

# Addiction specialist services

– access, workforce, investment, and outcomes

Published: May 2025

Te Hīringa Mahara – Mental Health and Wellbeing Commission is legislated to monitor mental health and addiction services. We have previously reported a broad suite of measures about mental health and addiction services in our online **He Ara Āwhina dashboard** and reports. The purpose of this publication is to highlight and bring together the key monitoring findings for the addiction specific data.

The following information is focused on specialist addiction services. It includes a range of data including the number of people accessing addiction services, wait times, workforce, investment, among others. In most cases, it covers data over the five-year period to June 2024.

## At a glance

### 44,850 people

in 2023/24 were accessing specialist addiction services (over 5,000 fewer people than five years earlier).



Around a quarter of people accessing specialist mental health and addiction services are seen by addiction services.

Access to specialist addiction services is relatively evenly spread across Health NZ and NGO provided services.

‘Addiction services’ are defined as services that respond to the experiences, needs, and aspirations of tāngata whaiora and whānau who experience harm from substances or substance addiction (alcohol or other drug).

Gambling harm and non-substance addiction services are out of scope for this publication, mainly due to data limitations as these services do not report through the PRIMHD national collection.

‘Specialist addiction services’ are also known as secondary care services. They are publicly funded services provided by Health NZ | Te Whatu Ora or contracts through non-government organisations (NGOs).



The number of people accessing specialist addiction services has decreased over the last five years.



People can access a range of service options and supports, including Kaupapa Māori services and peer-support services. While there is increasing use of peer-support over the last five years, use is relatively low and there is an opportunity for greater use.



There are signals of service constraints. Wait times into specialist addiction services are below the Government target, and the percentage of referrals that are declined has increased over the last five years.

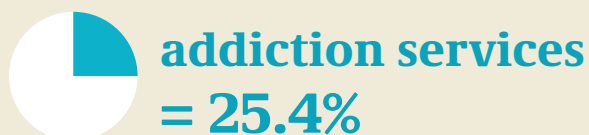


Specialist addiction services continue to show improved recovery outcomes for people, with consistently high ratings on the Alcohol and Drug Outcome Measure.

## Key findings

### 1. The number of people accessing specialist addiction services has decreased over the last five years<sup>1</sup>

Out of all people accessing mental health and addiction specialist services in 2023/24



In 2019/20, this was 27.1 per cent.

In 2023/24, there were 44,850 people who accessed specialist addiction services.



**Over 5,000  
fewer people**

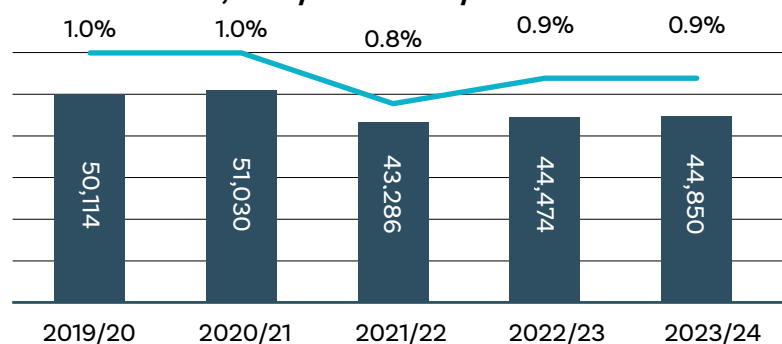
than five years earlier (50,114 people in 2019/20).

<sup>1</sup> We acknowledge that there is a larger group of people living in recovery that may need to access specialist addiction services in the future. Further, specialist addiction services are only part of a range of supports and services available to people experiencing harm from substances or substance addiction, including Access and Choice services, SMART recovery, 12-step programmes, among others.



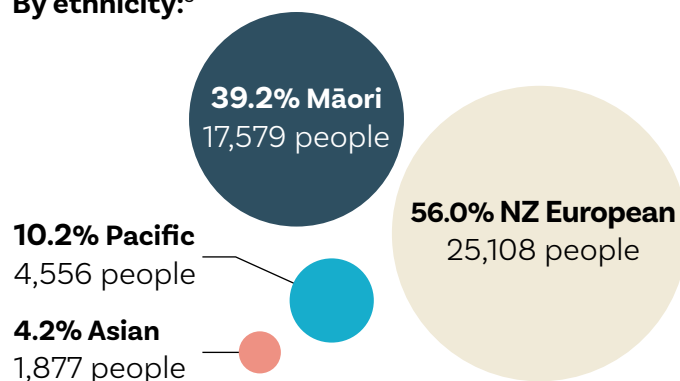
This represents an access rate of 0.9 per cent of the total population of Aotearoa New Zealand accessing specialist addiction services in 2023/24.

