

Forums Feedback

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Methamphetamine Programme
Q&A sessions – national
5 July 2016

Hello everyone, our methamphetamine (meth) programme team ran a series of Q&A sessions during June as part of the Regional Manager forums. We asked you to provide feedback about the new online meth training module and to ask your managers to present any questions you may have around key concerns, issues and challenges that you are facing around managing meth.

Overall, we had very positive feedback about our new Policy and Procedures and the broader programme approach. You also told us that the process is simple to follow and that the documents are easy to understand and use – thank you.

We were pleased to hear that messaging is getting out there and that tenants are alerting us of suspicion re: meth at other properties.

Please see the summary of key themes and common questions below:

Testing and remediation timeframes

Q: Turnaround times are too lengthy – how can we improve on them?

A: We're working hard to improve this across our organisation. Our new Policy and Procedures document will help with this. We are actively working with Procurement to secure more appropriately qualified testers and contractors and working on smarter approaches to how we allocate work.

We are also currently testing a new Schedule of Rates (SOR) with our testers that will streamline our processes while providing us with the right information to make decisions about contaminated homes.

In the last week we have implemented Oracle Work Orders. With this in place, all of our information will be captured in HNZ's mainline systems enabling us to begin better performance analysis on our business processes, identifying areas where we can speed them up and, of course, the performance of our individual contractors.

Q: We are getting lots of questions from stakeholders, private landlords and the general public about testing contractors (ie who we use). What can we tell them?

A: While we have shared this information via OIAs and at a Ministerial level we prefer not to share them more broadly with the general public as it may be seen as an endorsement of a particular company. If unsure, please refer their query to our meth programme team by emailing methenquiries@hnzc.co.nz

Q: What happens during the testing eg the methodology, the number of tests in each room etc?

A: When we test on suspicion we test every room in the property up to three times. This means we can get results from different surfaces and get the most accurate picture of how contaminated a property is. This also helps us to take the right approach to decontamination and remediation. Every test meets that NIOSH 9111 testing methodology and each test is sent to an accredited laboratory – by using independent testers and labs we can be assured of the quality of the results we are getting.

When we test as part of a business process where we do not suspect that the property is contaminated we take one sample per room. Because we have no reason to believe the property is contaminated we just want to test if there is contamination present or not. If we do find contamination above our safe threshold (MoH Guidelines are for 0.5 micrograms per 100 square centimetres) then we carry out a suspicion test as above.

Q: Will you be doing any pre-testing of all new builds, buy-ins, sales and voids?

A: We currently pre-test any property we will be selling or acquiring. For new builds, we would not test as they are new properties. For all of our other existing properties, we will continue to test on suspicion only. There are myriad reasons for this including the associated costs (64,000 properties with testing costing nearly \$4,000 for an initial test and then a re-test adds up to an unsustainable sum) and with about 15% of our portfolio currently contaminated the ratio of risk against the reality doesn't stack up either financially or from a resource perspective.

Ministry of Health guidelines / national standards

Q: Are these likely to remain / what is HNZ doing about the levels?

A: At this point, they are all we have to work with. However, we are very keen to review the current standards and have initiatives underway to open up this conversation and to see what changes can and need to be made.

Q: There will be operational impact if standards change ie some tenancies are already earmarked for either transfers or suspension (based on current standards) / 90-day notices will be in the pipeline. What do we do if new standards mean what was previously an 'unsafe' house is now considered 'safe'? And what about cases before the Tenancy Tribunal – will they be impacted?

A: If the standard does change an impact analysis will be completed of all the issues that need to be addressed. The issues raised above, and others, are ones we are aware of and are in the process of providing advice to the Board about.

Q: Media and 'expert' commentary has stated that we are 'misapplying' the standards, eg as an excuse to get rid of some tenants. They also say it's scaremongering and costly, which need not be the case?

A: As mentioned, until we have new standards / standards review we have to err on the side of caution to protect the health and wellbeing of our tenants. For now, we need to adhere the MoH standards. However, we are keen to review these standards. We will keep you posted as we explore other options.

Staff/organisational impact

Q: Void times are impacting on staff KPIs – how can this be addressed?

A: The Methamphetamine Management Programme and the Methamphetamine Delivery Team are continuing to work to reduce turnaround times without reducing quality.

It's important to remember that methamphetamine is an area where although we are at the forefront we are still learning. We have employed specialised technical resources to audit and improve the processes of ourselves and our contractors and will continue to look for areas where we can improve.

Q: Contamination is increasing our workloads considerably; how can we change / improve this?

