

Friday 14th September
Stream C
11.30am – 12.50pm

The rise of cannabis medicines and the role of the Green Fairy in New Zealand

Jeanette Saxby, Cannabis Advocate, Self Employed

At present the Government has a bill on Medical cannabis and it asks three points to be considered. The first is that terminal patients have a right to use cannabis as a statutory defence. The second is to exclude CBD from the MODA and make it a medicine prescribed through your doctor and finally to look at a regulatory model for medical cannabis.

Modern Legal Medical Cannabis came to New Zealand from GW pharmaceuticals in 1990's. It had existed in all Chemist shops in New Zealand until its banning in 1961. The new medicine was called Sativex and was an oral cannabis spray. It was expensive and not subsidised, and it also had a strict set of prescribing rules and as a consequence very few people have had access to this medicine. On the other-hand, many thousands of people have been using a cheaper brand of cannabis preparations and in some instances provided free.

In 2015 Rose Renton campaigned for cannabis to be used in the treatment of her son Alex Renton in 2016 and Helen Kelly also introduced the media and public to the name green fairy and the range of cannabis preparations that people are making and sharing and selling throughout New Zealand.

In this presentation I will discuss the present situation, the risk the Green Fairies take helping others and the possible future for medical cannabis in New Zealand as well as the historical use of cannabis in New Zealand.

Presenter biography

I am a qualified Drug and Alcohol clinician with a post Grad diploma in Health Sciences . I have worked with methadone client and helped those reducing their opiate dependency . I have been an active campaigner for legalising cannabis for two decades and now am developing products and protocols for green fairies and cannabis based medicines.

The second partner in the partnership: The significance of supervisees in the supervision process

Julie Steward, Private Practice

Professional supervision provides practitioners with an opportunity to reflect on and critique their clinical practice. It plays a significant role in the health and wellbeing of practitioners, as well as the maintenance of professional competence. As the practice of professional supervision continues to grow significant resources have been employed to ensure its professional competence - there is a large amount of literature written, models and frameworks have been developed and training courses implemented for supervisors. There is also increased recognition that the success of the supervision relationship is largely dependent on the quality of the relationship between supervisor and supervisee. However it seems the supervisee has largely been neglected by the supervision profession as it forges ahead in its development. This is an interesting contradiction when there is such a

significant focus on the importance of partnership and connection within the supervision relationship and the supervision process. In order for supervisees to be empowered as equally valuable partners and ensure that their supervision experience meets their needs, they too need attention. It is a professional risk to leave supervisee development to chance – we owe it to the practice of supervision, to supervisors, to supervisees and to clients to get the process of supervision right. This involves the adequate education and training of supervisees. Based on a literature review completed previously, this presentation will focus on discussing the information, knowledge and skills supervisees need to maximise their supervision experience and ensure they truly are an equal partner in the supervision process.

Keywords: Professional supervision, supervisees, competence, education, training, partnership, connection, relationship

Presenting biography

Julie is a registered Social Worker with 20 years' experience working in the areas of child protection, outreach youth work, addictions, mental health and family violence. She currently has her own private practice as a professional supervisor (including being an approved DAPAANZ supervisor) providing external supervision to a variety of professionals within the social service sector in Whangarei. Her own experience of supervision over the years coupled with her current role as a supervisor has created a passion for supporting practitioners to gain the most they can out of the supervision process and subsequently be the most effective, competent and healthy practitioners they can be.

Whakapapa Not P: The role of whakawhanaungatanga within whānau affected by methamphetamine

Shane White, Hoani Waititi Marae

Elaine Ngamu, Programme Facilitator, Hoani Waititi Marae

Shane and Elaine have been at the forefront of methamphetamine education and support since 2001. Patua te Ngangara ki Hoani Waititi Marae is a methamphetamine specific programme of Hoani Waititi Marae.

Methamphetamine has the potential to disrupt and disturb the total fabric of whakapapa. Sadly, it is not uncommon in New Zealand for Māori whānau to have multiple members, across more than one generation, using methamphetamine. How do we, as whānau and/or service providers address the complexities surrounding these whanau? Engaging with 'closed' whānau and or communities requires skills and strategies for engagement.

This presentation will describe how Patua Te Ngangara engage with whānau who, for whatever reasons, have been identified as the hard to reach, hard to treat and the hard to deal with, members of our communities.

Presenter biographies

Elaine Ngamu - Ngati Porou ki Mataora, Whareponga, Waipiro Bay. Elaine has worked alongside Shane at Hoani Waititi Marae for 11 years. It is these two who make up the Patua te Ngangara team, educating and supporting both communities and whanau affected by methamphetamine. Their mahi has also included research on the impacts of methamphetamine on whanau.

Shane White, Operations Manager of Hoani Waititi Marae - Manager of Patua Te Ngāngara, which focuses on methamphetamine 'P' prevention, education and intervention with whānau and communities.

Shane White - Pare Hauraki, Ngati Ranginui, Ngati Raukawa was raised in an urban Maori setting together with eight siblings. Shane is skilled in working with the hard to reach, hard to treat, and the hard to deal with members of society.

Repeat drink driving – Insights to why and ways out of this behaviour

William Blakemore, Addictions Counsellor, Self employed

Having had the experience of working with hundreds of repeat drink drivers across New Zealand from Huntly to Greymouth, there are a few hypothesis I now have as to why repeat drink driving occurs for any given individual and ways of changing this behaviour. It involves the brain's reward system, operant conditioning and the possibility that drink driving is in itself an addictive behaviour with parallels to gambling.

It involves re-assessing what ones primary values in life are and re-establishing connections to these. Whanau, family, children, employment, independence are always identified as core values from every drink driving group I've worked with across the country. Yes even those "bloody idiots" (as the billboard once said) share the same kiwi values as you and I. It may be that strengthening connection and importance to these values is what helps keep all of us safer on the roads.

Please come and hear my stories and ideas from working with this unique demographic and share with me your own thoughts and experiences on this topic. I have the seed of some ideas that could be greatly expanded on.

Presenter biography

William entered the addictions field in 2008 working part time co-facilitating group programmes for CareNZ while studying towards his bachelor of counselling in Wellington. This lead to full time employment thanks to funding from Te Rau Matatini. William has been connected with CareNZ ever since in a variety of clinical and team leader roles including work with repeat drink drivers. Currently he resides in Wairarapa working part time for the Salvation Army Oasis as a gambling case worker, has a small private practice and contracts to CareNZ in support of their drink driving programmes.