### Number and percentage of people accessing specialist addiction services, 2019/20 to 2023/24<sup>2</sup>

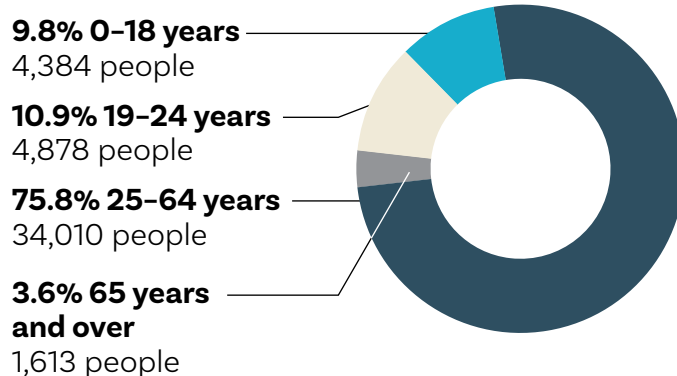


### Of the 44,850 people who accessed specialist addiction services in 2023/24:

#### By ethnicity:<sup>3</sup>



#### By age group:<sup>4</sup>



### Of the 44,850 people who accessed specialist addiction services in 2023/24:

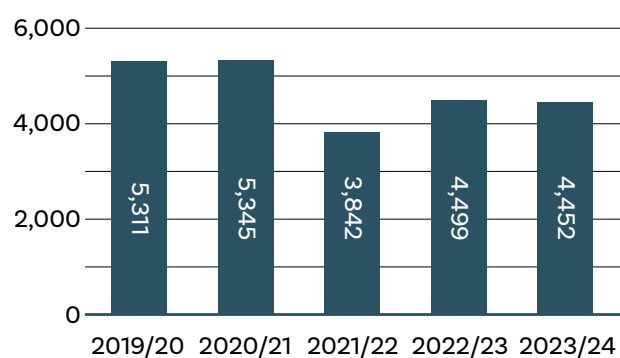


**40,677 people (90.7 per cent)** accessed adult services.



**4,452 people (9.9 per cent)** accessed infant, child, and youth services.<sup>5</sup>

### Number of people accessing specialist infant, child, and youth addiction services, 2019/20 to 2023/24



<sup>2</sup> As per the scope of this publication, these access numbers are only for specialist addiction services (excluding gambling services).

<sup>3</sup> Using total response ethnicity. This means people can identify with more than one ethnic group and percentages add up to more than 100 per cent.

<sup>4</sup> People can be in more than one age group, if they change age group during the reference year.

<sup>5</sup> A small number of people accessed both infant, child, and youth services and adult services in the same year.

## 2. A similar number of people access Health NZ addiction services as NGO services

Specialist addiction services are provided by Health NZ services and through contracts with NGOs. In 2023/24, a similar number of people accessed addiction services provided by Health NZ and by NGOs (around 24,000 – 25,000 people each). The number of people accessing Health NZ addiction services had a larger decrease over the last five years than NGO services.

Between 2019/20 and 2023/24:

