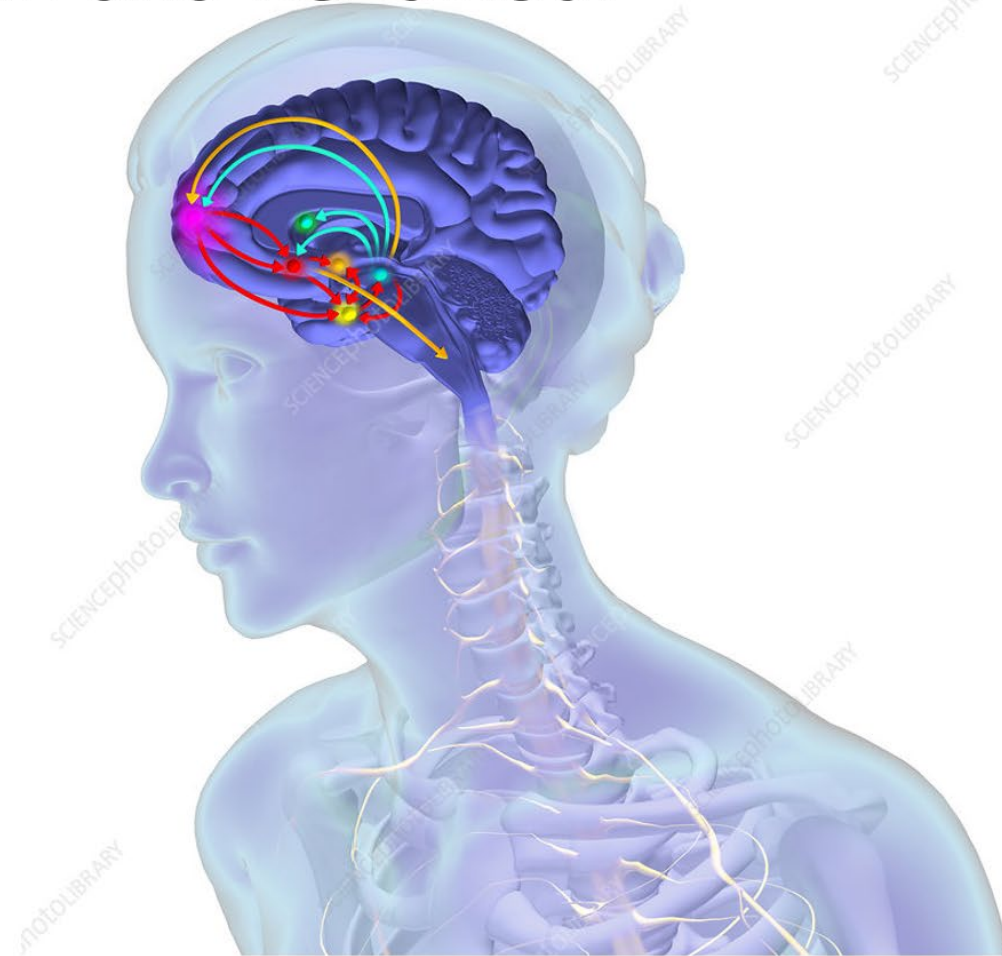
Why We See Meth Use



- Socially mediated: learned through friends/whānau.
- Used to cope with trauma, pain, exhaustion, or stress.
- Higher rates in deprived areas (7×).
- Māori women = 3× more likely to use than non-Māori women.
- Meth provides short-term relief → long-term harm.

What It Does to the Brain and Behaviour

- Increases dopamine, noradrenaline, serotonin → euphoria & energy.
- Chronic use → dopamine depletion, frontal-lobe damage.
- Trauma alters amygdala–prefrontal connectivity → higher vulnerability.
- Impaired impulse control, empathy, emotional regulation.