A: Ultimately contamination is the result of tenants and their associates committing a criminal act on within our properties. The use and cooking of methamphetamine is a national issue and is not just limited to HNZ or our tenants.

While we are doing our best to deal with the consequences of this use, in the long run it will take communities, government agencies and support services all working together to reduce the use of meth. If you are, however, feeling under pressure to deal with our workload then of course you should discuss this with your manager.

Q: The issue of meth is also one of ethics – it is a health and wellbeing issue and there are far-reaching implications and impacts on families (particularly children), but we also need to ensure that we do administer our anti-social behaviour (ASB) punitive measures. How do we balance these needs?

A: Our organisation is one that will always be placed in complex situations, which can impact decision making. Too often, there is no real ‘right’ answer which means we have to make the choice around what is a fair and consistent approach.

Meth is no different to any other criminal activity in our properties ie it is illegal and we have to apply our ASB – as we would for any other illegal / criminal activity. And we’d work with support agencies, as per usual, to try and protect families and children.

And, a further impact of this harmful drug, the damage to properties and associated waiting times for social housing impact other ‘innocent’ people in need so we need to balance their needs with those of people living in – and contaminating – our social houses.

Q: What will the impact to our own health (and that of our contractors) be, if a property is contaminated above the MoH levels?

A: We take the health and wellbeing of our staff and contractors very seriously. If you are concerned you can contact any one in our meth programme team and / or speak to your manager. We should review each situation on a case-by-case basis. We also have our new Policy and Procedures document to guide you around the best way to manage meth.

Our best scientific advice is that, in general, for a property that has been contaminated simply through use of meth short-term exposure is extremely unlikely to cause long term health effects. If you are in a property and notice any ill effects you should remove yourself from the property as soon as possible.

Q: I have been issuing 90-day vs 7-day notices, as it’s hard to prove culpability.

A: The issue is more around ‘habitability’ not punishment as such. This should be decided on a case-by-case basis. In the long-run as a good landlord we cannot allow anyone to live in an environment that will endanger their health.

Tenants

Q: Will we be screening tenants in the future for drugs / meth?

A: We have spoken about drug testing tenants before they move in. But, for now, we have a responsibility to provide homes to those on MSD’s Social Housing Register and will continue to do that. Again, we’d have to weigh up costs vs outcomes and real risk, for example we may have a tenant who does not use drugs but whose associates do. So they would ‘pass’ the screening but their associates may end up contaminating our property when they visit.

Q: Is zero tolerance really achievable?

A: We need to have an end goal in sight – for any anti-social behaviour. We will never be ‘drug free’ in our properties, but we do hope that with increased awareness and associated actions we will see a decline in use (and reduced impact) in our properties.

We're seeing more awareness such as increased reporting from communities and neighbours. Also, tenants are becoming more aware in that they are trying to conceal use more – this clearly is not an ideal situation, but it does show they are now realising just how serious we are about this issue.

Q: We're taking a hard-line approach and there is a real impact on families and children. Can we do more such as increase wraparound services like, for example, we do for hoarders?

A: This is a difficult situation for everyone. We do currently work with other agencies such as CYF and the NZ Police – as we would in any other situation where we felt the children were at risk. We are continuing to have conversations to examine alternative approaches as we cannot allow anyone to continue to live in a knowingly contaminated home.

Q: We are finding that tenants are learning to conceal use / signs more often now. What can we do about this?

A: We need to continue what we are doing. The fact they are doing this shows there is increased awareness of our zero-tolerance approach as well as our abilities to better detect use.

Q: Is this actually changing tenant behaviour changing around using / cooking meth?

A: Some people will continue to use and / or cook this drug (and other drugs), no matter what we do. While we have not – yet – seen a reduction in use, we are seeing more efforts by them trying to conceal use. This indicates they are more aware of just how seriously we are taking this matter.

It stands to reason that if we continue our efforts around meth, tenants will realise they there are serious consequences – so they should change their behaviour accordingly.

Remember too, that the high numbers of contaminated houses do not indicate the actual numbers of meth users – we have a legacy issue whereby some tenants may have moved homes and decontaminated a number of properties. Again, as we 'target' the 'source' of contamination we anticipate that numbers of contaminated properties will reduce over time.

For more information

Contact our Methamphetamine Programme team if you have any more questions by emailing methenquiries@hnzc.co.nz

Note: we are updating our programme page on OurSpace so you will soon be able to access key information including Frequently Asked Questions, Tools and Resources, News, Updates and interesting articles, and much more.

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