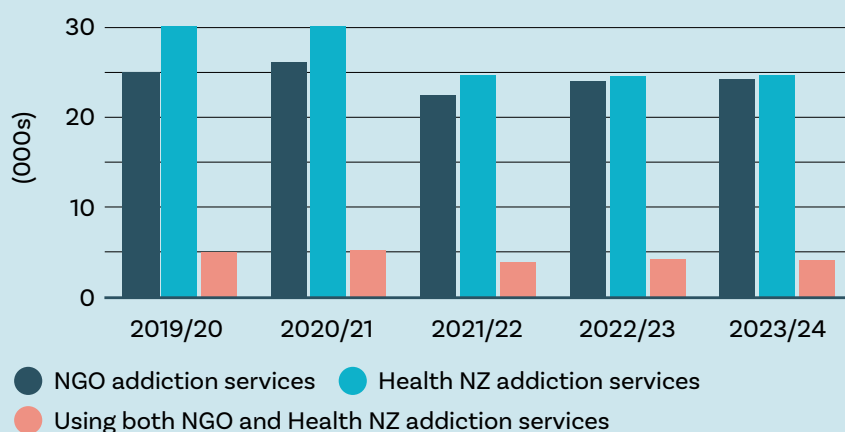
**Health NZ services**

↓  
**5,349 fewer people**

**NGO services**

↓  
**755 fewer people**

**Number of people accessing specialist addiction services delivered by NGO and Health NZ, 2019/20 to 2023/24**



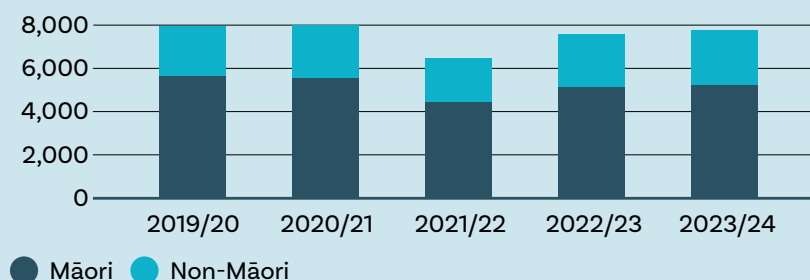
People can access both Health NZ and NGO addiction services. In 2023/24, there were 4,279 people who accessed both NGO and Health NZ addiction services.<sup>6</sup>

## 3. Of all Māori accessing specialist addiction services, almost one third accessed a Kaupapa Māori service

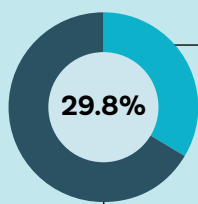


In 2023/24, there were **7,757 people** who accessed Kaupapa Māori addiction services. Both Māori and non-Māori access these services; around two-thirds (67.4 per cent) were Māori.

**Number of Māori and non-Māori accessing Kaupapa Māori addiction services, 2019/20 to 2023/24**



<sup>6</sup> Since people can access both Health NZ and NGO addiction services, the number of people accessing addiction services in each organisation type do not add up to the total number of people accessing specialist addiction services.



Nearly one third of Māori who access specialist addiction services access a **Kaupapa Māori service** (5,230 out of 17,579 Māori).

All Māori who **accessed specialist addiction services** in 2023/24.

Across all types of specialist addiction services, 6.4 per cent of people received a cultural specific activity in 2023/24 (either Māori, Pacific, or other cultural activity).

#### 4. Most people receive specialist addiction services in a community setting

Specialist addiction services can be delivered in a residential or inpatient setting (both with an overnight stay component), or a community setting.



**Most people access these services in a community setting.<sup>7</sup>**

Of the **44,850** people who accessed specialist addiction services in 2023/24:



**38,583 people (86.0%)** accessed a group or individual session in the community



**501 people (1.1%)** accessed community detoxification services



**1,050 people (2.3%)** accessed intensive day programmes



**A smaller number of people accessed residential or inpatient specialist addiction services.**

**In 2023/24:**

- **1,499 people (3.3%)** accessed inpatient withdrawal management/detoxification
- **1,573 people (3.5%)** accessed residential services.

These percentages are relatively constant over the last five years.

<sup>7</sup> People can use multiple specialist addiction activities across settings in the reference year; hence, the numbers do not add to the total. There are other activity codes not included here.



## 5. The volume of inpatient service use has decreased, but there has been an increase in access to residential services over the last three years

The use of residential or inpatient services with an overnight stay can be measured by the number of bednights—that is, the number of times a bed is occupied at midnight in the service throughout the year.

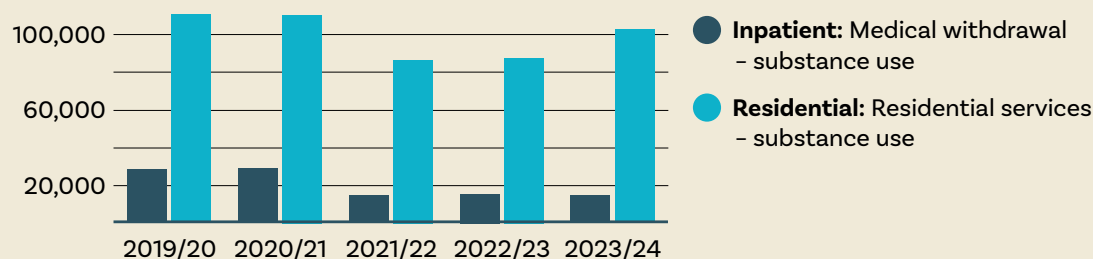
The number of bednights for people accessing substance use medical withdrawal services was 14,765 in 2023/24. This has nearly halved over the last five years (from 28,453 in 2019/20).