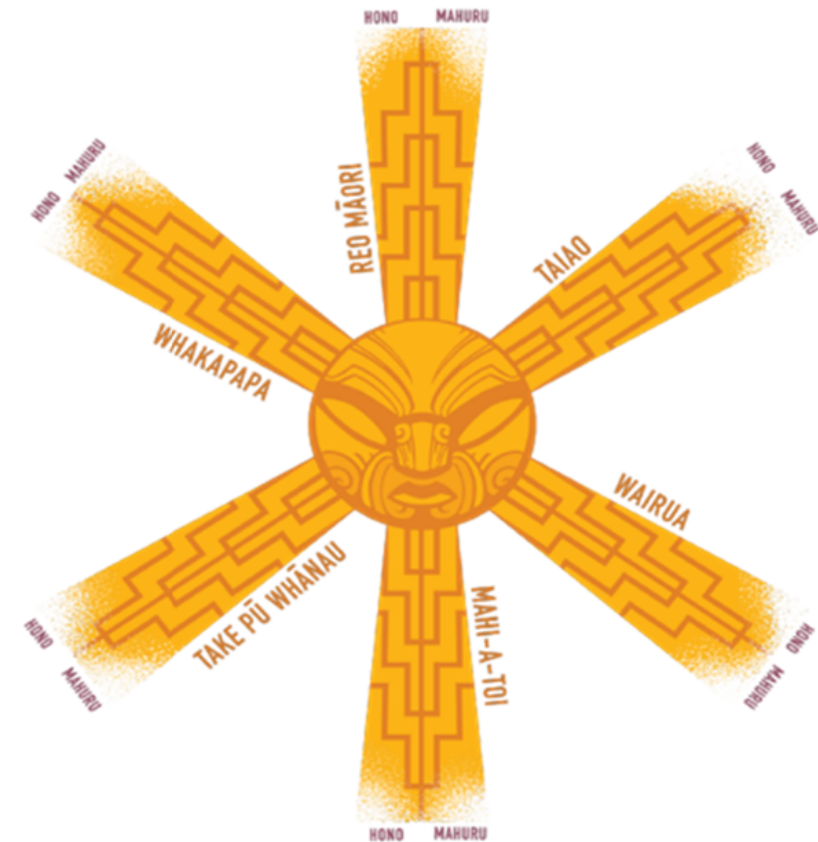
How do we tautoko? Barren → plentiful

- Enforcement-only approaches fail.
- Effective interventions:
 - Trauma-informed, relational practice.
 - Pharmaceutical approaches.
 - Kaupapa Māori models (marae, tikanga, te reo).
 - Psychosocial therapies (CBT, motivational interviewing).
 - Harm reduction & early intervention.
- Redefine success: wellbeing ↑, use ↓ - not abstinence alone.



Implications for Care & Protection Practice

- A change from Old lens” (control, fear, punishment) to New lens (curiosity, safety, healing).
- View meth use as a trauma response, not a moral failing.
- Build trusting, culturally safe relationships.
- Collaborate across addiction, housing, and whānau supports.
- Embed trauma-informed and kaupapa Māori practice.
- Focus on whānau wellbeing and child safety together.



Session 3: Q&A discussion

Minimising the harm of Methamphetamine: Insights from on the ground

Trina Baggett, Denis O'Reilly, and Kirsten Mullany

Community Action on Youth and Drugs (CAYAD) and Mokai Whānau Ora



Session 1: Meth harm in care demands regionalised action

Parental substance use treatment and methamphetamine-related offences among children in care are 10 times higher than in the general population. While there was a long-term decline in these issues until early 2024, the trend signals an urgent need for focused, regionalised, and partnered action.



Session 2: Shift from punishment to healing

Adopt a trauma-informed, kaupapa Māori approach that replaces punitive responses to meth use with curiosity and healing, fosters cross-sector collaboration, and prioritises whānau wellbeing and child safety together.



Session 3: Communities call for united action against meth harm

Collaboration and shared knowledge across sectors are critical to reducing meth harm and protecting whānau, especially amid funding cuts—join networks like High Alert and the Acute Drug Harm community to stay informed and connected.



Child Development
and Health



Detection and Safety



System supports



Research and
Evidence



Whānau Engagement



Interagency
Collaboration



Trends and Future Risks

Thank you for joining us!

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