These are 24-hour care services provided in an inpatient setting.<sup>8</sup>

The number of bednights provided in residential services is considerably higher than inpatient substance use medical withdrawal services.

The number of bednights for people accessing residential services for substance use was 102,733 bednights in 2023/24. These are 24-hour care and treatment services provided in a residential service.<sup>9</sup>

Number of bednights in inpatient and residential addiction services, 2019/20 to 2023/24



## 6. More people are accessing peer support, but overall use is low

The number of people who accessed peer support in specialist addiction services was 1,861 in 2023/24.<sup>10</sup> This is an increase from 1,406 people in 2019/20, and the number of people in 2023/24 is the highest it has been in the last five years.

The number of peer support treatment days<sup>11</sup> has increased, reaching a peak in 2023/24 at 15,744 days. This is an increase from 12,803 peer support treatment days in 2022/2023.

Percentage of people accessing peer support services, out of all people accessing specialist addiction services:

2019/20: 2.8%

2023/24: 4.1%



<sup>8</sup> This is based on inpatient activity code in PRIMHD (T16 codes). These are medical withdrawal for substance use services – 24-hour care and detoxification services provided by or on behalf of contracted alcohol and drug providers or facilities in an inpatient setting.

<sup>9</sup> This is based on residential activity code in PRIMHD (T20 codes). These are 24-hour care and treatment services provided to people with particular requirements unable to be met in less structured or supported settings.

<sup>10</sup> This is based on peer support data recorded in PRIMHD (T45 codes) which does not accurately represent all the activity of peer support workers. For further detail, refer to our [2023 Peer Support Workforce paper](#).

<sup>11</sup> Treatment days count as a single contact day, regardless of the number of contacts people have in a single day. People can have multiple treatment days.

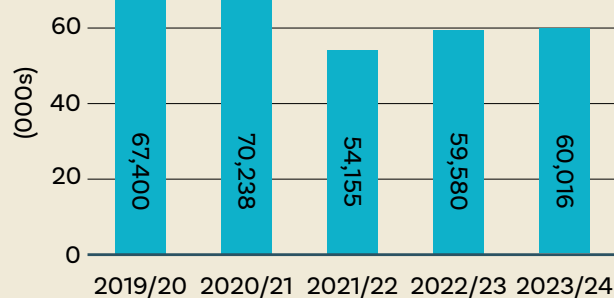
## 7. There are fewer referrals, and a higher percentage being declined

In 2023/24, 60,016 referrals were made to specialist addiction services. This is a 14.6 per cent reduction since the peak number of referrals in 2020/21 (70,238 referrals). The number of referrals in the last year is relatively similar (between 2022/23 and 2023/24).

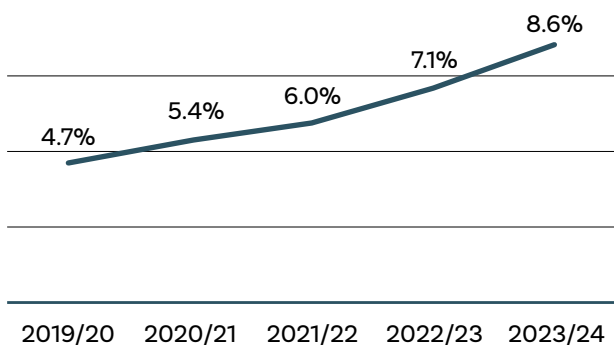
The reduction in mental health and addiction referrals is not due to decreasing demand. Rather, it is due to changing referrals patterns from community services in response to workforce constraints in specialist services and more complex needs of people presenting to specialist services.<sup>12</sup>

The percentage of referrals to specialist addiction services that are declined has steadily increased over time.

**Number of referrals<sup>14</sup> 2019/20 to 2023/24**



**Percentage<sup>15</sup> of declined specialist service referrals, 2019/20 to 2023/24**



**Percentage of referrals that were declined:**

↑ **8.6%** (4,355) in 2023/24  
**4.7%** (2,982) in 2019/20

The increase in declined referrals is recorded as being due to the referral being declined as other services were more appropriate.<sup>13</sup>

<sup>12</sup> Findings from our 2024 monitoring report [Kua Tīmata Te Haerenga](#).

<sup>13</sup> This is based on the PRIMHD referral end code, which for declined referrals is either 'RI: Referral declined - inability to provide services requested' or 'RO: Referral declined - other services more appropriate'.

<sup>14</sup> Includes all referrals, irrespective of whether the referral was accepted or not and includes all open referrals in the reference period (which means they may not have been closed).

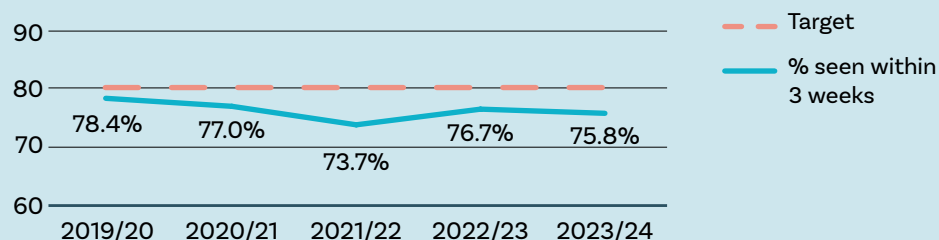
<sup>15</sup> Includes only referrals that have been closed.

## 8. People are waiting longer to access specialist addiction services

The Government has introduced a mental health and addiction target that 80 per cent of people accessing specialist services are seen within three weeks. The overall 2023/24 addiction rate is less than the target: 75.8 per cent of people accessed specialist addiction services within three weeks of referral.

Over the last five years, wait times to specialist addiction services have been fluctuating.

**Percentage of people accessing specialist services seen within three weeks of referral, 2019/20 to 2023/24**



Wait times are shorter (that is, a higher percentage seen within three weeks) for **NGO** addiction services (77.7 per cent) than **Health NZ** addiction services (73.0 per cent).



Between 2022/23 and 2023/24, Health NZ wait times have remained stable, while NGO wait times are slightly longer (from 79.0 per cent seen within three weeks in 2022/23, to 77.7 per cent in 2023/24).



Between 2022/23 and 2023/24, wait times for Māori to access specialist addiction services within three weeks are getting longer (that is, a smaller percentage seen within three weeks). In 2022/23, there were 77.8 per cent seen within three weeks, compared to 76.1 per cent in 2023/24.



Wait times for children, young people, tamariki, and rangatahi aged 0–18 years to specialist addiction services within three weeks remained relatively stable over the last few years (81.8 per cent seen within three weeks in 2023/24). Wait times for young people and rangatahi aged 19–24 years to specialist addiction services within three weeks are longer. In 2022/23, there were 78.7 per cent of people aged 19–24 years seen within three weeks, compared to 77.0 per cent in 2023/24.



## 9. The number of people receiving opioid substitution treatment is relatively similar over time, with an increase in wait times

Opioid substitution treatment (OST) provides treatment to people who have an opioid dependence.

In 2023/24, there were

 **5,444 people**  
who received OST  
(all types of case management).

This has been a relatively stable number of around 5,200 to 5,500 people over the last five years.

Over the last year, the number of people waiting longer than four weeks from initial contact for their first dose of OST (for all types of case management):



 **increased from 45 people, 2022/23, to 72 people** in 2023/24.

This is less than the number of people who waited longer than four weeks in 2019/20, which was 85 people.

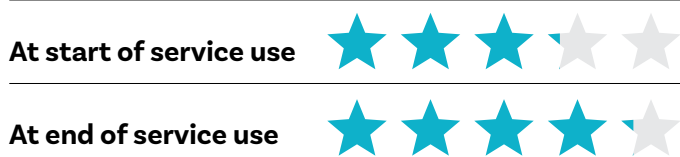
Most of these people receive OST from specialist services, while about a quarter receive OST from their general practitioner (1,395 people in 2023/24), and a small number of people receive OST from Ara Poutama – Department of Corrections.

## 10. Addiction services continue to support achieving recovery goals

The Alcohol and Drug Outcome Measure (ADOM) is used in community-based and outpatient addiction services for people to complete at several different timepoints along their journey. This outcome measure includes (among other components) self-determined satisfaction in progress towards recovery goals.<sup>16</sup>

The effectiveness of addiction services in supporting people to reach their recovery goals has been rated consistently high across the last five years.

**Self-rated progress towards recovery goals, 2023/24:**



This increase in satisfaction with progress between start and end of service use has improved over the last five years.

**In 2023/24 there was a**  
 **29.4% increase**  
from start to end of service use,  
up from 26.1 per cent in 2019/20.

At the start of their service use in 2023/24, people rated themselves on average of 3.2 out of 5 on their progress towards their recovery goals. At the end of service use, the average rating of satisfaction with progress was 4.2 out of 5. This was a 29.4 per cent increase.

<sup>16</sup> Services vary considerably in their collection rates for ADOM, and for this reason, the ADOM data may not be representative of all people.

## 11. The addiction workforce has been steadily growing

**The total number of full-time equivalent (FTE) positions in adult specialist addiction services in 2022 was**



**1,594 positions**

This includes both employed and vacant positions. The addiction workforce was 12.8 per cent of the total 12,476 FTE positions in adult mental health and specialist addiction services.

The size of the total specialist addiction service workforce size grew by 160 FTE between 2018 and 2022. In 2018, there were 1,434 total FTE (employed and vacant) in specialist addiction services.

Since 2022, complete addiction workforce data is not available except for specific roles, including addiction practitioners.<sup>17</sup>

**In 2024, there were**



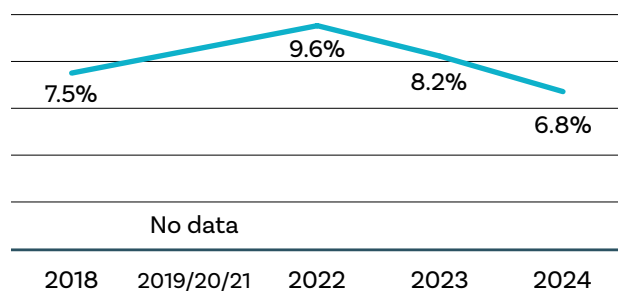
**192 FTE**

**(employed and vacant) addiction practitioners working for adult Health NZ specialist services.**

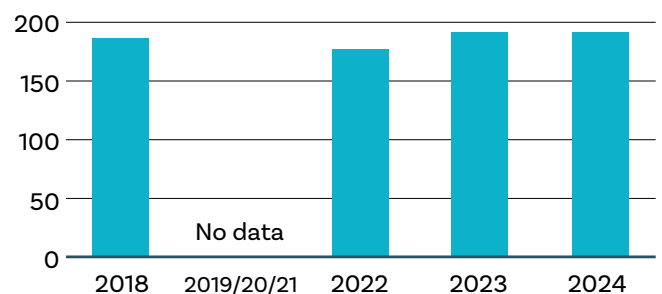
This is relatively similar to the year prior and 2018, after a slight decrease in 2022 (177 FTE).

### Addiction practitioners in adult Health NZ specialist services, 2018 to 2024

#### Vacancy rate (%)



#### FTE (employed and vacant)



**The number of dapaanz<sup>18</sup> registered addiction practitioners is increasing.**

In 2019/20, there were 752 registered practitioners, **increasing to 991 registered practitioners in 2023/24.**<sup>19</sup>



**The number of Māori dapaanz practitioners is also increasing.**

In 2019/20, there were 175 registered practitioners, **increasing to 247 registered practitioners in 2023/24.** This equates to **24.9 per cent of registered practitioners.**

<sup>17</sup> Addiction practitioners include staff working in Health New Zealand and NGO services, and includes alcohol and drug counsellors. Addiction practitioners may be registered as members of dapaanz. Dapaanz registration numbers may also include other addiction workforce roles.

<sup>18</sup> dapaanz is an acronym, which stands for Drug and Alcohol Practitioners' Association Aotearoa-New Zealand.

<sup>19</sup> These numbers refer to registered practitioners excluding provisional registration (first 12 months of provisional practice). Gambling practitioners are included as many dapaanz practitioners identify as addiction and problem gambling practitioners.

## 12. While investment has increased, it has decreased as a percentage of total mental health and addiction expenditure

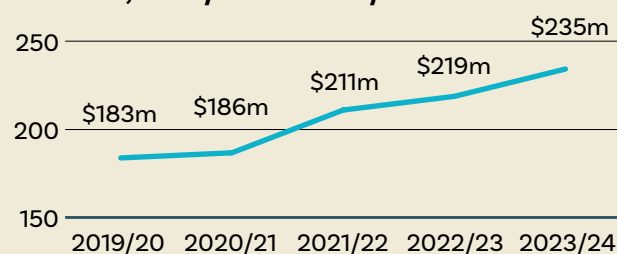
Investment into addiction services increased over the five years of monitoring, from \$183 million in 2019/20 to \$235 million in 2023/24 (an increase of 28.4 per cent).<sup>20</sup> Over this time, this additional investment was largely to cover cost pressures to deliver existing addiction services rather than delivering new services.<sup>21</sup>

**Addiction services percentage out of total mental health and addiction expenditure:**

↓ **10.8% in 2019/20**  
**9.1% in 2023/24**

In 2023/24, the \$235 million total spent on addiction services comprised \$30 million in infant, child, and youth addiction services, \$204 million in adult addiction services, and under \$1 million in older adult addiction services.

**Total annual expenditure for addiction services, 2019/20 to 2023/24**



## Data

The findings reported here are sourced from:

- **Specialist service use data:** PRIMHD, using an extract date of 23 October 2024<sup>22</sup>
- **Investment data:** Supplied by Health NZ | Te Whatu Ora
- **Workforce data:** Published by Te Pou<sup>23</sup> and supplied by daapanz
- **Opioid substitution treatment data:** Provided by Health NZ | Te Whatu Ora for 2023/24, and Ministry of Health | Manatū Hauora for earlier years
- **Population data:** Stats NZ, Aotearoa Data Explorer, Population projections for end of financial years.

All data have their limitations, including the PRIMHD dataset.<sup>24</sup> Further detailed analysis is required to understand the trends highlighted in this data summary.

<sup>20</sup> Expenditure data includes Health NZ and NGO spending. Separation of Health NZ and NGO spending was not supplied by Health NZ.

<sup>21</sup> For more information on investments to addiction services, please see our [Budget 2019 to Budget 2022 investment in mental health and addiction report](#).

<sup>22</sup> In line with the best practice of waiting three months or more from reference year end for data completeness.

<sup>23</sup> Multiple Te Pou reports:

**2018 data:**

- 2018 More than numbers DHB workforce report
- 2018 More than numbers workforce report

**2022 data:**

- Te Whatu Ora adult mental health and addiction workforce: 2022 adult alcohol and drug and mental health services report
- NGO workforce estimates: 2022 survey of adult alcohol and drug and mental health services report

**2023 data:**

- 2023 Health New Zealand – Te Whatu Ora workforce estimates

**2024 data:**

- 2024 Health New Zealand Te Whatu Ora adult workforce estimates

<sup>24</sup> Responsibility for the PRIMHD national collection sits with Health NZ. Health NZ services and NGOs providing specialist mental health and addiction services are mandated to report to PRIMHD. Some organisations have breaks in reporting and/or incomplete data in PRIMHD for some time periods. PRIMHD is a living data collection with continues to be revised and updated as data reporting processes are improved. For this reason, previously published data may be liable to amendments, and data will differ based on the PRIMHD extract date.

## Related work

Te Hiringa Mahara has a package of products published in April-June 2025 to monitor mental health and addiction services, and understand system performance.

These include:

- a **report** on the roll-out of the Access and Choice programme
- a **data summary** on access to specialist mental health and addiction services
- update of the online **He Ara Āwhina dashboard** with data to June 2024 (to be published in June)
- a report on our approach to system performance monitoring, with data on key shifts (to be published in June)
- a data summary on wellbeing outcomes for people who interact with mental health and addiction services (to be published in June).



Authored by Te Hiringa Mahara – Mental Health and Wellbeing Commission. May 2025.

This work is protected by copyright owned by Te Hiringa Mahara. This copyright material is licensed for re-use under the Creative Commons Attribution 4.0 International License. This means you are free to copy, distribute and adapt the material, as long as you attribute it to Te Hiringa Mahara—Mental Health and Wellbeing Commission and abide by the other license terms. To view a copy of this license, visit <https://creativecommons.org/licenses/by/4.0/legalcode>.